

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 address the impact of current local, state and federal policy and planning issues related to healthcare reform.
- To provide examples of local pathways to implementing improved healthcare outcomes:
 - Local initiatives/arrangements between Medicaid health plans and CMHs, PIHPs, and/or provider organizations
 - Local initiatives/arrangements between FOHCs and CMHs, PIHPs, and/or provider organizations
 - Local initiatives/arrangements between Hospitals and CMHs, PIHPs, and/or provider organizations.
- To focus attention on programs that effectively combat stigma and increase awareness of cultural competency.
- To highlight programs that enhance ways to sustain relationships with community members.
- To foster peer networks around shared roles, interests and goals.
- To address the impact of current budget and policy issues and increase participant's awareness, knowledge and skills related to the delivery of services to persons with mental illnesses, 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) www.aswb.org, through the Approved Continuing Education (ACE) program. MACMHB maintains responsibility for the program. ASWB Approval Period: 11/10/10-11/10/13. Social workers should contact their regulatory board to determine course approval. Social workers will receive 7 continuing education clock hours in participating in this course. MACMHB is approved by Michigan Certification Board for Addiction Professionals (MCBAP). MACMHB maintains the responsibility for the program and content. Substance Abuse Professionals participating in this conference may receive a maximum of 4 contact 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.

Michigan Association of Community Mental Health Boards 2011 Annual Fall Conference Agenda

October 16, 2011

- 1:30pm CMH Golf Scramble: Wolverine Golf Course, Grand Traverse Resort (shot-gun start)
– \$35 per person (9 holes and a cart)
– Call 800-748-0303 ext. 6470 for tee times to reserve your spot. (No shows will be billed.)
- 4:00pm – 6:00pm Earlybird Registration for MACMHB Fall Conference
- 6:00pm MACMHB Members: Executive Board Meeting

October 17, 2011

- 7:30am – 5:00pm Conference Registration and Exhibits Open
- 7:30am – 8:30am **Breakfast Activities** (*full breakfast buffet will be served until 8:30am*)
Regional Breakfast Meetings
Provider Alliance Breakfast Meeting
Non-Member and Staff Networking Breakfast
- 8:30am – 9:00am Conference Welcome and Hal Madden Outstanding Service Award Presentation
- 9:00am – 9:45am **Plenary Session: "State Legislative Panel - Key Policy Issues Facing Michigan"**
– *Senator James Marleau (R-Oakland County)*
– *Representative Wayne Schmidt (R-Grand Traverse/Kalkaska Counties)*
– *Senator Rebekah Warren (D-Washtenaw County)*
– *Moderator: Tim Skubic, Senior Capitol Correspondent, WKAR's "Off the Record"*
A great opportunity to hear directly from state lawmakers on the key policy issues facing the State of Michigan. Where does Michigan stand on implementation of health care reform requirements, will mental health parity move this session, and what are the other hot button issues before the Legislature.
- 9:45am – 10:15am Exhibitor-Sponsored Refreshment Break

Concurrent Workshops

1. URAC Accreditation: Applicability and Implications for PIHPs and CMHSPs

■ Qualifies for 1.5 CEU hours

- *Bradley Casemore, MHA, LMSW, FACHE, CHC, Chief Operating Officer, Venture Behavioral Health*
- *Lori Ryland, PhD, LP, CAAC, CCS-M, Chief Clinical Officer, Venture Behavioral Health*

Federal and state statutory and regulatory reforms are rapidly reshaping the healthcare delivery marketplace, requiring a rethinking of PIHP and CMHSP roles and opportunities. Legitimacy and credibility are key components in conversations with the executive and legislative branches of government as well as with other business partner payers and providers. One method to enhance legitimacy and credibility is accreditation by a national accrediting entity beyond the usual and customary JCAHO, CARF, COA, etc. Venture Behavioral Health initiated some time ago an effort to achieve URAC accreditation as Health Plan with Health Utilization Management. Join us to see why and how, and how it may be applicable for you. Participants will be able to: 1. Know and list the twenty-eight accreditation and certification categories available from URAC and URAC's place in the healthcare delivery system; 2. Know and list the seventeen URAC Core Standards, five URAC Standards categories for Health Plan and thirteen URAC Standards categories for Health Utilization Management; 3. Undergo an internal agency process to analyze if, and which, URAC Accreditation categories may be applicable and desirable; and 4. Understand the process VBH used to pursue and prepare for URAC Accreditations "Health Plan and Health Utilization Management."

2. Getting the Memo: It's Everyone's Job

■ Qualifies for 1.5 CEU hours

- *Dina Donohue Chase, Senior Vice President, Vocational Services, Northpointe Resources, Inc.*
- *Beth Marks, PhD, RN, Research Associate Professor, Dept. of Disability and Human Development, University of Illinois*

This workshop will describe an evidence-based, community program that is designed to empower and assist individuals with mental illness and developmental disabilities to improve their overall health and well being. The presenters will highlight the evolution of the program, its goals and how it has been implemented in different states across the country. Because there is such a strong tie between a healthy lifestyle and mental health, the "Health Matters" curriculum can be of great benefit for all individuals accessing services at the CMHSPs. The twelve-week physical activity and health education program is designed to foster responsible positive choices about each attendee's health through a fun and supportive learning atmosphere. This workshop will provide ways to increase employee awareness that health promotion is everyone's responsibility regardless of their job description. The participants will be able to: 1. Identify the top three reasons it's important to incorporate health promotion activities for people with mental illness and developmental disabilities into daily interactions; 2. Understand their role in working with people with mental illness and developmental disabilities to increase their physical activity and healthy food choices; and 3. Discuss at least two strategies for supporting adults with mental illness and developmental disabilities to make long-term lifestyle changes.

