

Independent Facilitator Biography Form

1. **Name:** Deb Hemgesberg, LMSW

2. **Phone Number(s)**

a. Home: 517.404.7538

b. Cell: 517.404.8538

3. **Email Address:** debhemgesberg@gmail.com



4. **Specific areas of expertise:** Self-determination, community living, person centered planning, person focused services. Serving people with severe and persistent mental health disorders as well as intellectual and developmental disabilities.

5. **What unique attributes do you bring to your role as an independent facilitator?**

I see people as people. I am a clinical social worker. I focus on results that are defined by the person served and their allies. I work hard to avoid the trap of paucity. I help the individual and their allies to focus on medical necessity for their identified needs. I understand Medicaid policy and am able to reference policy. My experience working for community mental health gives me a good understanding of what the team might be up against in terms of budgets and pressures.

I am approachable and can diffuse intense situations with my facilitation style. I understand that burning bridges is not in the best interests of those I am privileged to serve. I focus on outcomes, versus goals. After planning, the individual and their allies will be able to identify what will be different, how will we know it's different, where do we start, what gets in the way, and how does the person served see it?

6. **Why do you want to serve as an Independent Facilitator?**

It is incredibly powerful to help people to get their voices heard. I am good at helping people identify their life goals, their needs, and then being creative in finding ways to achieve it. It is exciting to help people have a life, not just a plan of care. People need to be fully engaged in the planning process, supported by a team developing options to support the individual to get to where they want to be. I have worked in several regions of the state and have seen so much possibility for people across Michigan. I believe everyone can have a "real" life and want to partner with professional staff and promote community inclusion.

7. **Accommodations**

a. Are you fluent in languages other than English? ☐ YES ☒ NO

b. Do you need any accommodations to facilitate your role as a Facilitator? ☒ YES ☐ NO

If **yes**, please specify: Yes, I am deaf. So speech reading or computer assisted captions

help me to hear and be able to communicate.

8. Times of day and geographic locations for which you are available to facilitate:

No earlier than 10 am, as late as 7 pm. I am willing to work within PIHP Region 2 of the community mental health system. PIHP Region 2 includes Northeast CMH, North County CMH, Northern Lake CMH, AuSable Valley CMH and Concentra Wellness CMH. Current contract with Northeast CMH which serves Alpena, Alcona, Montmorency, and Presque Isle counties. With inclement weather I might need to use video conferencing as an accommodation.

9. Virtual Facilitation: Do you have a computer, tablet, or smartphone with internet access?

☒ YES ☐ NO

Level of Competency: III (Fully Certified)

Level 3: Independent Facilitator is fully certified to operate as an Independent Facilitator. At this level of skill, the individual has completed the training offered by The Arc of Midland and been observed and evaluated as an Independent Facilitator.