



County of Ottawa

Administrator's Office

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County Administrator's Weekly Digest May 21, 2010

NEW FISCAL SERVICES DIRECTOR HIRED

I announced earlier this week to the Board and employees of the County that Mr. Robert Spaman has been hired to replace retiring Fiscal Services Director June Hagan. Bob is originally from the Hudsonville area and graduated from Hudsonville High School. He later achieved degrees at Davenport University, and Grand Valley State University (Bachelors in Accounting and Masters in Finance).

Bob worked in the private sector for a time and then became the Finance Director for the City of Hudsonville. He then left for Rochester Hills, MI where he served as Fiscal Services Director. Bob is currently wrapping up his duties as Finance Director of Farmington Hills.

Bob and his wife Carol (Unity Christian graduate) are eager to return to Ottawa County where they have many family and friends. His first official day will be June 7th. He will be working one day next week with June Hagan in order to familiarize himself with the job.

The hiring process included a written exercise, oral panel interview. Commissioner Denny Swartout, Chair of the Finance Committee; Marie Waalkes, June Hagan, Sheriff Rosema and Keith Van Beek joined me on the interview panel. Finalists completed the PeopleKeys and Kolbe assessments and had a final interview with me. All references were checked and the last step was a Lien criminal check performed by the Sheriff's Office.

Please stop by and welcome Bob to Ottawa County. We wish him the very best with his new responsibilities!

JUNE HAGAN OPEN HOUSE

June Hagan's final day as Fiscal Services Director will be May 28. An open house is planned for her at 3:00 p.m. following Tuesday's Board meeting in the Main Conference Room.

CMH PRESENTATIONS

Ottawa County Community Mental Health is presenting two of the workshops at this weeks Michigan Association of County Mental Health Boards (MACMHB) conference Ottawa County CMH has been asked to present two of the workshops. In addition Ottawa Area ISD is also presenting. I have attached the descriptions of the workshops for you. As you can see Michael Brashears and his team are striving for excellence even in the midst of a budget crisis.

APRIL DISPATCH STATISTICS (Tim Smith)

The numbers handled through Central Dispatch for April 2010 were:

Total Incidents – 9,097 up 1.3% over April 2009 and down 5.5% YTD over 2009
Fire Incidents – 967 down 5.6% over April 2009 and down 7.1% YTD over 2009
Law Incidents – 8,130 up 2.2% over April 2009 and down 5.3% YTD over 2009
911 Calls – 7,219 down 11.5% over April 2009 and down 14.9% YTD over 2009
911 Hang Up calls - 970 up 14.5% over April 2009 and up 27.2% YTD over 2009
Wireless 911 calls – 73.5% of 911 calls for April and 72.2% of 911 calls YTD

CITIZEN BUDGET MEETING

June, Connie, Keith and I presented the budget to the Grand Haven Chamber of Commerce earlier this week. We received excellent input and had a good discussion after the presentation. Previously the budget was presented to the Farm Bureau, Sunset Manor and Holland Chamber of Commerce Public Policy Committee.

HOUSE FISCAL AGENCY MAY REVENUE REPORT

I've attached the House Fiscal Agency May revenue report that indicates that State year to date revenue is down over \$500 million from where it was a year ago at this time. This will only compound the State's issues as they need to find a way to address the \$1.6 Billion gap that will be left to fill in the FY 2011 Budget as Stimulus funds will no longer be available to plug this major gap.

TEACHING PA CONFERENCE

I participated on a panel Friday with Daryl Delabbio, Kent County Administrator and Barb Van Duren, Wyoming Assistant City Manager entitled "*What Students Need to Know: A View from the 'Pracademic'*". All three of us teach at the college level so the purpose of the presentation was to identify the gaps in a Masters level education and suggest what public managers need to learn in these programs. The presentations received great reviews and the group voted to add a session such as this at all future conferences. The group consisted of Phd/Masters/Bachelors level college professors from around the Mid-west. Several Grand Valley profs were in attendance.

OUT AND ABOUT

We have had a couple of brown bag lunches in the past two weeks, in Grand Haven and with the Sheriff's Command Officers at the Fillmore Complex.

LAKESHORE REGION SUMMIT ON RACISM

The 2010 Lakeshore Region Summit on Racism was held today at Hope College. The two featured speakers were Dr. Beverly Daniel Tatum, author and President of Spelman College in Atlanta, GA and Dr. Tony Campolo, author and minister. Both were outstanding. The LEDA CEO Advisory Council that I serve on met during the day and had a special session with Dr. Tatum. The County was well represented at the summit. Keith Van Beek, Lisa Stefanovsky, Brad Slagh, Kent Engle, Judge Knoll, and Judge Van Allsburg were in attendance as well as others from the Sheriff's Office and Health Department.

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 on the integration of mental health/substance use disorder care with primary care and the impact across multi-systems.
- To identify strategies for overcoming barriers and offering solutions for successfully sustaining evidence-based, best and promising practices in local communities.
- To show how communities have embedded existing evidence-based, best and promising practices into their system for sustainability.
- To have increased understanding of the ways in which continuous quality improvement in evidence-based, best and promising practices can improve outcomes.
- To increase participants' awareness, knowledge, and skills, related to mental illness, developmental disability 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 pre-conference institutes (5/17/10) may receive 2 continuing education clock hours; those participating in this conference (5/18/10-5/19/10) may receive a maximum of 8 continuing education clock hours. 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 the pre-conference institutes (5/17/10) may receive 2 specific contact hours; those participating in this conference (5/18/10-5/19/10) may receive a maximum of 7 specific 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 conference or you may contact MACMHB at 517-374-6848 or through our webpage at www.macmhb.org for resolution.

2010 Spring Conference Agenda

Monday, May 17, 2010

1:30pm – 2:00pm

Registration for Pre-Conference Institutes

2:00pm – 4:00pm

Pre-Conference Institutes: (use separate registration form for the pre-conference institutes)

1. Primary and Mental Health Integration – National Focus

■ Qualifies for 2 CEU hours

- *Ron Manderscheid, PhD, Executive Director, National Association of County Behavioral Health and Developmental Disability Directors*

This presentation will summarize national developments in primary care and mental health integration. This context will be used to explore the 25 year disparity in lifespan for public mental health clients. Current actions will be examined. County and local strategies will be discussed. Participants will be able to: 1. Understand two key areas of implementation for primary care-mental health integration; 2. Identify at least three reasons for reduced lifespan of public mental health clients; and 3. Learn two steps necessary to undertake planning for future service delivery.

