Click on Bookmarks
To View Travel Detail

VP00 1205007

El Paso County Auditor's Office
Voucher Payable Form

Vendor No.: V021722-01
Voucher Total: $ 238.00
No. of Lines: 1
T/C Hash: 208
Preparer's Initials: AT

Single Check (Y/N): N
Date Entered: 7/6/12
Entered by:

Vendor Name: Monica Ochoa
Travel Advance

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary
01	208	238.00	409ESDRGCT04	6701	145	JPD010
	Austin, TX 7/16-7/17 Integration:Developing a Culture of Recov. Train.					
02						
03						
04						
05						
06						
07						
08						
09						
10						

GRANT FUNDS
RD 7-6-12

Prepared by: Ramona Dominguez RD. Date: 7/6/2012

Approved by: Date: 7/6/12

RICHARD L. AINSA
REFEREE
JUVENILE COURT I

MARIA T. LEYVA-LIGON
REFEREE
JUVENILE COURT II

JUDGE ENRIQUE H. PEÑA JUVENILE JUSTICE CENTER

YAHARA LISA GUTIERREZ
JUDGE
65TH JUDICIAL DISTRICT COURT

ROGER MARTINEZ
CHIEF
JUVENILE PROBATION OFFICER

MARC MARQUEZ
DEPUTY CHIEF
JUVENILE SERVICES

LORENA HEREDIA, CPA
DEPUTY CHIEF
FINANCE AND OPERATIONS

Ref. No. 06-16

Date: **June 20, 2012**

V021722 01

Mr. Edward A. Dion
County Auditor
County of El Paso
800 East Overland, Rm. 406
El Paso, Texas 79901

SUBMITTED FOR PAYMENT
DATE 6-25-12
BY P Hernandez

RE: Travel Request

Dear Mr. Dion:

Please allow funds in the amount of **$238.00** for **Monica Ochoa** to attend the **Integration: Developing a Culture of Recovery training** in **Austin, TX** on **July 16-17, 2012**. Please see the attached training request form.

Funds exist in account **409ESDRGCT04-6701**. Make check payable to **Monica Ochoa**. Please hold check for JPD.

Thank you for your assistance.

Sincerely,

Roger Martinez
Chief Juvenile Probation Officer
Public Servant

RECEIVED
JUN 26 2012
EL PASO COUNTY
COUNTY AUDITOR

TRAINING/TRAVEL REQUEST FORM

REQUESTED BY: Monica Ochoa	DATE(S) OF CONFERENCE/WORKSHOP: 7/16/12 - 7/17/12 7/20/2012
TITLE OF CONFERENCE / WORKSHOP/ LOCATION Integration: Developing A Culture Of Recovery And Wellness	SPONSOR: Texas Behavioral Health Institute
TRAINER(S): Various	CERTIFICATION DATE: 1/2/2013
TOTAL HOURS OF CONFERENCE / WORKSHOP: 8	DATE OF LAST OUT-OF-TOWN TRAINING: 6/18/2012

EXPENSES FOR OUT-OF-TOWN TRAINING

	Cash Advance	Pre-Paid
REGISTRATION FEE ☒YES ☐NO	$ 175.00	
MEALS: Date of Departure: (After 12 p.m. ☐ $18.00 PER DAY / Before 12 p.m. ☒$27.00)	$ 27.00	
MEALS: (_ __ DAYS X $36.00 PER DAY)	$	
MEALS: Date of Return: (Before 5 p.m.☒ $18.00 PER DAY / After 5 p.m. ☒ $36.00)	$ 36.00	
LODGING: (DAYS X $ 85.00 PER DAY)	$	$
TRAVEL: (AIRFARE)	$	$275.60
GROUND TRANSPORTATION (SHUTTLE/CAR RENTAL)		
AUTO __ MILES X .55 CENTS PER MILE (PERSONAL VEHICLE)	$	$
Sub-Totals	$238.00	$275.60
GRAND TOTAL OF TRAVEL REQUEST:	$ 513.60	

EXPENSES FOR LOCAL TRAINING TOTAL AMOUNT OF REGISTRATION REQUEST:	$

I UNDERSTAND THAT IF I AM APPROVED TO ATTEND THIS CONFERENCE, I AM REQUIRED TO ATTEND ALL SESSIONS AS PER THE PROGRAM SCHEDULE. IN ADDITION, ANY EMPLOYEE ATTENDING TRAINING MAY BE REQUIRED TO COORDINATE WITH OUR TRAINING COORDINATORS TO DEVELOP A CURRICULUM(S) BASED ON THE INFORMATION OBTAINED FROM THE TRAINING.

DATE SUBMITTED

EMPLOYEE SIGNATURE

ACCOUNTING: 409ESDRGCT04 ACCOUNT FUNDS WILL BE ALLOCATED FROM:	SIGNATURE:

(1) UNIT DIRECTOR	APPROVED ☑	DISAPPROVED ☐	DATE 6/20/12
(2) TRAINING COORDINATOR	REVIEWED ☐		DATE 6/20/12
(3) DEPUTY CHIEF	APPROVED ☑	DISAPPROVED ☐	DATE 6-20-12
(4) CHIEF JPO for	APPROVED	DISAPPROVED	DATE 6-20-12

El Paso County Travel Justification Form

Employee: Monica Ochoa Signature [illegible] Date: 6/20/2012
Dept. Head: [illegible] Signature [illegible] Date: 6-20-12
Dept: JPD Job Title: Service Coordinator

Travel Funding Source: ___ County X Grant ___ Other
Will any funds be reimbursed by another entity? No
Travel Account No: Balance Remaining for FY: ___

Purpose: (check one)

[ ] **Statutorily Required Training to Hold Elective Office**
Statue Refrence:
My effective office requires ___ number of training hours annually.
I have already fulfilled ___ of these hours for this time period.
Estimated hours to be obtained from this course? ___
Please provide documentation for hours needed.

