

"INSPIRED BY A VISION, FOCUSED ON A MISSION, ROOTED IN KINGDOM VALUES"





We envision a movement of God's people who choose daily to promote healing in marginalized communities in the name of Jesus.

Mission

The mission of Christian Community Health Fellowship is to encourage, engage and equip Christians to live out the gospel through healthcare among the poor and marginalized.

# Values

- Supremacy of Christ: Honoring the Lordship of Christ and submitting ourselves to his authority and person.
- Prophetic Voice: Challenging God's people to choose to go against the status quo; to be incarnational, sacrificial, and to enter into the suffering of the poor.
- Wholistic Care: Encouraging excellent, compassionate health care, ministering to spiritual, physical, and emotional needs of people and their communities.
- Reconciliation: Restoring right relationships to God, to one another, and to all of creation, addressing barriers that commonly divide, including race, social status, and economic oppression.
- Justice: Working toward God's kingdom, setting all things right for the oppressed, the forgotten, and particularly the marginalized in our health care system.
- Partnership: Listening to and working alongside churches, patients, our communities, and one another.

ROOM	1	2	3	4	5	6	7	8	Ballroom D	Ballroom E	Event Center CCHFx Stage
HURSDAY, APRIL	19TH								-		
Breakout 1 2:00-3:00 PM	Acute and Chronic, Non-Malignant Pain Case Studies John Bel CE	Spirituality and Behavioral Health Clinical Practice: Using Spiritual Interventions. Ane Wang-McDeneid CE	A New Online Resource for Training Your Staff on Whole Person & Spiritual Care- Part 1 Dave Tellez, Paul Lorentean, Gery Plooster						Executive Summit 1:00-3:00		CCHE 1:00-4:30 "Compelling Connections"
Breakout 2 3:30-4:30 PM	The Opioid Epidemic, From Hopeless Dope to Dopeless Hope Grag & Sath Deleney CE	HIV: Sex, Science & Stigma Ben Androva CE	A New Online Resource for Training Your Staff on Whole Person & Spiritual Care - Part 2						Meeting for CEOs, Directors end Executives		12 brillient, entertaining, short talks from the CCHF Community
AY, APRIL 20TH											
Breakout 3 1:00-2:00PM	Making Marriage Work: What Does It Take Derothy O'Neil	Emergency Preparedness - Serving the Most Vulnerable During Natural Disasters Mett Refeise & Penel CE	Developing and Embracing the Value of Support Staff: How to Recruit, Hire, Disciple and Develop Support Staff Kyle Veth, Rechel RemW	So You Want to Change the World? Start Here Ban MalCinnay	I'm Not a Behavioral Health Provider, But My Primary Care Patient Needs One Carey Clemy CE	Obeying the Commission : Medical Stud Kase Aproban, Grava, Reshift Peul Abroban	s a Resources for nt Community-Level skin Interventions to	Equipped to Serve: Mobilizing Your Church Cerol Getar	Building a Spiritual Care Team in Clinical Care Web Lemma CE	Suffering, Sacrifice, and Social Contract Ken Buezynski CE	Dignity, Diversity and the Ministry of Reconciliation John Periona, Teleashe Leon
Breakout 4 2:30-3:30PM		"It's a Beautiful Day in the Hood Won't You Be My Neighbor?" Deisey Deweit CE	Remaining Fruitful, Remaining Effective, Maintaining Vision Rebert Compbell	Adverse Childhood Experiences (ACEs) & Primary Care: Roles & Responsibilities Mekel Hemis CE	CONF's Brave New World: The Energing Next Generation of Leaders & Builders Jammy Childers Jammy Childers Alamany, Anatow Km, Ban Mathamy	Immigrant Su at the Interse of Health Ca and Immigra Uncertaintics Byon Microu	tion Spiritual Disciplines An Ancient Cure for Modern IIIs. Jenether Wilson	Moving from Event-Driven Health Responses to Becoming Mission- Driven Healing Communities Pen Mularia	Confronting the Opioid Crisis in a Primary Care Set Frequent, Dene Vellengeon Tare Sair CE	Real Life:Making Disciples from Skeptics to World changes Jemas Choung	
Breakout 5 4:00-5:00PM	20 Years with Mobile Medical Vans: Challenges & Solutions John Crouch CE	Life Together: For Such a Time & Place as This Bab Heay	Culturally Intelligent Leadership: Cultural Awareness Does Not Mean Colorblindness Dobre Onis-Vergues, Susan Pas, Joel Chembera	The Church & Mental Health Ans Wang-McDaneld CE	Starks from San Francisco: Finding God Speaking Through Patient Experiences and Unlikely Places Ciffeed Lao	Oral Health N Integrating C Health Educa Into the Prac Medicine Angel Genz C	ral John Perkins 3R's - Ion Application Today Brues Miller Jemas Breeks	Advocacy in the Face of Injustice: What are Follower of Jesus to Do? Myran Glak	Pragmatism vs. Principle: Uncovering What Really Matters in Life and Pursuing That Sees Stringfield	Living An Abundant Life in the Wake of Disappointment Bil Membaus	
ATURDAY, APRIL 2	2 <b>1S</b> T										
Breakout 6 9:00-10:00AM	Am I Qualified? The Joy & Struggle to Follow the Call to Ministry in Healthcare. Jenet Aguine Kess Huff	Token Diversity or True Diversity: Creating Space for Dignity In Your Organization Cheancey Shillow	God is Active and Working. How Faithful Servants Are Responding to His Call Jeff Zosher	Preparing for Revival Sil Marchause	The Spirituality of Trauma Jeans Melen CE	Who Am I? V I Doing? Geogy Thomes	hat Am Prenatal Care Program Christine Forgeson CE	Reframing Work- Life Balance Kistin Mentel, Susan Research Mete CE	Developing A Healthy Team: 5 Key Behaviors Stave Senteri CE	Addressing & Assessing the Spiritual Needs of Patients: Taking a Spiritual History Bab Meson CE	
Breakout 7 10:30- <mark>11:30</mark> AM	Building a Spiritual Care Team in Clinical Care Web Lasimare (regreet) CE	Transforming Care for Substance Use Disorders: Kethyn MeLeen CE	Mental Health in the Church and the Charitable Medical Clinic Kim & Julene Swyden CE	Advocacy in the Face of Injustice: What are Followers of Jesus to Do? Myran Glisk (Repeat)	Perseverance, How To Continue Walking The Walk Seb Paspierr	Logic Models How to Deve Blueprint for Any Richardson CE	op a Emerging Clinics	CCHF and the Movement Stove Noblett	Commitment to Excellence: The Job Belongs to All of Us Bettine Lewis	Reflecting the Character and the Heart of God in Health Care Susen Post	