2. Pain and Pain Management – Is it Attention Seeking, Drug Seeking or Just Psychological

■ Qualifies for 2 CEU hours + 2 contact hours for substance abuse professionals (specific)

- *Dennis Potter, LMSW, Kantu Consultants, LLC*

Pain is often misunderstood and is highly subjective. Chronic pain becomes central in one's life. Health care professionals often misunderstand a client's preoccupation with pain and its relief and view the behavior as attention seeking, drug seeking, or purely psychological in nature. Participants in this workshop will be able to define chronic pain, identify two differences between physical and psychological pain and list four key parts of a pain management plan. *This workshop fulfills the Michigan Social Work Board's pain management workshop requirement for licensure renewal.

3. Boardworks 2.0: Board Member Orientation and Update

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

This session is designed for new and current board members. We will start with a brief keynote address, followed by presentations on Orientation to the Governance and Leadership Program and Critical Updates. We will conclude with an opportunity to discuss board related planning and action considerations relative to the day's learning. Orientation: New board members are provided (a) an overview of the Learning Program and (b) a brief summary overview of basic and key substantive and technical information contained in the Learning Program Conference Presentation Series of nine workshops that constitute the core curriculum. Update: Current board members are provided a comprehensive update on the most critical issues for the upcoming year. This particularly includes matters of the state and federal budgets, MDCH PIHP and CMHSP Contracts and critical policy issues.

Monday Continued
2:00pm – 4:00pm

4. The Ottawa Outcome Measurement System

■ Qualifies for 2 CEU hours

- Greg Hofman, MSW, LMSW, Quality Improvement Director, Ottawa County CMH
- Darren Lubbers, PhD, EBP and Program Development Director, Ottawa County CMH

Ottawa County CMH was the honorable mention runner up for a national award regarding the utilization of technology applied to outcome measurement models in a CMH setting. The Ottawa County CMH outcome measurement model enables clinicians and administrators' to evaluate the effectiveness of SAMHSA Evidence-Based Practices. The Ottawa County CMH outcome system utilizes a time series design that enables CMH systems to assess the impact of EBPs and other important domains that include recovery as measured by LOCUS scores, medication adherence, housing, relationships, employment, DBT, Motivational Interviewing, Cognitive Behavioral Therapy and other important consumer based treatment goals. Participants will be able to: 1. Understand the three critical components to building a clinical outcomes system within a CMH system; 2. Identify the five SAMHSA EBPs and understand the importance of measuring EBP impact utilizing a clinical outcome system; and 3. List three important statistics and graphs utilized in a CMH outcome measurement system.

4:00pm – 6:00pm

Earlybird Registration for MACMHB Conference

6:00pm

MACMHB Members: Executive Board Meeting

7:05pm

Detroit Tigers -vs- Chicago White Sox Tickets Available for Purchase

Monday, May 17, 2010

7:05pm



- Tickets are \$20 each
- Tickets located in Section 114, Row 17, Seats 1-10, and Row 18, Seats 1-10.
- Travel arrangements are on your own! No transportation is provided for this event!
- Limited Tickets Available: First Come – First Served
- Fax to 517-374-1053 OR email your ticket request to mryals@macmh.org.
- Questions? Call Monique at (517) 374-6848

Name: _____

of Tickets: _____ Will Send Check Will Pay on Site

Tuesday, May 18, 2010

7:15am – 5:00pm

Conference Registration and Exhibits Open

7:15am – 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 – 8:45am

Conference Welcome

- Mary Anderson, President, Michigan Association of CMH Boards

8:45am – 9:45am

Plenary Session: "Making National Health Care Reform Real at the County and Local Level"

■ Qualifies for 1 CEU hour

- Ron Manderscheid, PhD, Executive Director, National Association of County Behavioral Health and Developmental Disability Directors

This session will provide detail on the status and key components of National Health Reform legislation— coverage, medical home, quality improvement and performance assessment. For each component, a separate analysis will be done of implications and opportunities for county and local authorities. Participants will be encouraged to strategize their own organizational response to national developments. Participants who attend this plenary session will be able to: 1. Understand three key components of National Health Reform; 2. Identify at least two county and local issues and opportunities associated with each component; and 3. List the three preliminary steps to strategize one's organizational response.

9:45am – 10:15am

Exhibitor-Sponsored Refreshment Break

Concurrent Workshops

1. Achieving Integration of Physical and Behavioral Health Care

■ Qualifies for 1.5 CEU hours

- *Michael Head, Director, Mental Health & Substance Abuse Administration, MI Dept. of Community Health*
- *Jeffrey L. Brown, Executive Director, Oakland County Community Mental Health Authority*
- *Braunwynn Franklin, Certified Peer Support Specialist, PATH Master Trainer, New Center Community Mental Health Services*
- *Joseph (Chip) Johnston II, Executive Director, Manistee-Benzie Community Mental Health*

The Mental Health and Substance Abuse Administration will present the overarching framework for integrated health care in the Michigan public mental health system. Specific integrated health care efforts by two Prepaid Inpatient Health Plans (PIHP)/Community Mental Health Services Providers (CMHSP) will illustrate current initiatives. In addition, a Certified Peer Support Specialist (CPSS) will present on Michigan's whole health initiative. It is the only model in the country directed and led by peers using the Chronic Disease Self-Management Program (CDSMP), an evidence-based practice from Stanford University. Participants will be able to: 1. Identify a working definition of Integrated Health Care in the public mental health system; 2. Identify three entities that are components of Integrated Health Care; and 3. Define PATH and describe at least three key components necessary to be a successful Certified Peer Support Specialist.

2. Implementing Evidence-Based Supported Employment Practice

■ Qualifies for 1.5 CEU hours

- *Cleven Jones, Sr., Supervisor/Initiative Coordinator, Southwest Counseling Solutions*
- *Amy Miller, Director of Training, Goodwill Industries of Greater Grand Rapids*
- *Su Min Oh, Program Specialist, MI Dept. of Community Health*

This workshop will discuss the implementation of evidence-based supported employment from the perspective of the Department of Community Health, service provider, trainer/consultant and peer support specialist. Participants will be able to: 1. Learn about the MDCH Evidence-Based Supported Employment implementation efforts to date; 2. Identify the three strategies (training, implementation, fidelity reviews) for effective local implementation; and 3. Understand at least two outcomes derived from the successful integration of the peer support specialist with the MH/SE team and their specific role.