[ ] **Professional or Technical Training to Maintain License/Certification**
(peace officers, attorneys, CPAs, technical certifications, etc.)
My effective office requires ___ number of training hours annually.
I have already fulfilled ___ of these hours for this time period.
Estimated hours to be obtained from this course? ___

[ ] **Additional Professional or Technical Training NOT Required to Maintain License/Certification**

[ ] **Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/ State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**
Entity Name: ___
Purpose of Visit: ___

[ ] **Travel for Program Revenue Enhancement/Sales Opportunity**
Explain: ___

[ ] **Program Development Training**
Explain: ___

[X] **Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**
(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)
Organization Name: Texas Behavioral Health Institute

[ ] **Human Resources/Management/Personal Development Training**
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

[ ] Other: ___

Adopted by the El Paso County Commissioners Court on November 17, 2003

PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

County of El Paso
Travel Request Form

Travel Type: ADVANCE

Name:	Monica Ochoa	Department:	JPD
Date of Trip: Departure Date:	07/16/12 Return Date: 07/17/12	Destination:	Austin, TX
* Event	Integration: Developing a culture of recovery and wellness		
County Related Purpose:	Substance Abuse Training		

* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: 409ESDRGCT04 Sub-Object:

COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

☐ on Date of Departure by	After 12:00 P.M.	Half Rate	$ 18.00
☐ on Date of Departure by	Before 12:00 P.M.	Full Rate	$ 27.00

Please Check One (Return meal rate)

☐ on Date of Return by	Before 5:00 P.M.	Half Rate	$ 18.00
☐ on Date of Return by	After 5:00 P.M.	Full Rate	$ 36.00

* ***$36.0 per diem no receipts required. **NOTE** there is no meal per diem if you departure and return are on the same date***

* ***(Note: Please use the items checked above to fill out section 2 below)***

Section 2: Travel Extimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

		* CC
Airfare		$275.60
Auto Rental		
Mileage (.40 /mile)		
Gas		
Meal rate on Departure date	27.00	
Meal per diem ($36.00)		
Meal rate on Return date	36.00	
Lodging		
Other - Registration	175.00	
Other - Parking/Tolls		
Other - Taxi		
Other - Shuttle		
Other -		
TOTAL	$238.00	$275.60

FOR AUDITOR'S USE ONLY

Trans. Code:

Index:

Sub-Object:

Vendor:

Subsidiary:

Amount:

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE N **Y/N**

Section 3: Signature and List of Names:

		CC
ADVANCE FROM COUNTY	$238.00	$275.60
Name:	Name:	
Name:	Name:	
Name:	Name:	
Name:	Name:	
Name:	Name:	

NOTATION: SIGNING OF THIS FORM IS AN ACKNOWLEDGEMENT OF THE COUNTY TRAVEL POLICY WHICH AUTHORIZES THE SALARY OFFSET OF WAGES FOR NONCOMPLIANCE

EMPLOYEE SIGNATURE

DEPT. HEADS SIGNATURE

DATE: 20-Jun-12

C.C.O. DATE

Prevention Specialist Training

Monday, July 16 through Thursday, July 19
8:30 a.m. - 5:30 p.m., Each day
Limit: 50 individuals

Cost: $395 prior to June 15th; $450 starting June 16-onsite

The NEW Substance Abuse Prevention Specialist Training (SAPST) model will be presented at the 2012 Behavioral Health Institute (BHI). The SAPST will be held July 16 – 19 (Monday – Thursday) from 8:30 a.m. – 5:00 p.m. at the Austin Convention Center.

Developed by CSAP's Western Center for the Application of Prevention Technologies (WCAPT) for the National CAPT system, the training will be conducted by CSAP's Southwest CAPT Southwest Regional Expert Teams.

The NEW SAPST curriculum includes an online session that is required and must be completed prior to attending the SAPST at the BHI. The online session must be completed by all SAPST attendees prior to the BHI in order to participate and receive credit for completing the training. It is recommended that this online session be completed the week before the BHI. The link to the online SAPST training session will be sent to all approved registrants prior to the BHI.

To become a certified prevention specialist, one needs the following: 100 hours of education (50 hours must be coursework that is alcohol/drug specific and 50 hours must be prevention specific training); a 120-hour practicum in prevention; one letter of reference from a supervisor and two letters of reference from peers; and one year or 2,000 hours of documented experience. Individuals are also required to apply for certification through the Texas Certification Board of Addiction Professionals (TCBAP) and to take and pass the national certification (ICRC) exam administered by TCBAP.

The course offered at the BHI counts toward the 100 hours required and follows the domains of the exam. Participants will receive 40 CEUs for this training.

Monday, July 16

8 – 8:30 a.m.	Registration
8:30 a.m. – 12 p.m.	SAPST Training
12 – 1 p.m.	Lunch on Your Own
1 – 5 p.m.	SAPST Training

Tuesday, July 17

8 a.m. – 12 p.m.	SAPST Training
12 – 1 p.m.	Lunch on Your Own
1 – 5 p.m.	SAPST Training

Wednesday, July 18

8 a.m. – 12 p.m.	SAPST Training
12 – 1 p.m.	Lunch on Your Own
1 – 5 p.m.	SAPST Training

Thursday, July 19

8 a.m. – 12 p.m.	SAPST Training
12 – 1 p.m.	Lunch on Your Own
1 – 5 p.m.	SAPST Training

2012 Texas Behavioral Health Institute

July 16-20, 2012 / Austin Convention Center

REGISTRATION FORM

Please print your name as you would like it to appear on your name badge
Confirmations will be emailed to the email address provided.

HOW TO REGISTER

By Mail: Send completed form and payment
Swift Solutions / PO Box 150790 / Austin, Texas 78715
By Fax: 866-219-7008
Online: Go to www.TexInstitute.com
Questions: Call 877.451.8700

Name _____ Work Phone _____

Employer _____ Job Title _____

Mailing Address (❑Business ❑Home) _____

City, State, Zip _____ ❑ Home or ❑ Cell Phone _____

E-mail address _____

	Before or By June 15	June 15 Thru July 6	Late Reg Fee
WEEK LONG INSTITUTE ONLY			
INSTITUTE (Mon. July 16-Fri. July 20) **Monday - Friday**	❑$395	❑$450	❑$500
PREVENTION SPECIALIST TRAINING			
Prevention Specialist Training	❑$395	❑$450	❑$500

(Mon., July 16 - Thurs., July 19) LIMITED TO FIRST 50 APPLICANTS
The NEW Substance Abuse Prevention Specialist Training (SAPST) model will be presented at the 2012 Behavioral Health Institute (BHI). The SAPST will be held July 16 – 19 (Monday – Thursday) from 8:30 a.m. – 5:00 p.m. at the Austin Convention Center.

