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**Calendar**

**Federal**

Child Protection Bill Heads to President

The Senate recently adopted the *Preventing Sex Trafficking and Strengthening Families Act* (HR 4980). Policy changes affecting child welfare agencies include provisions requiring states to include a “reasonable and prudent parent standard” to enable foster youth to participate more readily in extracurricular, cultural and social activities with their peers.

The measure also eliminates Another Planned Permanent Living Arrangement (APPLA) as a permanency goal for children under the age of 16, and will enable youth ages 14 and older to enlist the assistance of two other individuals to serve as part of their case planning teams.
Among other provisions, H.R. 4908 would:

- Fund 2014 Family Connection Grants (as some grantees in their 3rd year of funding are waiting on this funding);
- Reauthorize the Adoption Incentive Fund through FY 2016, extending this to guardianship/kinship assistance. The adoption assistance program was amended to include, for the first time, incentive awards of $4,000 for subsidized guardianship placements. It also ensures that a child placed with a guardian could continue to be cared for by a successor guardian if a relative guardian dies or is incapacitated;
- Adds state plan requirements regarding screening and services to victims of sex trafficking, and locating and responding to children who have run away from foster care including plans to address, report and track children who run from care;
- Include sex trafficking data in the adoption and foster care analysis and reporting system (AFCARS);
- Require that states develop a “reasonable and prudent parent standard” for foster parent training;
- Limit to children age 16 or older the option of being placed in a planned permanent living arrangement (APPLA) and gives children age 14 and older authority to participate in the development of their own case plans;
- Require that foster children leaving foster care are not discharged without being provided with a copy of their birth certificate, Social Security card, health insurance information, copy of medical records, and a driver's license or equivalent state-issued identification card.

The bill contains child support provisions making it easier to obtain and enforce orders across international boundaries and requires the federal Office of Child Support Enforcement to engage stakeholders in identifying best practices and other efficiencies in the program.

Adopted by the House in July, the measure now goes to President Obama who will sign it into law. Both houses have recessed and will return on Nov. 12.

Information

A summary of the bill may be found at http://media.wix.com/ugd/be6423_74abd724527e43af8b6acc82f34e89807.pdf.

For further information, contact Danielle Mole at dmole@cacfs.org or by phone at 916/449-2273, ext. 202.

Acknowledgement and Thanks

_Someday Morning_ wishes to acknowledge and thank Tom Joseph with the National Association of County Human Services Administrators, and California Alliance national partner the Child Welfare League of America (CWLA), for information contained in this article.
At the recent 2014 California Behavioral Health Policy Forum held in Newport Beach, several speakers expressed their opinion that all specialty mental health services, including those for children and youth, will be transitioned to Medi-Cal Managed Care Organizations in the near future.

Speakers at the conference sponsored by the California Institute for Behavioral Health Solutions (formerly CIMH) opined that in the interest of fully integrating physical and behavioral health services under Medi-Cal, all mental health services would be transitioned to the MCPs sooner rather than later, including specialty mental health services for children and youth regardless of severity of need.

DHCS Started Transition with “Mild to Moderate” Beneficiaries in 2013

In November 2013 the Department of Healthcare Services (DHCS) announced its plan to transition Medi-Cal beneficiaries with “mild to moderate impairment of mental, emotional, or behavioral functioning” from county Mental Health Plans (MHP) to the state regulated Medi-Cal Managed Care Plans (MCP) beginning January 1, 2014.

This transition was to include children and youth who historically have received all specialty mental health services through their county MHPs. To date, the degree of the shift has varied greatly between counties with some having moved quickly to transition all children and youth with mild-to-moderate needs to MCPs, while others have changed very little from current practice.

TheLong and Winding Road to Children’s Behavioral Healthcare

Until a group of California-based attorneys filed a lawsuit against the state Department of Health Services (T.L. v. Belshé) in 1993, specialty mental health services were unavailable to children through the state’s Medi-Cal program.