3. Population and Enrollment Models and Forecasts

■ Qualifies for 1.5 CEU hours

- *Dale K. Howe, PhD*

You know enrollment is changing and funding is changing, but by how much, how soon? It is certainly useful to know where your business has been. It helps you guess what is likely to happen next. You may not realize it, but you do forecasting all the time. This is a skill and like any other skill, you can get better at it. This presentation will help you understand how to use business activity models and forecasts to better prepare for what the years ahead will bring. This presentation is not about the math behind the forecast. It is about the concepts involved. It assumes someone else has prepared a model or forecast and you need to know how much to rely on it. How do you know what questions to ask? How can you use models and forecasts as early warning systems to let you know if planned growth or changes are happening as expected? Change is much less traumatic if your team saw it coming and had time to prepare. Participants will be able to: 1. Explore and identify at least two basic concepts behind population and enrollment models and forecasts; 2. Name three common methods of preparing forecasts; 3. Explain the relationship between length of history available and length of forecast possible; and 4. Explain how seasonality can alter or invalidate a forecast.

4. **The Medication Quality and Utility Improvement Program (MQUIP) and the Dissemination of Proven Guidelines for Psychopharmacology: Why, Where and When?**

■ Qualifies for 1.5 CEU hours

- James E. (Jim) Dillon, MD, Director, Psychiatric/Medical Services, MHSA, MI Dept. of Community Health
- Dan Healy, MD, Assistant Professor of Psychiatry, University of Michigan Medical School, Department of Psychiatry
- Karen K. Milner, MD, Associate Professor of Psychiatry, University of Michigan Medical School, Department of Psychiatry

Professional groups seeking to bridge the gap between research and clinical practice in psychiatry have developed practice guidelines that are based on hierarchically classified evidence from clinical trials and experience. Among the better studied of these guidelines is the Texas Medication Algorithm Project (1-4), the fruits of which were adopted by the Michigan Mental Health Evidence Based Practice Initiative (5, 6), now known as the Medication Quality and Utility Improvement Program (MQUIP), in a project intended ultimately to optimize recovery and ensure consumer access to a uniformly high quality of psychiatric care. Dr. Dillon will examine the emergence of algorithms, the way evidence is incorporated into algorithms, specific features of the Texas/Michigan algorithms, and recent published evaluations of performance of these algorithms. From six pilot studies funded by the Flinn Foundation, several key conclusions emerge. First, time, commitment, and to some extent resources all are required to shape physician and institutional practice in ways that make using guidelines efficient and welcome; second, computerization of algorithms within a routine electronic documentation process is critical to ensuring uniform use of algorithms; and third, methods for prompt revision of algorithms and of the software that depends upon them are needed to ensure that the process promotes current practices. The most successful of the six projects, at least in terms of the number of consumers enrolled in the treatment process, was Washtenaw County's. Drs. Milner and Healy will describe how they enlisted over 2,500 consumers for the project, engaged a large cohort of prescribers in the use of guidelines, and facilitated provider documentation and adherence through creative information technology. (7) Participants will be able to: 1. Describe three major features of processes for developing and implementing psychopharmacology guidelines; 2. Describe two benefits and two challenges associated with use of medication guidelines; 3. List three reasons for adopting the Texas Algorithms as Michigan's model for guidelines; 4. List two aspects of Washtenaw County's model that contributed to its success; and 5. Describe three major characteristics of the Quality Behavioral Health Module (QBHM) that is currently under development.

5. **Autism Spectrum Disorder System of Care Pilot for Children Birth to Six Years of Age**

■ Qualifies for 1.5 CEU hours

- Sheri Falvey, Director of Mental Health Services to Children and Families, MI Dept. of Community Health
- Sian Owen-Cruise, Director, Washtenaw Success by 6
- Vonnie VanderZwaag, MA, Early Childhood Education and Special Education, Director of Early Childhood Services, Ottawa Area Intermediate School District
- Willie Wallis, MA, Special Education, Teacher Consultant for Students with Autism Spectrum Disorder, Ottawa Area Intermediate School District

The presentation will provide an overview of the foundation of the ASD Pilot project. It will outline a county-wide, multi-agency review of a child with potential ASD diagnosis in both Ottawa and Washtenaw Counties. Local Intermediate School Districts, CMHSPs, Medical Home pediatricians, *Early On*, University of Michigan, Eastern Michigan University and DeVos Children's Hospital are partners in the project. The presentation will portray the benefits of the system of care model, e. g.; improve professional capacities of assessment, diagnosis and intervention through group discussion and evaluation. Successes and challenges of the pilot will be shared. Participants will be able to: 1. Identify what agencies are involved in the ASD System of Care Pilot; 2. List at least three functions of each agency that makes up the ASD System of Care Pilot; and 3. Identify at least two of the expected outcomes of the ASD Pilot and the measurements used

6. **Companion Guide to the Technical Requirements for Behavior Treatment**

- Dianne Baker, BS, JD, Director, Office of Recipient Rights, MI Dept. of Community Health
- Price Pullins, Psychologist Manager, Office of Psychiatric & Medical Services, MI Dept. of Community Health
- Judy Webb, MSW, BS, Director, Division of Quality Management and Planning, MI Dept. of Community Health

This session will consist of a panel discussion of the intricacies related to the implementation and interpretation of the current technical requirements. There will be ample time for questions and dialogue.

Tuesday Continued
10:15am – 11:45am

7. Trauma-Informed and Trauma-Specific COD CMH Services

- Qualifies for 1.5 CEU hours + 1.5 contact hours for substance abuse professionals (related)
 - *Nathan Rahn, LMSW, CAAC, ACT Team Substance Abuse Specialist, Washtenaw County Community Support and Treatment Services*
 - *Stephen Wiland, LMSW, CAC-R, Clinical Practices Administrator, Washtenaw County Community Support and Treatment Services*

The incidence of unresolved trauma is pervasive among dually disordered consumers of CMH services, leading to frequent retraumatization and poor outcomes. This session will explore effective methods for identifying and engaging consumers with unresolved trauma, including systematic screening, trauma-informed service protocols (popularized by Roger Fallot), and trauma-specific services utilizing the Seeking Safety and TREM/M-TREM models. Participants will be able to: 1. Identify nine key behavioral characteristics of trauma survivors; 2. Describe the five core principles of trauma-informed CMH services; and 3. Explain six critical components of TREM/M-TREM and Seeking Safety interventions.

