The Thirteenth Annual Behavioral Health Information Management Conference and Exposition

Addressing the Needs of Mental Health, Alcohol, and Other Drug Programs

Preliminary Program

April 3 - 4, 2013

San Diego Marriott Marquis and Marina
333 West Harbor Drive
San Diego, CA 92101
2013 Conference Planning Committee

Susan Blacksher, MSW, MCAS
California Association of Addiction Recovery Resources (CAARR)

Mark E. Bryan, MSW
Executive Committee, County Alcohol and Drug Program Administrators Association of California (CADPAAC)
Yolo County Department of Alcohol, Drug and Mental Health Services

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San Mateo County Mental Health Services

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California Department of Health Care Services (DHCS)

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Conference Co-Organizer

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Michael Lardiere, LCSW
The National Council for Community Behavioral Healthcare (NCCBH)

Marlene Maheu, PhD
Society for Psychology and Technology (SPT)
TeleMental Health Institute, Inc.

Keris Jän Myrick, MBA, PhD
National Alliance for the Mentally Ill (NAMI)
Project Return Peer Support Network

Stephanie Oprendek, PhD
California Institute for Mental Health (CiMH)

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Executive Committee, CADPAAC
Stanislaus County Behavioral Health and Recovery Services

Jim Sorg
California Association of Alcohol and Drug Program Executives (CAADPE)
Tarzana Treatment Centers

Lynn Thull
California Alliance of Child and Family Services (CACFS)

William Ullom
California External Quality Review Organization (APS)

Becky Vaughn
State Associations of Addiction Services (SAAS)

Dan Walters
CMHDA IT Committee
Kern County Mental Health

Chris Wyre
Mental Health Corporations of America (MHCA)
Volunteer Behavioral Health Care System
Behavioral Health Information Management Conference and Exposition

Wednesday, April 3, 2013

7:30 AM – 5:00 PM REGISTRATION

7:30 AM – 10:00 AM CONTINENTAL BREAKFAST AND EXHIBIT HALL OPEN

8:00 AM – 8:45 AM PRODUCT DEMONSTRATION

9:00 AM – 9:45 AM PRODUCT DEMONSTRATION

10:00 AM – 10:25 AM CONFERENCE OVERVIEW
Tom Trabin, PhD, MSM, Conference Chair; Behavioral Health Informatics and Executive Consultant

10:25 AM – 11:20 AM GENERAL SESSION KEYNOTE
THE RESTRUCTURING OF BEHAVIORAL HEALTH CARE: A BROAD-SWEEPING OVERVIEW OF THE CHANGES CATALYZED BY HEALTH CARE REFORM AND WHAT THEY MEAN FOR BEHAVIORAL HEALTH INFORMATION TECHNOLOGY
Dale Jarvis, Dale Jarvis and Associates, LLC
All behavioral health organizations and agencies are focused on the dramatic changes to our health care system as a context for their own organizations’ strategic planning. Health information technology and health information exchange will play vital roles in these changes. In this session, a nationally eminent consultant and thought leader will overview the changes that have transpired recently and the ones coming soon, the implications for behavioral health care and behavioral health IT systems, and what we need to do to prepare.

11:20 AM – 12:15 PM GENERAL SESSION KEYNOTE
THE FUTURE OF HIT-SUPPORTED QUALITY MANAGEMENT: EMERGING INITIATIVES, REQUIREMENTS AND OPPORTUNITIES
Kenneth W. Kizer, MD, MPH, Director, Institute for Population Health Improvement, UC Davis Health System (Invited)
Healthcare reform is bringing an increased emphasis on performance and outcome management for quality accountability and improvement. A national leader in this area and founder of the National Forum for Health Care Quality Measurement and Reporting will overview some of the leading nationwide organizations and initiatives to promote quality accountability and improvement for health care, and some of the implications those initiatives are likely to have for mental health and substance use treatment organizations. He will explain some of the processes for vetting performance measures for effectiveness, and how the best measures can be used to identify areas of performance needing improvement, monitor progress in improvement efforts, and provide comparative information to assess performance so that consumers and purchasers can make better choices. He will review emerging Pay for Performance initiatives nationwide to encourage these efforts, describe several ongoing projects that currently use Pay for Performance, and summarize their successes and lessons learned. He will describe how some organizations are using information technology to streamline data entry, reporting, analysis, and feedback for quality accountability and improvement purposes.