The resulting settlement (1995) created the fee for service EPSDT program that has been in place throughout California since that time.

In its implementation of the expanded EPSDT benefit, DHS recognized that county mental health departments historically had been the providers of mental health services to children and youth with serious emotional disturbances (SED).

Accordingly, county mental health departments were determined to be the logical choice to provide the expanded EPSDT benefit to the SED population.

When specialty mental health services were consolidated under a federal waiver in 1997-98, county mental health plans assumed the responsibility to provide the expanded EPSDT benefit to all Medi-Cal children and youth meeting the medical necessity criteria

2011 Realignment changed the process by which the county Mental Health Plans are paid for their provision of these services, but the entitlement and fee for service model remained and the delivery system was maintained.

In November 2013 DHCS announced (through APL 13-018) its plan to transition beneficiaries with “mild to moderate impairment of mental, emotional, or behavioral functioning resulting from any mental health condition defined by the current Diagnostic and Statistical Manual” to the MCPs and began a process of removing the final vestiges of responsibility for children’s behavioral health care from the county MHPs.
DHCS Transition of Children’s Mental Health Services to Managed Care is Problematic

This transition is problematic at several levels. First, the rationale proffered by DHCS for transitioning children with “mild to moderate” need to MCPs is specious. Although DHCS described the services for beneficiaries with mild to moderate impairments as “new” or “expanded,” full scope Medi-Cal beneficiaries under the age of 21 have been eligible for these services since settlement of the *T.L. v. Belshé* lawsuit in 1995. By contrast, services for adult beneficiaries with mild to moderate behavioral health impairments are in fact “new” or “expanded.”

Second, for children and youth, California law does not distinguish between mild, moderate and severe impairment when it comes to the medical necessity for specialty mental health services (SMHS); unlike the definition relating to adults, medical necessity in children requires only a DSM diagnosis and a finding that the diagnosed mental disorder results in a “significant impairment in an important area of life functioning” or a “reasonable probability of significant deterioration in an important area of life functioning.” That this difference in the definitions of medical necessity for adults and children has been ignored seems to further evince a lack of concern or understanding at DHCS of the stark differences between the behavioral health needs of children and youth versus those of adults.

Third, DHCS has chosen not to define the terms “mild, moderate and severe” and has left those distinctions to county MHPs. Not unpredictably, the delivery of SMHS to children, youth and families looks different between the 57 county MHPs, and in counties with multiple MCPs, can look very different between the MCPs within the county.

Services Under Managed Care Severely Limited

Fourth, once transitioned to the MCPs, children and youth with “mild” or “moderate” needs, however idiosyncratically defined, receive services which are significantly more limited than those previously available through the county MHP administered EPSDT program.

Gone are Therapeutic Behavioral Services (TBS), home-based interventions and virtually all rehabilitative services. Most MCPs limit benefits to clinic-based outpatient therapy, medication management, and short-term hospitalization. One or two offer “partial hospitalization” which is similar to day treatment.

Managed Care Organizations Challenged by Unavailability of Qualified Providers

Representatives at the conference from several county MHPs, moreover, expressed concerns over the lack of appropriate behavioral health services providers for children and youth within MCP networks. Superior California county representatives stated that no MCP empanelled behavioral health providers with the necessary experience and training were available in their counties, requiring children, youth and families to travel great distances across county lines to access services previously available to them in their local communities through county MHPs and contracted organizational providers.

Representatives from the larger MCPs in attendance admitted frustration finding qualified professionals to serve children and youth, while providers described how they have been approached by the MCPs to enter into contracts to provide SMHS to eligible EPSDT children and youth only to discover that the proposed rates would not cover basic costs of providing these services.

To help assure that children and youth receive the mental health services they need and to which they are entitled, the California Alliance is approaching the primary Medi-Cal MCPs to more fully explain what its fully accredited member agencies can provide, better understand the needs of the MCPs, and identify ways Alliance agencies can work with MCPs to ensure the health and wellness of children and families.
Information

For further information or if Alliance member agencies would like assistance meeting with local Medi-Cal MCPs, contact Lynn Thull at lthull@cacfs.org.