Developed by CSAP's Western Center for the Application of Prevention Technologies (WCAPT) for the National CAPT system, the training will be conducted by CSAP's Southwest CAPT Southwest Regional Expert Teams.

Coalition Summit

Coalition Summit ❑$395- With Full Reg. ❑$250-Coalition Summit Only ❑$300-(After June 15th)

Mon.,July 16 1:00 pm,Tues., July 17 8:30 am – 5:00pm AND Wed., July 18 8:30 am – 5:00pm
The Department of State Health Services will once again be conducting a Coalition Summit in conjunction with the Texas Behavioral Health Institute in an effort to provide community coalitions with practical information on the Steps of the Strategic Prevention Framework. The summit will include workshop sessions that will provide an understanding of the value of using the Strategic Prevention Framework to reduce substance abuse and related problems in local communities. The Coalition Summit will highlight SAMHSA's intent to enable states and communities to build prevention infrastructure.

START Program Training

START Program Training ❑$500- With Full Reg. ❑$200-START Only ❑$250- (after June 15th)

Wednesday, July 18 8:30 am through Thursday, July 19 5:00 pm
This training workshop will address the scope of youth aggression in schools, homes, the community and institutions. It will provide participants with background and rationale for teaching prosocial skills and "Aggression Replacement Training®." The format includes lecture, demonstration, participation and implementation planning.

Trauma Focused Cognitive Behavior Training

Trauma-Focused CB Training ❑$395- With Full Reg. ❑$100-CB Training Only

Thursday, July 19 8:30 am - 5:00 pm
Trauma-Focused Cognitive Behavior Therapy is proven to be highly effective in improving symptoms and adaptive functioning of children (ages 6 to 18) exposed to traumatic life events, as well as helping the parent/caregiver participating in treatment. The model has been successfully used with youths from all socioeconomic backgrounds, diverse ethnicities and in a variety of settings.

REGISTER FOR ONE OR TWO DAYS ONLY

To register for part of the week-long Institute on days on which you are not taking special in-depth trainings, see daily rates below.
INDICATE WHICH DAYS YOU ARE ADDING AND CHECK APPROPRIATE SESSION CHOICES ON PAGE 2.

❑Mon. July 16 - $75 ❑Tues. July 17 - $100

❑Wed. July 18 - $100 ❑Thurs. July 19 - $100

❑Fri. July 20 - $125 (Medical / Legal Focus & Lunch) ($175 After June 15th)

AMOUNT OWED: $_____

METHOD OF REGISTRATION PAYMENT:

❑ Check or Money Order#_____
Make payable to Swift Solutions, Fed Tax ID 52-2365019.

❑ Travel/Purchase Voucher#_____
Must enclose signed copy.

❑ CHARGE MY REGISTRATION TO:
❑ MasterCard ❑ VISA ❑ Discover ❑AmEx

Credit Card Number _____

Exp Date _____

Name on Card _____

Authorized Signature _____

Billing Zip Code_____CC Code_____

Cancellations: Cancellations or substitutions for registrations must be **in writing** and emailed or faxed to the Conference Registrar **before June 29.** Because conference registration is limited and work is performed once registration is processed – there is a **$50 administrative fee** for any cancelled registration. **All cancellations must pay a $50 administrative fee.**

Conference registration and payment method will be acknowledged with a confirmation by email. I have read and understand all payment cancellation and refund policies pertaining to this registration. If you do not sign the form, your registration submission indicates you understand the registration requirements.

Signature_____

SPECIAL NEEDS--Indicate any special needs you may have during the conference because of physical disabilities or sensory impairment (deadline, June 22) Use additional sheets, if necessary

INSTITUTE SESSION CHOICES

July 16-20, 2012 / Convention Center / Austin, TX

ATTENDEE NAME:_____

Please check your 1st AND 2nd choices for each time slot.

PLEASE NOTE: If you sign up for Part 1, you will automatically be enrolled in Part 2

MONDAY, JULY 16

10:00 AM – 11:30 AM

- ❑ Opening Session

1 – 3 PM

1st 2nd Choice

- ❑ ❑ The State of Mental Health in Texas and Three Proven Programs that Improve the Lives of Texans
- ❑ ❑ Reflective Supervision for Clinical Supervisors (Part 1)
- ❑ ❑ The Prescription Drug Epidemic: National Trends and Clinical Impact
- ❑ ❑ Integrating Systems of Care to Achieve an Environment of Recovery
- ❑ ❑ Seeking Safety (Limit 30)

3:30 – 5 PM

1st 2nd Choice

- ❑ ❑ Promotores/Community Health Workers: Links to Healthy Communities
- ❑ ❑ Reflective Supervision for Clinical Supervisors (Part 2)
- ❑ ❑ Dazed and Confused: Is It Dementia, Depression, or Life-Threatening Delirium?
- ❑ ❑ Promoting Recovery & Wellness for Children: A Change is a Coming

TUESDAY, JULY 17

8:30 – 10 AM

- ❑ ❑ Video Conferencing for MH Telemedicine
- ❑ ❑ Developing a Texas Culture of Prevention, Recovery and Wellness
- ❑ ❑ National Strategy for Suicide Prevention - 2012 Revision
- ❑ ❑ Lessons Learned in Recovery-Oriented Systems Transformation