3. Promoting Continuous Quality Improvement Practices in Children's Mental Health

■ Qualifies for 1.5 CEU hours

- *Constance Conklin, MSW, LMSW, Director of Programs and Services for Children with a Serious Emotional Disturbance Mental Health Services to Children and Families, MI Department of Community Health*
- *Kay Hodges, PhD, Professor, Department of Psychology, Eastern Michigan University*

This presentation will discuss the steps necessary to implement Continuous Quality Improvement practices at an organizational or state level. Pulling from examples put in practice in Michigan, through the adoption of an electronic outcomes management system (Child Adolescent Functional Assessment Scale-CAFAS), the presenters will share lessons learned throughout the implementation process. First, the advantages and motivations for adopting such a system will be described. Challenges and steps taken to identify and address these challenges will then be described. Finally, the presenters will share three tools they have developed that can be used by an organization or state to assess their own readiness in adopting an outcomes management system to facilitate continuous quality improvement. Some advantages include: facilitating EBT implementation, knowing effectiveness by type of intervention or program, using the data to improve practice and outcomes, and providing useful information to practitioners. Participants will be able to: 1. Identify three benefits of Continuous Quality Improvement to staff at all levels (practitioners, supervisors, program directors, board members); 2. Administer and interpret the CQI Checklist; and 3. Describe two organizational factors and practices necessary for implementing successful CQI practices.

4. Peer Mentors: A Journey Toward Certification

■ Qualifies for 1.5 CEU hours

- *Tonnieo Graves, BA, Peer Mentor, Detroit-Wayne County CMH Agency*
- *Andre Robinson, Associate Degree, Certified Peer Mentor, Detroit-Wayne County CMH Agency*
- *Ray Schuholz, Certified Peer Mentor, Detroit-Wayne County CMH Agency*
- *Robert Spruce, BS, Peer Mentor, Detroit-Wayne County CMH Agency*

The Michigan Department of Community Health and the State Developmental Disabilities Council have, over the past two years, worked on the development of Peer Mentoring supports for persons with developmental disabilities. Based upon a peer support system developed in the State of Georgia, the Developmental Disabilities Council has developed training opportunities and an internship program to help ready persons interested in providing Peer Mentoring supports. Individuals from Detroit-Wayne County CMH Agency involved in the first State of Michigan training and internship are now completing their certification process. Come hear from this small but determined group of individuals as they continue their journey for certification as Peer Mentors. Participants will be able to: 1. Identify recruitment strategies, training content areas and certification processes for people interested in becoming Peer Mentors; 2. Understand at least two challenges to and navigation of the authorization, service delivery and billing process for Peer Mentoring; 3. Understand the seven key elements of the Peer Mentoring Internship process; and 4. Identify four benefits of Peer to Peer Mentoring for both the person receiving supports and the person providing supports.

5. Collective Bargaining with Limited Resources

■ Qualifies for 1.5 CEU hours

- *Peter A. Cohl, Attorney, Cohl, Stoker & Toskey, PC*

Learn crucial points that CMHSPs should consider when working through labor and contract negotiations which in many instances have long range impact on the financial stability of your organization. This workshop will review the state law covering public employees, bargaining units, preparing for negotiations and negotiations techniques, protecting management rights, mediation, fact finding and impasse. Peter Cohl will discuss strategies to reduce fringe benefit costs such as health insurance and retirement. He will review recently enacted legislation affecting the collective bargaining process. Participants will be able to: 1. Learn three strategies for preparing for negotiations; 2. Be familiar with current state law; and 3. Identify at least four tools useful for protecting management rights.

6. Combating Stigma within the Michigan Mental Health System: A Toolkit for Change

■ Qualifies for 1.5 CEU hours

- *Christine Buck, BS, Therapeutic Recreation, Executive Director, Mental Health Foundation of Michigan*
- *Colleen Jasper, MEd, BA, Director of Consumer Relations, Bureau of Community Mental Health Services, MI Department of Community Health*
- *Ernest Reynolds, Certified Peer Support Specialist, Northern Lakes Community Mental Health*

This interactive workshop will introduce participants to the "Combating Stigma within the Mental Health System: A Toolkit for Change." Presenters will give a background of the toolkit, highlight resources provided in the toolkit, demonstrate how resources can be used and give examples of how the toolkit is being implemented across the state. Participants will be able to: 1. Identify what stigma looks like within the mental health system; 2. Use the toolkit to implement at least three strategies to combat stigma within the mental health system; and 3. Identify two tools used to evaluate the effectiveness of anti-stigma efforts.

