DAY 1 | Wednesday, October 19, 2016 | 9:00 am

Title: Behavioral Health in Ohio: A New Paradigm

- Keynote Presenter #1: Tracy Plouck, director of the Ohio Department of Mental Health and Addiction Services (OhioMHAS)
- Keynote Presenter #2: James Tassie, JD, assistant director, Ohio Department of Medicaid

Abstract: The changing healthcare environment in Ohio will undoubtedly prove to be challenging, while simultaneously presenting an opportunity for organizations that aspire to deliver the highest quality, integrated care to the most vulnerable Ohioans in our communities. Our plenary session brings together the Directors of the Ohio Departments of Medicaid and Mental Health and Addiction Services to address participants on the latest updates concerning Behavioral Health (BH) Redesign and the policy changes that accompany the new treatment landscape in our State.

Learning Objectives | Participants will be able to
1. Describe the factors which precipitated BH Redesign at both the Federal and State levels.
2. Discuss the implications for service delivery with individuals that have severe mental illness and co-occurring substance use disorders.
3. Explain how new service models such as ACT and Supported Employment will function under BH Redesign.
4. Describe timelines, milestones, and “next steps” for service model changes related to Medicaid.
5. Discuss State guidelines pertinent to the delivery of Evidence-Based Practices.

DAY 2 | Thursday, October 20, 2016 | 9:00 am

Title: Promoting Recovery within Controlling Environments

- Keynote Presenter: Lorna Moser, PhD, HSPP, is director of the Institute for Best Practices within the University of North Carolina (UNC) Center for Excellence in Community Mental Health and is a licensed psychologist with specialized training in psychiatric rehabilitation and mental health services research. She is the co-developer of the Tool for Measurement of ACT (TMACT), a nationally recognized contemporary measure of ACT fidelity.

Abstract: Individuals challenged with serious mental illness have a long history of being disempowered and alienated not only within broader society but also within the context of the service system. Recovery-oriented systems of care and practices are mindful of the dignity of risk and the importance of thriving, not just surviving. And yet, for the recovery journey to proceed, service providers and loved ones may at times need to step-in to assume some control when the illness has hijacked the person. In the end, the ultimate focus is on the person’s interests and life goals.

Learning Objectives | Participants will be able to
1. Name at least three core features of recovery-oriented services.
2. Describe at least three considerations for whether an assertive outreach strategy should be tried at all.
3. Identify red flags of concern for either paternalistic and/or clinically negligent service environments.