12:15 PM – 2:00 PM LUNCH, EXHIBIT HALL OPEN

1:00 PM – 1:45 PM PRODUCT DEMONSTRATION
CONCURRENT SESSIONS

HOW TO CONFIGURE AND USE PATIENT REGISTRIES IN PRIMARY CARE TO SUPPORT BEHAVIORAL HEALTH INTERVENTIONS
Brenda Goldstein, MPH, Psychosocial Services Director, Lifelong Medical
Karen Stockton, PhD, Mental Health Director, Modoc County

Patient registries are not new, but their use for managing the care of persons with behavioral health disorders is not yet widespread. Presenters for this session will describe what functions patient registries can provide, including organizing the caseload work of the professional overseeing the patients within a particular registry, providing prompts for follow-ups with regard to the prescribed treatment regimen, and providing measurable indications of patient improvement. They will explain how registries can be interfaced with the clinic EHR so any member of the primary care team involved in a patient’s treatment can stay informed and coordinate care with others through the EHR, while the primary professional managing the care can benefit from the registry’s organizing functions. The presenters will also describe some of the key behavioral health measures used in primary care settings, and how patient registries can be used to support measurement of progress and outcomes.

CALIFORNIA’S STATEWIDE HIE INITIATIVES: SETTING THE FOUNDATION FOR A HEALTH CARE TRANSFORMATION
Robert M. Cothren PhD, California Health eQuality / Institute for Population Health Improvement

Federal funding and policies to promote HIE are creating tremendous opportunities and making substantial demands on all the states, including California. A nationally eminent health care leader who directs the California Health eQuality Program will explain the importance of building a statewide and regional HIE infrastructure to realize the promise of health information technology to improve care coordination and add value to our health care system. He will describe several evolving HIE policy and infrastructure initiatives and explain which organizations and committees are responsible for enacting which elements of these initiatives. He will also provide some insights into how behavioral health organizations are likely to be impacted by these initiatives, and how they might become involved in helping to inform and shape them.

SUSTAINING AND IMPROVING THE MARRIAGE BETWEEN SOFTWARE VENDORS AND THEIR ORGANIZATIONAL CLIENTS
Rick Doucet, MA, Member, Mental Health Corporations of America; Chief Executive Officer, Colorado Community Behavioral Health Council Community Reach Center
Marlowe Greenberg, Treasurer, Software and Technology Vendors Association; CEO, Foothold Technology
Fran Loshin-Turso, Chair, Software and Technology Vendors Association; President, Defran System
Chris Wyre, Treasurer, Mental Health Corporations of America; President/CEO, Volunteer Behavioral Health Care System
Tom Trabin, PhD, MSM, (Moderator), Conference Chair; Behavioral Health Informatics and Executive Consultant

Treatment provider organizations and the EHR software vendor they select must work closely together over the life of their relationships to accomplish an effective implementation. This panel of vendors and providers will raise the most common sources of tension in vendor/provider relations and discuss how they may be avoided or overcome. The presenters will address such themes as fixing bugs, negotiating change requests and anticipating and building into the computer system future payor requirements. The presenters will be representatives from leading provider and vendor trade associations.

TELEHEALTH APPLICATIONS IN THE PUBLIC SECTOR
Herbert A. Cruz, MD, Medical Director of Telepsychiatry, Kings View Corporation
Marlene Maheu, PhD, Executive Director, TeleMental Health Institute, Inc., Society for Psychology and Technology

A broad range of telehealth applications are increasing use to assist persons for whom in-person access to assessment, treatment, or case consultation is not easily available. Presenters for this session will overview the range of telehealth services and provide examples of how they are being used, particularly in rural areas. They will explain the advantages and shortcoming of these services, and they will cite best practices and mistakes to avoid. They will also provide practical suggestions to organizations for the technology, policy and procedure, and staff training infrastructure needed to begin a telehealth services offering.
3:15 PM – 3:45 PM  BREAK AND EXHIBIT HALL OPEN