7. Changing How The Workforce is Trained: Using Technology Effectively

■ Qualifies for 1.5 CEU hours

- *Carol Ann Oleksiak, LMSW, ACSW, Director of Professional Development and Training, Virtual Center of Excellence, Detroit-Wayne County CMH Agency*
- *Deborah A. Willis, MSW, PhD, Director of Research and Evaluation, The Guidance Center*

This workshop will provide administrators of agencies, social service organizations, local, county and state level departments with information about the cost/benefit of utilizing multi-media strategies to train staff. Using lessons learned in a D-WCCMHA initiative designed to provide training to over 14,000 CMH staff, the workshop will explore successful technological methodology used in Wayne County to take care of Medicaid mandated training in Recipient Rights, HIPPA, etc. The methodology also supports the accumulation of CEUs necessary for staff licensure in a variety of licensure categories and to promote clinical skill development. The workshop will identify the types of training best suited to technological delivery, discuss outcomes in efficiency achieved, staff and administrative satisfaction with the nature and impact of the training, and the impact on staff ability to meet consumer needs. Impact of the training methods on training costs will also be discussed. Participants will be able to: 1. Identify the five important elements involved in meeting the training needs of the CMH workforce; 2. Identify two types of technology available in supporting training delivery; 3. Learn how to match training needs with technological answers; 4. Identify the costs and four benefits of using technology to support quality training; and 5. List the five ways technology can positively impact training efficiency, quality and staff (clinical and administrative) satisfaction.

Monday (continued)
10:15am – 11:45am

8. Boardworks 2.0 Foundations: Intended Beneficiary Command

■ Qualifies for 1.5 CEU hours

- *Malkia Maisha, CMH Consumer Board Member and Member, Community Network Services Anti-Stigma Team*
- *Steven Ruskin, BA, Community Housing Network, Inc.*

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.

11:45am – 12:30pm

Group Lunch & Hal Madden Outstanding Service Award Presentation

12:30pm – 1:30pm

Plenary Session: “Key Issues Update from the Michigan Department of Community Health”

■ Qualifies for 1 CEU hour + 1 contact hour for substance abuse professionals (related)

- *Lynda Zeller, Deputy Director, Behavioral Health and Developmental Disabilities Administration, MI Department of Community Health*

Lynda Zeller 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 will talk about healthcare reform and what it means for Michigan. Ms. Zeller will also give a review of policy priorities as related to activities within the Department of Community Health to implement transformation across the mental health system.

1:30pm – 3:00pm

Concurrent Workshops

9. Integration of Mental Health / Substance Abuse Care with Primary Care: Challenges and Opportunities for a Healthier Future

■ Qualifies for 1.5 CEU hours + 1.5 contact hours for substance abuse professionals (specific)

- *James M. Shafer, JD, Clark Hill, PLC*

United States' healthcare is at a crossroads. Rising healthcare costs, significant chronic diseases and an emphasis on improved patient outcomes all provide a setting ripe for change. One area where such change may occur with improved patient outcomes is integration of primary care with mental health and substance abuse care. This presentation will provide a broad overview of integrated primary and mental health care systems; describe obstacles to such integration; detail improved patient outcomes that result from integration, and describe programs and structures within recent healthcare reform legislation that support and encourage such integration. Participants will be able to: 1. Identify a primary care – mental health / substance abuse care integrated delivery system; 2. Identify and understand the three main obstacles to sustainable integration (legal, financial, organizational); 3. Identify and understand the four main patient outcome benefits of integration (better coordination of care, lower hospitalization and nursing home placement, better patient outcomes); and 4. Identify four Health Care Reform programs and opportunities that allow for integration: patient-centered medical homes, accountable care organizations, mental health parity and Center for Innovation.

10. So....You Think You Want to Apply to Be a FQHC?

■ Qualifies for 1.5 CEU hours

- *Tisha Deeghan, MSW, MHSA, Sr. Vice President for Operations, Genesee County Community Mental Health*
- *Danis Russell, MA, MBA, Chief Executive Officer, Genesee County Community Mental Health*

Community Health Centers (or Federally Qualified Health Centers) play an increasingly important role in the future direction of the delivery of public behavioral health services. This presentation will describe the experience of one CMH in researching, and then actually applying for the designation as a Community Health Center. The presentation will cover the formal process, as well as lessons learned and practical tips for any other agency that is considering this process. Participants will be able to: 1. Identify three advantages of section 330 designation and funding (FQHC); 2. Describe the federal application process for 330 designation; and 3. List six preliminary steps to take prior to application and things to know before the application is filed.

