

Region 4 Training & Development Conference

Innovate, Collaborate & Motivate

Empowering the Champions of Virginia's Public Health System

Call for Presenters

Workshop Proposal Deadline: April 1, 2024

ABOUT THE CONFERENCE

The Region 4 Training Consortium is excited to announce its first-ever regional training and development conference. The theme for the conference is "Innovate, Collaborate and Motivate-Empowering the Champions of Virginia's Public Behavioral Health System." The conference will have a wide array of topics targeting direct service providers, as well as specific topic tracks attendees can choose from. This conference will empower CSB professionals who work in diverse mental health roles to expand their knowledge and passion for behavioral health care. Staff will develop and implement innovative strategies for the provision of person-centered, trauma-informed, and recovery-oriented services.

Sessions will be conducted in-person and should be 90 minutes in duration. However, there may be opportunities for presentations that would take place over two sessions (180 minutes in total). Please be sure to indicate on the application if you are proposing a two-session presentation. Please use this form to submit your proposal.

Conference will take place August 21 & 22. All workshops will be repeated on day 2 for a new audience. Presentors must be available both days of the conference.

All proposals are due by April 1, 2024. Selected speakers will be notified by May 1, 2024.

AREAS OF INTEREST

- Evidence-Based Practices
- Ethical Decision-Making
- Recovery Oriented Services
- Solution-Focused/Brief Interventions
- Youth & Family
- Intellectual & Developmental Disabilities
- Employee Wellness
- Trauma-Informed Care & Resiliency Building

Please submit the attached form to Katie Webb: Katie.Webb@rbha.org

Please provide all information requested.
Incomplete documentation will result in a delay in processing.

Presenter Information

Coordinating Presenter:

Credentials:

Position Title:

Institution/Organization:

Physical Address:

City:

State:

Zip:

Mailing Address:

City:

State:

Zip:

Phone:

Email:

Additional Presenter: full name, including credentials

Title: title to be listed in program

Institution/Organization: full agency name

Email:

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Title: title to be listed in program

Institution/Organization: full agency name

Email:

Please place your BIO(S) here: including full name with prefix /suffix

Presentation Information

Presentation Title:

Target Audience:

Session Length: One Session (90 minutes) Two Sessions (180 minutes)

Presentation Description to be used in the Conference Program (no more than 150 words):

Summary of presentation content (learning objectives, presentation sections, activities, ect.):

Presentation equipment and room needs:

Do you give permission for your PowerPoint presentation (in pdf format) to be shared with workshop attendees at the conclusion of the conference? Yes No