3:45 PM – 5:00 PM  GENERAL SESSION KEYNOTE

**OPPORTUNITIES FOR CALIFORNIA WITH INTEGRATION OF DMH AND DADP FUNCTIONS INTO DHCS: HOW CAN BILLING AND REPORTING PROCESSES BE IMPROVED?**

*Chris Cruz*, Deputy Director/Chief Information Officer, Department of Health Care Services, Information Technology Services Division

California’s previously separated Department of Mental Health (DMH) and Department of Alcohol and Drug Programs (DADP) historically required different data requirements for both billing and reporting, and different rules for how that data was processed and used. With many of the functions of both departments now being incorporated into California’s Department of Health Care Services (DHCS), opportunities arise for the streamlining of those technologies and data requirements through integration.

A senior official from the California Department of Health Care Services will discuss what changes may transpire after the migration to DHCS is complete. The official will also describe other changes to the DHCS health information management systems to take California into the new era of health care reform.

5:00 PM – 6:45 PM  EXHIBITOR RECEPTION AND EXHIBIT HALL OPEN

5:30 PM – 6:15 PM  PRODUCT DEMONSTRATION

*Exclusive Consumer/Family Scholarship Sponsor*

**CREDIBLE**

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Innovative applications of information and communication technologies have brought tremendous advances to behavioral health prevention and recovery programs, and to methods for continuously improving the quality of care within treatment organizations. In this session, a nationally renowned inventor of many of these applications will describe where we have been as a field with regard to these types of innovations and where we can go in the future. He will describe the processes for developing some of the applications, methods for gaining their adoption, and how clinicians and consumers can evaluate their utility for treatment and recovery. He will review some of the new mobile apps for behavioral health disorders, and present data on how they are making a significant difference in the lives of many consumers.

The growth of person-centered health care homes requires health information technology tools to support the increased care coordination between physical and behavioral health care. A nationally well-known expert will discuss the types of health information technologies and cross-database agreements that are useful to bridge the health information systems within these previously separated types of care. He will describe the recently released results of a five-state pilot project funded by SAMHSA and conducted by the Center for Integrated Health Solutions that developed and tested new technology tools for exchanging information across different EHRs and related software systems, and provided electronic release of information forms that comply with HIPAA and 42CFR.2.

The challenges abound for effectively implementing an EHR system. Presenters in this session will review best practices and lessons learned from implementations in county behavioral health and in provider behavioral health and community health center settings. Presenters will review such issues as staff input in configuring the software, project managing the implementation, staff training, and incorporating quality improvement processes. The presenters will include more advanced aspects of implementation for settings that have already completed the basics. The primary care presenter will highlight issues relating to which notes are designated “sensitive” and to be viewed only by mental health professionals and which are not sensitive, viewable across all healthcare professionals within the organization.
Getting Ready for Participation in HIEs: Starting Points to Improve Care Coordination
Sarah Eberhardt-Rios, MPA, Deputy Director, Program Support Services, San Bernardino County
Lori Hack, CEO, Object Health, LLC
HIE infrastructures can be complex and expensive to build, but do not need to be done all at once. Presenters for this session will describe the various building blocks for HIE and the functions that each can fulfill for systems of care. They will explain the relative expense of the different building blocks, and recommend how to begin. They will explain how HIE organizations can help with facilitating HIE between providers, and the central role they are likely to have in the near future. The presenters will provide case examples from organizations who have experienced early success in gradually developing their HIE capabilities and becoming participants in regional HIE organizations. They will also provide examples of lessons learned from mistakes made, and how they were corrected.

An Overview of Recently Developed Health Information Technology Standards and Their Application to Behavioral Health Care
Robert M. Cothren, PhD, California Health eQuality / Institute for Population Health Improvement
Amy Daniels, Member, Software and Technology Vendors Association; Client Services Manager, Valley Hope Association
Widespread adoption of health information technology requires an extensive underlayment of standards for coding, functional requirements, and guides to how health information can be exchanged. Presenters for this session will overview changes in CPT codes, the transition from ICD-9 to ICD-10 and DSM-5, and the implications of these changes for behavioral health organizations. They will also provide an overview of HL-7 and an update of its standards of most relevance to behavioral health organizations, including functional standards for EHRs, structural standards for record documents such as the Continuity of Care Document (CCD), and standards for electronic exchange of patient information.