Monday (continued)
1:30pm – 3:00pm

11. Improving Outcomes for High Utilizing Consumers

■ Qualifies for 1.5 CEU hours + 1.5 contact hours for substance abuse professionals (related)

- *Carole Chevrier, BS/CPHQ, Quality Analyst, Oakland County CMH Authority*
- *Leonard Rosen, MD, Medical Director, Oakland County CMH Authority*
- *Jill Smith, MSW, Clinical ACT Program Supervisor, Training & Treatment Innovations*

At Oakland County Community Mental Health Authority we identified a population of consumers who in spite of utilizing a high number of services were not achieving good outcomes. Poor outcomes included consumers continuing to engage in high risk behaviors as evidenced by multiple visits to emergency rooms and Crisis Screening Centers, multiple psychiatric and medical hospitalizations, frequent confrontations with the criminal justice system, abuse of alcohol and drugs and failing residential placements. The ultimate outcomes have been increased psychiatric morbidity and increased risk for premature death. The cost in both human suffering as well as in dollars is enormous. Participants will be able to: 1. Understand the definition of High Risk Consumer; 2. Learn three tools to objectively measure outcomes in individuals with severe mental illness; and 3. Review two solutions that show how multi-disciplinary collaboration improves outcomes.

12. Improving Treatment Outcomes Through Simple Process Changes

■ Qualifies for 1.5 CEU hours + 1.5 contact hours for substance abuse professionals (specific)

- *Deborah Boerma, Recovery Coach, Patient Care Attendant, Oakdale Recovery Center*
- *Gail Chapman, MSW, LMSW, Clinical Operations Coordinator, Hegira Programs, Inc.*
- *Darlene D. Owens, MBA, LBSW, CAD-C-M, ADS, Treatment Services Manager, Southeast Michigan Community Alliance (SEMCA)*

Designed specifically for behavioral healthcare, NIATx is a collaborative learning model that allows funding sources, regulatory agencies and treatment providers to work together to make small changes that substantially impact treatment outcomes. In the spring of 2011, the Southeast Michigan Community Alliance (SEMCA) and Hegira Programs, Inc. (HPI) collaborated on a change project intended to improve engagement in community-based substance abuse and COD services by re-linking treatment to recovery and other indigenous community resources. The results of the project are very promising and affirm the value of a comprehensive, long-term approach to recovery management. Participants will be able to: 1. Understand at least three dynamics and strategies for use of NIATx as a tool for continuous quality improvement; 2. Review two specific examples and field applications; and 3. Identify a minimum of four roles and uses of collaborative(s) as a unique and powerful method for the transformation to a Recovery-Oriented System of Care.

13. Michigan Recovery Council: Voice, Impact and Future

■ Qualifies for 1.5 CEU hours

- *Elizabeth Knisely, RN, BSN, Director, Bureau of Community Mental Health Services, MI Department of Community Health*
- *Marlene Lawrence, RN, BSN, Certified Peer Support Specialist, PATH facilitator, PATH Master Trainer, Director, SHARE Center*

This workshop presentation will include how Michigan has developed a Recovery Council to provide input regarding system transformation to the Michigan Department of Community Health, PIHPs and CMHSPs. The impact of the addition of Certified Peers to the mental health work force and the role of recovery in health care reform will also be discussed. Learn about DCH's commitment to system transformation, based on the Recovery Council's input. You'll also hear the personal story of one person's recovery journey. Participants will be able to: 1. Describe the history of the Recovery Council; 2. List at least four strategic initiatives of the Recovery Council; and 3. List a minimum of three efforts to address Health Care Reform and early death.

14. PLAY Project: An Introduction and Integration into Community Mental Health

■ Qualifies for 1.5 CEU hours

- *Jason Hamel, BS, MS, LLP, Psychologist, Clinical Supervisor, The Guidance Center*
- *Rick Kornspan, BSOT, MHSA, OTRL, Occupational Therapist, Clinical Supervisor, The Guidance Center*

The PLAY Project is an internationally renowned family based intervention for children diagnosed with an Autism Spectrum Disorder. Attendees will receive education on the PLAY Project model along with video segments of actual treatment sessions. Presenters will educate attendees on the 6 functional developmental levels related to improving the social emotional growth of the child diagnosed with Autism. Attendees will leave with an understanding of how the PLAY Project can be implemented in to a community mental health setting. Participants will be able to: 1. Define and understand the PLAY Project Model; 2. Define and understand the six functional developmental social emotional stages; and 3. Understand how to integrate the PLAY Project Model into a community mental health setting.

Monday (continued)
1:30pm – 3:00pm

15. Using Data to Make Decisions and Drive Agency Performance

■ Qualifies for 1.5 CEU hours

- *Michael W. Patten, Information Technology Manager, Great Lakes Recovery Centers, Inc.*
- *Greg Toutant, MS, Ed, CAAC, CCS, Executive Director, Great Lakes Recovery Centers, Inc.*
- *Moderator: Nick Scharlatt, Founder, Foothold Technology*

This session will provide insight into some of the ways your data can be put to work for your agency. Whether you are engaged in program evaluation, strategic planning, seeking funding, or reporting outcomes, having reliable data about your clients and services at your fingertips is indispensable. You will hear from your colleagues about how their agencies are using their data to make smart decisions and achieve their long-term goals. Participants will be able to: 1. Evaluate their own programs and outcomes as well as strategic planning and agency governance; 2. Learn three tools to gauge their own agency's technical readiness and literacy as we enter the age of healthcare reform; and 3. Identify at least three reports and key measures to bring back to their own agency management.

16. Boardworks 2.0 Foundations: Public Policy

■ Qualifies for 1.5 CEU hours

- *Michael Vizena, MBA, Executive Director, Michigan Association of CMH Boards*

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 areas of the consumer movement; 3. Identify at least two key areas of the community system; and 4. Identify at least two current and near future critical public policy expectations.

