

Fall Conference Goals and Objectives: Learning objectives for each educational activity are identified within the body of the brochure. The following overarching goals have been established for this conference:

- To focus attention on programs that effectively combat stigma in the general public.
- To address the impact of current budget and policy issues on the delivery of services to persons with mental illnesses, developmental disabilities and substance use disorders.
- To increase participants' awareness, knowledge and skills, related to mental illness, developmental disability and substance use disorders.
- To promote public awareness of mental health issues and reduce stigma associated with mental illness, developmental disabilities and substance use disorders.

Continuing Education Credits: The Michigan Association of Community Mental Health Boards (MACMHB), provider #1140, is approved as a provider for social work continuing education by the Association of Social Work Boards (ASWB) through the Approved Continuing Education (ACE) program. MACMHB maintains responsibility for the program. Social workers participating in the fall conference will receive a maximum of 6 continuing education clock hours.

Evaluation: There will be an opportunity for each participant to complete an evaluation of the course and the instructor. If you have any issues with the way in which this training was conducted or other problems, you may note that on your evaluation of the training or you may contact MACMHB at 517-374-6848 or through our webpage at www.macmhb.org for resolution.

2009 Fall Conference Agenda

October 18, 2009

- 1:30pm **CMH Golf Scramble:** Wolverine Golf Course, Grand Traverse Resort (shot-gun start)
– \$35 per person (9 holes and a cart)
– To register, call (800) 748-0303 extension 6470 for tee times (no shows will be billed)
- 4:30pm – 6:30pm Earlybird Registration for MACMHB Fall Conference
- 6:00pm MACMHB Members: Executive Board Meeting

October 19, 2009

7:15am – 5:15pm **Conference Registration and Exhibits Open**

7:15am – 8:00am **Group Breakfast** (*full breakfast buffet will be served*)

8:00am – 5:00pm



The Traveling Art Show was developed as part of an anti-stigma campaign to help destigmatize mental illness, developmental disabilities and addictive disorders by showcasing the multidimensionality of the artists and to highlight the recovery potential of art. Since its first appearance at MACMHB's 2007 Fall Conference, the Traveling Art Show has been making appearances all across the State of Michigan and will continue to do so until October 2009 when it will make its final appearance at MACMHB's 2009 Fall Conference. The art show pieces will be auctioned off in an online auction from October 5 -19, 2009, the last day of the auction falling on the first day of the conference. To view a slide show of the artwork to be auctioned off go to www.macmhb.org - then look under PR committee, and Art Show.

8:00am – 8:15am **Conference Welcome**

8:15am – 9:00am **Plenary Session: "How Harley-Davidson Saved Me From The Asylum"**

– *Pete Feigal, National Speaker, Artist and Actor*

Pete Feigal shares both the insights of his own 30+ year struggle with mental illness and the gifts and wisdom that others have given him on his journey. He tells his own story and how he's learned that both his depression and his multiple sclerosis were not curses but teachers, meditations and gifts in his life. He addresses what he feels are the most terrible aspects of this illness; not the disease itself, but how it destroys your dreams, and makes you feel broken, useless, without meaning or purpose. He shares what has worked for him in his recovery from despair. Besides the standard medical treatment for mental illness of medication and therapy, there are other crucial ingredients; spirituality, volunteering, creativity, focusing our lives not on just on our wounds, but on what we love. Pete's message is one of solutions, humor, compassion and hope.

(Monday Continued)

9:00am – 9:30am

Exhibitor-Sponsored Refreshment Break

9:30am – 11:00am

Concurrent Workshops

1. The Person Beyond the Pathology, The Doctor Beyond the Degree

– *Pete Feigal, National Speaker, Artist and Actor*

Pete Feigal uses his 30 year experience with the mental health system to explore the relationship between consumers, family members and mental health professionals. He discusses the best ways to utilize crucial time, maintaining healthy boundaries, working as a team with other health professionals and personal members of the consumers' "team." He will talk about issues of trust, communication, kindness and ways to break down the rift of mistrust that has sometimes existed between patients and doctors with this most complex and misunderstood disease. Suitable for consumers, family members and mental health professionals.

2. Measuring the Impact of Anti-Stigma Campaigns: Cheap Science for Hard Times

■ Qualifies for 1.5 CEU hours

– *Jim Bloch, MA, MFA, Community Relations Specialist, Thumb Alliance PIHP*

– *Joan Nagelkirk, Co-owner, Clear Ideas, Inc.; Contract Marketing Coordinator, Sanilac County CMH*

This presentation will focus on a cheap, effective way to measure the impact of your CMH's anti-stigma efforts. In the Thumb Alliance PIHP, we tour two theatrical plays per year to the counties of our three CMHs. The plays are chosen to deliver positive, educational mental health messages in the context of a light-hearted, usually comedic story. Other CMHs sponsor movies, lectures, marches, art shows, etc. to help chip away at stigma. The board association, of course, is wrapping up a two-year anti-stigma art show. To date, we in the Thumb Alliance have judged our success largely by media coverage and by attendance. Are we getting good press coverage in each county? Have we been able to do radio and local cable TV interviews in support of the plays? Are we getting good crowds? Since the answers to those questions have tended to be "yes," we have assumed that we're having a positive impact. But are our theatrical efforts really effective? Are we mind-changers? One part of the answer lies in part in audience recruitment. The other part lies in measuring the extent to which the recruited audience's attitudes about mental health issues change as a result of attending our plays. Participants will be able to: 1. Identify the three key steps to developing and measuring an anti-stigma program; 2. Learn at least two steps to effectively identify the most important audience at which to aim your anti-stigma efforts; 3. List three tools used to cultivate and recruit this audience; and 4. Learn at least two indirect and direct methods of measuring the impact of the anti-stigma effort on this audience. In addition, attendees will become familiar with two simple tools they will be able to take home to measure the effect of their own anti-stigma projects: a) the Bogardus social distance scale; and b) the Likert scale, which measures levels of agreement to a variety of statements. Together, these tools will be able to give you an acceptably accurate assessment of the impact of your campaign, which can be repeated over time. People attending the presentation will come away with strategies for maximizing and measuring the anti-stigma activities at their CMHs with minimal expense, resulting in nifty evidence-based anti-stigma practices tailored to individual CMHs.