CCHĘ	1:00-5:00PI	C	<b>SHOPS</b>	Breakout)	2:00	URSDAY D-3:00PM
CCHFx	Executive Summit	CHFX &	WORK	Acute and Chronic, Non- Malignant Pain Case Studies	Spirituality and Behavioral Health Clinical Practice: Using Spiritual Interventions	A New Online Resource for Training Your Staff on Whole Person & Spiritual Care- Part 1
1:00-4:30	1:00-3:00	m		John Boll	Ana Wong-McDonald	Dave Tellez Paul Lorentsen Gary Plooster
Waiting for a workshop to start or for the next site wisit van? Stopin and enjoy this series of shorts talks. Live presenters, entertainers, and even a little contricted for these which gut a tiltle out of the box. It's the perfect way to start your conference experience. Hosted by Jonathan Wildt, (Lawnda), Chicago) & Lance Luttrell (Christ Community, Memphis).	Leading a faith-based organization is different. The way faith informs our leadership style, decision making processes, and our priorities makes our jobs unique. This gathering of executives of Christian health organizations is an opportunity to connect with new leaders and reconnect with old friends who understand the pressures and joys of stewarding both "mission" and "margin". This session is designed to allow us to both share and laten to one another, as we discuss in group and open formats some of the key challenges and opportunities that confinent us in this oritical time in the development of our organizations and our movement.	XECUTIVE SUMM		The management of pain in underserved communities is challenging a prevides trive to bring healing. This challengi is more pronouncal with recent pandigm charges in pain management where spendid humagement where spendid alternatives. This assion cover principles in regards to pain treatment, including the prevention of pain and addiction, harm reduction, and methods to maximize non-opiid alternatives for pain treatment, including the prevention of pain and addiction, harm reduction, and methods to maximize non-opiid alternatives for pain treatment, including the prevention of pain and addiction, harm reduction, and methods to maximize non-opiid alternatives for pain treatment, addience providers face in the wake of the current opioid critic by realeving cases of highlighting unique aspects of acute pain treatment. Addience members will now k through then participate in a follow up discussion.	Spiritual interventions are powerful tools in recovery. Such interventions were used in a spirituality group at an inare-icity psychosocial rehabilication program such that 100% of the participants achieved their treatment goals consistently over 3 years. This seminar will 11 hintoclare seearch on the relationship between spirituality and mental health, 27 describe the spirituality and mental health, 27 describe the spirituality and mental health, 27 describe the spirituality aroup as an example, and 33 address how to implement spiritual interventions in the process of transforming persons in Christ. This workshop will explore the who, what, why, and how of using spiritual interventions. Assessment tools and case examples will be discussed.	CCHF pariner, The Neigh- berhood Christian Clinic in Phoenik, has developed a Spiritual/Whole Person Care curriculum designed to teach healthcare profes- sionals how to deliver whole person and spiritual care in healthcare settings. Five course deal with Biblical, ethical, legal and scientific issues concerning Spiritual Care es well as practical ways to implement it. This session introduces the curriculum by demonstrat- ing Caura: Cone of the five course series. The Curricu- lum will be available online to all CCHF members.
EVENT CENTER	BALLROOM D&E	-		ROOM 1	ROOM 2	ROOM 3

