

# 2020 Missouri Department of Mental Health's Spring Training Institute (STI)

## Call for Presentations

May 7-8, 2020 | Tan-Tar-A Conference Center | Osage Beach, Missouri

### About the Conference

The Missouri Department of Mental Health provides the Spring Training Institute for staff, providers and consumers of the Division of Behavioral Health and the Division of Developmental Disabilities. Additionally, the Institute attracts staff from the Department of Corrections, Department of Youth Services, Department of Family Services, other statewide organizations and individuals in private practice. The Institute brings over 1,000 behavioral health professionals together to learn about the latest research in the field regarding medications, evidence-based treatment, and other issues related to the populations served. There are two full days of presentations and workshops with over 60 separate sessions that will broaden knowledge and enhance the understanding of the critical services provided to the citizens of Missouri. Sessions will be grouped into subject matter tracks. Examples of past tracks include:

- Children, Youth and Family
- Peer Specialists/Support
- Ethics
- Professional Development
- Substance Use Disorders
- Trauma
- Treating the Whole Person
- Forensics/Criminal Justice
- Eating Disorders
- Medication Assisted Treatment
- Wellness
- Developmental Disabilities
- Self-Care
- Military/Veterans
- Suicide Prevention
- Integrated Care
- Treatment Approaches
- Co-Occurring

### Conference Objectives

1. Review fundamental knowledge of mental health, substance use disorders and developmental disabilities
2. Describe established approaches and emerging trends in the services required to support individuals, families, and caregivers with behavioral health and/or substance use management needs
3. Understand the particular strategies used in the support of military personnel, persons experiencing trauma, persons facing substance use disorders, persons facing co-occurring disorders and persons facing other behavioral health concerns
4. Review a variety of therapeutic approaches to meet the behavioral health needs of clients and their families

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## Application Instructions and Speaker Information

- **Complete application**, Save as lastname\_STI2020.pdf and email it to [conferences@mimh.edu](mailto:conferences@mimh.edu) by November 30, 2020. Once you have submitted your call and it is received, a confirmation email will be sent to your email address. Final speaker decisions are made January 2020 and MIMH staff will reach out to all potential speakers then via email to relay decisions.
- **For more information OR to APPLY ONLINE**, go to: [www.springtraininginstitute.com/call2020](http://www.springtraininginstitute.com/call2020)
- **Target Audience** of behavioral health professionals with advanced degrees is expected; therefore, presentations which provide attendees with applicable knowledge and tools to use in practice will get primary selection opportunity.
- **Speakers are considered based on:**
  - Expertise, advanced experience, knowledge and/or degree possession of presenter(s) in the topic/field that is proposed to be presented
  - Completion of application and clarity of presentation description and objectives
  - Content area demand and relevance to behavioral health professionals
  - Input from DMH Planning Committee & MIMH Faculty
  - Evaluation scores and comments from previous STI and other programs
  - Input from DMH resources, and/or additional market research as needed
- **Considerations when filling out application:**
  - Application and presentation language should reflect inclusive, culturally competent and person-centered efforts.
  - Presentations could be selected for 60-90 minute time slots.
  - The conference will support **up-to two presenters** per session (both receiving the amenities below). All other speakers will be responsible for registering and paying for the conference and all expenses incurred.
  - Please provide full contact information for each speaker
- **Chosen speakers will receive:**
  - A complimentary registration for the conference (MIMH staff will register speakers)
  - Paid hotel accommodations and coordination by MIMH staff
  - Four meals (breakfast and lunch for the two days of the conference) and one break each day are provided by the conference. Speakers are responsible for all other meals/snacks.
  - If chosen for a Keynote or Super Session presentation, an honorarium and reimbursement for meals/travel may be considered.
  - Individualized evaluation results with scores and verbatim attendee comments

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## Application

If selected as a presenter, information within this application may be utilized for all presentation promotions including email marketing, website information and in the STI program book for attendees.

## Section 1. Main Presenter Information

First Name:	
Last Name:	
Degree(s):	
Email Address:	
Address 1:	
Address 2:	
City:	
State:	
Zip:	
Phone Number:	

## Section 2. Additional Presenter Information

**Additional Presenter(s):** The conference will support up-to two presenters total per session. All other speakers will be responsible for registering and paying for the conference and all expenses incurred:

First Name	Last Name	Degree(s)	Email Address

## Section 3. Title of Presentation

**Presentation Title:** Brief title, clearly stating the topic of your presentation

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## Section 4. Presenter(s) Bios

**Brief Biographical Sketch:** Please keep bio length to one or two short paragraphs per presenter. Please provide bios for any additional presenters that you may have access to as well.

## Section 5. Presentation Description

**Presentation Description:** Please keep description length to one or two short paragraphs.

## Section 6. Presentation Learning Objectives

**Presentation Learning Objectives (3):** Please provide at least three learning objectives for your presentation. What will attendees be able to do as a result of participating in your session? Learning objectives should begin with a verb (define, utilize, describe, measure, identify, etc.).

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

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## Section 7. Presentation Format

Please describe what format, or combination of formats, your presentation will follow (lecture, debate, panel, case study, role play, etc.):

## Section 8. Experience Speaking

**Experience as a Presenter:** Provide justification and/or examples of video links, evaluation comments or scores, list of conferences or other speaking engagements you have presented at which may highlight your effectiveness as a presenter.

## Section 9. Presenter Picture(s)

**Attach Picture:** Please attach a recent image of yourself that will be added to the Spring Training Institute website for attendees to view. If you have access to any additional presenter pictures, please add those as well.

## Section 10. Intellectual Property Statement

**Intellectual Property:** As you prepare your presentation materials, please note that it is our intention to place these on the conference website for download by participants. As a University-based operation, we place a high regard on content originality and the ownership of intellectual property. Please be sure that the presentation materials you provide to us do not contain anything that might violate another person's rights.

I warrant and represent that all materials I propose to present are original and do not infringe on the intellectual property rights of others (please put an X in the box if this statement holds true). I have read and understand the above notice regarding the conference-related uses of my materials by the Missouri Institute of Mental Health.

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## Section 11. Continuing Medical Education (CME) Conflict of Interest Form

### **1. If RN, do you hold a current, valid license to practice as an RN?**

Not an RN      Yes      No

### **2. If RN, Select Nursing Degree(s):**

Not an RN

AD

Diploma

BSN

Masters

Doctorate

### **3. If Physician, select Degree(s):**

Not a Physician

MD

DO

Other

### **4. Actual/Potential Conflict of Interest:**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity and/or has a relevant financial relationship with a commercial interest,\* the products or services of which are pertinent to the content of the educational activity. \*Commercial interest, as defined by ACCME/ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

#### **A) Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?**

Yes OR      No

#### **B) If Yes, please type the name of commercial interest (company or organization) below:**

#### **C) If Yes, please check all that apply below for all actual or potential conflicts of interest:**

Employee

Royalty

Stockholder

Research Support

Speakers Bureau

Consultant

Other

### **5. Attestation:**

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that relevant financial relationships which I or my spouse/partner have with any commercial company whose product(s) I may discuss in my educational presentation must be disclosed prior to and will be listed in materials for CME certified activities.

Completed by (name and credentials):

Date: