



N o r t h e a s t

BH C 2019

Behavioral Healthcare Conference

# Request for Presentation

April 30 - May 1, 2019

Marriott Syracuse Downtown

*Emerging Faces: Exploring Changing Populations  
and Perspectives in Behavioral Health*



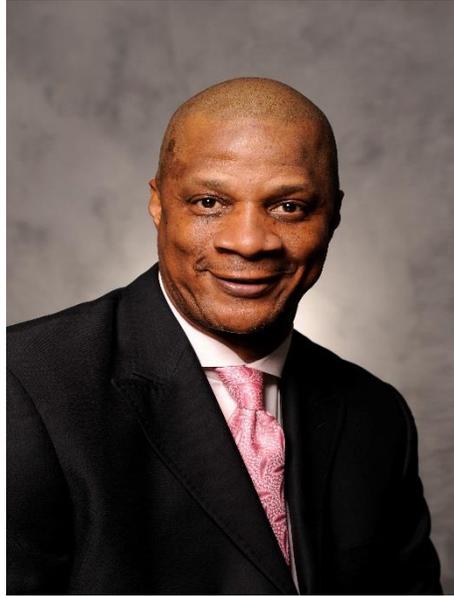
Helio Health is pleased to be hosting the 2019 Northeast Behavioral Healthcare Conference. This growing conference gives professionals the opportunity to develop interdisciplinary approaches to treatment. We invite professionals to join us as we focus on “Emerging Faces: Exploring changing populations and perspectives in behavioral health”.

We invite you to submit a presentation for one of the conference tracks:

1. Executive/leadership track to cover leadership and policy in the Northeast
2. Clinical track to offer ideas and practice innovations in multiple disciplines including social work, mental health counseling, and recreation therapy
3. Recovery track to incorporate presentations of peer work, the recovery movement, and recovery-oriented systems of care
4. Research track to share new ideas and practices in the field.

Our goal is that each track includes presentations gathered for a diverse set of practitioners at various levels of the behavioral healthcare field.

Thank you for your consideration and we look forward to receiving your proposals.



We are pleased to welcome Darryl Strawberry as this year's Keynote Speaker.

As the first overall draft pick by the NY Mets in 1980, Darryl Strawberry was an impressive figure in the Major League Baseball scene for almost 20 years. Beginning his Major League career in 1983 as the National League Rookie of the Year, Strawberry consistently demonstrated his talent on the field playing in eight consecutive All-Star Games, becoming one of 39 players to join the exclusive 30-30 club – hitting 39 home runs and stealing 36 bases during the 1987 season, winning two Silver Slugger Awards in 1988 and 1990, as the National League Home Run Leader in 1988, and with four World Series championship wins in 1986, 1996, 1998 and 1999.

Strawberry's addiction to drugs is well chronicled and dates back to the 1980's during his time with the Mets. He was suspended a total of three times for cocaine use during his career. Now living in recovery, Strawberry has embraced his sobriety and speaks across the country sharing his story of triumph, tragedy and healing in his journey to recovery.

## Conference Schedule

April 30 2019: Day 1						CEUs
7:00 – 8:00	Check in and Breakfast in the Exhibitor Hall (Persian Terrace)					
8:00 – 8:15	Welcome remarks					
8:15 – 9:15	Opening Plenary (session 1)					1.0
9:25 – 10:25	Session 2	Session 3	Session 4	Session 5	Session 6	1.0
10:25 – 11:00	Break with exhibitors					
11:00 – 12:30	Session 7	Session 8	Session 9	Session 10	Session 11	1.5
12:30 – 1:30	Session 12					(1.0)
1:35 – 3:05	Session 13	Session 14	Session 15	Session 16	Session 17	1.5
3:05 – 3:25	Break with exhibitors					
3:30 – 4:30	Keynote Address (Session 18)					1.0
4:30 – 7:00	Social event					

May 1 2019: Day 2						CEUs
7:00 – 8:00	Check in (coffee)					
8:00 – 9:00	Day 2 Opening Plenary (Session 19)					1.0
9:00 – 9:45	Break with exhibitors (snack)					
9:45 – 11:15	Session 20	Session 21	Session 22	Session 23	Session 24	1.5
11:20 – 12:20	Session 25	Session 26	Session 27	Session 28	Session 29	1.0
12:20 – 1:30	Session 30					(1.0)
1:35 – 3:05	Session 31	Session 32	Session 33	Session 34	Session 35	1.5
3:05 – 3:20	Break					
3:20 – 3:30	Prize drawings					
3:30 – 4:30	Closing Plenary (session 41)					1.0

## Submission Notes

Submission deadline is December 21, 2018. We would highly prefer that you return an electronic copy of this through email to [Conference@helio.health](mailto:Conference@helio.health). However, if traditional mailing is necessary, please send all required paperwork to:

Jason Page  
Northeast Behavioral Healthcare Conference  
Helio Health  
555 East Genesee St.  
Syracuse, NY 13202

Before an abstract will be considered for acceptance all information must be completed. Abstracts with missing information will be returned to the presenter to be completed. This includes an up-to-date resume for EACH presenter.