3. Community Building: Creating Better Outcomes using Peer Specialist Outreach

– *Jamie Christofel, Certified Peer Support Specialist; Associate's Degree in Business Administration;*

Associate's Degree in Liberal Arts; currently pursuing B.S. in Communications at Oakland University, Housing and Outreach Specialist, Community Housing Network

– *Ben Tate, Certified Peer Support Specialist; currently pursuing degree, Outreach Specialist, Community Housing Network*

Peer staff are an excellent resource for effectively engaging the homeless population. Peer staff from Community Housing Network's Housing Resource Center will discuss how peers are able to effectively conduct outreach to homeless individuals, and what to do from there. Resources for bridging the gap between those who are homeless and connecting them with other members of the community will be discussed, as well as how to position homeless clients for long-term success once effective contact has been made. Participants will be able to: 1. Identify three attributes of peer staff that bolster the important role they play in providing services to the community; 2. List at least two resources available to create better outcomes for homeless individuals; 3. Demonstrate the four critical steps to building key relationships with community stakeholders; 4. Identify five tools staff can use to assist clients that are transitioning from homelessness into the community; and 5. Prepare clients transitioning from homelessness for long-term success by identifying the components involved in creating a pre-housing counseling workshop and two additional supports/resources.

4. Ideas and Stories about Supporting People with Developmental Disabilities to Lead Real Lives

- *Pepa Carlson, Bay-Arenac Behavioral Health Authority*
- *Kathy Lentz, MM, Director, Services for Adults with Developmental Disabilities, Kalamazoo CMH & Substance Abuse Services*
- *A direct care worker from Bay-Arenac Behavioral Health Authority*
- *Penny Sacksteder, Community Skills Trainer, Manistee- Benzie CMH*
- *Kevin Sauer, Benzie County*

This panel will discuss how helping to engage people in their communities and neighborhoods is not necessarily about involving them in formal programs, but more about assisting them to do the every day activities that we all do: running errands, performing household chores, getting together with friends, going to work, volunteering, having a hobby, participating in sports, attending sporting events, movies, concerts, classes and lectures and so on. The panel will cover the practical aspects of providing this kind of support as well as the challenges.

5. Boardworks 2.0 Elective: Communicating Effectively with Your Legislators

- *Emily Gerkin Palsrok, Senior Vice President, John Bailey & Associates, Inc. Public Relations*
- *Jon Smalley, Partner, Muchmore, Harrington, Smalley & Associate*

With term limits, it's never been more important to maintain consistent and effective communications with our state legislators. New faces every two years under the Dome demand a constant education on mental health and developmental disability issues. Most importantly, legislators listen to, and are influenced by, their constituents. We may not be able to compete with large political campaign contributions, but we do have the power of passionate advocates and voters. This workshop will present the most effective strategies and tactics for communicating with today's lawmakers.

6. Boardworks 2.0 Elective: How to Protect your CMHSP from Liability Regarding Independent Contractor Issues

- Qualifies for 1.5 CEU hours

- *Peter A. Cohl, Cohl, Stoker, Toskey & McGlinchey, P.C.*

Peter Cohl will be discussing the legal requirements for an independent contractor relationship as opposed to an employer and employee arrangement. If you believe you have an independent contractor relationship and later it is found to be an employer employee arrangement there is significant potential liability to your agency. The liability could include back taxes, overtime payments, retirement benefits, social security payment requirements, workers compensation issues, and unemployment compensation. Participants will be able to 1. Identify at least five areas that could put your organization could be at risk; 2. Learn at least three differences between an employer and employee arrangement and an independent contractor relationship; 3. Learn the definition of an employer and employee arrangement; and 4. Learn the definition of an independent contractor relationship.

7. How to Support Family Driven Care and Youth Guided Practices

- Qualifies for 1.5 CEU hours

- *Connie Conklin, LMSW, Director of Programs and Services for Children with a Serious Emotional Disturbance Mental Health Services to Children and Families, Michigan Dept. of Community Health*

This workshop will identify the essential components of building an effective system of care that is family driven and youth guided. The Family Driven Policy Academy priorities will be shared which represents Mental Health, Juvenile Justice, Child Welfare, Education and other children serving systems. It will highlight one practice model, parent to parent support that will assist CMHSPs in supporting youth and families more effectively. Other strategies will be shared as well. Participants will be able to: 1. Identify at least three essential components of family driven and youth guided practices on system and practice level (mental health as well as other children serving systems); 2. Learn at least three of the top priorities that the state identified at the Family Driven Policy Academy; 3. Learn how to develop at least four strategies to support family driven and youth guided practices; and 4. Learn more about the parent to parent support model that is being developed in our state and how they can participate in the implementation.

(Monday Continued)

9:30am – 11:00am

8. Skills for Success in a Shared Governance Environment

■ Qualifies for 1.5 CEU hours

- *Leslie Hall, LMSW, Coordinator, Customer Service and Performance Improvement, Livingston County CMH Authority*
- *Mac Miller, LMSW, Executive Director, Livingston County CMH Authority*
- *Shauna Reitmeier, MSW, Director of Provider Relations, Washtenaw County Health Organization*

Each of us who works within a Community Mental Health setting are aware that some affiliations work well while others work less effectively. This model presumes that the primary challenge for all of us is how to share power effectively, and that we solve those problems not through individual intelligence, but through being willing to be humble—and therefore, learn how to serve our consumers better with fewer resources. But how do we create an atmosphere and skills that help people approach complex issues in this manner? This workshop will provide each participant with a thorough understanding of the complexities we face, and why the Community Mental Health Partnership of Southeastern Michigan believes that Shared Governance and corresponding concrete tools are necessary for both agency flexibility and consumer success.