New Law Makes Abusive Conduct Illegal, Requires Employee Training

AB 2053 (Gonzalez), recently signed into law by Gov. Brown, makes “abusive conduct” in the workplace illegal and requires expansion of the harassment training now mandated by the Fair Employment and Housing Act.

AB 2053 defines “abusive conduct” as any behavior with malice of an employer or employee in the workplace that a reasonable person would find hostile, offensive, and unrelated to an employer’s legitimate business interests. No single act would constitute abusive conduct, unless especially severe and egregious.

Abusive conduct also includes repeated infliction of verbal abuse, such as the use of derogatory remarks, insults and epithets, verbal or physical conduct that a reasonable person would find threatening, intimidating, or humiliating, or the gratuitous sabotage or undermining of a person’s work performance.

Existing law requires that every employer create a workplace free of sexual harassment by implementing certain minimum requirements, such as posting sexual harassment information posters at the workplace, and requires that qualified employers (those with 50 or more employees) provide at least two hours of training and education every two years regarding sexual harassment to all supervisory employees.

Employers now have the responsibility not only of assuring a workplace free of abusive conduct, but those with 50 or more employees must include prevention of abusive conduct as a component of their sexual harassment training for supervisors.

Acknowledgement and Thanks

Someday Morning acknowledges and thanks Corecia Davis of the Sacramento employment law firm Palmer Kazanjian for the information contained in this article.

DHCS Places New Restrictions on Use of Antipsychotic Meds for Children

The Department of Health Care Services (DHCS) recently changed restrictions on the use of drugs to require that physicians submit a Treatment Authorization Request (TAR) before prescribing antipsychotic medication for children and youth covered by Medi-Cal. The new restrictions apply only to antipsychotics, not to other psychotropic medications including mood stabilizers such as antidepressants and anti-anxiety drugs.

The Department’s action comes on the heels of nationwide probes by the federal government and a series of articles by
reporter Karen de Sá in the San Jose Mercury-News investigating the high percentage of foster children and youth being administered psychotropic medication.

According to the most recent article published Sept. 19, “nearly one out of four adolescents in California’s foster care system was prescribed psychotropic medications over the last decade – more than triple the rate of all adolescents nationwide. And of significant concern: Sixty percent of the state’s medicated foster children were prescribed at least one antipsychotic.”

The action by DHCS changes Code 1 restrictions in the section of the provider manual titled “Drugs: Contract Drugs List Introduction.” Effective Oct. 1, a state pharmacist must verify the “medical necessity” of each prescription for antipsychotics before the medications can be given to children who are 17 and younger and covered by Medi-Cal, which includes all minor foster children and youth.

The special authorization has been required since 2006 on prescriptions for children 5 and younger, but will now be expanded to all children. According to DHCS, the TAR generated “treatment authorization reviews” have been effective in scaling back the use of antipsychotics with these very young children.

What It Means to Foster Children and Youth

In practical terms, the DHCS action extends the time it takes to obtain permission for a child or youth in foster care to be administered antipsychotic medication. While this extra step for authorization hopefully decreases the likelihood that children are incorrectly prescribed antipsychotics, it further delays the timely administration of needed medication for children and youth in foster care who suffer from psychotic symptoms and who must already endure a lengthy juvenile court approval process.

Information

A copy of the DHCS “Medi-Cal News Flash: New Restriction on Antipsychotics for Beneficiaries Under 18 Years of Age” is available on the California Alliance website at this link: http://cymcdn.com/sites/www.cacfs.org/resource/resmgr/Advocacy/TAR0-17.pdf.


**THE ALLIANCE**

**Conferences, Training and Events**

**Alliance Fall Executive’s Conference Receives High Marks**

Alliance member agency executives appreciated the surroundings of the Marriott Laguna Cliffs Resort in Dana Point where they participated in the Executive’s Fall Conference and program committee meetings.