1	Breakout	<u>Д Тні</u> 3:30	JRSDAY 0-4:30PM
<b>KSHOP</b>			
WOR	The Opioid Epidemic: From Hopeless Dope to Dopeless Hope	HIV: Sex, Science & Stigma	A New Online Resource for Training Your Staff on Whole Person & Spiritual Care - Part 2
	Greg Delaney Beth Delaney	Ben Andrews	Dave Tellez Paul Lorentsen Gary Plooster
	This is a "How-We-Get- Hera" overview of the current opioid opidamic. This workshop looks at the solence and history of the epidemic to bring better understending and to all through fact and under legand. Until discuss recoursy and treatment approaches, highlight the importance of connection in recoursy, and the rola- tic Christian health centers and disches zen glay in reacting lows workled by this pandemic. Led by woorst in acclosions and reacting lows workled by this pandemic. Led by woorst in acclosions and reacting lows workled afforts to address the crisis, the presense will allows attragies of collaborative partners will allows attragies of collaborative and and and allows attravious attragies of collaborative partners will allows attragies of collaborative and and and and allows attravious attragies of collaborative and and and allows attravious attragies of collaborative and allows and allows attravious attragies of collaborative and allows attravious attractions attragies of collaborative and and allows attravious attractions attragies of collaborative attractions attractions attractions attractions attractions attractions attractions attractions attract	There are limited numbers of HIV providers numbers of HIV providers nationvide. Signs is a leading cause of AIDE- related death and can be particularly strong in many churches. Are you interested in tracting HIV and addressing how to impact the church to combar HIV-faces d adjumps. This workshop will dive into the applicates dargings. HIV in that U.S., updates in HIV care and tractment, and discass davelopment of HIV brastnest program within an PCM care steps to address adjuma in the community and in churches.	CCHF partner, The Neigh- benhood Christian Clinie in Phoenic, head eveloped a Spirtner Withele Parson Care curriculture designed to seech healthcare profes- sionals how to deliver whole person and spirtual care in healthcare scrings. Pie- courses deal with Biolical, extinct. Legi and scientific fastes concerning Spirtual Care as well as practical ways to Implement it. This assistion Introduces the curriculum by demonstra- ing Course One of the five duras satist. The Curric- lum will be available online to all OCHF members.
	ROOM 1	ROOM 2	ROOM 3

# WORKSHOPS Brackout 3

ROOM 4

ROOM 5

overstate the role that bea John Perkins has had in limi inspiring and directing the movement of Christians carr towards living out the phy gospel through healthcare soc	Walt Larimore he increasingly stressful althcare environment mite clinicians' ability provide whole-person res that considers the hysical, psychological, cicial, and spiritual needs today and spiritual needs	as an Antidote to Burn Out Ken Buczynski Bariers to providing care, the brokenness of our healthcare system, the difficulty of our daily work, non-compliant patients, EMR – the list goes on. These are the things that challenge our love for our	Dorothy O'Neill What makes marriage work? Why do couples get divected when they have the same problems as couples who make it work and stay together? Divorce is at an epidemic proportion. The breakdown	Matt Rafalski and panel Hurricanes, floods, earthquakes, fires. Distates heyening and bring not only destruction, but choos Medical care during and after natural disasters recourse special	Staff Kyle Väth Most organizational li will tell you that their highest staff turnever is among support staf Perhaps one reason li support staff are ofte overlooked for their p horinoing value to th
Takesha Leonard	he increasingly stressful salthcare environment nits clinicians' ability	Burn Out Ken Buczynski Barriers to providing care, the brokenness of our healthcare system, the	What makes marriage work? Why do couples get divorced when they	Matt Rafalski and panel Hurricanes, floods, earthquakes, fires. Disasters happen with	Staff Kyle Väth Most organizational li vill tell you that their highest staff turnover
Takesha Leonard		Burn Out Ken Buczynski		Matt Rafalski and panel	Staff Kyle Väth
John Perkins		Burn Out			Staff
Dignity, Diversity and the Ministry of Reconciliation	Building a Spiritual Care Team in Clinical Care	Sacrifice, and Social Contract: Re-Contextualizing One's View of the Practice of Medicine	Making Marriage Work: What Does It Take	Emergency Preparedness - Serving the Most Vulnerable During Natural Disasters	Embracing f Value of Sup Staff: How Recruit, Hin Disciple an Develop Sup
		Suffering,		Eman	Developing
	3			EX.	