10:30 AM – 12 PM

1st 2nd Choice

- ❑ ❑ Ethical Issues From Facebook to Confidentiality
- ❑ ❑ Leveraging Electronic Health Records to Help Identify and Assist Tobacco Users to Quit Tobacco
- ❑ ❑ Coalitions 101: The What, Why and How!
- ❑ ❑ Scientifically Proven Prevention Strategies
- ❑ ❑ Evidence-Based and Best Practices in Suicide Prevention
- ❑ ❑ Addictions and Family Violence A Collaborative Approach
- ❑ ❑ Implementing Trauma Informed Care in Texas
- ❑ ❑ Is Person-Centered Planning Soft? Creating a Plan that Honors the Person AND Satisfies the Chart

1:30 – 3 PM

1st 2nd Choice

- ❑ ❑ Ethical Challenges in Treating Persons with Co-Occurring Disorders
- ❑ ❑ Tobacco Prevention and Cessation Strategies
- ❑ ❑ ASK Gatekeeper Training
- ❑ ❑ Get Your Move On Alternative Activities for Youths and Adults (Part 1)
- ❑ ❑ Integrated Mental Health and Primary Care (Part 1)
- ❑ ❑ Co-Occurring Disorders, COPSD
- ❑ ❑ The Individual Placement and Support (IPS) Model of Supported Employment (Part 1)
- ❑ ❑ Emerging Best Practices in Person-Centered Services: Evaluation and Outcomes

3:30 – 5 PM

1st 2nd Choice

- ❑ ❑ HIV and Mental Health Issues
- ❑ ❑ Addressing Tobacco Cessation on College Campuses
- ❑ ❑ Postvention in the Internet Age: What You Do After A Death By Suicide to Help Prevent More Deaths
- ❑ ❑ Get Your Move On: Alternative Activities for Youths and Adults (Part 2)
- ❑ ❑ Integrated Mental Health and Primary Care (Part 2)
- ❑ ❑ Understanding and Addressing the Needs of Refugees and Asylum Seekers by Health Providers
- ❑ ❑ The Individual Placement and Support (IPS) Model of Supported Employment (Part 2)
- ❑ ❑ The Experience of Mental Illness and Recovery

5:30 – 8:45 PM

1st 2nd Choice

- ❑ ❑ Hepatitis C

WEDNESDAY, JULY 18

8:30 – 10 AM

1st 2nd Choice

- ❑ ❑ Bridging the Culture Gap of Native Americans through the Understanding of Intrinsic Values
- ❑ ❑ Bullying and Victimization: Implications for School Safety and Suicide Prevention
- ❑ ❑ Joining the Dually Diagnosed Treating Active Drug Users from a Harm Reduction Perspective
- ❑ ❑ 7 Developmental Tasks of Recovery: The Role of the Recovery Coach and Therapist

10:30 AM – 12 PM

1st 2nd Choice

- ❑ ❑ GLBT and Two-Spirit American Indians. Resiliency and Risk at the Intersections of Culture, History and Power
- ❑ ❑ Case Management for Children & Pregnant Women - A Texas Medicaid Benefit
- ❑ ❑ Coping with Crisis in Schools and Communities: Lessons from the Front Lines for Prevention and Response
- ❑ ❑ HIV Issues - 2012: Engaging to End the Epidemic (Part 1)
- ❑ ❑ Medication Assisted Treatment of Substance Use Disorders
- ❑ ❑ Teaching Case Conceptualization for Treatment Planning: A Supervision Training Tool for Clinical Supervisors
- ❑ ❑ Overview of Permanent Supportive Housing and Recovery Support (Part 1)
- ❑ ❑ 20 Strategies for Increasing Recovery with Chemically Dependent Clients

1:30 – 3 PM

1st 2nd Choice

- ❑ ❑ Against the Wind Facilitating Cultural Competence for Mental Health Professionals
- ❑ ❑ How to Identify and Get Paid by Third Party Payers
- ❑ ❑ Advancing Prevention Strategies: Perspectives from the WHO Global Alcohol Policy
- ❑ ❑ HIV Issues - 2012: Engaging to End the Epidemic (Part 2)
- ❑ ❑ Parent-Child Interaction Therapy
- ❑ ❑ Trauma and Harm Reduction Psychotherapy
- ❑ ❑ Overview of Permanent Supportive Housing and Recovery Support (Part 2)
- ❑ ❑ Increasing Recovery Rates by Engaging the Most Difficult to Reach Client with Substance Abuse Disorders

3:30 – 5 PM

1st 2nd Choice

- ❑ ❑ Ethics and Legal Issues in Clinical Practice
- ❑ ❑ View from the Field: Best Practices Regarding Medicaid
- ❑ ❑ Challenges Facing Returning Warriors and Their Families: A Holistic Approach
- ❑ ❑ Integral Care: Integrating Primary Care, MH and Substance Abuse Services

THURSDAY, JULY 19

8:30 - 10 AM

1st 2nd Choice

- ❑ ❑ The Affordable Care Act: What it is and Where it Stands
- ❑ ❑ Smoking, Mental Illness and Other Addictions: A Biopsychosocial Understanding of Co-Morbidity
- ❑ ❑ Navigating the Legal Maze Regarding Consent to Treatment
- ❑ ❑ Provider Approaches to Recovery Oriented Systems of Care

10:30 AM – 12 PM

1st 2nd Choice

- ❑ ❑ QM Principles and the PDCA Cycle (Overview)
- ❑ ❑ Risk Prevention with Sexual Minorities: A Two Study Exploration of Youth and Adults
- ❑ ❑ Steps to Stem Substance Abuse on College Campuses
- ❑ ❑ The Developing Brain: Adolescence and Vulnerability to Drug Abuse and Mental Illness
- ❑ ❑ It's All About Relationships: Promoting the Mother/Child Relationship
- ❑ ❑ Rural Service Delivery and Telehealth
- ❑ ❑ Communicating Your Way to a Successful Engagement with Legislators and Stakeholders
- ❑ ❑ Effectively Integrating Peer Support: The Real Deal for Treatment Providers

12 – 1:15 PM

- ❑ Luncheon Roundtable Discussion (Limit 50): Quality Management Implementation of QM Activities