Participants will be able to: 1. Identify the purpose and definition of a Shared Governance Model; 2. Identify the three critical tools for successful implementation of Shared Governance; 3. List at least four of the organizational skill-sets that support Shared Governance; 4. Understand the application of concepts and specific skills within a Shared Governance Model; and 5. Identify at least three of the necessary steps (based upon a tool-kit provided to each participant) for your organization to move toward Shared Governance Model.

9. Using Family Psycho-Education to Empower Families in the Community

■ Qualifies for 1.5 CEU hours

- *Stephanie Lange, LMSW, ACSW, CAAC, CCS-M, Family Psycho-Education Coordinator, Macomb County CMH*
- Societal stigma and self-stigma can be barriers to recovery. Family Psycho-Education is an evidenced-based practice that uses the energy of family involvement, team approach, and the problem solving method to empower consumers and their natural supports to address stigma in a positive, healthy way. When delivered with fidelity, Family Psycho-Education enhances problem-solving skills for participants, builds natural supports, combats stigma, and reduces the reliance on crisis management interventions. This presentation will supply a brief overview of the model with evidence based adaptations for different populations, answer implementation questions, and show how Family Psycho-Education can be implemented into your existing services with relative ease and fidelity producing impressive outcomes. Participants will be able to: 1. Identify the three stages of involvement in Family Psycho-Education; 2. Identify the six practice principles that form the foundation of Family Psycho-Education (FPE) practice and guide practitioners in delivering effective FPE services; and 3. Identify the five Core Values of Family Psycho-Education that lead to empowering consumers and their families in their daily lives.

11:00am – 11:45am

Plenary Session: "Mental Health and Substance Use Disorders Directions for 2009/2010"

- *Michael Head, Director, Mental Health & Substance Abuse Administration, Michigan Department of Community Health*

A review of policy priorities as related to activities within the Michigan Department of Community Health to implement transformation across the mental health system.

11:45am – 12:30pm

Lunch

12:30pm – 1:30pm

Plenary Session: "Trauma and Recovery – My Story"

- *Tonier Cain, National Center for Trauma Informed Care*

Tonier Cain is a consumer advocate who has spoken nationally on trauma, incarceration and recovery. She has served as a member of the Protection and Advocacy for Individuals with a Mental Illness. She has also worked as a case manager and Director of Advocacy Services for a private non-profit. Ms. Cain is featured in the documentary "*Behind Closed Doors: Trauma Survivors and the Psychiatric System.*" She is the team leader for the National Center for Trauma Informed Care which provides consultation, technical assistance and training to revolutionize the way mental health and human services are organized, delivered and managed, while furthering the understanding of trauma-informed practices through education and outreach. She is also the subject of "*Healing Neer*", a documentary based on her life as she moved through multiple systems of care.

Concurrent Workshops

10. Narrowing the Divide - Consumers as Experts Leading Systems Change

- Qualifies for 1.5 CEU hours

- *Darma Canter, BA, Customer Service Specialist, CMH of Muskegon County*
- *Beth Wemple, Certified Mental Health Speaker, Facilitator / Creative Writing Classes at the Lakeshore Recovery Center, Mental Health Speakers Bureau, CMH of Muskegon County*

In the beginning there was a block grant. Muskegon and Ottawa Counties received a grant from DCH to create a Speakers Bureau, train 15 consumers to make public presentations covering various mental health topics; the intended outcome was to increase awareness and reduce stigma. Over the course of the two year grant the outcomes evolved to address the stigma internal to the mental health system, to empower the consumer speakers to identify and confront their own internalized stigma, to transfer ownership of the vision to the speakers themselves, and to expand the opportunity to participate beyond those trained as presenters to anyone with the desire to share their personal insight on mental health issues through the creation of videos posted on www.youtube.com/recoveryspeakers and other social networks. CMH staff will present the process and structure used to develop the Mental Health Speakers Bureau and the consumer speakers will present short speeches to illustrate the issues that can be addressed through an honest open communication between individuals with mental health issues and individuals providing treatment and support to individuals with psychiatric or developmental disabilities. Participants will be able to: 1. Identify three characteristics of internalized prejudice in their agency (stigma); 2. Identify three ways to use speakers group to add to the knowledge and competence of mental health staff through a speakers bureau (cultural competence); 3. Identify two essential tools to create recovery-oriented social networking media (empowerment); 4. List five steps to recruit and train a peer-run speakers bureau (consumer run services); and 5. List three opportunities to promote tolerance in the community by cultivating interactions with individuals with disabilities as competent and authoritative source of information (community relations).

11. Addressing Stigma at the Federal, State and Local Levels in Systems of Care

- Qualifies for 1.5 CEU hours

- *Colleen Jasper, MA, Director, Office of Consumer Relations, Michigan Dept. of Community Health*

The campaign to create communities and systems of care that are anti-stigma is progressing at a multitude of levels. These initiatives are all pushing for the elimination of stigma, however, their approaches are both complimentary and yet unique. This workshop will detail the campaigns of the federal, state and local initiatives. The questions that will be answered are: How are these campaigns effective? How are they complimentary and how do they differ? This workshop will conclude with the most impactful approach of working with individuals with disabilities in addressing internalized stigma and, in doing so, move ahead in their journey of recovery. Participants will be able to: 1. List three solutions to stigma; 2. Identify three types of anti-stigma campaigns at the county level; 3. Identify two stigma statewide initiatives; and 4. List several federal initiatives.

12. Boardworks 2.0 Elective: FY10 CMH/SUD Appropriations and Legislative Update

- *Michael Vizona, Executive Director, Michigan Association of CMH Boards*

The FY2010 community mental health and substance use disorder services appropriations and any related boilerplate language will be reviewed. A summary of any current or anticipated legislative initiatives related to mental health and substance use disorders will also be provided.