#### #cchf2018 FRIDAY. 1:00-2:00PM I'm Not a So You Want **Behavioral Health** Where's the to Change the World? Start Provider, But My Obeying Evidence? Equipped to Serve: Mobilizing the Great **Resources** for Patient Needs Here: Exploring a City for Medical One: Interventions Commission as a **Community-Level** Your Church Medical Student Interventions to & Practical Treatment Work Among the Improve Health Strategies for Non-BH Poor Providers. Calvin Gross, Rachel Reiss, Paul Abraham **Carol Gates** Many students and young Sold on the value of The sin of idoletry is hard Healthcare providers are There are those in your professionals want to be a part of ploneering medical Integrated behavioral to ignore during medi-cel school -- desiring the familiar with an evidencechurch who genuinely want based practice model to do more to care for the health services within your work, but don't know primary care clinic? What happens when there's best education, the most knowledge, the best which promotes dinical decision making based on poor, stranger, widow, and orphan, but they don't where to start. There are many resources available on the practical/business understand what to do or where to start. This is the not enough behavioral grades, entrance to a empirical evidence and health providers to go top residency program, expert opinion. You are side of how to start a clinic around, or you haven't popularity, respect, comfort. likely very familiar with story of a program that resources which synthesize has beloed transform a Even step-by-step guides been able to hire any yet? Preise Jesus that the Gospel on starting an FQHC, or Many care team members offers so much more than the best evidence for suburban church in Western fundraising, or how to choose a board. There is also a lot of information Michigan by helping them engage their vulnerable neighbors. They spend (Including primary care providers) find themselves that, and for the accountnatient care, but where ability that the Body of Christ (including the CCHF do you start when you want to reach outside ill-equipped, under-trained, on the overall health and and unsure of how to best networki) provides. Come the walls of your clinic? elternete weeks off-site poverty statistics in our Identify, treat, and manage hear the stories of four very How do you know what listening to & serving the poor, and other weeks country. The problem is behavioral health concerns Imperfect medical students works best to Improve the health of neighborhoods and communities? In this how to choose what city within the fast-naced as they pursue a perfect studying, processing and God and His commandconnecting. Topics Include the Biblical mandate to to go to and what to do nature of primary care. This when you get there. This session will seek to navigate session is geared toward ment to make disciples of session, we will explore two educating and equipping all nations. web-based resources which serve, recism, and helping both a Biblical approach to multidisciplinary care synthesize evidence-based without hurting. The program ends with a retreat following God's call and the team members without approaches to Improving practical ways of exploring the resources and needs specialized behavioral population health. focused on the next stens health training to effectively God wants them to take. of a city. deliver brief interventions This presentation will lead and adopt practical you through a process that you can replicate it in your church. Study materials, treatment strategies resources and templates

ROOM 6

will be shared.

<b>KOR</b>	KSH	OP:	Break	outH
Confronting the Opioid Crisis in a Primary Care Setting	Real Life: Making Disciples from Skeptics to World Changers	To Become a Look-Alike	"It's a Beautiful Day in the HoodWon't You Be My Neighbor?"	Remaining Fruitful, Remaining Effective, Maintaining Vision
Tara Bair Bob Paeglow Dana Vallangeon	James Choung	Shawn Powers Jeremy Simmons	Daisey Dowell	Robert Campbell
Physicians are unconfortable dealing with opoid initiate and the opoid initiate and the opoid initiate and the opoid and abruptly stopping them are both bad choices. This panel discussion will explore how three clinics are addressing the national opoid crisis in the panel will cover tools to recognize misuse and addiction and present other motol strongy. The last help of the program will be devoted to learning how to communicate non- judgmentally but without enabling the patient to addiction. The patient addiction. The patient addiction. The patient addiction and will bake abrow the three the gospel in a manner that is acceptable and local churches.	Jesus doesn't command us to just make converts, but to make diciples. Still, how do you do that practically — particularly as it relates to working in healthcare? This semiar will provide a simple, yet helistic model for evangelism, discipleship, and leadership development today — to help people move from skeptic to world-changer.	Yes, this is a thing - and it has been a game-changer for a number of Christian clinics. This seminar focures on leadership dynamics and change needed to lead a clinic through hot he process of becoming a Federally Ouallied Headback for the processfully help your staff and board make the transition. Baptist Community Headth Services, New Orleans, will share from its experience as a 3-year old clinic in making a successful conversion to a FGHC LAL. Highlights will include transition system board, organizing key staff to help you, staff about the strategic direction you are moving troward as an FOHC candidate, and more.	You know that you've been called to serve in the inner-ty. However you sometimes wender how you can effectively serve in a community whose culture may be quite different from the one that you have always known. This workshop will utilize discussion and case study illustrations to provide practical steps that we can take to better understand the culture, and engage more fully, with the community that we have been called to serve as urban missionaries.	God desires us to be fruitful, effective, visionary disciples for his glany and cur joy. That is our norm. So when we feel fruitless, ineffective, and blind, we need to know how to help instruct those new to this type of ministry, who are excited about entering into the field of missional medicine, and to kill encourage those who have been at this awhile and who are weary from years of laber. Robert Campbell, co-founder of Christ Community Health Services of Augusta, will share from God's word and discuss his experiences of over 10 years of healthcare ministry among the poor in Augusta Georgia.
BALLROOM D	BALLROOM E	ROOM 1	ROOM 2	ROOM 3