1:30 – 3 PM

1st 2nd Choice

- ❑ ❑ Now that You Have a Plan, What Do You Do?
- ❑ ❑ Critical Issues in Clinical Supervision (Part 1)
- ❑ ❑ Current Drug Trends
- ❑ ❑ Parity and Essential Health Benefits
- ❑ ❑ Pharmacologic Treatments for Tobacco Addiction
- ❑ ❑ Building the Therapeutic Relationship
- ❑ ❑ Building an Integrated Model of Volunteer Peer Recovery Coaching & Support (Part 1)
- ❑ ❑ Developing a Recovery-Oriented Culture that Gets Results

3:30 – 5 PM

1st 2nd Choice

- ❑ ❑ Bridging the Gap Between Drug Supply Reduction Strategies and Drug Demand Reduction
- ❑ ❑ Critical Issues in Clinical Supervision (Part 2)
- ❑ ❑ Academic Success of Emotionally Disturbed Students
- ❑ ❑ Clinical Treatment for Tobacco Addiction
- ❑ ❑ The Mystery of Risk: Drugs, Alcohol, Pregnancy and the Vulnerable Child
- ❑ ❑ Children's Mental Health: Growing a System of Care in Texas
- ❑ ❑ Building an Integrated Model of Volunteer Peer Recovery Coaching & Support (Part 2)
- ❑ ❑ Disaster Behavioral Health Planning, Response and Recovery

FRIDAY, JULY 20

8:30 – 10 AM

1st 2nd Choice

- ❑ ❑ Treatment Strategies for Children and Youth Affected by Prenatal Exposure to Alcohol and Illicit Drugs
- ❑ ❑ Risk Assessment for Violence
- ❑ ❑ Border Traumatic Stress Response Project
- ❑ ❑ Drug Courts as Alternates to Criminal Sanctions
- ❑ ❑ Texas Criminal Justice and the Offender with Mental Illness. Continuing Challenges

10:30 AM – 12:00 PM

- ❑ Keynote: Reflections on Recovery

POST CONFERENCE MEDICAL / LEGAL SESSIONS

12 PM – 1:30 PM

- ❑ Medical Lunch Session: The Insanity Defense. A History of Revenge, Reform, and Rationalization ($25 for lunch, unless registered for Friday / Legal / Medical Focus Only)

1:30 – 3 PM

1st 2nd Choice

- ❑ ❑ Personality Disorders & DSM-5
- ❑ ❑ Re-Write of the Mental Health Code

TA1200157

El Paso County Auditor's Office
Manual Voucher Form

Vendor No.: EMP00737 01
Voucher Total: $19.00
No. of Lines: 1
T/C Hash : 238
Preparer's Initials: BO
Amount Spelled: NINETEEN DOLLARS AND NO CENTS

Single Check (Y/N):

Date Entered: 07/05/2012
Entered by: BO

Vendor Name: JO ANNE BERNAL

Street: COUNTY ATTORNEY
500 E. SAN ANTONIO
City, State, Zip: EL PASO TX 79901

Subject: RMB SAN ANTONIO, TX6/24-6/25/12MHM

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	238	19.00	CACOMM	6705				
	Desc: RMB SAN ANTONIO, TX6/24-6/25/12MHM							
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
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07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: MAYRA C. HERNANDEZ TCAUD47-AUDITORS Date : 07/05/2012

Approved by: Date : 07/05/12

County of El Paso
Travel Expenditure Voucher

C.C.O.

Name:	JO ANNE BERNAL	Department:	County Attorney's Office
Date of Trip: Departure	06/24/12 Arrival Date: 06/25/12	Destination:	San Antonio, TX
Purpose of Trip:	Attend MHM Statewide Legislative Summitt		
Department Index:	CACOMM	Sub-Object:	6705

Section 1: Guidelines for Determining Meal Rates Allowance

Please Check One (Departure meal rate)

☐ on Date of Departure by	After 12:00 P.M.	Half Rate	$ 18.00
☐ on Date of Departure by	Before 12:00 P.M.	Full Rate	$ 27.00

Please Check One (Return meal rate)

☐ on Date of Return by	Before 5:00 P.M.	Half Rate	$ 18.00
☐ on Date of Return by	After 5:00 P.M.	Full Rate	$ 36.00

* *$35.00 per diem no receipts required*
* *(Note: Please use the items checked above to fill out section 2 below)*

Section 2: Travel Expenditure Breakdown

		CC
Airfare		404.40
Auto Rental		
Mileage (.40 /mile)		
Gas		
* *Meal rate on Departure date*	45.00	
Meal per diem ($36.00)		
* *Meal rate on Return date*		
Lodging		123.76
Other - Registration		
Other - Parking/Tolls		
Other - Shuttle		
Other - TAXI	59.00	
Other -		
Other -		
TOTAL	$104.00	$528.15

FOR AUDITOR'S USE ONLY

Trans. Code:

Index:

Vendor: Emp00737

Subsidiary:

Amount:

Date Entered:

Section 3: Check(s) Made Payable to:

☐ County Check No.

☐ Deposit Warrant No.

SIGNATURE:

ADVANCE FROM COUNTY: $85.00

TOTAL EXPENDITURES: $104.00

DATE: 3-Jul-12

REFUND TO THE EMPLOYEE ($19.00)

TOTAL TRAVEL EXPENSE: $ 632.15

RECEIVED
JUL 05 2012
EL PASO COUNTY AUDITOR

PLEASE RETURN VOUCHER NO LATER THAN **9-Jul-12**

El Paso County Travel Justification Form

Employee Name: **JO ANNE BERNAL** Signature:_____ Date:_____
Department Head: Jo Anne Bernal Signature:_____ Date: _____
Dept: **County Attorney's Office** Job Title: **County Attorney**

Travel Funding Source: County: X Grant____ Other ____

Will any funds be reimbursed by another entity? NO

Travel Account No.: **CACOMM-6705** Balance Remaining for FY:_____

Purpose: (check one)

____ **Statutorily Required Training to Hold Elective Office**
Statute Reference:_____

My elective office requires_____number of training hours per_____year.

I have already fulfilled____of these hours for this time period.