8. Board Member Crackerbarrel

- *Jim Shotwell, Board Member, LifeWays*
- *Ed Woods, Board Member, LifeWays*

Veteran board members will facilitate this crackerbarrel discussion. This session will be shaped by the topics YOU want to discuss. Topics could range from board rules, Roberts Rules of Order, code of conduct, agenda, etc. Come prepared with questions and join an interactive discussion to seek the answers you need. Take advantage of this opportunity to constructively share your experience as a CMH board member.

11:45am – 12:30pm

Lunch and Presentation of the Richard Wellwood Recognition Award

12:30pm – 1:30pm

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

- Qualifies for 1 CEU hour
 - *Michael Head, Director, Mental Health & Substance Abuse Administration, MI Dept. 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.

1:30pm – 3:00pm

Concurrent Workshops

9. How to Treat Multiple Chronic Health Conditions through Full Integration with a Federally Qualified Health Center

- Qualifies for 1.5 CEU hours+ 1.5 contact hours for substance abuse professionals (specific)
 - *Sara Cornell, LMSW, Development Team Health Coach, Touchstone Innovare*
 - *Gregory Dziadosz, PhD, President, Touchstone Innovare*
 - *Kristin Spykerman, LLMSW, CAAC, Program Supervisor, Touchstone Innovare*

Is it time for behavioral health to rejoin health care? Can we help people effectively manage serious psychiatric conditions, substance use disorders, AND other co-occurring chronic health conditions? Providers of services to those with a chronic mental illness or substance use disorder and a Federally Qualified Health Center have joined forces to create a fully integrated team to do just that. Using Wagner’s Chronic Care Model the team will create a medical home to provide primary internal medicine and psychiatric care, health coaching, and motivational interventions. Learn about why and how this team was developed. See a demonstration of a health coaching session for multiple chronic health conditions. Compare and contrast health coaching with case management. Participants will be able to: 1. Identify two ways to apply Wagner’s Chronic Care Model to serious psychiatric conditions; 2. Describe three reasons why serious psychiatric and other chronic medical conditions should be treated and managed together using the Chronic Care Model; 3. List two essential health coaching techniques, and identify two reasons why each would be used for chronic illness care; and 4. List three ways that health coaching is different from case management.

10. ACT & IDDT: Enhancing the Path to Recovery

- Qualifies for 1.5 CEU hours + 1.5 contact hours for substance abuse professionals (specific)
 - *Joanie Anderson, Certified Peer Support Specialist, Community Mental Health for Central Michigan*
 - *Janet Hool, LSMW, Team Leader, Bay-Arenac Behavioral Health*
 - *Alyson Rush, LMSW, Mental Health Rehabilitation Specialist, MI Dept. of Community Health*
 - *James Svensson, LMSW, Supervisor of ACT, Washtenaw County Community Support & Treatment Services*

ACT and IDDT practiced together help consumers with COD manage their symptoms, live in the community, avoid incarceration and hospitalization, develop friendships and gain the skills needed to work or volunteer in their own community. Join this workshop to learn how two ACT/IDDT teams have enhanced commonalities and merged practices to support COD consumers on their journeys toward Recovery. Participants will be able to: 1. List five key elements common to ACT and IDDT; 2. Describe the practical application of providing ACT/IDDT to COD consumers; and 3. Identify three benefits to consumers who receive ACT/IDDT services.

11. Family Psychoeducation for Adolescents in an Intensive Home Based Program – Update on Pilot Program

■ Qualifies for 1.5 CEU hours

- *Angela Brenz, LMSW, MSW, Home Based Services Supervisor, Starfish Family Services*

In 2004, Lifespan Clinical Services, the therapeutic program of Starfish Family Services recognized a gap in services between traditional Home Based treatment and in-patient psychiatric care. Together with Gateway Community Health and University Psychiatric Centers, Lifespan developed and implemented an Intensive Home Based level of care which includes four and a half to 20 hours of home based treatment performed by a Master's Level Clinician and a Bachelor's Level Case Manager. This model is an adaptation of the IICAPS treatment model. Through this treatment model, Lifespan collaborates weekly with the treating psychiatrists, provides 24 hour emergency response, transportation, psychotherapy and case management. In 2009, Lifespan implemented Dr. William McFarlane's Family Psychoeducation (FPE) treatment model for its youth presenting with Psychotic Disorders. This treatment model is designed for adults with Psychotic Disorders such as Schizophrenia and Lifespan created adaptations to implement this program with its adolescent population. Lifespan is currently collecting data on recidivism rates, CAFAS scores, the number of psychotic episodes and out-of-home placements. Participants will be able to: 1. Identify the structure of an Intensive Home Based level of care which falls between traditional Home Based treatment and in-patient psychiatric treatment; 2. Recognize a minimum of three positive outcomes of this model, such as lower cost, lower recidivism rate, and the increased quality of care provided to consumers, including those with psychotic disorders; 3. Learn two ways to identify the symptomology, etiology, prognosis and treatment modalities for early onset psychotic disorders in adolescents; and 4. Describe the program design of Dr. William McFarlane's Family Psychoeducation treatment model with adaptations made for treatment of adolescents.

12. Using "Real Time Client Level Data to Implement CQI Practices that Support EBTs and Promising Practices

■ Qualifies for 1.5 CEU hours

- *Constance Conklin, LMSW, Director of Programs and Services for Children with a Serious Emotional Disturbance, Mental Health Services to Children and Families, MI Dept. of Community Health*
- *Kay Hodges, PhD, Professor, Dept. of Psychology, Eastern Michigan University*
- *David King, MA, MSW, Dept. Head for Child and Family Services, Monroe CMH Authority*

Effective EBT/EIP selection and implementation processes, coupled with a meaningful continuous quality improvement process centered on client-level outcome information, can increase access to effective practices, increase the likelihood of positive outcomes, and improve the quality of life for youth and their families. One CMHSP will describe the processes they have implemented and its benefits. These efforts will also place Michigan well on its way to meeting the goals of improving quality of services to families while responding to the national call for increased accountability. Participants will be able to: 1. List the four outcome indicators generated by the new CAFAS software; 2. Learn three benefits to using the software-generated interpretative information (e.g., clinical markers) to identify ideal cases for specific EBTs; 3. Learn how directors and other administrators can use various reports to support programs and guide service enhancement; and 4. Identify a minimum of two elements critical to implement an efficient CQI process, at all levels of the agency, using the "real-time" dashboards and tools in the new CAFAS software. A Michigan CMHSP will give examples of how they have implemented this process and its benefits.