Technology to Enhance Consumer Engagement in Their Treatment and Recovery
Paul Cumming, National Outreach Advocate, Network of Care (NOC)
Virna Little, PsyD, LCSW, SAP, Vice President for Psychosocial Services / Community Affairs, The Institute for Family Health
New technology applications are emerging to promote more active consumer involvement in their treatment. Presenters will describe software for enhancing consumers’ shared decision making role in the planning of their own treatment. They will overview how clients are using behavioral health-oriented personal health records (PHRs) and accessing their own EHRs for these purposes, and suggest what approaches seem to work best as user-friendly and value-added ways to increase use. They will overview how behavioral health clinicians are conducting concurrent electronic documentation during treatment sessions, and how they are using the process to further engage their clients in the treatment process and improve the therapeutic relationship with them.

12:30 PM – 2:00 PM LUNCH AND EXHIBIT HALL OPEN
1:00 PM – 1:45 PM PRODUCT DEMONSTRATION
CONCURRENT SESSIONS

BILLING AND REPORTING CHALLENGES IN THE MORE COMPLEX ERA OF HEALTH CARE REFORM: IMPLICATIONS FOR HEALTH INFORMATION TECHNOLOGY

Rick Doucet, MA, Chief Executive Officer, Colorado Community Behavioral Health Council Community Reach Center

Jim Sorg, Director of Admissions and Information Technology, Tarzana Treatment Centers; Member, CAADPE

With Health Insurance Exchanges, other health care insurance, dual eligible Medicaid/Medicare, and other examples, the complex world of multiple payors is finding its way into the public sector. Presenters for this session will overview the emergence of multiple payors and anticipate the more complex billing and reporting requirements in public sector behavioral health care. They will describe the dilemmas these requirements place upon provider organizations, county billing units, and payors. They will also describe some of the information technology solutions to help streamline the organizational responses to these requirements.

STRATEGIC CROSSROADS FOR COUNTIES: HOW TO DECIDE WHAT TECHNOLOGY PLATFORMS TO USE FOR HIE WITH CONTRACTED PROVIDERS

Fred McGregor, Senior IT Manager, Community Behavioral Health Services, San Francisco Department of Public Health

Lorrie Sheets, IT Project Manager, San Mateo Behavioral Health and Recovery Services

EHR implementations by counties (and smaller-size states) open possibilities for health information exchange with their contracted providers that go beyond whatever was previously feasible. Counties are deciding about the kind of information they need on a regular basis from providers to manage their systems of care, and then what the best technology approach is to obtaining that data. Presenters in this session will review the types of data that are possible to obtain—from basic encounter data to highly detailed progress notes—and the various purposes that that can be served including billing, audit checks, care coordination, and quality management. They will then evaluate the advantages and disadvantages of several types of technology platforms that can be used to obtain data from providers, including a single EHR system that all providers are required to use, or allowance of multiple EHRs with the capabilities to use technology interfaces with the county’s EHR system. The presenters will address the impact of these options on providers who already have a developed EHR of their own, and on those who do not. They will also explain how counties can involve providers in the design of the changes, help providers to prepare for the changes, and learn from providers how to improve the changes that are made.

MEANINGFUL USE TRANSITIONS FROM STAGE 1 TO 2: A Primer and Update on Next Steps for Your Organization

Mike Morris, Member, Software and Technology Vendors Association; President/CEO, Anasazi Software

Dorian Seamster, MPH, Chief of Health Information Services, California Health Information Partnership and Services Organizations (CalHIPSO)

Implementation of Meaningful Use requirements are well underway nationwide throughout the physical health care system, with much slower implementation in behavioral healthcare. The federal timeline for implementation is transitioning from Stage 1 to 2. Presenters in this session will overview the role of Meaningful Use requirements in the federal plan for widespread implementation of EHRs and HIE, how these requirements are linked to financial incentives, and what advocacy efforts are underway to increase eligibility of behavioral healthcare organizations for those incentives. Presenters will provide an overview of both Stage 1 and 2 requirements, and describe how some behavioral health organizations are working to meet those requirements.
ELECTRONIC PRIVACY AND SECURITY ISSUES CONTINUE TO ABOUND: A PANEL OF EXPERTS RESPONDS

