Michigan Department of Health and Human Services &
Michigan Association of CMH Boards Present the Following:

Family Psychoeducation (FPE) Facilitator Training

March 23-24, 2017

Courtyard Mt. Pleasant at Central Michigan University
2400 East Campus Drive, Mt. Pleasant, MI 48858

Conference Hours
Thursday, March 23, 2017: 8:00am (Registration & Breakfast); 8:30am – 5:00p (Training)
Friday, March 24, 2017: 8:00am (Sign-In & Breakfast); 8:30am – 5:00pm (Training)

Conference Goals:

- Engage families in collaborative treatment and recovery through family psychoeducation.
- Understand and provide family psychoeducation in order to begin implementation within your agency.
- Understand the psychobiology of severe mental illness and its relevance to working with families toward recovery and to prevent relapse.

Training Being Offered: Facilitator (formerly known as Track/Level I)

Conference Registration: Space is limited. Please complete the form with the individuals who will be attending.

Conference Fee: $0. There is no charge to attend this conference.
Please keep in mind that training space is limited and if you are unable to attend, please let us know as soon as possible.

Required Prior to the Facilitator Training:

- Complete assigned online modules. After you register, you will receive an email with directions to modules on **ImprovingMiPractices.org** that need to be completed prior to the training session.
- If you do not complete the required web-based modules, you may be turned away at the training without refund. **YOU HAVE TO BRING THE CERTIFICATE OF COMPLETION WITH YOU**.
- Access to The Workbook for Clinical and Practical Supervisors will be emailed to you after registration in pdf form. This is a 144 page document. Please become familiar with this document prior to the conference.

Once you register for the training, you will receive a free copy of: "Multifamily Groups in the Treatment of Severe Psychiatric Disorders" by William R. McFarlane. The book will be given out at the training.

Continuing Education Credits: 14.5 being offered for Licensed Social Workers: Macomb County Community Mental Health is an approved provider of continuing education by the MI Continuing Education Collaborative, 741 N. Cedar Street, suite 100, Lansing, MI 48906 htttp://nasw-ce-michigan.org. Approved provider #: MiCEC-0038

Substance Abuse: 14.5 MCBAP related hours are pending through Macomb County Office of Substance Abuse (MCOSA)

Evaluation: There will be an opportunity for each participant to complete an evaluation of the training and the instructor. If you have any issues with the way in which this training was conducted or other problems, you may note that on your evaluation of the training or you may contact MCCMH loren.klug@mccmh.net.

Training Location & Hotel Reservations:
Overnights are the responsibility of the attendee. If you require an overnight stay, please call Courtyard Mt. Pleasant at Central Michigan University, (989) 773-14449 and mention that you are with the MACMHB training to receive a $105 + taxes per night rate. They are located at 2400 East Campus Drive, Mt. Pleasant, MI 48858. Attendees are responsible for making their own reservations. Free guest parking is available at this hotel. The deadline to receive the discounted room rate is March 1, 2017.

Meals: Your conference registration includes 2 breakfasts, 2 luncheons and refreshment breaks.

The Michigan Department Health and Human Services, through the Michigan Association of Community Mental Health Boards, has provided funding for this initiative through Federal Community Mental Health Block Grants.

FPE FACILITATOR TRAINING STAFF AGENCY APPROVAL FORM

As the Supervisor or Agency Director of the FPE Facilitator Training candidate, I understand the above requirements and agree to support my staff in their training in this model. In addition, I verify that our agency provides services to ADULTS that have schizophrenia and/or bipolar disorder and are a Medicaid provider.

Must be returned to be accepted into the FPE conference!

Please return to MACMHB – attention Anne Wilson
Via fax: 517-374-1053
Or email: awilson@macmhb.org

Signature of Supervisor or Agency Director Date

Signature of Staff Person Attending Training Date

Print Name of Supervisor or Agency Director Date

Print Name of Staff Person Attending Training Date

FPE Conference ★ March 23-24, 2017 ★ Registration Form

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REGISTRATION (PER PERSON) *REGISTRATION INCLUDES: BREAKFAST AND LUNCH AND SNACKS.

RATE: $0 PER PARTICIPANT

Please indicate which Track you are registering for

☐ Facilitator (formerly known as Track/Level I)

3 EASY WAYS TO REGISTER

Online:	By Fax to **Anne Wilson**:	By Mail: MACMHB
www.macmhb.org	517-374-1053	426 S. Walnut, Lansing, MI 48933

MACMHB CANCELLATION POLICY

REGISTRATION FEES: BEGINNING IN 2017, PAYMENT WILL BE REQUIRED PRIOR TO ATTENDANCE. PAYMENT METHODS AVAILABLE IN ADVANCE AND ONSITE: CREDIT CARD, CHECK OR EXACT CASH. IF PAYMENT HAS NOT BEEN RECEIVED PRIOR TO THE EVENT, FEES WILL BE COLLECTED AT REGISTRATION THE DAY OF THE EVENT UNLESS ALTERNATE ARRANGEMENTS ARE PRE-APPROVED BY MACMHB. NOTE: PURCHASE ORDERS ARE NOT CONSIDERED PAYMENT. ALL NO SHOWS WILL BE INVOICED THE FULL REGISTRATION AMOUNT.

CANCELLATION POLICY: CANCELLATIONS MUST BE RECEIVED IN WRITING AT LEAST 10 BUSINESS DAYS PRIOR TO THE CONFERENCE FOR A FULL REFUND LESS A $25 ADMINISTRATIVE FEE. IF CANCELLATION IS RECEIVED LESS THAN 10 BUSINESS DAYS PRIOR TO THE TRAINING, NO REFUND WILL BE GIVEN AND THE FULL CHARGE WILL BE INCURRED. SUBSTITUTIONS ARE PERMITTED AT ANY TIME.

SEVERE WEATHER POLICY: TRAININGS WILL TAKE PLACE AS SCHEDULED AND WE WILL NOT BE ABLE TO REFUND TRAINING FEES. IN THE EVENT OF SEVERE WEATHER, PLEASE CHECK THE WWW.MACMHB.ORG WEBSITE FOR SCHEDULING DELAYS AND EVENT UPDATES.

***By submitting this registration, I am agreeing to the terms and conditions of MACMHB's cancellation policy.**
(Please Type or Print)

First/Last Name: _____ **Title:** _____

Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Email Address:** _____

Special Needs: If you have special dietary or physical needs, please specify: _____
Arrangements for special needs will be honored for those written requests received 10 business days prior to the training. Clearly state your specific needs for dietary restrictions, mobility assistance, interpreters, etc. All attempts for on-site requests will be made.

Emergency Contact Name: _____

Day Phone: _____ **Evening Phone:** _____

Billing Address (if different than above): _____

City/State/Zip: _____