



## **13<sup>th</sup> Annual Training and Educational Symposium Wednesday, September 28, 2016**

**Holiday Inn San Jose-Silicon Valley  
1350 North First Street  
San Jose, California 95112**

**Pre-Registration Fee: \$70.00**

### **PROPOSED SYMPOSIUM AGENDA (sequence of presenters is subject to change)**

- 8:00 a.m. – 8:30 a.m. Sign-in/Registration and Continental Breakfast
- 8:30 a.m. – 9:15 a.m. **Welcome and Introductions**  
Jason Kletter, PhD, President, California Opioid Maintenance Providers  
Toni Tullys, MPA, Director, Santa Clara County Department of Behavioral Health Services  
Marlies Perez, Division Chief, and Karen Baylor, PhD, LMFT, Deputy Director, California Department of Health Care Services
- 9:15 a.m. – 10:30 a.m. **Current Policy Issues and Clinical Challenges in Opioid Treatment**  
H. Westley Clark, MD, JD, MPH, Santa Clara University
- 10:30 a.m. – 10:45 a.m. Morning Break
- 10:45 a.m. – 12:00 p.m. **Methadone and Buprenorphine 101**  
Brad Shapiro, MD, FASAM, University of California, San Francisco, Family & Community Medicine and Psychiatry/Opiate Treatment Outpatient Program (OTOP)/Zuckerberg San Francisco General, Hospital & Trauma Center
- 12:00 p.m. – 1:00 p.m. Lunch (Provided)
- 1:00 p.m. – 2:15 p.m. **Opioid Use Disorder Treatment and Pregnancy**  
Deborah Stephenson, MD, Santa Clara Valley Medical Center, Addiction Medicine
- 2:15 p.m. – 2:30 p.m. Afternoon Break
- 2:30 p.m. – 3:05 p.m. **Integrating Overdose Prevention Education and Naloxone Distribution into Opioid Treatment Programs**  
Savannah O'Neill, MSW, CATC, HIV Education Prevention Project of Alameda County
- 3:05 p.m. – 3:45 p.m. **Extended Release Naltrexone: What Providers Need to Know**  
Suma Singh, MD, Los Gatos Health & Wellness/Fusion Recovery Services
- 3:45 p.m. – 4:00 p.m. Closing Remarks, Evaluation, and Adjourn

**Registration Form – 13<sup>th</sup> Annual COMP Symposium (September 28, 2016)**

Six (6.0) continuing education credits/contact hours (CEs/CEHs) are available at no additional charge. CE credit will be awarded at the conclusion of the training. Partial credit will not be available for those participants who arrive late or leave early. UCLA ISAP is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for **LMFTs, LCSWs, LPCCs, and/or LEPs** (Provider #64812). UCLA ISAP maintains responsibility for this program/course and its content. CE credit is also available for **RADTs I/II, CADCs-CASs, CADCs I/II, CADCs-CSs, and LAADCs** (CCAPP, 2N-00-445-1115), **CATCs** (ACCBC/CAADE, CP 20 872 C 0819), and **CAODCs** (CADTP, #151).

The pre-registration fee (checks should be made payable to **COMP**) for the *13<sup>th</sup> Annual Training and Educational Symposium* is **\$70.00**. Please mail your completed registration form and check payment no later than **September 21<sup>st</sup>** to:

UCLA Integrated Substance Abuse Programs  
Attention: Shannon Berteau  
11075 Santa Monica Boulevard, Suite 200  
Los Angeles, California 90025

**Additional Information/Onsite Registration Fee:** The parking fee for the Holiday Inn is \$13.00/day. Please note that the on-site registration fee (payable by cash or check) is \$90.00. For questions, please contact Shannon at (310) 267-5398 or [sberteau@mednet.ucla.edu](mailto:sberteau@mednet.ucla.edu).

**Refund/Cancellation Policy:** Notice of cancellation must be made at least 72 hours in advance of the Symposium date in order to receive a partial refund (full registration fee minus a \$25 administrative processing fee). Otherwise, all registration fees are non-refundable.

Please print clearly:

**NAME:** \_\_\_\_\_ **DEGREE(s)/CREDENTIAL(S):** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

Check which type(s) of continuing education credit you wish to receive:

RADT I/II       CADC-CAS       CADC I/II       CADC-CS  
 LAADC       CATC       LMFT/LCSW       LPCC/LEP  
 CAODC

Other (please specify): \_\_\_\_\_ Certification/License Number: \_\_\_\_\_

**Vendors** – Check here if you would like an Exhibit Table: \_\_\_\_\_

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