Estimated hours to be obtained from this course?_____

____ **Professional or Technical Training to Maintain License/Certification (peace officers, attorneys, CPAs, technical certifications, etc.)**Statute Reference: State Bar Rules Article VII

My elective office requires 15 number of training hours per 12 months. I have already fulfilled of these hours for this time period.

Estimated hours to be obtained from this course_____

____ **Additional Professional or Technical Training NOT Required to Maintain License/Certification**

_____ **Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**

Entity Name:_____

Purpose of Visit:_____

_____**Travel for Program Revenue Enhancement/Sales Opportunity**

Explain: _____

_____**Program Development Training**

Explain: _____

_____ **Travel to Professional, County, or Elected Officials' Organization Meeting/Convention** (County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)

Organization Name:

_____ **Human Resources/Management/Personal Development Training** (Dealing with Difficult People", stress management, 'Be A Better Leader", etc.)

__X__ Other: Attend Statewide Mental Health Legislative Summit regarding mental health policy

STATEWIDE MENTAL HEALTH LEGISLATIVE FORUM

June 25, 2012, 9:00am - 4:00pm
Norris Conference Center,
4522 Fredericksburg, Rd. San Antonio TX

AGENDA

Goal: To develop a region-based statewide coordinated effort to pass mental health legislation during the 83rd Legislative Session that will improve the system of care for persons with mental illness in Texas.

9:00am - 10:00am	Registration & Light Breakfast
10:00am	Welcome
10:20am	Overview of the Day
10:40am	*Overview of 2011 Legislative Session • Mental Health Successes and Challenges • Budget • 1115 Medicaid Waiver
11:40am	Break into Regions - Working Lunch
1:00pm	Reports from Regions
2:00pm	Identify Issues for statewide legislative collaboration
2:45pm	Identify processes & structures for collaboration
3:15pm	Next Steps
3:45pm	Closing • September Meeting in Austin • Other Announcements

**topics are subject to change*

COURTYARD Marriott

Courtyard by Marriott
San Antonio Airport
North Star Mall

80 N.E. Loop 410
San Antonio TX 78216
T 210.530.9881

J. Bernal

Room: 210
Room Type: GENR
Number of Guests: 1
Rate: $106.00 Clerk:

Arrive: 24Jun12 Time: 04:03PM Depart: 25Jun12 Time: Folio Number: 34757

Date	Description	Charges	Credits
24Jun12	Room Charge	106.00	
24Jun12	State Occupancy Tax	6.36	
24Jun12	City Tax	11.40	
25Jun12	Master Card		123.76
	Card #: MCXXXXXXXXXXXX4843/XXXX		
	Amount: 123.76 Auth: 091014 Signature on File		
	This card was electronically swiped on 24Jun12		
	Balance:	**0.00**	

As a Rewards Member, you could have earned points toward your free dream vacation today. Start earning points and elite status, plus enjoy exclusive member offers. Enroll today at the front desk.

As requested, a final copy of your bill will be emailed to you at: joanne.bernal@epcounty.com. See "Internet Privacy Statement" on Marriott.com.

SOUTHWEST.COM

Thank you for your purchase!

El Paso, TX - ELP to San Antonio, TX - SAT

Air

Confirmation #4N9GH2

El Paso, TX - ELP to San Antonio, TX - SAT
Sunday, June 24, 2012 - Monday, June 25, 2012

Air Total: $404.40

Amount Paid
$404.40

Trip Total
$404.40

JUN 24 SUN 06/24/12 - San Antonio

AIR

El Paso, TX - ELP to San Antonio, TX - SAT
06/24/2012 - 06/25/2012
Confirmation # 4N9GH2

Adult Passenger(s)
JO ANNE BERNAL
Subscribe to Flight Status Messaging

Rapid Rewards #
0000100609495[illegible]

DEPART JUN 24 SUN	12:55PM El Paso, TX (ELP) to 03:20PM San Antonio, TX (SAT)	Flight #1621	Sunday, June 24, 2012 Travel Time 1 h 25 m (Nonstop)
RETURN JUN 25 MON	04:00PM San Antonio, TX (SAT) to 05:05 PM Arrive in Dallas (Love Field), TX (DAL)	Flight #163	Monday, June 25, 2012 Travel Time 3 h 10 m (1 stop, includes 1 plane change)
	05:35 PM Change Flt in Dallas (Love Field), TX (DAL). 06:10PM El Paso, TX (ELP)	Flight #40	

PRICE: ADULT

Trip	Routing	Fare Type | View Fare Rules	Fare Details	Quantity	Total
Depart	ELP-SAT	Wanna Get Away Excellent Value	• No Change Fee (applicable fare difference applies) • Reusable Funds (transferable - no name changes allowed) • Nonrefundable	1	$196.80
Return	SAT-DAL-ELP	Wanna Get Away Excellent Value	• No Change Fee (applicable fare difference applies) • Reusable Funds (nontransferable - no name changes allowed) • Nonrefundable	1	$207.60

Enroll in Rapid Rewards and earn at least 2232 Points per person for this trip. Already a Member? Log in to ensure you are getting the points you deserve.

Subtotal $404.40
Fare Breakdown

Carry-on Items: 1 bag + 1 small personal item are free, see full details.
Checked Items: First and second bags are free, size and weight limits apply.