13. Boardworks 2.0: Foundations: Public Policy

- Qualifies for 1.5 CEU hours

- *Kathleen Reynolds, LMSW, ACSW The National Council for Behavioral Healthcare*
- *Donna Orrin, MSW, Director, Creative Connections*

In this workshop you will explore the historical origins (particularly related to Michigan), contemporary perspective and the probable future of the public policy driven community system. At the conclusion of this workshop you will be able to: 1. Identify at least three key events in the evolution of the Michigan Mental Health Code and federal statutes; 2. Identify at least two key eras of the consumer movement; 3. Identify at least two key eras of the community system; and 4. Identify at least two current and near future critical public policy expectations.

14. The Mental Health Needs of Children in Foster Care: A Collaborative Assessment Project

■ Qualifies for 1.5 CEU hours

- Ginny Reed, LMSW, ACSW, Director of Network Services & Public Policy, Saginaw County CMH Authority
- Heidi Wale, MS, LLP, Consultant, Saginaw County CMH Authority

MDCH funded a block grant for Saginaw County Community Mental Health Authority in FY 2008 to conduct a pilot mental health assessment of children placed in foster care through the Michigan Department of Human Services. SCCMHA, with the local Saginaw DHS office, collaboratively sought to identify the full extent and nature of mental health needs of children in foster care. Two instruments were selected and utilized to address the full age range of children in foster care, using a statistically valid sample of the foster care children during FY 2008. The sample assessment project was completed and the data was analyzed. Outcome data revealed that the extent of the mental health needs of children placed in local foster care settings was relatively high, leading to further action steps to address the identified and future projected needs. Participants will be able to: 1. Receive a copy of the full project report as well as learn at least five details about the pilot, collaborative assessment project of the mental health needs of children in foster care in Saginaw County; 2. Review the methodology and list the three outcomes of the study; and 3. Learn about extrapolate or generalized study features and/or outcomes, including the extent and nature of mental health needs of these children, for possible replication in other communities in Michigan to help expand access to mental health services and improve collaboration with the Department of Human Services; and 4. Identify at least two of the action steps necessary to address the future projected needs of children placed in local foster care.

15. A Curriculum for Persons with Developmental Disabilities and Loved Ones: The How To's of Peer Supports

■ Qualifies for 1.5 CEU hours

- Sally Amos O'Neal, MSW, Customer Services Manager, Washtenaw Community Health Organization
- Leslie Hall, LMSW, Coordinator, Customer Service and Performance Improvement, Livingston County CMH Authority

The Community Mental Health Partnership of Southeastern Michigan developed a curriculum for Peer Supports for Persons with a Developmental Disability. This curriculum is intended for use with either a person with a developmental disability, or with a family member or guardian. The curriculum includes the following skills: agency overview, orientation to services, what's a Peer?, how to resolve conflicts and problems, and understanding the PCP process. Each person who attends this workshop will have a completed curriculum as a learning tool. Participants will be able to: 1. Identify the four components of a successful curriculum for persons with developmental disabilities and their loved ones; 2. Acquire the two skills necessary to replicate this curriculum; 3. List at least five skills that are necessary for successful implementation of the curriculum; and 4. Demonstrate understanding of alignment building necessary for stakeholder success.

16. Transitioning to Trauma Informed Services

■ Qualifies for 1.5 CEU hours

- Sally Beyer, LLP, Psychologist, Allegan County Mental Health
- Joanne VandenBerg, LLP, Psychologist, Allegan County Mental Health

This presentation discusses how a community mental health system in a rural county is becoming trauma informed by thoroughly incorporating, in all aspects of service delivery and in the physical setting, an understanding of the prevalence and impact of trauma and the complex paths to healing and recovery. The steps of implementing a trauma-specific group for women will also be shared. Participants will be able to: 1. Identify a working definition of trauma; 2. List five key principles of a trauma informed agency; 3. Describe three ways secondary trauma manifests itself in helping professionals; 4. List four steps an agency can take to reduce staff burnout; and 5. Identify four benefits of a trauma specific service.

17. Maximizing Clubhouse Potential: Clubs as a Vehicle for Meeting ARR Directives

■ Qualifies for 1.5 CEU hours

- Lee Kellogg, MA, Director, Genesis House
- Mac Miller, MSW, LMSW, Executive Director, Livingston County CMH Authority

Alignment with the recent ARR directives from DCH has become a strategic priority for CMH boards across the state. This presentation illuminates the important role that Clubhouse programs play in meeting several innovative directives including: Improving the culture of systems of care, assuring active engagement, expanding opportunities for integrated employment and more. Administrators and board members will learn ways to support current clubhouse programs so that their potential for realizing consumer and organizational outcomes can be maximized. Because resources are scarce, improvement techniques that enhance programs without a significant cost will be shared. Since strong clubhouse programs are good for both organizations and individual consumers, a consumer will share her personal recovery story highlighting employment, engagement, and community collaboration. Participants will be able to: 1. Identify three sections from the DCH Application for Renewal and Recommitment (ARR) where expectations can be met by organizations with a strong Clubhouse program; 2. List three essential characteristics of a strong clubhouse; and 3. Identify three cost-neutral ways in which administrators and board members can strengthen clubs.

