The 17th Annual National Behavioral Health Information Management Conference and Exposition

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

Preliminary Program

April 26 – 27, 2017

Sheraton Carlsbad
5480 Grand Pacific Drive
Carlsbad, CA 92008
2017 CONFERENCE PLANNING COMMITTEE

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WEDNESDAY, April 26, 2017

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<td>GENERAL SESSION KEYNOTE</td>
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<td>Forecasting the future: How to prepare for new value-based models of care from the federal Center for Medicare and Medicaid</td>
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<td>The federal Center for Medicare and Medicaid Services continues to evolve its healthcare policies, with support from financial incentives that promise to significantly change how care is delivered, coordinated with other services, and reimbursed. This important session will feature a high ranking federal official to forecast future directions in these policies, including reference to behavioral health care services. He/she will explain how value-based payment approaches such as the Medicare Access &amp; CHIP Reauthorization Act of 2015 (MACRA) and the Merit-Based Incentive Payment System (MIPS) will shift how care will be reimbursed and what information technology and data supports will become necessary. The presenter will describe how the incentives are likely to be designed, how they are likely to impact mental health and substance use treatment services, and how best to prepare your organization for a successful future.</td>
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<td>11:20 AM – 12:15 PM</td>
<td>GENERAL SESSION KEYNOTE</td>
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<td>Improving care coordination between primary and behavioral health care services: Opportunities and challenges</td>
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<td>Mental health, substance use and physical health care services are focused increasingly on care coordination between these services for their clients. Presenters in this session will explain the forces driving this focus at the health plan and provider levels and through federal, state and county initiatives. They will describe the challenges of data exchange necessary to facilitate the coordination of care. They will provide case examples of how the data exchange arrangements are being implemented across diverse information technology systems.</td>
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<td>12:15 PM – 2:00 PM</td>
<td>LUNCH, EXHIBIT HALL OPEN</td>
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1:00 PM – 1:45 PM  PRODUCT DEMONSTRATION

2:00 PM – 3:15 PM  CONCURRENT SESSIONS

Using data well: How to develop useful reports that can guide quality improvement efforts and management decision making

Too much data is being collected without useful purpose other than meeting requirements. Presenters will explain, with the use of case examples, how different types of data can be analyzed and reported in ways that provide useful information for quality improvement and management decision-making. They will explain how payers who require the data can report back the results in formats useful to those who initially collected the data. The presenters will suggest how payers can think through the intended purpose of the required data beforehand, and mobilize resources accordingly to print and communicate results in ways that will achieve the intended purposes. They will include suggestions for how data already being collected might be administered and analyzed in formats that would be more useful to treatment provider programs.

The future of managing information related to clients’ mental health and substance use treatment in Health Information Exchange (HIE) Organizations

An integral component of the Affordable Care Act and the HiTECH Act is Health Information Exchange (HIE) Organizations to provide the foundation for coordinated care. Presenters in this session will explain the basics of how HIEs run, including their business models to sustain their viability and their operations models to both receive and forward client treatment information. The presenters will explain the challenges to incorporating mental health and substance use treatment data given the tighter privacy and security regulations governing those data, and summarize a few strategies in current use to address those challenges.

Collaborative documentation: How to streamline chart documentation and include clients’ in the process

Treatment providers in medical settings are already adopting collaborative documentation as a common practice, and uptake is beginning in some behavioral health settings. Presenters will describe how clinicians can enter their progress notes into the electronic health record during the session, show the notes to the client, and invite discussion from the client about reactions to the notes. Presenters in this session will use organizational case examples to explain how significantly documentation time can be reduced, and how at the same time the therapeutic alliance with the client can be strengthened.
CONCURRENT SESSIONS, Continued

Emerging and ongoing data privacy and security challenges for behavioral health care in the evolving health care system

A dynamic, interactive panel of privacy and security experts will overview several of the major challenges to complying with privacy and security regulations for behavioral health data. They will refer to elements of HIPAA, including the upcoming Phase 2 audits, and 42CFR.2, including the most recent SAMHSA revisions. They will address information exchange issues among mental health and substance use treatment providers with each other, with the broader health care system, and with other systems such as social services and criminal justice. They will also address issues emerging from the increasing use of mobile technologies for health care data and social media.