Bag Charge $0.00

13,191

Air Total:
$404.40

Gov't taxes & fees now included

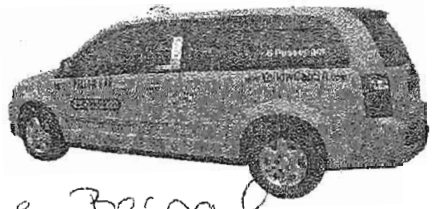
Purchaser Name	Jo Anne Bernal	Billing Address	500 E. San Antonio, Room S03 El Paso, TX US 79915

Form of Payment	Amount Applied
MasterCard - XXXXXXXXXXXX-4843	$404.40

Amount Paid
$404.40

Trip Total
$404.40

YELLOW CAB



Fare Receipt

Date 6-24-12

Received of Jo Anne Bernal

The Sum of 24.00

Pick up location Airport

Destination location Hotel

Independent Contractor Driver:

No. _____ Name _____

TowneCar **Fare Receipt**

Date 6-25-12

Received of Jo Anne Bernal

The Sum of 35.00

Pick Up Norris Conf Center

Drop Off Hotel

Towne Car

No. _____ Driver _____

Total 59.00

EMP00737 01 06/18/2012 1269247

DOCUMENT NUMBER	DOC REF NUMBER	AMOUNT
DESCRIPTION		
TA1200136 01		85.00
SAN ANTONIO, TX6/24-6/25/12MHM STATEWIDE MENTAL		

06/18/2012 85.00

JO ANNE BERNAL
COUNTY ATTORNEY
500 E. SAN ANTONIO
EL PASO TX 79901

*********CHECK MUST BE ENDORSED*********

THIS CHECK IS VOID WITHOUT A COLORED BACKGROUND AND AN ARTIFICIAL WATERMARK IN THE BACK - HOLD AT ANGLE TO VIEW

EL PASO COUNTY
CONSOLIDATED FUND
800 E. OVERLAND ST., ROOM #406
EL PASO, TEXAS 79901
(915) 546-2040

INTER NATIONAL BANK
1790 N. LEE TREVINO DR.
EL PASO, TEXAS 79936

1269247

88-1527/1149

DATE 06/18/2012

PAY THIS AMOUNT
*********85.00

VOID AFTER 180 DAYS

PAY EXACTLY EIGHTY FIVE DOLLARS AND NO CENTS

TO THE ORDER OF
JO ANNE BERNAL
COUNTY ATTORNEY
500 E. SAN ANTONIO
EL PASO TX 79901

COUNTY AUDITOR

COUNTY TREASURY

SIGNATURE HAS COLORED BACKGROUND - BORDER CONTAINS WORDS ...

TA1200158

El Paso County Auditor's Office
Manual Voucher Form

Vendor No.: EMP02599 01
Voucher Total: $160.00
No. of Lines: 1
T/C Hash : 238
Preparer's Initials: AN
Amount Spelled: ONE HUNDRED SIXTY DOLLARS AND NO CENTS

Single Check (Y/N):

Date Entered: 07/05/2012
Entered by: AN

Vendor Name: ESTELA ALARCON

Street: 3228 URBICI SOLER

City, State, Zip: EL PASO TX 79936

Subject: RMB RG AUSTIN,TX6/18-6/22/12PRO DVLMNT PRG TC JUD

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	238	160.00	GADMINGF	6705				
	Desc: RMB RG AUSTIN,TX6/18-6/22/12PRO DVLMNT PRG TC JUD							
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS Date : 07/05/2012

Approved by: Date : 07/05/12

RECEIVED
JUN 27 2012
EL PASO COUNTY
COUNTY AUDITOR

OK
H 7-3-12
TJ

Give to Mayra
CCO
7/9/12

County o
Travel Req

Travel Type: REIMBURSEMENT

Name:	Estela Alarcon		Court
Date of Trip: Departure Date:	06/18/12 Return Date:	06/22/12	Destination: Austin, Texas
* Event	Professional Development Program (Texas Center for the Judiciary)		
County Related Purpose:	Court Coordinator Continuing Education		

* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: 6ADMINGF Sub-Object: 6705

COUNTY EMPLOYEE? CIRCLE MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

[ ] on Date of Departure by	After 12:00 P.M.	Half Rate	$ 18.00
[x] on Date of Departure by	Before 12:00 P.M.	Full Rate	$ 27.00

Please Check One (Return meal rate)

[x] on Date of Return by	Before 5:00 P.M.	Half Rate	$ 18.00
[ ] on Date of Return by	After 5:00 P.M.	Full Rate	$ 36.00

** $36.0 per diem no receipts required. **NOTE** there is no meal per diem if you departure and return are on the same date*

** (Note: Please use the items checked above to fill out section 2 below)*

Section 2: Travel Extimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

		* CC
Airfare		
Auto Rental		
Mileage (.40 /mile)		
Gas		
Meal rate on Departure date		
Meal per diem ($36.00)		
Meal rate on Return date		
Lodging	~~160~~	
Other - Registration	160	
Other - Parking/Tolls		
Other - Taxi		
Other - Shuttle		
Other -		
TOTAL	~~$0.00~~	$0.00

#160

FOR AUDITOR'S USE ONLY

Trans. Code:	
Index:	
Sub-Object:	
Vendor:	
Subsidiary:	
Amount:	

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE N **Y/N**

Section 3: Signature and List of Names:

		CC
REIMBURSEMENT AMOUNT	$160.00	$160.00

NOTATION: SIGNING OF THIS FORM IS AN ACKNOWLEDGEMENT OF THE COUNTY TRAVEL POLICY WHICH AUTHORIZES THE SALARY OFFSET OF WAGES FOR NONCOMPLIANCE

EMPLOYEE SIGNATURE: Estela Alarcon

DEPT. HEADS SIGNATURE: Linda N

C.C.O. DATE

DATE: 27-Jun-12

El Paso County Travel Justification Form

Employee: Estela Alarcon Signature: [signature] Date: 6/29/2012
Dept. Head: Judge Linda Y. Chew Signature: [signature] Date: 6/29/2012
Dept: 327th District Court Job Title: Court Coordinator

Travel Funding Source: x County ___ Grant ___ Other
Will any funds be reimbursed by another entity? No
Travel Account No: Balance Remaining for FY: $160.00

Purpose: (check one)

[ ] **Statutorily Required Training to Hold Elective Office**
Statue Refrence:
My effective office requires _____ number of training hours annually.
I have already fulfilled _____ of these hours for this time period.
Estimated hours to be obtained from this course? _____
Please provide documentation for hours needed.