(Monday Continued)
1:30pm – 3:00pm

18. PIHP Affiliation Leaders (PALs): Making the PIHP Network More Effective

■ Qualifies for 1.5 CEU hours

- *Bradley Casemore, MHSA, LMSW, Chief Operating Office and Chairman, PALS, Venture Behavioral Health*
 - *Dennis Grimski, MA, MPC, Management Consultant, Previous Chief Operating Officer, Past PALS Chairman*
- Managing a PIHP, let alone its complex provider network, offers unique challenges for CMHSPs, executive leadership and program staff. PALs (*PIHP Affiliation Leaders*), an informal group of affiliation style PIHP operational leaders, typically COOs, has been meeting for the past eight years to collaborate on key issues impacting the public mental health system. Recently, several stand-alone PIHPs have joined as well. The group actively interfaces with MDCH, MACMHB, TSG and the Provider Alliance. This workshop will provide an overview of PALs, its key functions, purposes and activities. Recently the group surveyed its members to build a consensus direction for the future. The workshop will also reveal key survey results and discuss the fresh guiding documents. From this, participants will learn about the group, provide feedback to help shape its future direction, and determine if participation in the group has value for their organization. Participants will be able to: 1. List the purpose and four goals of Michigan's PIHP work group; 2. Receive two managed care functional area policy sets; and 3. Develop a minimum of four professional contacts for resource sharing.

19. Maximizing EBP, Quality of Care, and Consumer Empowerment Through the Use of Electronic-Portable Health Records for Consumers with Developmental Disabilities

■ Qualifies for 1.5 CEU hours

- *Sarah B. Bannon, SSGB, LMSW, ACSW, Lakeview Consultants, LLC*
- *Leann Grant, Program Manager, Imani Homes*
- *Kari Walker, Executive Director, Program Operations, The Guidance Center*

Consumers with higher co-associated medical conditions are even further challenged when seeking routine and emergency health care services from various organizations throughout the community given the current disconnects that exist in the U.S. health care system. The e-PHR device offers an important tool in helping those consumers and their caregivers get "real time" and up-to-date information to health care providers/organizations without the usual delays and missed information that can be so critical in ensuring quality of care be maximized within all applicable state and federal laws. Participants will be able to: 1. Identify the three steps necessary to implement using an e-PHR in your clinical practice including: (a) stakeholder education and consensus building, (b) establishing "real life" measures and related evaluation strategy, and (c) identifying and implementing key processes and capabilities for your organization to effectively utilize and manage e-PHR technology; and 2. Understand the primary three benefits to your consumers due to using e-PHR technology as follows: (a) easy access to consumers' protected health information (PHI) in an organized, comprehensive format, (b) reduction in medical errors due to using an e-PHR (specific examples will be provided), and (c) ability to work within state and federal regulations (e.g. HIPAA) by using e-PHR technology.

3:00pm – 3:30pm

Exhibitor Refreshment Break

3:30pm – 5:00pm

Concurrent Workshops

20. Empowering Consumer Advisory Groups

■ Qualifies for 1.5 CEU hours

- *Roger Boston, Consumer Advocate, Northeast Michigan CMH*
- *Patti Cosens, Certified Peer Support Specialist, Petoskey Club*
- *Joanne Rackow, MSW, Consumer Relations Specialist, North Country CMH*
- *Dave Schneider, MPA, Director of Affiliation Services, North Country CMH*

The Partner's in Care Committee, (PICC) a regional consumer advisory group, was organized in 2002. It was originally organized to assist in the Northern Affiliation's Application for Participation to Michigan Department of Community Health. The PICC group has continued to thrive and grow over the years. The group now organizes a semi-annual consumer education day, edits a quarterly newsletter, has secured a MDCH Block grant and completed an anti-stigma project, helped to plan and implement the Recovery Knowledge Inventory to staff in the 13 county region and then developed a training program from the results of the Inventory. The PICC group also advises the Northern Affiliation staff in the review of their Medicaid Manage Care functions. The Administration of the Northern Affiliation, North Country CMH, Northeast Michigan CMH and AuSable Valley CMH professionally and financially support and empower this advisory group. Come learn about our group and learn ways to support and empower your local consumer run groups. Participants will be able to: 1. Identify three strategies to empower consumer group; 2. Learn why our consumers keep coming back to the group; and 3. Learn four ways to support your own consumer groups.

(Monday Continued)
3:30pm – 5:00pm

21. Let's Kick It Up a Notch - Using a Multi Media Approach to Combating Stigma

■ Qualifies for 1.5 CEU hours

- *Deb Freed, MA, Director, Freed Communications*
- *Cynthia Petersen, LBSW, Community Provider Relations Coordinator, Northern Lakes CMH*

"Let's Kick It Up a Notch" using exciting new media such as the internet and You Tube to reduce stigma, share recovery stories and empower consumers. Learn how to build a program for consumers helping them selectively share details of their lives while protecting their privacy. Listen to consumers as they relate successes and how they have taken a leadership role in being a stigma-buster in the community. The program will give details about involving consumers to build a network to spread anti-stigma messages through non-traditional venues. Participants will be able to: 1. Describe at least four risks and benefits of self-disclosure; 2. Build a tailored consent form for public sharing of personal information; 3. Name and describe the three behaviors associated with stigma; 4. Identify key issues for round table discussion about stigma; and 5. Learn non-traditional approaches to getting anti-stigma message to community.

22. Culture of Gentleness Orientation for CMH Board Members

■ Qualifies for 1.5 CEU hours

- *Judy Webb, MSW, Director, Division of Quality Management and Planning, MI Dept. of Community Health*
- *Training Faculty from the Center for Positive Living Supports*

This session will highlight the important key elements of the day-long Culture of Gentleness orientation that has been attended by over 400 CMHSP staff and providers. MDCH has published its expectations that the public mental health system has a culture of gentleness that supports people rather than controls them, and that promotes healthy relationships between the individual and the people who support him/her. Participants will be able to: 1. Understand what "culture change" means; why it is important to understand; and how culture change supports changing practice methods; 2. Articulate the three essential elements of the Culture of Gentleness; 3. Identify at least two of the key actions necessary for leaders to understand as begin the journey to achieving a culture of gentleness; and 4. Become aware of explicit ways of thinking and doing business that interfere with and create impediments to the movement toward a culture of gentleness.