3:00pm – 3:30pm

Exhibitor Refreshment Break

3:30pm – 5:00pm

Concurrent Workshops

17. Care Coordination for Persons with Dual Eligibility (Medicare/Medicaid)

■ Qualifies for 1.5 CEU hours

- *Gordon Holtby, BSc, MBA, Executive Vice President, Fidelis SeniorCare*
- *Paul Anthony Newman, BS, MSW, Chief Operating Officer/VP of Operations, Community Living Services*

Community Living Services (CLS) supports over 1,500 persons living in the community with developmental disabilities who have chronic medical conditions and require multiple long term care supports that are dual eligible with Medicaid and Medicare. In an effort to streamline its service provision, improve coordination of care for these individuals and prevent redundancy in services, CLS began contracting with Fidelis Secure Care, a Medicare Advantage Program and also a Special Needs Plan. CLS and Fidelis struck a collaborative agreement to develop an integrated service delivery system. This has resulted in improved coordination of benefits. Enrollment continues to grow. An overview of special needs plans and the development and implementation of the CLS integrated service delivery system will be presented. Participants will be able to: 1. List the five eligibility factors needed to receive home and community based care benefits from the Fidelis Medicare Advantage Program; 2. Describe at least three home care benefits available to persons with developmental disabilities who are dual eligible; 3. List a minimum of three additional supports available through the Fidelis Medicare Advantage Program; and 4. Understand how Medicare supports are integrated with the Medicaid Specialty Services using a Person Centered Planning approach.

18. Telepsychiatry: Leveraging Limited Resources to Increase Access to Care

■ Qualifies for 1.5 CEU hours

- *Geoffrey Boyce, MBA, BA, Executive Director, InSight Telepsychiatry*
- *Brian Levin, MD, BA, Certified Social Worker, Executive Vice President, InSight Telepsychiatry*

This presentation draws on twelve years of personal experience as a telepsychiatry provider as well as the body of research on telepsychiatry to highlight five different applications of telepsychiatry, including its integration within primary care for children. The presentation will emphasize the successful implementation of telepsychiatry into the system of care of a rural CMH system in Michigan to include direct consumer evaluation and care as well as collaboration with onsite medical and administrative staff. The presentation will discuss keys to the successful implementation of a telepsychiatry system into an existing clinical environment, and will address operational, financial, and technical considerations. The presenters also will bring to light potential pitfalls and drawbacks to this growing form of service delivery. Ultimately the presentation will highlight telepsychiatry as a cost-effective alternative that has the potential to leverage limited psychiatric resources to increase access to care to areas of need. Participants will be able to: 1. List five different applications of telepsychiatry and understand their merits and challenges; 2. Discuss a successful model integrating televideo psychiatric consultation into pediatric offices; 3. Identify three key success factors successfully integrate telepsychiatry operationally; and 4. Discuss financial implications of telepsychiatry.

19. Peer Support Activities in Early Engagement

■ Qualifies for 1.5 CEU hours

- Patricia O'Brien, PhD, LP, Access Services Manager, Macomb County Community Mental Health
- Diane Van Coppenolle, Certified Peer Support Specialist, Macomb County Community Mental Health
- James F Wargel, PhD, LP, MPH, Clinical Director, Macomb County Community Mental Health

The focus of this workshop is to present results of the first year of work undertaken as a result of a grant received by Macomb County CMH to utilize Certified Peer Support Specialists (CPSS) to offer rapid entry into the mental health system of care through Family Psycho-Education, and the use of CPSS to offer PATH workshops to persons in the system who are identified as having a chronic illness. Identified General Fund consumers and their families were offered FPE as their initial service to reduce distress, increase hope, and provide practical assistance through the recovery process. Workshop attendees will benefit from MCCMH experience learning recruitment strategies that did and did not work, as well as the particular challenges and rewards of early engagement in the recovery process for new consumers.

Trained CPSS recruited consumers already enrolled in MCCMH who are identified as having a chronic illness and implemented PATH workshops which support consumers in their recovery process and self direction, improve their physical health status and look to improve longevity. These strategies are crucial because persons with mental illness have a life expectancy that is 25 years less than the general population. Peer led services involve consumers at a basic level and generate hope and expectation for recovery that is meaningful and sustainable. Participants will be able to: 1. Identify a working definition of early and effective engagement into mental health services; 2. Understand the basic premise of FPE and list three ways in which it supports effective and rapid early engagement of adult consumers; and 3. Become familiar with the definition of the Personal Action Toward Health (PATH) program and articulate five areas of increased health and community living which promote sustainable recovery.