BREAK AND EXHIBIT HALL OPEN

GENERAL SESSION KEYNOTE

Consumer-driven use of technologies to enhance treatment and recovery: Mobile devices and portals to support use of social media, texting, apps, bots and more

Clients are adopting a wide range of technologies to enhance their treatment and recovery. In this session, presenters will summarize the range of technologies that consumers are using, including: texting, bots, apps, web-based portals, GPS-based risk alert systems, and social media. They will review many of the functions that consumers value through these technologies, such as appointment reminders, real time communication with clinicians, alerts to prompt positive and recovery-oriented self-talk, and more. Presenters will evaluate the promises and pitfalls of texting between clinicians and clients in a behavioral healthcare setting, including such services as group notifications and reminders, server-based warnings and alerts when forwarding missed client messages, and inclusion of text-based information sent by clients into their electronic records. Presenters will also evaluate the regulatory, technology and security implications of mobile communications, and in what situations such safeguards as encryption are needed.
THURSDAY, April 27, 2017

7:30 AM – 3:30 PM  REGISTRATION

7:30 AM – 8:15 AM  CONTINENTAL BREAKFAST AND EXHIBIT HALL OPEN

7:30 AM – 8:15 AM  PRODUCT DEMONSTRATION

8:30 AM – 9:40 AM  GENERAL SESSION KEYNOTE

SAMHSA enacts the first Revise of 42CFR.2: A look at the new regulations for privacy of substance use treatment data

At the time of the 2017 conference, SAMHSA will have recently released its long-awaited revisions of the decades-old privacy regulations for substance use treatment data. While SAMHSA had previously issued new interpretations of the regulations to help address challenges in the evolving electronic era, this is the first actual set of revisions. Presenters will explain the major opportunities presented by electronic health record (EHR) systems for improved care coordination, several of the challenges that EHRs pose to client data privacy, and how 42CFR.2 regulations can impede care coordination. They will overview the recent changes made to the 42CFR.2 regulations that are intended to strike a new balance in protecting client data privacy while facilitating easier electronic health information exchange between those involved in clients’ treatments.

9:45 AM – 10:45 AM  GENERAL SESSION KEYNOTE

Laying the groundwork for electronic consents to release information: Progress towards national standards and technology solutions

Several federal agencies and national standard-setting organizations have launched initiatives to pilot electronic consent forms for client release of information. Presenters for this session will explain the basic elements that must be present in consent forms irrespective of whether on paper or electronically. They will overview these policy, standard-setting and demonstration grant efforts by such organizations as ONC, SAMHSA and HL-7. The presenters will describe the importance of setting such standards as record segmentation and data segmentation to provide the foundation for electronic consent forms that can specify limits on the type of data to be released, to whom it should be sent, and to whom it can be redisclosed. They will also describe pilot tests of these forms and progress towards widely accepted solutions.

10:45 AM – 11:15 AM  BREAK AND EXHIBIT HALL OPEN
11:15 AM – 12:30 PM

CONCURRENT SESSIONS

Measuring access to care: Challenges for counties and treatment providers in managed systems of care

State- and county-based behavioral health services are becoming managed care plans and organized delivery systems. This evolution brings with it definite benefits to the client, but also considerable new challenges to meet increased levels of responsibility and accountability. Presenters will describe the rationale and requirements for demonstrating timely access to services with data. They will describe the different ways of measuring access and how the results can be misleading. They will also describe the roles and responsibilities of the call centers, treatment providers, data analysts and system managers in entering, collecting, analyzing and reporting on the data. The presenters will provide case examples of how systems of care use these measures to identify subpopulations who are encountering more difficulties with access to care, and what can be done to improve access for those people.