13. Changed Lives in the Community

- *William Allen, Community Transition Planner, MI Dept. of Community Health*
- *Angela Martin, MSW, Community Supports Specialist, Developmental Disabilities Institute, Wayne State Univ.*
- *Mary Rehberg, RN, BSN, MALPC, MPC Monitor, MI Dept. of Community Health*

The presenters for this session have all been involved with the 100+ individuals who were discharged from the Mount Pleasant Center before its closure in 2009. There are many touching stories to be told including how much a change in environment can totally change a person's life. Many lessons have been learned and are still being learned about the hurdles that may occur when transitioning from an institution to the community. With the permission of those involved, some biographical sketches will be given that are both moving and thought provoking.

14. Navigating Community Self-Help & Support Groups

■ Qualifies for 1.5 CEU hours

- *Kristen Steffen, AA, Certified Peer Support Specialist, MIFAST Reviewer, Manistee-Benzie CMH*

The presenter will explore the different self-help and support groups found in communities and explain which ones can be started. Participants will understand the difference of developing a culture of recovery vs the culture of addiction. Come and learn about the different groups, their basic principles and the differences between them. Participants will be able to distinguish and pass on information that will best serve our consumers and community members. Participants will be able to: 1. List four different self-help/support groups found in communities; 2. Understand the three basic principles of these self-help and support groups; and 3. Distinguish at least two differences in these community groups.

Tuesday Continued
1:30pm – 3:00pm

15. Hope Givers, Hope Receivers and Hope Stealers

- *Sherri Rushman, Consumer Education Specialist, Oakland County CMH Authority*

One of the most important aspects of recovery is hope. This workshop will inspire audiences to explore what hope means to them, how they can find hope and how relationships with others can affect their hope. Sherri is no stranger to hopelessness. Her own struggles with a mental illness led her down a desperate, dark path. But from that experience she learned about the value of hope not only for herself, but for everyone. She uses her own story, and those of others, to illustrate the power of hope, where to find it and how to share it. Her presentations are inspiring and affect consumers and mental health professionals alike.

16. Ambassador Community Relations

- Qualifies for 1.5 CEU hours

- *Sally Amos O'Neal, Customer Services Manager, Washtenaw Community Health Organization*
- *Vicki 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; 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.

17. Boardworks 2.0: Implementation - Best Practices

- Qualifies for 1.5 CEU hours

- *Shauna Reitmeyer, Director of Provider Relations, Washtenaw Community Health Organization*
- *Stephen Wiland, LMSW, CAC-R, Clinical Practices Administrator, Washtenaw County Community Support & Treatment Services*

In this workshop you will explore the public policy oriented and defined implementation of supports, services, care and treatment. Participants will be able to 1. Examine "Best Practice" through the conceptual and operational definitions of evidence-based practice, emerging and promising practice and values-based practice; 2. Explore and learn three strategies relevant to community planning; and 3. Identify four specific applications of particular models of practice, including by populations, in micro as well as macro practices.

3:00pm – 3:30pm

Exhibitor-Sponsored Refreshment Break

3:30pm – 5:00pm

Concurrent Workshops

18. Integration of Mental Health/Substance Use Disorder Care with Primary Care

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

- *Linda Dixon, Nurse Manager, New Center CMH Services*
- *Braunwynn Franklin, Peer Specialist, New Center CMH Services*
- *Roberta Sanders, CEO, New Center CMH Services*

Mental Health/substance abuse care and physical health care providers seeking to improve the overall health of their consumers will receive the nuts and bolts of organizing and maintaining an integrated mental health/substance abuse and physical health care service collaborative model using a co-located therapist in a primary care setting. The presenters will describe the specific duties of the nurse/case manager at the mental health care site, as well as the duties of the co-located therapist, social workers, and physicians and other health care professionals at the primary health care site. Participants will be able to: 1. List the four ways that the services of a co-located therapist can improve the overall mental health and physical health of consumers being served by an integrated project; 2. List, at a minimum, two ways a well-crafted Memorandum of Understanding can increase the effectiveness of the collaborative mental health/physical health care project; 3. Identify at least three benefits of regularly scheduled convening group meetings in maintaining the joint mental health/physical health care project; and 4. Describe the assessment tools utilized by the co-located therapist and how the assessment results are relayed to, shared with and utilized by the primary care staff.

19. Parent Management Training Oregon Model (PMTO): Building Capacity for Evidence-Informed Practice Implementation

- Qualifies for 1.5 CEU hours

- *Gail Blackwell, PMTO Regional Coordinator, Livingston County CMH Authority*
- *Constance Conklin, LMSW, Director of Programs and Services for Children with a Serious Emotional Disturbance, Mental Health Services to Children and Families, MI Dept. of Community Health*
- *Luann Gray, LMSW, State PMTO Coordinator, Kalamazoo CMH & Substance Abuse Services*
- *Gwenda Summers, MA, LPC, PMTO Regional Coordinator, Ingham Counseling Center*
- *Rosa Thomas, MA, LLP, PMTO Regional Coordinator, Bay-Arenac Behavioral Health*

The presenters will discuss the factors that are essential in building capacity for the implementation of an evidence-based practice at a state wide level to the local CMH levels; the transferring of PMTO from a controlled setting to the field and how that has required extensive collaboration with committed partners in the service provider community; and explore the skills that must be transferred from the program purveyor to the community. The presenters will discuss the infrastructure that has been implemented throughout the State and the leadership commitment necessary to overcome barriers in obtaining long-term positive outcomes and demonstrate how fidelity is monitored and followed in the State. Participants will be able to: 1. Identify at least three essential components of the EBP infrastructure; and 2. List two important strategies to successfully incorporate an EBP into a System of Care.