20. Utilizing Peer Support Specialists in Crisis Settings

■ Qualifies for 1.5 CEU hours

- Travis Atkinson, MA, LLPC, Program Director, Hope Network
- Lara Class, BS, CPSS, Crisis Recovery Coach/Peer Support Specialist, Hope Network

As the source, nature and severity of crises have changed over the years, so have our responses to them. One of the key developments in effective crisis intervention has been the emergence of peer support specialists in the clinical workforce. In this workshop you will learn effective strategies to utilizing peers in crisis settings. Emphasis will be placed on effective recovery tools (Wellness Recovery Action Plan, mindfulness, evidence-based group materials) and maintaining a healthy balance for peers working in crisis. Participants will be able to: 1. Identify four ways that peer support specialists add value to your crisis team; 2. Identify and understand three tools available to peers in crisis settings (WRAP, mindfulness, etc.); and 3. Identify three keys to implementing or enhancing the use of peer support specialists in your agency setting.

21. Dashboards – Taking Your Organization from 0 to 60 With the Click of a Mouse

■ Qualifies for 1.5 CEU hours

- Tim Barr, Director of Cloud Sales, iDashboards

Today there is a great need to provide technical information to non-technical decision makers to help drive well informed decisions. How does an organization establish Key Performance Indicators (KPIs), and more importantly, how do they manage finances, patient care, compliance, productivity, or other important factors based on those KPIs? Decision makers need a common platform that is easy to understand and modify in order to drive better, faster decisions. This session will show you how dashboards provide that platform, and how they can take your organization from 0 to 60 with the click of a mouse. Participants will be able to: 1. Answer the question, "What are Key Performance Indicators (KPIs), and why should I have them?;" 2. Understand the three main differences between "outcomes" and "driver" KPIs; 3. Review the capability and functionality of dashboards; and 4. Pinpoint how dashboards visualize KPIs to provide technical information to non-technical decision makers.

22. The Evolving Role of Board Members

■ Qualifies for 1.5 CEU hours

- Sarah Bannon, LMSW, ACSW, COO, The Guidance Center

This workshop will tackle a wide range of topics that are key to a successful governing board. Topics areas such as: *The New Climate of Accountability, Transparency and Enforcement: What Board Members and Administrators Need to Know*: reporting and oversight under The Recovery Act, OIG enforcement trends, Medicaid Integrity Program, state enforcement trends (e.g., Medicaid Inspector General); *Elements of Effective Governance Programs*: roles and responsibilities of board members, internal monitoring and auditing, corporate compliance, development and implementation of compliance and practice standards, training and education; *Legal Requirements*: fraud, contracts and affiliations; and *Financial Requirements for CMHs and Nonprofits in Current Health Care Law*: billing and coding (documentation), tacking/reporting data, internal controls, information management (HIPAA security issues), tax-Issues (990s; compensation), cost reporting and regulatory filings, audits. Participants will be able to: 1. Understand the current regulations and challenges of serving as a board member; 2. Incorporate current best practices in governance for nonprofits and CMH-appointed boards; and 3. Be able to identify a minimum of four key roles and responsibilities of governing boards in the current health care environment.

Monday (continued)
3:30pm – 5:00pm

23. Communicating with the Next Generation of Consumers: The Impact of Social Media, Web Portals and Other Trends for Consumer-Involved Care and to Meet Meaningful Use

■ Qualifies for 1.5 CEU hours

– *Dave Kishler, BA, MS, Director, Marketing Communications, Netsmart Technologies*

The days of one-way communication with consumers are fast disappearing. Provider organizations need to adapt to this new communication environment to remain competitive and achieve a high level of satisfaction with their consumers while providing high quality care. This session focuses on the changing demographics of consumers, and the need to communicate and interact with them in more personalized, flexible ways via social media and the Web. As an example, Mental Health Center of Denver (MHCD) is using a consumer Web portal to communicate with its consumers. Included will be a discussion of considerations and processes required for initiating and utilizing a Web portal and social media, and a look at how MHCD has incorporated the Web portal into their care process. Participants will be able to: 1. Cite industry data that shows three reasons why social media is important and must be addressed by healthcare providers; 2. Relate four specific examples of social media use in behavioral health; and 3. Discuss how one mental health provider is using a Web portal to provide consumers with information and promote interaction with their care team.

24. CMH Board Chairperson Meeting

– *Edward Woods, President, Michigan Association of CMH Boards; Board Member, LifeWays*

– *Mary Anderson, Past President, MACMHB; Board Member, Newaygo County Mental Health Center*

This meeting is an informal gathering of CMHSP Board Chairpersons that allows colleagues to network, share concerns and seek solutions to common issues. Some topics to be discussed: how to develop community partners in healthcare and behavioral healthcare; and recipient rights committee structure. Bring your questions, highlight successful initiatives from your CMHSP, find out what works and what isn't working for other Board Chairpersons. Please note that if the board chairperson is not able to attend, a different board member is welcome to attend the Chairperson meeting.

October 18, 2011

7:30am – 12:00pm

Conference Registration and Exhibits Open

7:30am – 9:00am

Group Breakfast

Member Assembly Meeting (*everyone is invited to attend*)

9:00am – 10:00am

Plenary Session: "Building Better Healthcare Systems"

– *Rebecca Cienki, Director of Policies and Planning, Michigan Primary Care Association*

– *Marilyn Litka-Klein, Vice President, Health Finance, Policy and Health Delivery, Michigan Health & Hospital Association*

– *Richard Murdock, Executive Director, Michigan Association of Health Plans*

A panel of representatives from other Michigan healthcare-related associations will discuss their efforts to prepare and position their members for healthcare reform. Presenters will address: 1. What opportunities and challenges does healthcare reform represent for their members?; 2. What are their current efforts and initiatives to develop these opportunities?; and 3. Are there opportunities they see for new or improved partnerships between their members and CMHs/behavioral health and developmental disabilities providers?

