



# Community Mental Health Conference

*Sponsored by:*

**Minnesota Association of Community Mental Health Programs, Inc.**

## ***“Rejuvenating Our Promise”***

**Duluth Entertainment Convention Center  
Duluth, MN**

**Conference Dates: September 29 - October 1, 2010**

**Pre-Conference Institutes: September 28 & 29, 2010**

*(Mark Your Calendar Now!)*

Proposals are requested for our Annual Community Mental Health Conference. We are especially interested in learning about innovative, cost-effective, early intervention, multi-disciplinary, community-based services. This conference is an important way to meet the training needs of people who provide community mental health services as well as others who share our mission.

### **Conference Tracks**



*Conference tracks are like “mini-conferences” within the conference.*

#### **Conference tracks for clinical, management and administrative support staff include:**

- Child Mental Health: Clinical Skills
- Adult Mental Health: Core Skills
- Child and Adolescent Psychiatric Services
- Adult Mental Health: Recovery & Wellness
- Community Psychiatric Services
- Case Management
- Child & Family Mental Health
- Best Practices for Special Populations
- Adult Mental Health: Housing + Services
- Business Performance Improvement
- Management & Supervision
- Consumer Recovery & Wellness

The planning committee meets in March and April to review proposals, so please note the April 15th deadline for submissions. Proposals are reviewed and selected by a committee. We are grateful to presenters and panelists who volunteer to share their expertise and experience with their colleagues. Thank you for your interest, time and effort.

**Return proposals to: MACMHP**

**1821 University Ave W, #307-S, St. Paul, MN 55104-2898**

**Phone: (651) 642-1903 FAX: (651) 645-1399 Email: [info@macmhp.org](mailto:info@macmhp.org)**

You may also complete an online electronic version of the Call for Conference Presentations available at:

**[www.macmhp.org](http://www.macmhp.org)**

Please call the association office if you have any questions.

***Proposal Deadline — APRIL 15, 2010***



# Minnesota Association of Community Mental Health Programs Community Mental Health Conference

## “Rejuvenating Our Promise”

Duluth Entertainment Convention Center – Duluth, MN

Conference Dates: September 29 - October 1, 2010

We are especially interested in learning about innovative, cost-effective, multi-disciplinary services for adults, older adults, children & families. Possible topics include the following list, your suggestions or a combination:

### Child or Adult Clinical Services

- Diagnostic/functional assessment skills
- Assessment skills for complex cases
- Medical/mental health integration
- MI/CD: co-occurring disorders
- Treatment planning skills
- Psycho-educational groups
- Crisis services
- Autistic spectrum disorders
- High risk behavior/suicidality
- Motivational interviewing
- Cognitive behavioral therapy (CBT)
- Day treatment or partial hospitalization
- Violent behavior/abuse: Dx and Tx
- ADD/ADHD children or adults
- Older adults and aging mental health
- Working with families as resources
- Brain changes during adolescence
- Trauma informed care

### Multicultural & Diversity Issues

- Providing culturally competent services
- Diagnostic/assessment issues
- Cultural sensitivity and diversity
- Multicultural treatment planning issues
- “New Americans”
- Medication response by ethnic group

### Community Partnerships

- Hospital discharge and aftercare
- Primary care-behavioral health integration
- Collaborations/public-private partnerships  
*Hospital – Community – Interagency  
School – Police – Court – Corrections*
- Service/system collaboration
- School-based services
- Affiliations and collaboration
- Earlier intervention

### Recovery, Rehab & Case Management

- Case management 101
- Engagement skills
- Multisystemic therapy
- Safety in the office and the field
- Psychiatric Advance Directive
- Transitional age youth (18-25)
- Veterans services
- Case management and primary care
- Illness management and recovery
- Relapse prevention
- Housing support services
- Employment support
- Wellness Recovery Action Planning (WRAP)
- Person centered services
- Resiliency and strength-based services
- Supportive employment
- Certified peer specialists
- Home-based mental health services
- Assertive Community Treatment (ACT)
- Housing development/financing of housing
- Homelessness
- Civil commitment/vulnerable adults