#### FRIDAY. 2:30-3:30PM

Adverse Child- hood Experi- ences (ACEs) & Primary Care: Roles & Respon- sibilities	CCHF's Brave New World: The Emerging Next Generation of Leaders & Builders	Immigrant Support at the Intersection of Health Care and Immigration Uncertainties: One Clinic's Response	Spiritual Disciplines: An Ancient Cure for Modern Ills. Evidence Based Impact of Spirituality on Health	Moving from Event-Driven Health Responses to Mission- Driven Healing Communities and Churches
Mekel Harris	Jeremy Crider Kate Abraham, Andrew Kim, Ben McKinney	Bryan Mierau	Jonethen Wilson	Pam Mukaire
Adverse childhood experiences (ACS) commonly occur across demographics in our aclety, resulting in an array of physical, psychological, aptimular, and community consequences. To this end, affective identification and management of ACSs is particularly outcall within the primary care context, other an entry point for healthcare for vulnerable childrar and familias. The current workshop will afford participants are overview of a foundational ACSs study and offer insights into machanisms for addressing ACSs from a bolistic health paragoetive. Further, the workshop will encourage angoing dialogue regarding opportunities for growth within the primary care environment.	As CCHF transitions into the new heatthcare environment, a new generation of pioneers are ready to bring shape and growth to this mevement. Come and hear how these emerging leaders are applying established principles of living out the googel through heatthcare among the poor. Several of these young physician leaders are in the indist of startup-Chers are atill in their training, but with clar fides of what it means to same Christ missionally through medicine. Attendess, too, can become emerging leaders and pioneers -man and wemen who will bring glory to God, expand the Kingdom of Jass, encourage the water Church, and bring heatthcare equity to our merginalized neighbors.	While we may not be able to "fix" the immigration challenges on a faderal level, we all have the op- portunity to advocate and act on a local level. Gashan, Nia a small some with a surprisingly large thispanic community. Center for Healing & Hope, a Christan charitable clinic that sames this marginel- ised population, engaged in a collaborative process to offer and process "to offer and process" of the Resident Identification CeltP Principles of Christian Health Care to share the story of how this project. and extend this project came about, the initial imglemantation challenges, and carrent stats of this project, in the Christian effert to create "community for all".	Does modern medicine eliminates and ignore the pilotes for spinuality and spinual care? Is there evidence that aphintality, and Biblied ispinual disciplines in particular, has an effect on health outcomes? This eastion will finat look at current evidence surrent evidence surrent evidence surrent evidence surrent exists. The second half will provide some precise tools and practices that you as health, care worker can employ and empower your patients to practice that will lead to true transformation of their health and their lives. This workshop is appropriate for previders and support suff at all levels.	How do we overcome our tapid half-hardheast address to being a fahlul and true witness of Christ Jesus in His work of healing, restoration and health? Both individuals and Jeosi i churches struggle in the desire to commit to bold transformation differ the inglementation of God's health agenda. The struggle to create a mission driven culture is real but not insurmountable. We inve enty of the inglementation differ the inglementation driven culture is real but not insurmountable. We inve ear embreate major reformation, renewal, and investimate in promoting the physical and spiritual healing communities.
ROOM 4	ROOM 5	ROOM 6	ROOM 7	ROOM 8

# WORKSHOPS Breakout 5

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Pragmatism vs. Principle: What Really Matters in Life and Pursuing That	Living An Abundant Life in the Wake of Disappointment	20 Years with Mobile Medical Vans: Challenges & Solutions	Life Together: For Such a Time & Place as This	Culturally Intelligent Leadership: Cultural Awareness Does Not Mean Colorblindness
Scott Stringfield	Bill Morehouse	John Crouch	Bob Hoey	Debra Ortiz-Vasquez Susan Post, Jael Chambers
Medicine often shifts students away from their first calling to serve. For the believer our calling to serve is for the Master, who, according to Eph 2:10 ays, "for we are His workmanchip created in Christ Jessors for good works, which He prepared beforehand, that we should walk in them." Faiht can guide us through the turbulent waters of medical training, Direction in life, direction in faith expression, values that guide us all through our faith, and being able to correctly and spiritually be a man or woman of principle and not people who are pragmatic like so many in society, medicine and like. Realing your thinking to the service aligned with the Scriptures.	We all enter our faith with the hope that our lives will get botter, and that we'll impart the blassings of life in Christ to those we serve and serve alongside. However, somewhere along the way the dream can become dispophisting, frustrating, tedious, discoursing, and even becken. How can we pick back up and econstrue to grow and enjoy life while resisting and recovering from tife's setbacks? Will God fir us and the situations we find curselves in, or is brickness our inevitable destination? This session will help you make a biblical/clinical analysis of your condition, and apply lessons from others and dour own history to rediscover the endusing lope that we are meant to enjoy in Christ.	Good Samaritan Heelth Services-Tutas is a nationally recognized leader in villa- ing mobile medical vans for aver a decade. Many in underserved popula- tions often face difficulties accessing quality care; transportation to a fixed base chick, fear of discovery for undocumented persona, or impersonal care provided by public heath chinics. Attendees will gain knowl- edge of the value (and chal- lenget) of unitizing mobile medical vars to provide heathcare to a number of populations and Ill located neguiements of doing medical vans for ministry.	Many believers do not got the full benefit of the gift of like, which is our own, because we have not adopted a like practice that effectively moves us toward healing of emotional wounds and disappointements, while at the same time forgetting much good that we were intended to cancelouely keep. This workshop will reflect on a few profound portions of sortpute, inviting the Holy Spirit to help us singake our own life narratives in such a way as to move us toward further emotional healing and wholeness, to better "Ebeneezer" moments of our live.	As managers and leaders we need to go beyond cultural facts, cultural knowledge, and ethnic diversity for the sake of diversity. It is critical that we ask, "To our diversity inclusive? Are people identified beyond their job titles?" This session is an invitation to have an honese and real conversation about what it means to be the type of leader with whom minority groups have a desire to work, having leadership regnatization to its best expression of God's diversity as a gift to our community and to one another.
BALLROOM D	BALLROOM E	ROOM 1	ROOM 2	ROOM 3