The Alliance wishes to thank the sponsors that helped ensure deliverer of such a quality event at a reasonable price. In particular, the Alliance thanks Premier Sponsors Barrins & Associates, CARF.

Congratulations also go to grassroots award winners Alternative Family Services, Aspiranet, ChildNet, Children’s Bureau, Family Builders by Adoption, Family Care Network and Hathaway-Sycamores.
Alliance staff has already begun planning the details for the Winter Executive’s Conference on Feb. 11-13, 2015. You can already book your hotel reservations at Marriott Napa Valley Hotel & Spa located at 3425 Solano Avenue, Napa, CA 94558. Phone number is (707) 253-8600 or (800) 228-9290. To make it even easier, there has been a website set up for making your hotel reservations and get information on the hotel at this [LINK]. Reserve your room soon as the room block may sell out quickly. A limited number of rooms are available at the special conference rate of $144 single or double occupancy only until Monday, Jan. 5, 2015.

New Conference Targets Nonprofit Leaders

StrongerTogether, a new conference for California’s nonprofit leaders, is scheduled for Oct. 24, 2014, at the Hilton San Francisco in Union Square.

The conference is sponsored by Alliance Associate member Nonprofits’ Insurance Alliance of California (NIAC) and CompassPoint Nonprofit Services and CalNonprofits (California Association of Nonprofits).

A few of the session topics include:

- Cultivating the Sustainability Mindset
- What’s an Organization’s Role in Someone’s Work Life Balance
- Practical Solutions for Accommodating Employees with Disabilities
- Why Meetings Suck and What to Do About It
- And much more.

For more details and to register, visit [www.nonprofitstrong.org](http://www.nonprofitstrong.org). Use the code NIAC for a conference discount.

Late Night with FMC Part of Fundraising Event in San Francisco

Fostering Media Connections (FMC) is producing a mock late-night talk show called Late Night with FMC during its annual fundraiser at the Presidio in San Francisco on Oct. 16, 2014.

TV journalist Lisa Ling, executive producer and host of CNN’s new docu-series THIS IS LIFE, will host the series. In July, the Oprah Winfrey Network aired an episode of Ling’s docu-series “Our America with Lisa Ling” that centered on Los Angeles County’s foster care system. FMC Executive Director Daniel Heimpel was a co-producer.

FMC, a California Alliance partner, is a nonprofit organization that harnesses the power of journalism and media to improve policy affecting vulnerable children, particularly those in foster care.

To order tickets, go to [http://latenightfmc.eventbrite.com](http://latenightfmc.eventbrite.com). For more information about sponsoring the event or donating items for the silent auction, contact Heather Matheson at 818/297-6363 or outreach@fosteringmediaconections.org.
Children’s Institute’s Trauma-Informed Conference Coming Soon

California Alliance member agency **Children’s Institute (CII)** is sponsoring a conference entitled Trauma-Informed Care: A National Conference for Helping Professionals on Oct. 17, 2014, from 8:30 a.m.-5 p.m. at the Sheraton Universal Hotel in Universal City.

Attendees will learn the latest about trauma-informed practice in child welfare and children’s mental health and experience a full day of wellness strategies focused on reducing the risk of secondary traumatic stress and building resilience through self-care.

Expert speakers include:

- Emma Seppala, PhD, associate director of the Center for Compassion and Altruism Research and Education, Stanford University;
- John Briere, PhD, associate professor of psychiatry and psychology, Keck School of Medicine, University of Southern California; and Director, USC Adolescent Trauma Training Center, a site in the National Child Traumatic Stress Network;
- Thema Bryant-Davis, PhD, associate professor of the Culture and Trauma Research Lab;
- Kathleen West, a lecturer at USC’s Department of Preventative Medicine Research and a policy analyst at USC’s Center for Innovation and Research on Veterans and Military Families; and
- Jerry Tello, director of the Sacred Circles Center in Wittier internationally recognized as an expert in the areas of fatherhood, family strengthening, community peace and mobilization, and culturally based violence prevention/intervention issues.