20. Implementation and Evaluation of an Urban Mental Health Court

- Qualifies for 1.5 CEU hours + 1.5 contact hours for substance abuse professionals (specific)
 - *Norris Howard, RN, MSN, Division Manager, Detroit Central City Community Mental Health, Inc.*
 - *Sheryl Pimlott Kubiak, PhD, MSW, Associate Professor, Michigan State University School of Social Work*
 - *Elaine R. Thomas, LMSW and MDiv, Department Administrator, Detroit-Wayne County Community Mental Health Agency*

Nationally, the prevalence of serious mental illness (SMI) among people entering jails is approximately 17%. A recent study in Wayne County found that 18% of men and 36% of women enter the jail with a SMI. As communities search for strategies to decrease jail involvement for this population, a recent intervention is the Mental Health Court (MHC). MHC is a recent service phenomenon that was modeled on the successful features of Drug Courts including judicial supervision, collaboration between judicial and treatment agencies, case management and a program of behaviorally altering incentives and sanctions. MHCs generally share the same goals: improving public safety by reducing recidivism; improving the quality of life of people with mental illness; and to reduce court – and corrections related costs. Although the primary treatment goal of the MHC is for the individual to remain engaged in community treatment and out of jail, there are other aspects of MHC that are creating wide spread system changes for individuals with a serious mental illness that have been arrested or jailed. This presentation discusses the history and variation of MHCs nationally and uses illustrations of a recently formed urban MHC to describe the components of a successful mental health advisory board, treatment team, and strategies for process and outcome evaluation. Participants will be able to: 1. Demonstrate knowledge of the history of, and differences among, the various types of mental health courts – as well as current literature and empirical findings of their success nationally; 2. Explore and identify at least four elements of great importance when engaging stakeholders, across a variety of settings and services, in the development and operation of a mental health court; and 3. List three key factors critical to enhancing awareness of the clinical components of the mental health court and the day-to-day interaction with mental health court consumers.

21. Strength Based, Recovery Oriented, Stage-Wise Treatment

- Qualifies for 1.5 CEU hours
 - *Mark M. Lewis, LMSW, MIFAST Lead Reviewer, MIFAST, MML Consulting, LLC*

In this training participants will participate in activities that will help them to clearly distinguish between deficit based and strength based approaches to treatment. Each participant will work within a group to develop a list of deficit based perceptions of clients and then follow with the development of a list reframing the deficit based perceptions into strength based approach. Following these exercises the participants will learn how to clearly assess an individual's readiness to work on targeted issues using the Substance Abuse Treatment Scale and/or The Transtheoretical Stages of Change. Finally, participants will learn how to design interventions that clearly meet the persons identified level of readiness and write them into a treatment plan. Participants will be able to: 1. Compare and contrast deficit based and strength based approaches; 2. Write two Treatment Plans, one deficit based and one strength based; and 3. Learn two interventions for an objective for which the client is in Pre-contemplation, Contemplation and Action.

22. InShape: A Results Oriented Personal Wellness Program for Adults with Mental Illness

- Qualifies for 1.5 CEU hours
 - *Shante' Burke, BS, Health and Wellness Manager, Genesee County CMH*
 - *Danis Russell, MA, MBA, CEO, Genesee County CMH*
 - *Lisa Wolf, Health Mentor, Genesee County CMH*

This presentation will describe an innovative wellness program for adults with mental illness called InShape. InShape was developed in New Hampshire and has been studied by The Dartmouth Psychiatric Research Center, the Center for Disease Control, and was originally funded by the Robert Wood Johnson Foundation. It is an individualized health promotion program that promotes healthy eating and exercise, guided by a Health Mentor (certified personal trainer). In addition to sound nutrition and exercise principles, the program is also based on social inclusion and community integration. Genesee County CMH is the first in Michigan to utilize InShape. The presentation will cover the basic philosophy and detail results that have been achieved by participants. Participants will be able to: 1. Understand and identify at least four health risks of individuals with a severe mental illness; 2. Understand the basic concepts and philosophy of the InShape program; and 3. Understand and list at least three benefits of utilizing a personal training program like InShape to reduce the risk factors for chronic disease and increase the quality of life for adults with a mental illness.

23. Psychotropic Medications for Intellectually Disabled Persons who are not Mentally Ill: How Aggressive Should we be?

■ Qualifies for 1.5 CEU hours

- James E. (Jim) Dillon, MD, Director Psychiatric/Medical Services, MHSA, MDCH
- Norman (Norm) Alessi, MD, Professor Emeritus (Active), Department of Psychiatry, School of Medicine, University of Michigan; Director, AlessiCEBS

This workshop will present two contrasting views on the use of psychotropic medications for adults with intellectual disability (ID) who present without traditional neuropsychiatric disturbances for which the effectiveness of drugs has been established. This is not a debate, but it will be more than an amicable difference of opinion. NO WEAPONS ALLOWED. In the era of psychoanalysis, psychiatry abandoned efforts to treat syndromes of intellectual disability, though sedating drugs were commonly administered to suppress aggressive or disruptive behavior, giving rise to the pejorative term, “chemical restraint.” With the advent of antipsychotic medications in the 1950’s, sedating phenothiazines such as thioridazine (Mellaril) and chlorpromazine (Thorazine) were often administered to persons with ID, sometimes with the effect of clouding consciousness and causing movement disorders that could be disfiguring and painful. Interest in this population grew as biological psychiatry began to dominate psychiatric practice in the 1980’s and 1990’s. Greater emphasis and precision in psychiatric diagnosis attending introduction of the DSM-III in 1980 offered an objective framework within which to document a high rate of *conventional* psychopathology in the DD population, opening access to specific treatments for some conditions. Experts have flatly declared, “People with mental retardation comprise an overmedicated population.” (1) Is it so? Dillon says “Yes,” Alessi says “No.” Dr. Dillon will briefly review best practices, to the extent that these can be said to exist, and then focus on the few research studies of adequate quality to be informative. His view is that trials of psychotropic medications in non-MI adults with ID have at best a very weak basis in well conducted controlled trials. This problem is compounded by the singular difficulty in community settings of obtaining enough information to make a rational decision on the effectiveness of an individual trial in progress. Consequently, many adults with ID are treated with a medley of powerful drugs that cannot be shown to work even for the person receiving them. The issue is not so much that they are effective by rendering the patient sedate or unconscious: often they do not even do this! Dr. Alessi, on the other hand, will offer a more favorable appraisal of the research base. He will further argue that challenging behavior among persons with ID arises in the context of complex neurobiological deficits and dysregulation that must be understood against the backdrop of rapidly evolving concepts in basic and clinical neuroscience. The unique properties of psychotropic medications offer an increasingly sophisticated menu of options to address the individual needs of persons who have experienced sometimes profound disturbances in brain development and function. Participants will be able to: 1. Cite two key studies for and against aggressive psychopharmacological intervention for challenging behaviors in persons with ID; 2. Describe a method and routine for obtaining objective data in assessing the outcomes of individual trials of medication; and 3. Using information learned here, describe two pros and two cons of drug treatment for behavior problems in persons with ID.