23. Boardworks 2.0: Foundations: Intended Beneficiary Command

■ Qualifies for 1.5 CEU hours

- *Steven Ruskin, BA, Community Housing Network, Inc.*
- *Malkia Maisha, Community Network Services*

In this workshop you will focus on the public policy expectations of intended beneficiaries from the community system. At the conclusion of this workshop you will be able to: 1) Describe the relationship between the Board and community and individual beneficiaries; 2) Identify at least three opportunities and/or strategies for promoting and supporting individual beneficiaries in leadership, administrative, management and in the provision of supports, services, care and treatment; 3) Identify at least three opportunities and/or strategies for promoting and supporting community and individual beneficiaries in community system assessment, evaluation, planning, implementation, management, monitoring and improvement efforts; and 4) Identify at least two opportunities and/or strategies for promoting and supporting individual beneficiaries choice as an informed, responsible and prudent purchaser.

24. Increasing Employment Possibilities

■ Qualifies for 1.5 CEU hours

- *Joe Longcor, BBA, Project Manager, Medicaid Infrastructure Grant, Michigan Dept. of Community Health*
- *Dr. Su Min Oh, Contractor, Service Innovation and Consultation Section, Michigan Dept. of Community Health*

Michigan Rehabilitation Services, Michigan Commission for the Blind, and Michigan Department of Community Health signed a Joint Agreement in April 2009 to focus on increasing the employment of people jointly served. This panel presentation will provide an overview of that agreement, respond to questions from attendees, and capture concerns to be addressed by the joint parties. Topics discussed will include "competitive employment" as defined within this agreement, data collection criteria, CMHSP eligibility and future joint presentation topics. Participants will be able to: 1. Identify three goals of the Joint Agreement between MRS, MCB, and MDCH to increase employment for people with disabilities; 2. Know two key elements of competitive employment as recognized in this joint agreement; 3. Know at least two key data criteria to be tracked; and 4. Know three contacts to reach with critical questions relevant to this joint agreement.

(Monday Continued)
3:30pm – 5:00pm

25. Information Technology Governance and the Potential for ARRA Incentives

■ Qualifies for 1.5 CEU hours

- Robert Blackford, CEO, Bay-Arenac Behavioral Health
- Jean Joslyn, BS, MS, Principal, The CCI Group, Inc.
- Samuel Schultz, II, BS, MS, PhD, Principal, The CCI Group, Inc.

With the national emphasis on electronic health records, interoperability, and measurable, meaningful use of information technology, the role of technology in behavioral health has increased in importance. Formal governance of the IT function at the senior management and Board levels is necessary and often underestimated. This presentation will explain IT governance, discuss the options, goals, disciplines and tools that are needed to support it, as well as provide an update on the implementation of the American Recovery and Reinvestment Act of 2009 and the provisions that either currently or may be expected to impact the behavioral health industry. Participants will be able to: 1. Define IT Governance, listing three key components; 2. Identify three reasons for the necessity of good IT Governance in CMHs; 3. List four signs indicating a lack of sufficient IT Governance; 4. List five major steps toward improved IT Governance; and 5. List three ways by which you can launch an improved governance initiative.

26. Mental Health Needs and Services for Returning Michigan National Guard Soldiers: The Buddy to Buddy Program

■ Qualifies for 1.5 CEU hours

- Jennifer DiFalco, MSW, Program Manager, Buddy to Buddy Program, University of Michigan Depression Center
- Marcia Valenstein, MD, MS, Associate Professor, Department of Psychiatry, University of Michigan Medical School
- Representative from the Michigan National Guard

We will present data on the mental health needs of returning veterans and, specifically, the mental health needs of returning soldiers from the Michigan National Guard. We will discuss the challenges in providing services to veterans who are geographically dispersed throughout Michigan. We will describe the development and implementation of a peer outreach program for Michigan National Guard Soldiers, the Buddy-to-Buddy Program. Participants will be able to: 1. Identify five common mental health needs among returning veterans; 2. Understand three of the services challenges in providing services to widely dispersed National Guard “civilian-soldiers” and other veterans; and 3. Understand the development of the Buddy-to-Buddy program and its role connecting soldiers to treatment .

27. Best Practices for Reducing Initial No-Shows: A Process Benchmarking Exercise

■ Qualifies for 1.5 CEU hours

- Paul Lefkowitz, PhD, President, Behavioral Pathway Systems

Process benchmarking is an innovative investigative technique that seeks to identify potential best practices. In this workshop, a hands-on process benchmarking exercise will be conducted to identify potential best practices for reducing no-show rates for the initial appointment. Those wishing to actively contribute data to the exercise should come prepared with their organization’s no-show rate for the initial appointment (excluding cancellations). However, all are welcome to attend and participate. During the workshop, audience polling technology will be used to anonymously gather data and identify the practices that distinguish organizations with a low no-show rate from others. Attendees will leave with a list of potential best practices that can be used to reduce no-shows for the initial appointment in their own settings. Participants will be able to: 1. Describe the rationale for process benchmarking; 2. Identify at least three specific operational steps involved in conducting internal process benchmarking; and 3. List at least three potential best practices for reducing the occurrence of no-shows for the initial appointment.

28. Audio Monitoring: Using Technology as Support

■ Qualifies for 1.5 CEU hours

- Kimberly Christopherson, MA, LLP, LBSW, QMRP, QMHP, Program Coordinator Community Supported Living, Livingston County CMH Authority
- James Irrer, Founder, President, Supported Living Technologies
- Arlene Jakubowski, Mental Health Assistant, Livingston County CMH Authority
- Carol Wallace, LPC, CAAC, QMRP, QMHP, Supervisor, Livingston County CMH Authority

Midland and Livingston CMH will give a history of their experience with supporting persons with DD/MI using the Monitor Service (PERS). Information will be shared regarding the set up, service provision, data collection, policies and procedures and cost savings. Persons who use the equipment will share their experiences and success. An equipment vendor will speak about the technology. Participants will be able to: 1. List three components of the Personal Emergency Response System (PERS) used in providing safety for adults with DD/MI while increasing community independence; 2. List at least three out of nine considerations in assessing if an adult with DD/MI would benefit from the PERS service; and 3. List at least three benefits of the PERS service for the individual and the agency.