For more details and to register, go to [http://www.childrensinstitute.org/events/details/129](http://www.childrensinstitute.org/events/details/129).

Empathy and Compassion Society Conference Coming Up in San Francisco

The Empathy and Compassion in Society Conference will take place Nov. 13-14 in San Francisco. A lineup of renowned psychologists, neuroscientists, educators, business leaders, policy leaders and thinkers will discuss the latest research on compassion and its proven ability to treat health issues.

The conference will offer practical tools and case studies from several of the leading practitioners in psychology, mental health and neuroscience today, including:

- Dr. Dan Siegel, clinical professor of psychiatry at the UCLA School of Medicine and executive director of Mindsight Institute;
- Dr. Paul Ekman, pioneer in the study of microexpressions and author of “Moving Towards Global Compassion”;
- Julia Kim, M.D., public health expert and senior program advisor at the Gross National Happiness Centre in Bhutan; and
- Dr. Rick Hanson, neuropsychologist and author of “Hardwiring Happiness.”

CEUs to LCSWs and MFTs are offered.

For details, go to [http://www.compassioninsociety.org/](http://www.compassioninsociety.org/). For a short video of the conference, go to [https://www.youtube.com/watch?v=JBiyUw_Amn4](https://www.youtube.com/watch?v=JBiyUw_Amn4)
2015 FFTA Annual Conference Dates Set

The Foster Family-based Treatment Association (FFTA) 29th Annual Conference on Treatment Foster Care will be held Aug. 2-5, 2015, at the Denver Marriott Tech Center in Denver, Colo. Call for presentations will be issued next month and more information will follow.

You can find out more about FFTA at www.ffta.org.

Scaling an Effective Intervention and Producing Consistent Outcomes

When Dean Fixsen and his colleagues at the National Implementation Research Network (NIRN) present, they tell their audiences something shocking: Despite billions of public dollars invested to figure out what works to solve social problems, programs have – on a national scale – produced poor outcomes.

The reason is that evidence-based programs and practices are often researched under ideal conditions and when practitioners attempt to replicate them in real life, they are not able to implement the interventions with fidelity to the original model. Hence, they do not get the same outcomes.

You can join in a conversation with Dr. Fixsen to hear what it takes to improve social outcomes on a large scale by making effective use of existing interventions.

- What must be in place in order for an evidence-based program or practice to be replicable?
- What does effective implementation look like? How can we build the necessary implementation capacity to replicate with fidelity?
- What conditions are required to enable successful implementation? How can we put in place those conditions?

Attendees will learn about active implementation frameworks, and hear how they have been put to successful use in various contexts. Dr. Fixsen will answer questions from the audience.

The free webinar, called “Scaling an Effective Intervention: How to Build Implementation Capacity, Replicate with Fidelity, and Produce Consistent Outcomes,” is scheduled for Oct. 14, 2014, from 12-1:30 p.m., and is sponsored by PerformWell, Child Trends and Social Solutions. Dr. Dean Fixsen is founder of National Implementation Research Network (NIRN); and co-director of State Implementation and Scaling Up of Evidence-Based Practices Center (SISEP).

For more details and to register, go to https://cc.readytalk.com/cc/s/registrations/new?cid=az0ykeag1ddx.

AACRC Webinar: Deep Brain Learning: Trauma, Resilience, Transformation

Trauma and resilience research have produced separate bodies of evidence but are closely intertwined in transforming young lives. Healing trauma requires resilience, and resilience is the positive adaptation to adversity.

This webinar, scheduled for Dec. 4 at 9 a.m., explores four types of trauma and uses leading edge principles from resilience and
neuroscience as the basis for treatment and transformation, drawing from the presenter’s forthcoming book of this title.

