Indiana

Community Health Worker &

Certified Recovery Specialist

Annual Conference

*Call for Presenters*

April 21, 2020

Embassy Suites by Hilton Plainfield

2353 Perry Rd, Plainfield, IN 46168

***Mental Health America of Northeast Indiana, the Indiana Division of Mental Health and Addiction, and the CHW/CRS Conference Planning Committee would like to respectfully invite you to submit a presentation proposal to share your experience, knowledge, and expertise with Indiana CHWs, CRSs, and other peer support professionals. The 2020 Annual Conference will be held on April 21, 2020 at the Event Center at Embassy Suites by Hilton Plainfield.***

This conference is intended to help participants connect with one another and learn practical skills for their profession as connectors, helpers, and healers supporting our communities.

We are looking for introductory, intermediate, and advanced training sessions designed to share best practices, practical knowledge, and successful strategies for helping professionals. Some topics of special interest include, but are not limited to:

* Community health worker and peer employment
* Peer support and recovery residences
* Forensic peer support
* Trauma-informed care
* Youth peer services

We are seeking presenters who offer insight, strategies and techniques, timely information, and useful, hands-on skills along with relevant content and experiences.

Each breakout session will last 60 minutes, and we encourage you to leave time at the end for questions. Attendees will be provided with 5.0 CEU credit hours for full day attendance.

You are able to propose multiple presentations. However, if invited to be a speaker, both proposed presentations may not be selected for this conference.

**The deadline for session proposal submissions is December 20th, 2019.** Please complete all the requested information on the attached Presentation Proposal form.

If you have any questions about the conference or the attached form, please contact Mental Health America of Northeast Indiana at info@mhanortheastindiana.org or (260) 422-6441.

Sincerely,

*Indiana CHW/CRS Conference Planning Committee*

Christine Callaway

Anthem

Amy Brinkley

Division of Mental Health and Addiction

Sharon Cranfill

House of Ruth

Baye Sylvester

Imani Unidad, Inc. & Oaklawn Psychiatric Facility

Justin Beattey

Indiana Association of Peer Recovery Support Services & Indiana Addictions Issues Coalition

Shere Brooks

Indiana State Department of Health

Anthony Martin

KEY Consumer Organization

Joanne Abbott

National Alliance on Mental Illness (NAMI)

Jordan Milby

NOW Counseling

Pamela Wade

WeCare

Tim Boneff, Rick McComb, Andrew Meyers, Audrey Mumma

Mental Health America of Northeast Indiana

**Hosted by:**  **Financial Support from:**



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Presentation Proposal

If you have any questions about the form below or the conference, please contact us at (260) 422-6441 or info@mhanortheastindiana.org.

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| --- |
| First name: Click here to enter text. Last name: Click here to enter text. |
| Your Title: Click here to enter text. |
| Organization: Click here to enter text. |
| Telephone: Click here to enter text. ext. Click here to enter text. |
| Email address: Click here to enter text. |
| Mailing address: Click here to enter text. |
| City, state and zip: Click here to enter text. |
| Speaker / Organization web site address: Click here to enter text. |
| Brief speaker bio (100 words or less): Click here to enter text. |
| Typical Speaking Fee: Click here to enter text. |
| Describe any prior speaking or training experience: Click here to enter text. |
| If you’ve presented at a CHW/CRS Annual Conference, please indicate when: Click here to enter text. |
| Preference for presentation time: [ ]  Morning [ ]  Afternoon Any constraints: Click here to enter text. |
| Title of the presentation (10 words or less): Click here to enter text. |
| Indicate the topic area which fits your presentation best:[ ]  Community health worker and peer employment[ ]  Peer support and recovery residences[ ]  Forensic peer support[ ]  Trauma-informed care[ ]  Youth peer services[ ]  Other (Please specify: Click here to enter text.) |
| Brief summary/description of presentation: Click here to enter text. |
| List the top three learning objectives of your presentation:1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.
 |
| Title of the **second** presentation (10 words or less): Click here to enter text. |
| Indicate the topic area which fits your presentation best:[ ]  Community health worker and peer employment[ ]  Peer support and recovery residences[ ]  Forensic peer support[ ]  Trauma-informed care[ ]  Youth peer services[ ]  Other (Please specify: Click here to enter text.) |
| Brief summary/description of **second** presentation (100 words or less): Click here to enter text. |
| List the top three learning objectives of the **second** presentation:1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.
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| In submitting this proposal, I confirm that I am available for the date(s) designated above. If selected, I agree to abide by the deadlines and other conditions of presenting. I understand that my conference presentation is not a showcase for promoting my business, practice or product, and I will not sell my products or services from the speaker platform. I understand that if selected, I may be asked to provide materials for marketing purposes. |
|   |

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| [ ]  I have read and understand the statement above. |

Please save this form and attach it to an email to info@mhanortheastindiana.org.

Upon evaluation by our Planning Committee, we will contact you to alert you of our decision. If you are selected as a speaker, we will communicate with you further regarding specific arrangements.

Thank you very much for your interest in being a part of a great conference experience!Bottom of Form