24. The Positive Impact of Peer Support Services

■ Qualifies for 1.5 CEU hours

- Becky Cronin, Certified Peer Support Specialist, St. Clair County Community Mental Health Authority
- Renna Flaig, Certified Peer Support Specialist, St. Clair County Community Mental Health Authority
- Andrew Goodman, BA in Psychology; Registered Social Service Technician; Certified Peer Support Specialist, St. Clair County Community Mental Health Authority
- Jon Johnston, M.A., Clinical Counseling Psychology, CAAC, CPSS, MSW Student, Certified Peer Support Specialist, St. Clair County Community Mental Health Authority

This workshop will provide valuable information regarding how peer support helps transform mental health services into a recovery model of service delivery. It is designed to show not only what peers do but clarify what is not peer support. Participants will see first hand how powerful and valuable the sharing of recovery stories can be. Participants will be able to 1. Identify three benefits of peer services; 2. Identify three ways peer services enhance a recovery model of treatment provision; and 3. Name three ways peers help to reduce the stigma that is often attached to having a mental health diagnosis.

25. Boardworks 2.0: Leadership - Legal

■ Qualifies for 1.5 CEU hours

- Lisa K. Morse, Director of Administrative & Legal Services, St. Clair County CMH Services

Learning in this workshop will center on the public policy requirements for which the board serves as public stewards. Participants will be able to 1. Explore the Michigan Mental Health Code, particularly chapters two and seven; 2. Identify at least four key elements in the MDCH PIHP and CMHSP contracts with particular attention to the relational nature of this public, state, local arrangement; and 3. Examine three related critical statutes and regulations such as the Americans with Disabilities Act (ADA) and the Balanced Budget Act (BBA).

- 7:00am – 12:00pm Conference Registration and Exhibits Open
- 7:00am – 7:45am Group Breakfast (*full breakfast buffet will be served until 7:45am*)
- 7:45am – 9:00am MACMHB Member Assembly Meeting & Election of Officers
- 9:15am – 10:15am Plenary Session: “*Seeking Safety* Therapy for PTSD and Substance Abuse”
- Qualifies for 1 CEU hour + 1 contact hours for substance abuse professionals (specific)
 - *Lisa M. Najavits, PhD, ABPP, Professor of Psychiatry, Boston University School of Medicine; Lecturer, Harvard Medical School; Clinical Psychologist at VA Boston; and Clinical Associate, McLean Hospital*
- The goal of this presentation is to describe current state-of-the art knowledge about the treatment of patients with the dual diagnosis of posttraumatic stress disorder and substance abuse, a population that is typically considered “difficult to treat.” The presenter will cover background on PTSD and substance abuse (including rates, the typical client, models and stages of treatment, clinical dilemmas and gender issues) and clinical Interventions for PTSD and substance abuse (including demonstration of specific treatment strategies, assessment tools and community resources). In-depth description of the *Seeking Safety* psychotherapy for PTSD and substance abuse will be a major focus. Participants who attend this plenary will be able to: 1. Review scientific literature on rates and presentation of PTSD/substance abuse; 2. Increase empathy and understanding of PTSD/substance abuse; 3. Describe a minimum of two specific therapeutic strategies for this dual diagnosis; and 4. Explore and identify at least three assessment and treatment resources.
- 10:15am – 10:45am Exhibitor-Sponsored Refreshment Break
- 10:45am – 12:15pm Concurrent Workshops
26. Implementing *Seeking Safety* Therapy for Substance Abuse and PTSD
- Qualifies for 1.5 CEU hours + 1.5 contact hours for substance abuse professionals (specific)
 - *Lisa M. Najavits, PhD, ABPP, Professor of Psychiatry, Boston University School of Medicine; Lecturer, Harvard Medical School; Clinical Psychologist at VA Boston; and Clinical Associate, McLean Hospital*
- This workshop will provide an opportunity to address how *Seeking Safety* is implemented in clinical settings. *Seeking Safety* is an empirically-studied, integrated therapy for substance abuse and trauma/PTSD. The model teaches present-focused coping skills to help clients attain safety in their lives. It is highly flexible and designed for a wide variety of clients and settings. The workshop addresses frequently asked questions when implementing *Seeking Safety*; offers the opportunity to conduct a session in small group format; and explores topics such as adaptation of the model, how to combine it with trauma processing treatments, and ways to make it as effective as possible. The workshop will be highly clinically-oriented, interactive, and allow ample time for questions. Participants will be able to 1. Learn at least four frequently asked questions about implementing *Seeking Safety* and the answers; 2. Explore a minimum of two challenges that may arise when conducting *Seeking Safety*; 3. Improve one’s ability to solve clinical dilemmas in the treatment of PTSD and substance abuse; and 4. Understand at least two outcomes of a successfully implemented manual-based treatment.
27. Collaboration Between CMH and County Primary Care Medical Plan Reduces Waiting Lists
- Qualifies for 1.5 CEU hours
 - *James Milanowski, Chief Operating Officer, Genesee Health Plan*
 - *Danis Russell, MA, MBA, CEO, Genesee County CMH*
- Genesee County CMH and the Genesee Health Plan (the county primary care medical plan) started collaborating in 2007. The collaboration addressed a major gap in the funding of mental health services. With the growing unemployment and accompanying emotional stress, the need for mental health services in the non-severe population has increased significantly. Historically, CMHS have used general fund (GF) to treat these individuals, but this source of funds has been reduced, while the need continues to grow. The innovative collaboration has created a program that has eliminated waiting lists for mental health services for this population. Additionally, the individuals being served are in a better position to also receive needed medical services. Participants will be able to: 1. Understand and identify the two main challenges of providing mental health services to non-Medicaid individuals with mild to moderate mental illness; 2. List the mission of and services provided by county primary medical plans; and 3. Understand and be able to identify three advantages of mental health and county medical plans collaborating to provide services to non-Medicaid individuals needing mental health services.

28. Getting it Right: Eligibility Assessment and Diagnostics

■ Qualifies for 1.5 CEU hours

- *Darren Lubbers, PhD, EBP and Program Development Director, Ottawa County CMH*
- *Pat O'Rourke, MA, Psychological Evaluation Consultant, Ottawa County CMH*
- *Michele Vanderschel, MA, LLP, CAC-R, Assessment Team Leader, Ottawa County CMH*

Ottawa County CMH currently utilizes a decision tree matrix that determines CMH eligibility, level of care, and diagnostics. Arriving at eligibility decisions based on objective and reliable measurements is critical to getting it right with eligibility and treatment decisions. Unlike an earlier era when CMHOC services were unrestricted and available to anyone who requested them, the current governing rules as outlined in MDCH prescribe that only persons with severe forms of mental illness or developmental disability are eligible for CMHOC funded services. This, then, requires there be a method for determining who of those applying for service have the more severe forms of mental illness or disability. Within the State system of mental health care, there is little uniformity in how these decisions are made. Most typically, decisions of eligibility are made by way of a clinical interview with the person requesting service. Research has demonstrated, however, that this method produces unreliable information. In contrast to this approach, CMHOC utilizes a structured interview process whereby service applicants are uniformly assessed with tools that have been researched and shown to have superior reliability and validity. Participants will be able to: 1. Understand at least two key elements assessment and diagnostics utilizing psychometrically validated instruments; 2. Identify three factors that underscore the importance of level of care instruments (LOCUS); and 3. Determine if instruments such as the MINI, SCID I and SCID II will strengthen diagnostics and level of care decisions (LOCUS) within your organization.

29. Social Security Disability Determination Service: Will Your Records Help or Hinder a Disability Claim?

■ Qualifies for 1.5 CEU hours

- *James V. Parrish, BSL, MA, LPC, Professional Relations Officer, Disability Determination Services, Social Security Administration*
- *Theresa Wulbrecht, Director, Interagency Coordinator Program, Disability Determination Services, Social Security Administration*

During this workshop you will become familiar with the key elements of your medical records that are reviewed for adjudication of claims; develop a better understanding of the primary care physician's role in the disability decision process and learn how to identify who is actually at the top of the final decision making process. The presenters will help you to better understand the claims process by reviewing real child and adult case examples. The Social Security Electronic Records website and the proposal for the electronic signatures on medical releases will also be discussed. Participants will be able to: 1. Identify at least two Social Security Disability SSDI and SSI programs with a working definition for adults and children; 2. Identify the three most important CMH records and medical source statements that provide information to help adjudicate a disability claim; 3. Understand the disability listings for Social Security, with case examples and discussion; 4. List at least four key elements for the approval or denial of the case; 5. Understand the Electronic transfer options to receive SSA/DDS requests and return the medical records; and 6. Discuss and obtain input on the Social Security proposal for electronic signatures on Social Security medical releases.

30. Parent-Child Interaction Therapy: Introduction to an Evidence-Based Treatment for Young Children with Conduct Problems

■ Qualifies for 1.5 CEU hours

- *Larissa N. Niec, PhD in Clinical Child Psychology, Professor; Director, CMU PCIT Clinic, Central Michigan University*

Parent-Child Interaction Therapy is an evidence-based behavioral family treatment program designed to address the disruptive behaviors of children 2 to 6 years of age. It differs from many parent training programs in its dual focus on the development of the parent-child relationship and parents' behavior management skills. Components of PCIT that are not commonly provided in parent training programs, such as live coaching of parent-child play and immediate therapist feedback to parents, make it a valuable and innovative intervention model. In addition, PCIT has been used effectively with a variety of populations including low-income families and culturally diverse populations. Dissemination of the PCIT model is increasing nationally and internationally. Participants will be able to: 1. Explore an overview of the intervention, a review of the empirical support, and a discussion of two successful strategies to implement a sustainable PCIT program within a community agency; 2. Learn three elements necessary for ongoing implementation of PCIT within Community Mental Health; and 3. Examine a case example of how university-agency collaboration is working to make PCIT accessible to Michigan families.

Wednesday Continued
10:45am – 12:15pm

31. Fundamentals of Motivational Interviewing for Administrators and Clinical Directors

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

– *Michael Clark, MSW, LMSW, Director, Center for Strength-Based Strategies*

Thirty-two clinicians statewide have attained MINT Trained Trainer status in the MDCH supported Motivational Interviewing Training of Trainers Initiative. These individuals can now serve as resources for CMHSP and substance abuse agencies that wish to implement motivational interviewing training. If you want to learn more about motivational interviewing before deciding to bring it to your agency, this workshop is for you.

Participants will be able to: 1. Identify and explore the two basic principles that underlie the MI model; 2. Learn how this set of intervention techniques can be used to overcome resistance in difficult-to-engage clients; and 3. Identify at least two challenges and explore strategies and resources required when an agency chooses to implement MI model training system-wide.

32. Supporting Independence: How Estate Planning Tools Can Support Individuals with Disabilities

- Qualifies for 1.5 CEU hours

– *Ellen Sugrue Hyman, Self-Determination Development Coordinator, MI Dept. of Community Health*

Supporting people with disabilities often involves support with decision-making to ensure that the individual can achieve the life to which he or she aspires. This type of support is most effectively provided by trusted family members and friends through estate planning tools such as Powers of Attorney, Authorizations for Advocacy, and Trusts. With this support, individuals with disabilities, like the rest of us, can achieve independence, autonomy and control of their lives. Learn how medical and financial issues can be handled privately without involving the court through guardianship. Participants will be able to: 1. Identify the legal definition of capacity for people with developmental disabilities; 2. Know at least three estate planning tools; and 3. Identify three types of trusts for people with disabilities.

33. Boardworks 2.0: Management Systems

- Qualifies for 1.5 CEU hours

– *Christopher Pinter, AAM Director, Bay-Arenac Behavioral Health*

In this workshop you will focus on the public policy oriented and defined management and organizational structures. Participants will be able to: 1. Identify two management function of public policy systems; 2. Explore two structural foundations of organizations as related to both managers and implementers of public policy; 3. Examine organizational infrastructure as related to both managers and implementers of public policy; 4. Learn three qualities of provider and manager types of public organizations, including Amixed@ organizations and the cost and benefits of such an arrangement; and 5. Explore community systems as an ultimate unified community system.

12:15pm – 1:00pm

Lunch & Presentation of the Boardworks 2.0 Certificates

1:00pm – 2:00pm

Plenary Session: “Implementing a Statewide Advocacy Effort”

General fund reductions for the past two years and the proposed cuts for FY11 threaten to eliminate the community based system of behavioral care for persons without Medicaid. Legislative and policy leadership from the Association will join with our lobbyist firm to review the Association’s strategy and message for maintaining a safety net of behavioral healthcare services in the state. The advocacy action plan and talking points will be reviewed with conference participants to support their efforts with local legislators.

2:00pm

Conference Adjourns

Mark Your Calendars:

MACMHB Annual Fall Conference

October 18 & 19, 2010

Grand Traverse Resort

Traverse City, Michigan