10:00am – 10:30am

Exhibitor-Sponsored Refreshment Break

10:30am – 12:00pm

Concurrent Workshops

25. Behavioral Health: Where Do We Fit in Under Health Reform?

■ Qualifies for 1.5 CEU hours

– *Terese Farhat, Attorney, Clark Hill, PLC*

– *Michael W. Matthews, Attorney, Clark Hill, PLC*

– *Gregory W. Moore, Attorney, Healthcare Practice Group Leader, Clark Hill, PLC*

How do community mental health providers "fit" within the newly proposed delivery model known as accountable care organizations? Join us for a discussion and learning opportunity that addresses the changing role of behavioral health providers with respect to delivery of care under health reform, transforming relationships between behavioral health providers and others (e.g., hospitals and other physical medicine providers) and changes in payment rules under health reform. Participants will be able to: 1. Identify a minimum of three goals of the Patient Protection and Affordable Care Act; 2. Gain knowledge about the Shared Savings Program (commonly known as accountable care organizations ("ACOs")); and 3. Gain knowledge of the current ACO regulations and identify at least two current opportunities for behavioral health providers and delivery of services under health reform through ACOs.

26. Strolling Into Services: Engagement in the Continuum of Care Through the Walk-in Clinic

Approach

- Qualifies for 1.5 CEU hours + 1.5 contact hours for substance abuse professionals (specific)
- *Steven Lundsted, MA, LPC, CAAC, QMRP, QMHP, Supervisor, Case Management, CMH for Central Michigan*
- *Debra Miller, LMSW, QMHP, CMHP, Supervisor, Outpatient Services, CMH for Central Michigan*
- *Jennifer Plude, BS, QMHP, CMHP Case Manager, CMH for Central Michigan*

Walk-in clinic services are based on an engagement model of recovery commonly identified as effective for treatment of individuals with co-occurring substance use and mental health disorders (Minkoff & Cline). Walk-in clinic services are a part of the continuum of care that provides a welcoming, recovery oriented, integrated, trauma informed and culturally competent approach to most effectively meet the needs of individuals with multiple co-occurring conditions of all kinds (mental health, substance abuse, physical health and other co-morbid needs). This workshop will provide an overview of the walk-in clinic effort underway at CMH for Central Michigan and successes seen with this model for the Midland County clinic, including discussion of implementation and sustainability factors. Participants will be able to: 1. Describe how to utilize a walk-in clinic approach to treatment within your continuum of care; 2. Identify at least three services that can effectively be delivered in a walk-in clinic setting; 3. Discuss staff support needed to sustain walk-in clinic service delivery; and 4. List theoretical framework and foundational attributes to walk-in clinic service delivery.

27. CMH Board Membership: Obligations, Powers and Duties

- Qualifies for 1.5 CEU hours

– *Christopher K. Cooke, JD, Michigan and Federal Accreditation; Partner, Cummings, McClorey, Davis and Aho*
This workshop is a review of Federal and State legislation and administrative regulations that control and direct the operations of a CMH Board. The workshop also addresses the interrelationship between the Board, the CEO and the Agency while covering the basic law that governs Board operation, Board duties and responsibilities, the Open Meetings Act and the Freedom of Information Act. Participants will be able to: 1. Become familiar with at least four federal and state laws that control and impact their role; 2. Understand the relationship between the CMH Board, the CEO and the Agency; and 3. Understand and be mindful of a minimum of three provisions of the OMA and the FOIA that affect the ministerial function of the Board.

28. Certified Peer Support Specialists and Professionals Working Together in Recovery Practices

- Qualifies for 1.5 CEU hours

– *Ernest Reynolds, Certified Peer Support Specialist, Northern Lakes Community Mental Health*
This workshop will define what a PEER is and highlight examples of how the Certified Peer Support Specialist (CPSS) can work WITH the professional to provide a wider arrangement of services that will benefit the persons we serve and minimize difficulties that now exist. Learn the unique insight of a CPSS to assist the professional to better understand what peers can do to help the agency. Participants will be able to: 1. Understand the relationship that a Certified Peer Support Specialist has in the system with professionals; 2. Learn three ways the CPSS can work with professionals; and 3. Identify at least two ways that the relationship between the professional and the CPSS can benefit the consumers we serve.