When emailing the documents as attachments to emails, please include your last name in the Subject Line as well as in the File Name. Please ensure that all emailed documents are titled as follows:

Abstract Example: last name - first name - abstract

Resume Example: last name - first name – resume

# Request for Presentation

## Main Presenter

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_ CREDENTIAL: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## Additional Presenter

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_ CREDENTIAL: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## Part 1: Speaker Qualifications.

Describe qualification to teach this material:

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**Attach additional documentation to your submission email. Include a vitae or resume for each presenter.**

## Part 2: Title of Session: (20 WORDS OR LESS)

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## Part 3: Session Description: (150 WORDS OR LESS; DESCRIPTIVE OF CONTENT)

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**Part 4: Learner Need**

a. Why does your physician-learner need to learn about this topic? What practice-based issue (gap between current & best practice) will be addressed in this activity?

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b. How did you know this was a gap for your physician-learners? (as identified in Part 4a)?

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="radio"/> Learner Evaluations       | <input type="radio"/> Objective data or statistics* | <input type="radio"/> Risk Management |
| <input type="radio"/> Medical Audit             | <input type="radio"/> Quality Improvement report*   | <input type="radio"/> Survey          |
| <input type="radio"/> New Technology/technique* | <input type="radio"/> Regulatory Changes            | <input type="radio"/> Other*          |

\*Identify the data source(s):

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c. Based on answers to Part 4b, describe how you are sure it is a gap for your learners:

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**Part 5: Knowledge Gap Being Addressed**

Based on answers to Part 4, list gaps you identified and desired results for learners (Add lines as needed).

Identified Need that underlies the Gap:

a. This content will change:

- Knowledge/Competence       Performance       Patient outcome

b. If this educational activity teaches “best practices”, what do you expect learners to change to their current practice based on the strategies taught in this activity?

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c. How does the content of this activity relate to the scope of practice of the target audience as identified in Question 2?

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### Part 6: Measurable Objectives

Educational objectives are not simply what the participants will learn. Objectives must be measurable and clarify outcomes for change in competence, performance and/or patient outcomes. To help determine measurable objectives consider the following:

- a. If focus is changing knowledge/competence, will the activity provide information allowing learners to change their approach to diagnosis or management? What practice strategies are offered to help a learner develop or expand?
- b. If focus is performance-based changes how will learners assess their practice to understand how often to approach a patient on issues describe in this CME? What can this CME do to help learners change their practices? Is a new skill being taught?
- c. If focus is on changing patient outcomes, will learners be able to assess if their patients are getting best possible outcomes from treatment, as described in the presentation? What can this CME do to change patients’ outcomes?

Based on your answers in parts 4 &5 and using the descriptions above, LIST your measurable learning objectives:

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**Part 7: Barriers and Opportunities**

What could block the learner from implementing the new learned behaviors, strategies or skills taught in this activity? (i.e.: staffing, policy/schedule restrictions, insurance reimbursement, lack of resources, etc.)

- This activity addresses no relevant system barriers
- The following barriers could exist for participants:

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**Part 8: Relevant Financial Relationships**

As part of our conference application for CME approval, please complete the form on the following page.



Commercial Interest	Nature of Relevant Financial Relationship/Conflict
Name of Company	Employee, Grants/Research Support recipient, Board Member/Officer/Trustee, Investigator, Investment Interest, Meeting Participant/Lecturer, Owner Scientific Study/Trial, Advisor or Review Panel member, Consultant, Independent Contractor, Stock Shareholder (excluding mutual funds), Speakers' Bureau, Honorarium recipient, Royalty recipient, Holder of Intellectual Property Rights, or Other (specify).
1.	
2.	
3.	
4.	
5.	
<b>Attach additional sheets as needed.</b>	

**RESOLUTION OF CONFLICT OF INTEREST**

Presenters/Authors

I will support my presentation and clinical recommendations with the “best available evidence” from the medical literature.

I will refrain from making recommendations, regarding products or services.

I will recommend an alternative presenter for this topic for the planning committee’s consideration.

I will submit my talk in advance to allow for adequate peer review.

I will or have divested myself of this financial relationship.

Planners

To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.

I will recuse myself from planning activity content in which I have a conflict of interest.

**DECLARATION**

I will uphold academic standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity. In addition, I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996 (HIPAA).

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Additional information may be requested to resolve any conflict of interest. All identified conflicts of interest will be resolved, and disclosure will be made to activity participants.