The speaker is Dr. Larry K. Brendtro, cofounder of the Circle of Courage®, and founder of Reclaiming Youth International in 1997. He has also served as president of Starr Commonwealth from 1967 to 1981. He is a former member of the Coordinating Council on Juvenile Justice and Delinquency Prevention and has been a professor of special education in the area of behavioral disorders at the University of Illinois, Ohio State University and Augustana College in South Dakota.

For more information or to register, click on this [LINK](#).

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**For Your Information**

**Casa Pacifica Receives New Health and Human Services Grant**

Congresswoman Julia Brownley (D-Westlake Village) recently announced that the U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) is awarding an $85,634 grant to California Alliance-member agency Casa Pacifica Centers for Children and Families for the first year of its behavioral health workforce education and training program for professionals and paraprofessionals.

For the entire three-year program, the recommended total federal grant support would be $312,014, pending the availability of funds and satisfactory progress.

“I am pleased that Casa Pacifica will be able to increase the number of American Psychological Association (APA) accredited internships it can offer to pre- and post-doctoral psychology students! This program, which is unique to California, is one of the few residential settings for high-risk foster youth and those who have been diagnosed with major trauma or mental health needs.”

“This is fantastic news and will help us to develop a much-needed mental health workforce for Ventura County and the rest of the nation. These interns will be trained to work with vulnerable youth most at risk for complex mental health, medical and addiction problems,” said Myra Salton, Ph.D., director of campus services at Casa Pacifica Centers for Children and Families.

**Youth Rally Against Bullying Set for Oct. 11**

October is National Bullying Prevention Month and the Sacramento Regional Coalition of Tolerance is holding the Second Annual Youth Rally Against Bullying on Oct. 11, 2014, from 11 a.m. to 3 p.m. on the west steps of the State Capitol. The organization is seeking exhibitors and the rally is for youths and parents to raise awareness and highlight bullying prevention.

There will be free music, giveaways and raffle prizes. The Sacramento Regional Coalition of Tolerance is a partnership of OCA Sacramento and Senate President pro Tem Darrell Steinburg.
Opportunities

Los Angeles County Seeks Director of Child Protection

m/Oppenheim Associates is assisting the County of Los Angeles Board of Supervisors in the search for a director of child protection to lead a significant reform effort to create one comprehensive, fully integrated countywide approach to child protection.

Reporting to the board of supervisors and working with other county officials, the director is tasked with developing, annually updating and submitting for board approval a Joint Strategic Plan that proposes countywide child protection system improvement projects, along with project execution budgets, project staffing, deliverables, milestones and execution timeframes.

The director will lead a small, highly-qualified staff of senior-level project specialists, and where possible projects will be executed utilizing existing resources in county departments, existing departmental management teams and the existing chain of command.


And Just Remember...

Ah, Harvard.

Every September, in a gala ceremony in Harvard’s Sanders Theatre, 1,100 splendidly eccentric spectators watch equally eccentric winners step forward to accept their Ig Nobel Prizes. And thanks to loyal reader J.B. for pointing this out.

Physically handed out by genuinely bemused genuine Nobel Laureates, the Ig Nobel Prizes honor achievements that first make people laugh, and then makes them think, says the Prize website.

This is of course signals the difference between Harvard and the college attended by The Editor which, had someone there ever conceived of the Ig Nobel Prize, would have honored achievements that first make people laugh, then make them drink beer and eat Carolina barbeque.

The 24th First Annual Ig Nobel Prize ceremony took place last Thursday when the prize for physics went to a team from Japan for measuring the amount of friction between a shoe and a banana skin, and between a banana skin and the floor, when a person steps on a banana skin that’s on the floor. Slapstick ain’t dead, it’s just under investigation by Kyoshi Mabuchi, et.al.

But that’s not all those rascals across the Pacific researched last year. A group of Chinese scientists won the Ig Nobel Prize in neurobiology for trying to understand what happens in the brains of people who see the face of Jesus in a piece of toast.
And, finally, for this issue anyway, the Economics prize went to the Italian government’s National Institute of Statistics, for proudly taking the lead in fulfilling the European Union mandate for each country to increase the official size of its national economy, in Italy’s case by including revenues from prostitution, illegal drug sales, smuggling, and all other unlawful financial transactions between willing participants.