#### FRIDAY. 4:00-5:00PM

The Church & Mental Health	Stories from San Francisco: Finding God Speaking Through Patient Experiences and Unlikely Places	Oral Health Matters: Integrating Oral Health Education into the Practice of Medicine	John Perkins 3R's – Application Today	Advocacy in the Face of Injustice: What are Follower of Jesus to Do?
Ana Wong- McDonald	Clifford Lau	Angel Gates	Bruce Miller James Brooks	Myron Glick
The stigma of mental lines is still vary real in the church. Few are able to speak openly about it or knew what to do to assist those who need help. It is up to us to help church leaders batter understand congregants and parthleners with mental lines and knew how to minister to them. This assitow will define what mental lines is, explore how the church responds to people with mental disorders, present survey results from churches in Los Angeles (CA) County, and disorders action steps that churches can implement to minister to congregants with mental health needs. Tools and resources will be shared.	San Francisco City Impact Health & Wallnass Is a free dinie in the Tanderloin district of downtown San Franctico serving the dty's homelass and marginally housed relations. Dr. Clifford Las will share about their unique patient demographic and silored healthcare dilway modal. He will also share transpensity about lescons learned through patient stortes, clineal experiances, and the intersection of real life and healthcare ministry weaved through 3 homes: 1) Running shared 4 Ged, 2) What is money? and 3 How to call it guits.	Oral health is an inte- grail part of total body health, but we have been conditioned to think of oral health as a separate phenomenon. This session was designed to educate health center administrative and support staff on how to successfully transform one's thinking to incorpo- rate oral health education into the patients' medical visit and into community health initiative. This will be achieved by sasting norm-medical staff with understanding the mouth/ body connection, as well as, i identifying the oral health determinants to optimal health initiation to optimal health initiation to optimal health initiation to optimal health concerns, as well as, initiating the appropri- ate oral health referais for patients.	In 1976 John Peridns began teaching a framework for ministry in low income communities known as the "Three Ris" Relocation, Reconciliation, and Redistribution. Are they atil a valid framework for us to use took, 42 years late? We think so. In this workshop you will learn how we at Lawndole Christian Health Cemers till adlias the "Three Ris" as core values for guiding our work. Might the "Three Ris" help you regatings one work. Might the "Three Ris" help you regatings one values and clear frameworks for creating an effective ministry.	The present political dimate comes as a shock to meany of as who have foughts health care system and who have committed to help allens, refugees and asyles scalkers in this country. What does the means what should followers of Jesus dol'This season will explore the inch tradition of Biblical doctory on the status of the season will explore the inch tradition of Biblical doctory on and meat vulnerable and how to be a status of the status of the season will be advocately means for us today (Mark does it most of Heav can we make a difference not just providing good care to individuals but allos advocating for a more just soday (Mark does it mouse) Heav can we make a difference not just providing for doct "This seasien mill be repassed Seardery during Seasien 7
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# WORKSHOPS Breakout 6