[X] **Professional or Technical Training to Maintain License/Certification**
(peace officers, attorneys, CPAs, technical certifications, etc.)
My effective office requires 16 number of training hours annually.
I have already fulfilled 0 ~~[illegible]~~ of these hours for this time period.
Estimated hours to be obtained from this course? 24

[ ] **Additional Professional or Technical Training NOT Required to Maintain License/Certification**

[ ] **Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**
Entity Name: _____
Purpose of Visit: _____

[ ] **Travel for Program Revenue Enhancement/Sales Opportunity**
Explain: _____

[ ] **Program Development Training**
Explain: _____

[ ] **Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**
(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)
Organization Name: _____

[ ] **Human Resources/Management/Personal Development Training**
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

[ ] Other: _____

Adopted by the El Paso County Commissioners Court on November 17, 2003

Estela Alarcon

From: Patricia Hall [patriciah@yourhonor.com]
Sent: Friday, April 27, 2012 12:11 PM
To: Estela Alarcon
Subject: Texas Center for the Judiciary Customer Receipt/Purchase Confirmation

Thank you for your order!

Order Information

Merchant:	Texas Center for the Judiciary
Description:	Professional Development Program
Customer ID:	18220

Billing Information
Estela Alarcon
3228 Urbi Soler
El Paso, TX 79936
ealarcon@epcounty.com

Shipping Information

Total: US $160.00

Visa

Date/Time:	27-Apr-2012 11:10:59 AM PT
Transaction ID:	4339467239

yourhonor.com

Estela Alarcon

From: Gail Bell [gailb@yourhonor.com]
Sent: Friday, June 01, 2012 2:19 PM
To: Estela Alarcon
Subject: Confirmation: Professional Development Program

Dear Estela Alarcon:

Your registration for the 2012 Professional Development Program to be held June 18th – 22nd, is confirmed. The following is a summary of your registration details:

Class Name: **2nd Year, Trial Court Management**
Registration Fee: **$ 160.00**
Amount Received: **$ 160.00**
Balance Due: **$ 0.00**

Hotel reservations have been made for you at the Westin Austin at the Domain located at 11301 Domain Drive, Austin, TX 78758. For driving directions and reimbursement information please visit our website at www.yourhonor.com/conference/PDP2012.

Check In Date	**6/18/2012**	Check Out Date	6/22/2012
Confirmation #	**176548**	Roommate	n/a
Bed Preference	**King**		

Since you have chosen single occupancy, you will be responsible for half of the amount of your room charges. The Texas Center will master bill half of the single room rate + tax. You are required to pay $56.93 per night directly to the hotel. The Westin at the Domain will accept a credit card, check or cash upon check-in to pay your portion of the bill. Please remember that the hotel will require either a credit card or a $50.00 deposit for your room for any incidental charges. It is not recommended to use a debit card for this purpose as your bank may put a temporary hold on your funds. The Texas Center will not reimburse for incidentals such as telephone and restaurant charges.

You may pick up your program materials at the Westin between 2:30 p.m. and 3:30 p.m. on Monday, June 18th, in the *Ballroom foyer.* A mandatory orientation for all participants will begin promptly at 3:30 p.m. Classes begin immediately after orientation at 4:00 p.m. Please remember to bring your *completed* pre-conference assignment. You MUST attend the entire conference in order to be reimbursed, including orientation.

The hotel is located at 11301 Domain Dr, Austin, TX 78758. If you need to change your travel plans, please do so through the Texas Center. You may contact our Conference Coordinator, Gail Bell at 512-482-8986 or gailb@yourhonor.com. Please do NOT call the hotel directly.

We look forward to seeing you in Austin this June!

Gail Bell
Conference Coordinator
Texas Center for the Judiciary
1210 San Antonio St., Ste 800
Austin, TX 78701
T (512) 482-8986

Estela Alarcon

From: Texas Center [texascenter@yourhonor.com]
Sent: Friday, April 27, 2012 12:11 PM
To: Estela Alarcon
Subject: Conference Registration Confirmation: Professional Development Program

This e-mail confirms your registration for the Profession Development Program to held in Austin. Please note the following dates:

First and second year students: June 18-22
Third year students: June 17-22

You will receive a follow up email the first week of June with detailed information regarding your hotel stay. If you have any questions in the meantime please feel free to contact us at 512.482.8986 or 800.252.9232.

Questions about your registration? Tiffany Morrison, Registrar, tiffanym@yourhonor.com

Questions about the hotel? Gail Bell, Conference Coordinator, gailb@yourhonor.com

TEXAS CENTER FOR THE JUDICIARY

1210 San Antonio Street, Suite 800 ▫ Austin, TX 78701
Phone: (512) 482-8986 ▫ In Texas (800) 252-9232 ▫ FAX: (512) 469-7664
RANDALL L. SAROSDY, Executive Director ▫ **MARLON DRAKES,** Associate Director

February 3, 2012

Dear Court Coordinator:

You are receiving this letter so you may apply to attend the Texas Center for the Judiciary's 2012 Professional Development Program (PDP). Each year, the Texas Center sponsors PDP for eligible trial court administrators, managers, and coordinators. As you know, court coordinators are now required to complete 16 hours of continuing education annually if funding is available, and PDP is an affordable education option.

A brochure describing this year's program, an application form, and a fact sheet are enclosed. The application form must be signed and certified by your judge, and each judge is limited to one attendee per court. The completed application and accompanying job description must be returned to the Texas Center **no later than March 9, 2012**.

This year's PDP will be held **June 18-22, 2012,** at the Westin at the Domain Hotel in Austin, Texas. Classes begin on Monday, June 18, at 3:30 p.m. (with registration check-in from 2:30-3:30 p.m.) and conclude on Friday, June 22, at 11:30 a.m.

The Texas Center will use grant funds to reimburse participants for all out-of-pocket expenses, including travel, mileage, meals, and lodging. If you are accepted into the program, attendance is mandatory. You must attend all portions of the program for reimbursement. The registration fee of $160 is not reimbursable from Texas Center funds.

We hope you'll give serious consideration to being part of this unique educational experience. If you have questions, please call the Texas Center for the Judiciary at (512) 482-8986 or toll free at (800) 252-9232.

Sincerely,

Randall L. Sarosdy

Randall L. Sarosdy
Executive Director
Enclosures