Continuum of Care Reform in California: How data sharing between county mental health plans and child welfare departments supports new treatment models for youth and their families

Federal, state and local agencies increasingly recognize the necessity of comprehensive care models for addressing the mental health treatment needs of children and their families. In California, counties are now required to provide Intensive Care Coordination and Intensive Home Based Services to children and their families who are Medi-Cal covered and meet medical necessity criteria for Specialty Mental Health Services. Presenters for this session will represent both state and county perspectives to overview this initiative and the opportunities and challenges that it presents. They will explain the importance of data sharing at state, local and client care levels to implement the care coordination requirements of the initiative. The presenters will also provide case examples of how this data sharing is being accomplished while respecting HIPAA and other privacy regulations.

The present and future of Clinical Decision Support: Real world examples of automation and alerts to support enhanced patient safety and quality of care

Many counties and treatment provider organizations have selected their EHRs and have begun implementing their EHRs’ basic functionality. Having done so, they are ready to take advantage of some of the more advanced functionalities that EHRs can provide. The presenters for this session are thought-provoking and innovative leaders in health care informatics who will overview many of the most popular clinical decision support functionalities in EHRs, particularly those involving alerts for documentation compliance, links of assessment findings to treatment planning, and prompts for appropriate dosing levels of medications. The presenters will explain how to engage providers in maximum use of the clinical decision support system by striking a middle ground between too many and too few alerts. They will also explain how implementing a clinical decision support system can help meet Meaningful Use standards.
CONCURRENT SESSIONS, Continued

Year two of California’s 1115 Drug Medi-Cal Waiver pilot: How information technology and health information exchange are helping build an organized delivery system for treatment of substance use disorders

Many California counties have begun their system of care pilots to improve access, match clients to substance use disorder (SUD) treatment, incorporate evidence-based practices, coordinate care across other systems, and measure performance and outcomes. Presenters in this session will provide an overview of the Waiver, based upon criteria from the American Society of Addiction Medicine, and describe the important role of information systems in achieving the Waiver’s goals of person-centered care. They will include examples from actual implementations to illustrate how both electronic health record systems and health information exchange are making it possible to transform services from disconnected treatment programs into a unified system of care.

LUNCH AND EXHIBIT HALL OPEN

PRODUCT DEMONSTRATION

CONCURRENT SESSIONS

How to decide on what measures of quality care to use: An overview of nationally vetted measures and how to select from them

Health care reform has brought increased funding for services and, with it, increased accountability. Mental health and substance use program and system of care managers need to judiciously select a few of the best measures of access, quality of care, progress during treatment, and outcomes. Presenters for this session will provide an overview of the major national organizations who conduct a vetting process for measures and describe what that vetting process is like. They will describe how these vetting organizations communicate their findings to the field, where those findings can be easily found, and what some of the most widely used measures are. They will also explain what some of the criteria are that mental health and substance use policy makers and treatment managers are using to select from among these many measures.
2:00 PM – 3:15 PM

CONCURRENT SESSIONS, Continued

Care coordination for clients under civil commitment or otherwise hospitalized for a serious mental illness: Making data exchange easier between behavioral health, public guardian, and other involved services

Under Medi-Cal managed care, many health plans have made significant progress in developing effective models of person-centered planning and support to improve care for clients who periodically use intensive physical and behavioral health services without experiencing long-term positive outcomes. Among that client group are those under civil commitment or who have otherwise been hospitalized periodically for serious mental illnesses. Presenters for this session will describe some of the care management approaches in use to enhance treatment effectiveness, care coordination and client outcomes. They will describe the types of data exchange necessary between different providers, public guardian, and other service agencies to facilitate effective care coordination for these clients, and the challenges to doing so posed by some privacy regulations such as California’s Lanterman Petris Short (LPS) Act privacy procedures. Presenters will also describe proposals currently under consideration for minor changes to the LPS Act and the California Medical Information Act that could help improve information exchange and support care coordination for these clients.