Linda Garrett, J.D., Partner, Risk Management Services
David Minch, President & COO, Healthshare Bay Area
Mark Savage, Senior Attorney, Consumers Union of United States
Tom Trabin, PhD, MSM, (Moderator), Conference Chair; Behavioral Health Informatics and Executive Consultant

To enable widespread adoption of EHRs and HIE, a plethora of privacy and security concerns must be addressed. In this panel session, state and national experts will raise the most salient issues of the upcoming year and provide the most current insights and guidance into how to address them. Likely security issues will include technological locks and keys and policies and procedures to secure data, methods to circumvent them, and how to manage breaches from hacking and from employee mistakes. Likely privacy issues will include how to handle HIE of substance use disorder information under 42CFR.2, how to manage exchange of information between primary and behavioral healthcare settings, and how to facilitate exchange of information between different types of behavioral health treatment and representatives from the criminal justice system.

3:30 PM – 4:30 PM CLOSING GENERAL SESSION

HARNESSING THE POTENTIAL OF EHRs: CLINICAL DECISION SUPPORT TO HELP GUIDE AND ENHANCE THE QUALITY OF CARE

Virna Little, PsyD, LCSW, SAP, Vice President for Psychosocial Services / Community Affairs, The Institute for Family Health

By automating significant elements of workflow and documentation, EHRs are positioned to prompt clinicians with timed reminders and with assessment and treatment plan-related recommendations. Presenters in this session will review many of the types of clinical decision support capabilities that can be built into EHRs. They will talk about the uses and advantages of several types of clinical decision support, the best approaches to installing them, and lessons learned from approaches to implementation that were not effective.

4:30 PM CONFERENCE ADJOURNS
REGISTRATION INFORMATION

The Thirteenth Annual Behavioral Health Information Management Conference and Exposition
Addressing the Needs of Mental Health, Alcohol, and Other Drug Programs

Wednesday, April 3 - Thursday, April 4, 2013
Marriott Marquis & Marina • 333 West Harbor Drive • San Diego, CA 92101

Learn from presentations that address:

- Nationwide developments in IT policies and financial incentives to promote widespread adoption of electronic health record systems (EHRs)
- Establishing methods of health information exchange among behavioral health, medical and other providers
- Challenges, solutions, and benefits to implementing electronic health record systems
- Policy changes impacting privacy and security requirements for mental health, alcohol and other drug programs
- Case studies of how to use electronic data for decision support and quality improvement programs
- New uses of information and communication technologies to enhance recovery and wellness

Participate in discussions and network with your colleagues!
Meet the major software companies serving mental health, alcohol, and other drug programs and evaluate their products - all in one exhibit hall!

Registration Fee: $395.00 on or before Friday, March 15, 2013 • $425.00 after Friday, March 15, 2013
Payment may be made by Visa/MasterCard/Discover (there is a 4% surcharge on all credit card payments), check, or purchase order. Registration will be confirmed by email. CiMH TAX ID # 68-0314970.

Register Online NOW at www.CiMH.org/events
You will not be considered registered until you receive an email confirming your information.

Cancellation/Refund Policy: By registering for this conference, you are liable for the registration fee whether or not you attend. Refunds will be honored provided a written notice of cancellation is received five business days prior to the first day of the conference. All refunds will be assessed a $25.00 processing fee, which will be deducted from the refund check. Refunds will be processed within six weeks from the date of request.

HOTEL INFORMATION
Please make guest room reservations directly with the hotel by calling (800) 228-9290; request the group rate of $110 single or double for the Information MGT Conference.
The cut-off date for the group rate is Monday, March 11, 2013.

CONTINUING EDUCATION: $45.00
Psychologists: The California Institute for Mental Health (CiMH) is approved by the American Psychological Association to sponsor continuing education for Psychologists. CiMH maintains responsibility for this program and its content.
The California Institute for Mental Health is a non-profit public interest corporation established for the purpose to promote wellness and positive mental health and substance use disorder outcomes through improvements in California's Health System. CiMH is dedicated to a vision of “a community and mental health services system which provides recovery and full social integration for persons with psychiatric disabilities; sustains and supports families and children; and promotes mental health wellness.”