- 7:15am – 12:00pm **Conference Registration and Exhibits Open**
- 7:15am – 8:00am **Group Breakfast** (*full breakfast buffet will be served*)
- 8:00am – 8:45am **Regional Meetings**
- 8:45am – 9:45am **Member Assembly Meeting** (*everyone is invited to attend*)
- 9:45am – 10:30am **Plenary Session: “From the Director’s Desk”**
- Qualifies for 1 CEU hour
 - *Janet Olszewski, Director, Michigan Department of Community Health*
- Janet Olszewski will provide an update about the Department of Community Health’s work to protect, preserve, and promote the health and safety of the people of Michigan, examining both the challenges and opportunities that exist in our current economy. She also will talk about health care reform and what it means for Michigan.
- 10:30am – 11:00am **Exhibitor-Sponsored Refreshment Break**
- 11:00am – 12:30pm **Concurrent Workshops**
- 29. Promoting a Recovery-Friendly Environment Inside and Outside of the CMH**
- Qualifies for 1.5 CEU hours
 - *Jim Bloch, MA, MFA, Administrative Coordinator, St. Clair County Community Mental Health*
 - *Debra Johnson, MSA, Chief Operating Officer, St. Clair County Community Mental Health*
 - *Sandra Kammer, ACSW, CSW, Program Services Director, St. Clair County Community Mental Health*
 - *Karen Zultak, BA, Administrative Coordinator, St. Clair County Community Mental Health*
- Promoting a recovery-friendly environment should be more than just words on a page. Attend this session to hear how one CMH is talking the talk *and* walking the walk. Presenters will discuss the importance of providing staff with ongoing education about recovery initiatives, innovative ways to open the doors and encourage the public to learn more about mental illnesses and developmental disabilities, and how to involve members of the community to support individuals in their recovery efforts. Attendees will participate in an abbreviated recovery skills training, receive information about planning community events that are both fun and functional, and brainstorm ideas that they can then take back home for further exploration. Participants will be able to: 1. Identify a minimum of three benefits of providing all staff with ongoing trainings in recovery skills; 2. List at least four ways to involve the community in breaking down barriers to access mental health services; and 3. Identify at least one internal and one external opportunity to encourage recovery and promote community inclusion in their location.
- 30. Boardworks 2.0 Elective: Ambassador Community Relations**
- Qualifies for 1.5 CEU hours
 - *Sally Amos O’Neal, MSW, Customer Services Manager, Washtenaw Community Health Organization*
 - *Vicky Suder, Public Relations Manager, Oakland County CMH Authority*
- The Ambassador Community Relations presentation will review opportunities in which the role of an Ambassador can be incorporated into the business of community mental health agencies and the community as a whole, modeling programs and practices that provide advocacy and advice on important issues and decisions affecting those individuals served. Participants in this workshop will be able to 1. Implement three strategies to incorporate the voice of their consumers in your community; and 2. Identify at least two opportunities to utilize Ambassador Philosophy in your interactions with consumers and community members; and 3. Implement three strategies to improve relationships with community members and consumers to support your CMH.
- 31. Boardworks 2.0: Foundations: Ensuring a Consumer Focus**
- Qualifies for 1.5 CEU hours
 - *Duane Quantley, Board Member, CMH Services of Muskegon County*
 - *Robert Sheehan, LMSW, MBA, Executive Director, CMH Authority of Clinton-Eaton-Ingham Counties*
- In this workshop you will address the public policy expectations of the community system, reflecting intended beneficiaries as the sole purpose of the existence of the community system itself. At the conclusion of this workshop you will be able to: 1. Identify at least three key elements of Commitment to the Life Plan (Person-Centered planning and support); 2. Identify at least three Self-Determination principles; 3. Learn about recovery orientation; 4. Describe the Resiliency perspective; 5. Identify three key elements to cultural representation and proficiency; 6. Identify at least two opportunities and/or strategies for building community partnerships and collaboration; and 7. Identify at least two strategies for supporting community capacity building.

32. Early Childhood Mental Health in a System of Care

■ Qualifies for 1.5 CEU hours

- Sheri Falvy, BSW, Director, Mental Health Services to Children and Families, Michigan Dept. of Community Health
- Mary Ludtke, MA, Consultant, Michigan Dept. of Community Health
- Mary Mackrain, Med, CCEP Program and Training Director, Michigan Dept. of Community Health

The presentation will share well established research that has linked the social emotional development of young children to their readiness for school and their later success in life. A definition of social emotional development will be shared with participants and how each aspect is promoted and developed in an infant, toddler or young child. Materials for parents on social-emotional development will be presented as will materials for the professionals providing services/supports to infants, toddlers and their families. The development of the mental health/social emotional domain in the system of care for young children will be described along with the CMHSP role in the system's development, the work of Great Start Collaboratives across the state and other collaborative activities to benefit our youngest children will be shared. Participants will be able to: 1. Define the social emotional health in young children; 2. Identify the three mental health components of an Early Childhood System of Care (promotion, prevention, and intervention) and identify the CMHSP role in provision of intervention/services for young children, ages birth to 47 months, and their families; 3. Identify three resources for use with parents to increase their understanding of the social-emotional development of their young child; 4. Identify three resources for professionals to increase their knowledge of social emotional development and risk factors in young children, birth through 5 years; and 5. Increase knowledge of CMHSPs role in developing the mental health component of an early childhood system of care and joining with their partners at the Great Start Collaborative in this endeavor.