Michael Cohen, take heed! There is wisdom here!*

*Michael Cohen is the Director of the Department of Finance for the state of California. Now, do you see why that’s potentially funny, don’t you?

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**Calendar**

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<th>Date</th>
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<tr>
<td>September 23</td>
<td>COA: Implementing an Electronic Case Record System: Outcomes Management as a Key Factor</td>
<td>Webinar 11 a.m. – 12 noon</td>
<td><a href="http://coa.force.com/coasite/eventdetail?eventId=70150000000ofU4">http://coa.force.com/coasite/eventdetail?eventId=70150000000ofU4</a></td>
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<td>September 24</td>
<td>CARF: Managing Risk for BH/CYS/OTP Facilities</td>
<td>Webinar</td>
<td><a href="http://www.carf.org/events">www.carf.org/events</a></td>
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<td>September 29</td>
<td>CARF: BH/CYS 100</td>
<td>Dublin, Ohio</td>
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<td>September 30 - Oct. 1</td>
<td>CARF: BH/CYS 101</td>
<td>Dublin, Ohio</td>
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**October**

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<tr>
<td>Aug. 6-9</td>
<td>Training for Adoption Competency</td>
<td>Oakland Preservation Park Conference Center</td>
<td><a href="http://www.lilliput.org">http://www.lilliput.org</a> under Training &amp; Consultation</td>
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<td>8</td>
<td>CARF: Personnel Performance Management</td>
<td>Webinar</td>
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<td>8-10</td>
<td>County Welfare Director’s Association Conference</td>
<td>Sheraton Park Hotel, Anaheim</td>
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<td>Webinar 12-1:30 p.m.</td>
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<td>CARF: BH/CYS 202</td>
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<td>NIAC StrongerTogether Conference</td>
<td>Hilton San Francisco</td>
<td>Registration: <a href="http://www.nonprofitstrong.org">www.nonprofitstrong.org</a></td>
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**November**

<table>
<thead>
<tr>
<th>Event</th>
<th>Location</th>
<th>Details</th>
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<tbody>
<tr>
<td>Joint Commission: Strategies for a Successful Survey</td>
<td>Webinar</td>
<td>Registration: <a href="http://www.tinyurl.com/BHCwebinars14">www.tinyurl.com/BHCwebinars14</a></td>
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<tr>
<td>CANS/TCOM Conference</td>
<td>Holiday Inn Chicago Mart Plaza</td>
<td>Call for Papers: <a href="http://origin.library.constantcontact.com/download/get/file/1113047687954-21/111214+CANS+Conference+Call+for+Papers+2014+Extended.pdf">http://origin.library.constantcontact.com/download/get/file/1113047687954-21/111214+CANS+Conference+Call+for+Papers+2014+Extended.pdf</a></td>
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<tr>
<td>December</td>
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<tr>
<td>3    Joint Commission: Best Practices and New Standards in Medication-Assisted Opioid Treatment</td>
<td>Webinar</td>
<td>Registration: <a href="http://www.tinyurl.com/BHCwebinars14">www.tinyurl.com/BHCwebinars14</a></td>
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<tr>
<td>4    AACRC Webinar: Deep Brain Learning: Trauma, Resilience, Transformation</td>
<td>Webinar 9 a.m.</td>
<td>Registration: <a href="http://www.tinyurl.com/BHCwebinars14">LINK</a></td>
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- **2014**

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<thead>
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<th>February</th>
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<tbody>
<tr>
<td>11-13 Alliance Fall Executive’s Conference</td>
<td>Marriott Napa Valley Hotel and Spa</td>
<td>More information to come</td>
</tr>
</tbody>
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**The Alliance Career Center**

[CLICK HERE](http://www.alliancerecruit.com) for your “go-to” resource for the child & family services industry