### Managing Care & Quality Systems

- Evidenced based practice
- Productivity management
- Assessing outcomes/performance
- Medical necessity
- Clinical supervision skills
- Care coordination
- Audit-proof practice/compliance

### Community Psychiatric Services

- Dx, Tx and Rx for specific disorders:  
*Depression – PTSD – ADHD  
Bipolar – Borderline – Schizophrenia  
Anxiety – Dual diagnoses (MI/CD)*
- Clinical Consultation skills
- Clinical collaboration - “shared care”
- Managing medications/psycho-pharm
- Alternative/complementary therapies

### “Hot Topics”

- Emerging issues and innovative services
- Linking with primary care
- Improving depression care
- Legislative issues (state, federal)
- Supporting family caregivers
- Mental health parity and health reform
- Clinical supervision
- Ethics and ethical practices
- School-based services

### Administration & Management

- Staff retention; recruitment
- “Getting paid is everyone’s business” -  
Revenue cycle
- Managing a diverse work force
- Supervision skills and team building
- Performance review and goal setting
- Inspiring and rejuvenating staff
- Data privacy/confidentiality issues
- Safety/liability/risk management
- Transition/change management
- Legal issues for non-profits

**Proposal Deadline – April 15, 2010**

For more information, please contact:

**Minnesota Association of Community Mental Health Programs**

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**Minnesota Association of Community Mental Health Programs**  
**Community Mental Health Annual Conference**

**Please be sure to answer every question and attach all requested items.**

An online electronic version of this Call for Presentations form is also available at [www.macmhp.org](http://www.macmhp.org)

1. Presentation Title: *(Please incorporate the conference theme "Rejuvenating Our Promise" into your title if possible)*
  
2. Please Attach the Following:
 

<input type="checkbox"/> This application form completed	<input type="checkbox"/> Forty (40) word abstract using exact wording
<input type="checkbox"/> Outline of presentation	to be printed in program (subject to editing)
<input type="checkbox"/> Three (3) educational objectives	<input type="checkbox"/> Presenter(s) bio, resume or vitae
  
3. Proposed Length of Presentation: (circle choice) *Note: Most presentations are 1.25-1.5 hours in length.*  
 1 hour                      1.25 hours                      1.5 hours                      2.5 hours                      3 hours
  
4. Target Audience: *(Who is this workshop for? e.g. Clinicians, Board Members, Child Mental Health Professionals)*
  
5. Experience Level of Audience: (circle choice)  
 Introductory                      Intermediate                      Advanced                      All Levels
  
6. When, Where and for Whom has this Session been Previously Presented?
  
7. Audio/Visual and Facility Requirements: *Note: All rooms are equipped with an LCD projector, flip chart and screen. Presenters are strongly encouraged to bring a laptop computer and PowerPoint presentation. (circle additional needs)*  
 Overhead Projector for use with transparencies                      35 mm Slide Projector                      VCR/Monitor  
 Other \_\_\_\_\_
  
8. Lead Presenter or Contact Person:  
 Name, licensure/degree \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_
  
9. Co-Presenters and Panelists: (Attach contact information for each additional presenter)  
 Name, licensure/degree \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_
  
10. Agreement: *In submitting this proposal, I/we understand that MACMHP is not offering to pay for this presentation, travel, lodging, meals or other expenses associated with the conference. Up to two presenters will receive a 25% discount off their MACMHP conference registration fee. If selected, I/we agree to present on the assigned date and time during the conference September 29 - October 1, 2010 at the DECC in Duluth, MN. All applicants will receive written notification.*

Signature(s) of Presenter(s): \_\_\_\_\_  
 \_\_\_\_\_

Speaker(s) who are also interested in the possibility of developing this session/topic into an individual workshop utilizing web-based or televideo technologies, please check the box to the left and you will be contacted regarding this separate opportunity.

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