



2012 National Behavioral Health Conference - Call for Presenters

Response Due Date: April 23, 2012

The Indian Health Service (IHS) welcomes and encourages all interested individuals who are committed to strengthening and serving American Indian and Alaska Native communities to submit an abstract to present at the 2012 IHS National Behavioral Health Conference on June 25-28, 2012, in Bloomington, Minnesota.

Presentations must support the conference theme “Mobilizing Partnerships to Promote Wellness” and highlight:

1. Community-driven, innovative, multidisciplinary, or holistic approaches to promoting behavioral health
2. Successful strategies and opportunities for developing and maintaining effective Tribal, Federal, state, and local partnerships
3. Examples of how creating and leveraging partnerships improved program objectives and outcomes
4. Tools and strategies for mobilizing effective partnerships to promote wellness or reduce risk factors associated with behavioral health-related morbidity and mortality among the American Indian and Alaska Native population (e.g., prevention field guides, intervention toolkits, sample Memoranda of Understanding, program policies)

Presenters *must* complete and submit:

1. Abstract Submission Form
2. Financial Disclosure Form for each presenter (if applicable)

All selected presenters must also provide their presentations and any supporting handouts to KAI and register to attend via the conference Web site by Wednesday, May 23, 2012.

CONFERENCE OBJECTIVES

- Strengthen Tribal, Federal, state, and local partnerships in promoting health
- Encourage solution-focused approaches to behavioral health promotion
- Enable community-level empowerment and mobilization through a collaborative, multidisciplinary approach
- Highlight examples of successful partnerships resulting in observable outcomes
- Create an opportunity to collaborate, network, and share innovations in service delivery
- Pursue professional development opportunities

CONFERENCE AUDIENCE

The event is targeted toward mental health and substance abuse counselors, psychologists, therapists, social workers, psychiatrists, traditional practitioners, physicians, nurses, Tribal Leaders, behavioral health and health program administrators, community health representatives, Emergency Medical Service (EMS) providers, school personnel, and all other interested community members.

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