The Thirteenth Annual Behavioral Health Information Management Conference and Exposition

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

Conference Program

April 3 - 4, 2013

San Diego Marriott Marquis and Marina
333 West Harbor Drive
San Diego, CA 92101
### Wednesday, April 3, 2013

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<td>7:00 AM – 5:00 PM</td>
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<td>10:00 AM – 10:25 AM</td>
<td>CONFERENCE OVERVIEW</td>
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<td>10:25 AM – 11:20 AM</td>
<td>THE RESTSTRUCTURING 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</td>
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<td>11:20 AM – 12:15 PM</td>
<td>THE FUTURE OF HIT-SUPPORTED QUALITY MANAGEMENT: EMERGING INITIATIVES, REQUIREMENTS AND OPPORTUNITIES</td>
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<td>3:45 PM – 5:00 PM</td>
<td>OPPORTUNITIES FOR CALIFORNIA WITH INTEGRATION OF DHM AND DADP FUNCTIONS INTO DHCS: HOW CAN BILLING AND REPORTING PROCESSES BE IMPROVED?</td>
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<td>5:00 PM – 6:45 PM</td>
<td>EXHIBITOR RECEPTION AND EXHIBIT HALL OPEN</td>
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### Thursday, April 4, 2013

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<td>7:30 AM – 3:30 PM</td>
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<td>7:30 AM – 8:15 AM</td>
<td>CONTINENTAL BREAKFAST AND EXHIBIT HALL OPEN</td>
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<td>8:30 AM – 9:40 AM</td>
<td>THE FUTURE IS HERE: CREATIVE USES OF NEW TECHNOLOGIES TO SUPPORT CONSUMER RECOVERY AND RELAPSE PREVENTION</td>
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<tr>
<td>9:45 AM – 10:45 AM</td>
<td>CONNECTING PATIENT RECORD INFORMATION BETWEEN PHYSICAL AND BEHAVIORAL HEALTH CARE ORGANIZATIONS</td>
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<td>10:45 AM – 11:15 AM</td>
<td>BREAK AND EXHIBIT HALL OPEN</td>
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<td>11:15 AM – 12:30 PM</td>
<td>CONCURRENT SESSIONS</td>
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<td>2:00 PM – 3:15 PM</td>
<td>CONCURRENT SESSIONS</td>
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<td>3:30 PM – 4:30 PM</td>
<td>CLOSING GENERAL SESSION HARNESSING THE POTENTIAL OF EHRs CLINICAL DECISION AND PORTALS TO ENHANCE THE QUALITY OF CARE</td>
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<td>4:30 PM</td>
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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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California Quality Improvement Committee (CalQIC)  
San Mateo County Mental Health Services

Rachel Clausen  
California Council of Community Mental Health Agencies (CCCMHA)  
EMQ Families First

Fei Collier  
California Department of Health Care Services (DHCS)

Toquyen Collier  
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Division of Behavioral Health Services, Salt Lake County

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Behavioral Health Informatics Consultant

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Foothold Technologies

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

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

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Project Return Peer Support Network

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California Institute for Mental Health (CiMH)

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California External Quality Review Organization (APS)

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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

7:00 AM – 5:00 PM  REGISTRATION  Marina Ballroom Foyer, Level 3

7:30 AM – 10:00 AM  CONTINENTAL BREAKFAST AND EXHIBIT HALL OPEN  Exhibit Hall, Marina F-G, Level 3

8:00 AM – 8:45 AM  PRODUCT DEMONSTRATION  Mission Hills/Balboa Room, Level 3

9:00 AM – 9:45 AM  PRODUCT DEMONSTRATION  Carlsbad/Cardiff Room, Level 3

10:00 AM – 10:25 AM  CONFERENCE OVERVIEW  Marina Ballroom D-E, Level 3
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
Vijay Ganju, PhD, CEO, Behavioral Health Knowledge Management
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  Coronado Terrace, 4th Floor

1:00 PM – 1:45 PM  PRODUCT DEMONSTRATION  Mission Hills/Balboa, Level 3
CONCURRENT SESSIONS

HOW TO CONFIGURE AND USE PATIENT REGISTRIES IN PRIMARY CARE TO SUPPORT BEHAVIORAL HEALTH INTERVENTIONS
Mission Hills/Balboa Room, Level 3
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:
Santa Rosa Room, Level 1
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
Solana/Point Loma Room, Level 1
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
Andy McCraw, MPH, President, Welligent
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
Carlsbad/Cardiff Room, Level 3
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.
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.
**GENERAL SESSION KEYNOTE**

*The Future is Here: Creative Uses of New Technologies to Support Consumer Recovery and Relapse Prevention*

David Gustafson, PhD, Director, Center for Health Enhancement Systems Studies, University of Wisconsin-Madison

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.