33. Successes with, and Lessons Learned from, the Mt. Pleasant Center Closure

- William Allen, Mt. Pleasant Center Community Transition Leader
 - Angela Martin, Community Supports Specialist, Developmental Disabilities Institute, Wayne State University
 - Members from the Monitoring Team, Wayne State University's Developmental Disabilities Institute
- This session will discuss the process and the challenges of moving 120 people with developmental disabilities from the Mt. Pleasant Center back to their home communities. The Monitoring Team will share stories about the experiences that these people had as they re-established themselves in new homes and neighborhoods. Finally, the panel will give insights from what they have learned about what are the right supports that need to be in place to assure successful community living.

34. Social Security Work Incentives

■ Qualifies for 1.5 CEU hour

- Robert Simpson, BA, District Manager, Social Security Administration

Work expands our competencies and horizons. Learn to use Social Security Disability (SSD) & Supplemental Security Income (SSI) Work Incentives, including Ticket to Work, to maximize your clients work efforts. This is not a lecture - we will use case studies to show how work incentives extend Medicare and Medicaid coverage as they help protect cash benefits. Participants will be able to: 1. Identify two instances when supported employment can qualify as a subsidy; 2. Recognize at least three Impairment Related Work Expenses, which will reduce the impact of earnings on benefits; 3. Discover two tools to implement a Plan for Achieving Self Support (PASS) to finance education and training, or for Micro enterprise start up; 4. Begin building a working knowledge of these provisions and list at least four resources that are available to you; and 5. Make sound recommendations and referrals to consumers, and help them keep more of the cash they earn.

35. Considerations in the Provision of CMH Care Services for Hispanic Mental Health Consumers

- Jorge Casariz, MSW, LMSW, Clinical Consultant, Southwest Counseling Solutions
- Michael Teixeira, PhD, LP, Access Manager, Southwest Counseling Solutions

Ethnic/racial minority status, migration, acculturation, and bicultural/biracial cultural transmission and identity are significantly associated with unique psychosocial stressors that may not be experienced by individuals outside of a minority group. Immigration to new social and cultural environments in itself is undeniably stressful; and this stress may constitute a potent risk factor for mental and physical health outcomes such as depression, anxiety, psychosis, PTSD, hypertension, diabetes, coronary heart disease, alcohol and drug abuse, high-risk behaviors and vulnerabilities generally. Acculturation to mainstream American culture may be additionally stressful for Hispanic couples and threatening to family stability and support because of pressures on traditional Hispanic cultural values, expectations and roles, resulting in personal, familial and marital conflicts. Significantly, Hispanic women have the highest rates of depression among all women, and Hispanic youth now show the highest rates of suicide attempts among all youth groups. Research suggests that social support variables and interpersonal functioning appear to protect Hispanics against depression, panic and substance use disorders. A 2006 survey by the American Psychiatric Association found that 42% of Hispanics surveyed reported knowing only a little or almost nothing at all about mental illnesses. Eighty-four percent said they would benefit from knowing more about the warning signs of mental illnesses. The APA survey of Hispanics found that over one-third of the Hispanics surveyed mistakenly believed that emotional or personal weakness is a major *cause* of mental illness. There is a need for broader professional understanding of culturally patterned forms of *distress and disorder* within distinct Hispanic cultural groups, and familiarity with relevant issues in the mental health treatment of Hispanic consumers and their families. Participants will be able to: 1. Identify at least three external and internal structural barriers to use of mental health services by Hispanics; 2. Understand how recognizing barriers for Hispanic consumers helps to develop trust and improves therapeutic alliances with these consumers and their families; and 3. Think about mental health treatment and education of Hispanic consumers with a better understanding of the Hispanic consumer, family, culture and cultural attitudes.

36. Managing Demand for Services in Tough Economic Times – TSG Waiting List Workgroup

■ Qualifies for 1.5 CEU hours

- Dr. Michael Brashears, PhD, Executive Director, CMH of Ottawa County
- Dennis Grimski, Chair, TSG Waiting List Workgroup
- Mark Kielhorn, LMSW, Director, Division of Program Development, Consultation and Contracts, DCH
- Patricia O'Brien, PhD, LP, Macomb County CMH Services
- Laura Vredevelde, MA, LLP, Director, The Standards Group

As more individuals lose insurance coverage and general fund dollars continue to shrink, it is imperative that local CMHSPs develop processes and procedures for determining service priorities and methods for managing the demand for service. This session will provide an update on the work of the TSG Waiting List workgroup and will provide participants with practical information about who must be served immediately, who is required to be served according to the Mental Health Code, and who may need to go on a waiting list. Workgroup members will also provide up-to-date information about the status of workgroup products and efforts to bring uniformity and consistency to this issue statewide. Presenters will discuss workgroup consensus for managing waiting lists, values which are foundational to these processes, and key clinical and mental health code considerations. Participants will be able to: 1. Identify the three provisions in the mental health code (Chapter 2, Sec. 208) for establishing and maintaining waiting lists for general fund services; 2. Identify three key factors in determining service priorities using general fund dollars; 3. Identify five required data elements for waiting list documentation; and 4. List four core values that are foundational to establishing waiting lists for general fund services.

37. Using Motivational Interviewing with Clients in Poverty

■ Qualifies for 1.5 CEU hours

- Sarah M. Kile, BA, CPC, Prevention Coordinator, Ten Sixteen Recovery Network

Understanding how to build a relationship with a person who has learned to survive with few resources is necessary in today's economic times. Using Dr. Ruby Payne's concepts of poverty, participants will better understand poverty and the decisions that a person may make when he/she lives without the same rules and privileges of middle-class. This session will also help participants learn how to apply common motivational interviewing techniques to gain positive results when working with people from generational poverty. Participants will be able to: 1. Identify the main driving forces of three different economic classes (poverty, middle and upper); 2. Identify at least four strategies to build better relationships with clients who are from generational poverty; 3. List at least two key factors in Dr. Ruby Payne's concepts of poverty; and 3. Be able to better understand how both structures of language and tone can be used to encourage change.

Networking Lunch (box lunches will be available for those who wish to have lunch "on the road.")

Conference Adjourns following lunch