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Developing A Healthy Team: 5 Key Behaviors	Addressing & Assessing the Spiritual Needs of Patients: How to Take a Spiritual History	Am   Qualified? The Joy & Struggle to Follow the Call to Ministry in Healthcare.	Token Diversity or True Diversity: Creating Space for Dignity in Your Organization	God is Active and Working. How Faithful Servants Are Responding to His Call
Steve Sartori	Bob Mason	Janet Aguirre Katie Huff	Chauncey Shillow	Jeff Zsohar
Healthy leadership teams are necessary for any successful healthcare organization. With the evolution of healthcare dolivery, clinical teams have gained importance is a product of competent leadership and member engagement. founded on relational trust. This presentation will describe team, and help attendees become better leaders and team members.	Have you longed to integrate your Christian faith into your patient care – both on the mission field abtroad and in your work at hom? Most patients want their healthcare professional to be sensitive to their opitiual needs during illness. Yet, the yeat majority of healthcare professionals do not know how to assess and address these need and fevers still actually provide this aspect actually provide this aspect of care in their patient care. Not ture how to do this in a caring, sensitive, and relevant manner? This "working" session will explore the existical basis for spiritual care plus provide you with profession, timely, and paratical methods to care for the whole person in the clinical setting.	You don't have to have an MD or MBA to be used by God. God calls us all to be missional in the way we approche un jobs, and every other area of our lives. Janet Aguire and Katie Huif, a medical assistant and a registered nurse, will share stories and experi- ences. They never expected to be thrust into leader- ship roles at a grassroots homeless clinic, but olfered their training and their path to knorr Christ, and have learned are learning what it means to like missionally. Doing work that is often unfamiliar with their training ing. God is using them and to knorr Christ, and have learned are learning what it means to like missionally. Doing work that is often unfamiliar with their train- ing. God is using them and to knore for the new to walk out the adventure of serving and the protein communities in America.	Why does diversity matter in a Chriatian organization? I is there a biolical precedent for creating space for diversity at every level of leadership? How da you create space for diversity while acknowledging the dignity of every individual? Explore these questions and more through personal stories and biolical texts from the perspective of an African-American pastor of a multi-ethnic church.	"Everything is bigger in Texas" is true for many great things, but it is also applies to some sad realities: Impact uninsured population in the country, greatest shortage of primary care providers, health dispanties and unequal access to result and resources - the list goes on. But God is working across Texas, Baylor Scatt and White (BSWH), one of the biggest healthcare systems in Texas, has adopted of the biggest healthcare systems in Texas, has adopted To care for all individuals as a Christian ministry of health that are happening in Texas Lagest matto canter to address the phylical, acoid and spiritual needs of their neighbors.
BALLROOM D	BALLROOM E	ROOM 1	ROOM 2	ROOM 3

#### SATURDAY. 9:00-10:00 AM

Preparing for Revival	The Spirituality of Trauma: How to Navigate Faith Issues when Patients are Healing from Trauma	Who Am I? What Am I Doing?	The Birth of a Prenatal Care Program	Reframing Work- Life Balance
Bill Morehouse	Jesse Malott	Geogy Thomas	Christine Furgason	Kristin Martel Susan Rescoria Hata
The more divided and spiritually confused our nation and world become and the more beyond social and political solutions our problems appear to grow, the more we find ourselves crying our with aching hears, "How long O Lord will you wait? Rain your Holy Spirit on us and reacue, heal, and reatore usi Bring us times of refrashing and revival?" Do we actually inow what we're saking for? And are we and our militatics prepand whan the land answers in the afimative? How can and afimative? How can and anough the preparing new for an outpouring of grees in our communities list the social lesson, but a eall within our community to an editorial sease and know what we should do.	A growing body of psychological literature is placing emphasis on failw, meaning, and purpose as having significant toles in trauma outcomes, both positive and negative. The purpose of this workshop will be to increase the dinklan's understanding of the spiture and mental health sequelse following traumatic events, how to navigate unique cultural and individual factors that can impact the healing process, and proceed process, and proceed to purpose valifiance and growth bafers and atter traumatic events.	There is so much joy when you know you are walking in God's will. However, that joy can quickly dissipate when war un headlong into the realities of life. It is especially easy to become discouraged working in underserved areas. We can loss slight of what is inno- portant, and hind curselves wavering from our calling. Using concepts from Heart Neuwerk Life of the Beloved, Dr. Thomas will expect Luke 5-4 contrast- ling the swater volce of ear of the anamy. This timely measage will encourage you to contemplate your motivation for saving in the herd places.	For 25 years, Crossroad Health Center has provided guality carts a dubt and pediatric patients in under- resourced communities in and around Cincinnati. In 2016, Crossroad recognized the need for guality, wholete present examples medd lealing and a single and implemented their prenatal care program in partnership with program in partnership with partnerships to a single a singly-net hospital. There will be a review of resources, and guidelines on negotuting strategie partnerships to insure guality in senting a high-risk undersented population.	The intensity of madical training and the pouring out of currelyes in medical practice can lead us to feal there is nothing left to give at heme, in relationships or for personal self-eare. Could our pursuit of "balance" be harmful, and could it be harmful, and could it be harmful, and could it be harmful and could it be harmful and could it har as of our lives under his Lordship. During this highly interactive assistion, we will propose a refamining of the culturally popular idea of work-life balance.
ROOM 4	ROOM 5	ROOM 6	ROOM 7	ROOM 8