29. Parent Support Partner Services are for Administrators Too

- Qualifies for 1.5 CEU hours

– *Dee Lantto, Certified Parent Support Partner, Parent Support Partner, Association for Children's Mental Health*
– *Kristin Ryeson, LMSW, Program Manager, Easter Seals Michigan*
– *Susan Styf, LMSW, CAADC, Director of Family Services, Easter Seals Michigan*

Peer to peer parent support services, in collaboration with specialty mental health services for kids with SED, assists the family unit to have more positive outcomes at home, school and in the community. In a little over a year, ACMH parent support services at Easter Seals Michigan is directly correlated to a 90% reduction in acute care hospitalizations and a 61% reduction in out-of-home treatment for the families working with a parent support partner. This course will help administrators incorporate the voice of a PSP in the clinical process, reduce costs of out-of-home treatments and improve empathetic responding. Participants will be able to: 1. Identify nine values in using parent support partners from a clinical and administrative perspective; 2. Learn two benefits of reducing the cost of out-of-home treatments, including hospitalizations; 3. Identify three necessary components to have a successful dual supervision role for the parent support partner; 4. Identify four clinical indicators that would target families in need of parent support services; 5. Implement five components to include the parent support partner in the clinical team; and 6. Identify three observable behaviors that indicate an improvement in empathetic responding within clinical staff.

Tuesday (continued)
10:30am – 12:00pm

30. Good Health: Combating Stigma on Common Ground

■ Qualifies for 1.5 CEU hours

- Jon Johnston, MA, CAADS, Peer Support Specialist, St. Clair County Community Mental Health Authority
- James Kokenyesdi, BBA, AOS (Culinary Institute of America), Certified Executive Chef/American Culinary Federation, Member of First Lady Michelle Obama's "Let's Move" Kick Off Campaign in 2010; Food Service Supervisor, St. Clair County Community Mental Health Authority
- Susan Lewis, BS, Program Coordinator, Community Relations, St. Clair County Community Mental Health Authority/Thumb Alliance PIHP

Everyone is talking about improving health outcomes of individuals who receive services from CMH agencies. Attend this session to learn how one CMH is becoming a leading community resource in providing good health information. Using a combination of healthy cooking classes, demonstrations and health-related speaking events open to all, St. Clair County CMH is using their "Healthy Minds, Healthy Bodies" focus to break down barriers of stigma and encourage healthy choices for a community. Techniques include collaboration with other healthcare providers and integrating health-focused activities into existing successful events. Participants will be able to: 1. Identify potential community partnerships to support CMH efforts to promote good physical and mental health; 2. List at least three ways to introduce better health options for individuals who receive services; 3. List three opportunities to break down stigmatizing barriers by offering health-focused activities that integrate persons who receive CMH services and the community at large; and 4. Identify at least two ways to add a good health component to existing successful events.

31. Boardworks 2.0 Foundations: Ensuring a Consumer Focus

■ Qualifies for 1.5 CEU hours

- Robert Sheehan, LMSW, MBA, Executive Director, CMH Authority of Clinton-Eaton-Ingham Counties

The presenter 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; 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. CMH Records Can Help Your Consumers Receive Social Security Disability!

■ Qualifies for 1.5 CEU hours

- James V. Parrish, BSL, MA, LPC, Professional Relations Officer, Disability Determination Service

Disability Determination Services will provide a close look at the Social Security Disability claims process and the many disability body systems that are in the listing book. The presenter will discuss what CMH records will really assist in the adjudication of the claim. Learn what information the caseworker can provide about the function of the consumer to assist in the process. Case examples will be discussed. Participants will be able to: 1. Understand the four key steps in the disability process; 2. Understand the SSA disability listings. Receive an overview of medical impairments; 3. Understand how important your CMH records are for those you serve; and 4. Understand at least three steps in the allowance and denial process. What happens when your consumer has their case reviewed?

12:00pm – 12:30pm

Lunch & Richard Wellwood Recognition Award

12:30pm – 1:45pm

Plenary Session: "Crazy for Life: The One-Woman Hit Show about Living with Mental Illness"

- Victoria Maxwell, BFA, BPP, Mental Health Educator, Consultant, Actor and Writer, Crazy for Life Company
- Talk about a walk on the wild side...Crazy for Life, is a 'tour-de-force' one-woman show of Victoria Maxwell's rollercoaster ride with bi-polar disorder. A brave, funny and compelling look at experiencing, surviving and coming to terms with mental illness. Actor/writer/educator Victoria takes us 'round the bend, and back again' from meditation groups to hospital psych wards, from black depressions to manic highs and psychedelic psychoses. Most memorable moment: joyfully running down the street... naked... in posh Point Grey, playing hide n' seek with the Divine. Crazy for Life entertains and educates, exploding stigmas and myths, and revealing glimpses of one face of psychiatric illness. But at its essence, the play is a celebration of the richness of life, the strength of the human spirit and the power of the human heart.

1:45pm

Conference Adjourns



MACMHB Golf Scramble (9-holes)

Sunday, October 16, 2011 ~ 1:30pm ~ The Wolverine

\$35.00 Call 800-748-0303 ext. 6470 for tee times to reserve your spot.

Special Golf Rates During the Fall Conference

Play the infamous Jack Nicklaus design course, **The Bear** for \$70 midweek/\$85 weekend
Or **Gary Player's** signature course, **The Wolverine** for \$55 midweek/\$65 weekend
Grand Traverse Resort and Spa's, Spruce Run for \$35 midweek/\$40 weekend

Twilight rates begin at 2:30 pm – The Bear \$50 • The Wolverine \$45 • Spruce Run \$30
Mention MI Association of Community Mental Health Boards when making tee times.