Extending the connectivity to EHRs beyond the desktop via mobile and web based technologies

Although EHRs are maturing and stabilizing in desktop workstations, clinicians working in the field need remote access to clinical information through mobile and web based technologies. Presenters in this session will explore the creative and innovative ways organizations are extending their EHRs into the field for clinical use through mobile and web-based technologies such as smart phones, tablets, and laptops. Presenters will also describe the accompanying technical and security challenges to these remote devices and additional challenges to Bring Your Own Devices (BYOD). They will offer solutions and best standards of practice for communicating Protected Health Information (PHI) via remote devices including security measures that can be applied.

Substance use instruments for screening, assessment and measuring outcomes: An overview of approaches

Health care reform and related initiatives in the public sector are bringing more funding for substance use treatment. Along with it come increased accountability for conducting thorough assessments, matching clients to appropriate treatment, adjusting treatment to the changing needs of the client, and measuring outcomes. Presenters for this session will review several of the most widely used screening and assessment instruments that can also assist providers in treatment planning. They will review the most widely used measures of client perception of care and client progress in treatment. The presenters will explain how these measures can be administered most usefully to inform and guide treatment at the outset and on an ongoing basis throughout treatment.
THURSDAY, April 27, 2017

3:30 PM

CLOSING GENERAL SESSION

California’s Medi-Cal Waiver Whole Person Care Initiative: How information technology and HIE are being incentivized to support care coordination

The Whole Person Care Initiative is a significant 5-year program recently begun under California’s Medi-Cal 2020 Waiver to test locally-based initiatives that will coordinate physical health, behavioral health, social services and housing for vulnerable Medi-Cal beneficiaries who periodically use high cost services from multiple health care systems without long-term positive outcomes. Presenters will describe the initiative and how it provides funding for health information exchange and the underlayment of information technologies to support that exchange. They will describe the plans and beginning implementation efforts in several counties that were granted Whole Person Care pilot awards.

4:30 PM

CONFERENCE ADJOURNS
REGISTRATION INFORMATION

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

WEDNESDAY, APRIL 26 – THURSDAY, APRIL 27, 2017
Sheraton Carlsbad • 5480 Grand Pacific Drive • Carlsbad, CA 92008

Learn from presentations that address:

- How health information technology can help organizations address the challenges and opportunities of health care reform.
- Practical uses of health information exchange to support coordination across multiple systems of care.
- The evolving use of EHR systems: From implementation to optimization and improvement.
- Enhancing client recovery and wellness through innovative mobile apps and related technologies.
- Leveraging data analytics and visualizations to provide decision support and quality management.
- Practical implications of national policy developments regulating health data privacy and security.

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!

REGISTER ONLINE NOW AT WWW.CIBHS.ORG/Events
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$505.00 after Friday, April 6, 2017
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CIBHS TAX ID # 68-0314970. Registration will be confirmed by email.

* For every five registrations paid by the same organization, an additional registration will be given complimentary to that organization. Please contact the CIBHS conference department after you have registered at conferences@cibhs.org

FOR ADDITIONAL INFORMATION, please call (916) 379-5317 or email conferences@cibhs.org

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HOTEL INFORMATION
Sheraton Carlsbad • $125 Single or Double
5480 Grand Pacific Drive • Carlsbad, CA 92008
Please make guest room reservations directly with the hotel by calling 1-800-444-3515 before Monday, April 3, 2017; request the group rate for CIBHS.

CONTINUING EDUCATION: $45.00
Psychologists: The California Institute for Behavioral Health Solutions (CIBHS) is approved by the American Psychological Association to sponsor continuing education for Psychologists. CIBHS maintains responsibility for this program and its content.