# WORKSHOPS Breakout 7

Commitment to Excellence: The Job Belongs to All of Us	Reflecting the Character and the Heart of God in Health Care: A Biblical Perspective	Building a Spiritual Care Team in Clinical Care	Transforming care for substance use disorders: Lessons learned with MAT	Mental Health the Church a the Charitab Medical Clin
Bettina Lewis	Susan Post	Walt Larimore (repeat)	Kathryn McLean and panel	Kim Swyden Julane Swyde
Happy patients become healtry patients. They let us make their lives better, and they make our jobs a pleasure. But they rarely come that way. First encounters often can determine the patient's experience. A simple yet overlooked component to maininizing patient satisfaction is the practice of groat cutationer service skills. With such a heavy focus on improving the patient experience, this interactive sersion will focus on the various components of providing excellent customer service, even in challenging settings.	Scripture has much to say and show to us about how we can reflect the character and the heart of God in the provision of health care and in health care ministry. Specifically we will look at the Biblical concepts of compassion, hallorn, loving God and neighbor, and God's design for us to be dependent upon Him. God transforms His people as they serve and reflect Him and His heart.	The increasingly stressful healthcare environment limits clinical solutions provide whole-parson care that considers the physical, psychological, social, and spintual needs of those with chunic disabling illness. Spiritual care teams have been shown to help clinician stay efficient and provide quality spiritual care at the same time in a wide variety of inpatient and outpatient, secular and faith-based care environ- ments. In this seminar, the author of CMDA's peopular Grace Precisionals to form teams to provide whole-person care in most any healthcare environment and the capac- ity to increase the quality of patient care.	In this panel discussion, a multi-disciplinary team from Lawndak Christian Health Center, Chicago, I de by chical psychologist, Kathyn McLean, will focus on the opparutilities and challenges encountered in the development of Medically Assisted Treatment services for opiaid and substance abuse patients, including 11 fostering a patient-centered approach to engaging patient's needs and experiences 2 developing processes and capacity for interdisciplinary team members 3) showing and shoring the lowe of God through relational care.	The church is God's therapeutic community intended to minister hi to the nations (all types of people). Healing in i scriptures is always a hi healing suite includes mental and behavioral health issues. Yet too o the church shies away i the statism instead of promoting healing. Thi scrission will when it corr to mental health, addit a mental health, facture a pathway to establish a mental health/license professional counseling ministry in local church and in charitable media clinics.
BALLROOM D	BALLROOM E	ROOM 1	ROOM 2	ROOM 3

#### SATURDAY. 10:30-11:30 AM

Advocacy in the Face of Injustice: What are Followers of Jesus to Do?	Perseverance, How To Continue Walking The Walk	Logic Models: How to Developrint for a Blueprint for Change	Board Dynamics for Emerging Clinics	CCHF and the Movement
Myron Glick The present political dimete comes as a shock to many of us who have fought for years to ase a more just health care system and who have committed to help seakers in this country. What does this mean to the poenest and most what should followers of Jasse do? This seasion will explore the rich tradition of Biblical advecation of Biblical stocy. What does advecation was not and mast vulnerable throughout history. What does advecation was not advecating for a more just society what reflects the kingdom of God? (repert)	Bob Paeglow The workshop is designed to be sophusally refreshing and snowing information proving our proving on many years of fighting the good fight of fish. Dr. Bob Paeglow, founder in Allany, NY, will share sam on the own fis own fish and miniaty to Illustrate and miniaty to Califord	Amy Richardson Bringing effective change to an organization requires a plan. Logic models provide a visual blueprint for how changes united and what expected changes may ac- cus. They are useful for both new and existing programs and existing programs and existing programs and existing programs and existing programs and initiatives, at hay can halp dearly programs and initiatives, at hay can be and existing programs and initiatives, at hay can halp dearly programs and make plan- rups site, and make plan- rups site, and make plan- parts an overview of a logic model and will wait through the stops of creating a pla- ture of the same needed to bring change. Participants will learn how logic models	Beth Brown Your first baard was likely reduited among your dicks of aquiationae, rounding up those that would provide the support your like was most needed at the time. New you are growing. So is your rail, your budget, your need for spose – and the need for spose – and the need for spose – and the need for some tough decisions. You need a different type of board member. This process of board transition that hoggess when there is a most founding board membase and newly recruited community members that myshows a different expectation of what board membases the source of membases sometimes the source of board members. The expectation of what board membases the source of membases sometimes thing so the tablef How dyou phase ut board membars that source and membars that source and the founding membases sometimes thing so the tablef How dyou phase ut board membars that	Steve Noblett "We envision a movement of God's people who choose daily to bring healing to marginalized communities in the name of Jazus." The layour opportunity to most with the lasdirating of CCHF one was to strangthen and anourage with growing movement. Save Noblett and Bacd mombers will hare about the strangthen the about the strangthen the about the strangthen and bectimedic shat affect these committed to living out the gospit through healthcare smong the poor, and what we can do stogether to nutrue and saveling the Christian mission in healthcare in our nation.
ROOM 4	ROOM 5	ROOM 6	ROOM 7	ROOM 8