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**CONCURRENT SESSIONS**

*Initial and Ongoing Improvement of EHR Implementations: Case Studies from Counties, Behavioral Health and Primary Care Providers*

Kathleen Murray, IRIS Liaison Team Manager, Orange County
Adil Siddiqui, IT/IRIS Director, Orange County
Tina Zoppel, LCSW, Clinic Manager, County Campus, Clinic Ole Community Health

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  
Santa Rosa Room, Level 1  
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  
Mission Hills/Balboa Room, Level 3  
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  
Carlsbad/Cardiff Room, Level 3  
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  
Exhibit Hall, Marina F-G, Level 3
CONCURRENT SESSIONS

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

Santa Rosa Room, Level 1

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

Mission Hills/Balboa Room, Level 3

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

Alys Herring, Avatar Provider Implementation Analyst, 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

Carlsbad/Cardiff Room, Level 3

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

Karynsue Rose-Thomas, MSH, MCPM, Chief of Business Development, 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

Solana/Point Loma Room, Level 1

Linda Garrett, J.D., Partner, Risk Management Services

David Minch, President & COO, Healthshare Bay Area, Co-Chair, CalOHII Policy Steering Team

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

Marina Ballroom D-E, Level 3

HARNESSING THE POTENTIAL OF EHRs CLINICAL DECISION AND PORTALS TO 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

Handouts and resource materials will also be available at www.cimh.org/Learning/Conferences-Training/Handouts.aspx
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Credible Behavioral Health

Credible’s CCHIT Complete EHR-Certified software provides a fully integrated clinical, e-prescribing, scheduling, billing, form management, advanced search, mobile, and management reporting functionality. A leading Software as a Service (SaaS) provider for over 12 years, Credible is committed to continuous innovation, an easy to use interface, and a long term partnership approach.

Anasazi Software, Inc.

Anasazi’s community behavioral health solutions merged with Cerner Millennium’s in-patient behavioral health capabilities, creating the most comprehensive offering in the market. Along with complete EHR Certification for Meaningful Use, these solutions manage every aspect of your agency and allow providers access to data that aids in the transitions of care.

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Clinivate offers a comprehensive, flexible and easy-to-use Web-based EHR system for behavioral healthcare treatment organizations. Clinitrak features a balanced blend of extensive clinical knowledge coupled with superior technical expertise. Clinitrak’s modules provide a seamless integration of clinical documentation including Evidence Based Practice, Outcomes Tracking, EDI billing, and QA benchmarking. Clinivate’s consultative approach to providing customer solutions is the foundation for delivering on-time, error-free implementations, ongoing training and high-touch customer/user support.

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iDashboards is a user-friendly, cost-effective, enterprise solution providing an alternative to complex and expensive BI software. Gain real-time insight into critical data, KPIs and metrics for enhanced decision-making. With a low cost of ownership, cutting-edge technology, and proven user- adoption, iDashboards has become the software of choice for data visualization. www.iDashboards.com/Cloud.
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Netsmart helps transform care with innovative clinical and hosting solutions that coordinate care, improve outcomes and reduce costs. Netsmart is the leading EHR partner for behavioral health and addiction rehabilitation organizations, helping them deliver Accountable Care. Netsmart solutions are used by more than 18,000 clients worldwide. 1.800.472.5509

**Qualifacts Systems, Inc.**  
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Qualifacts is the largest cloud-based provider of EHR and billing systems for behavioral health and human services providers. The company’s certified complete EHR CareLogic Enterprise service includes comprehensive, integrated clinical, financial, reporting and administrative information management capabilities, which improve clinical workflow, revenue cycle management and operational transparency.

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The Echo Group’s enterprise applications have been used nationwide for over 31 years to address the needs of Behavioral Health organizations. Whether you take advantage of our clinical and fiscal software, workflow analysis, or our transaction management outsourcing, we have the tools you'll need to help you maximize your revenue.

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Welligent provides a cloud-based behavioral EHR to manage your outpatient mental health program, substance abuse, residential and other clinical programs. Manage scheduling, clinical services, documentation, billing and reporting from one, web-based system. Welligent’s California-based implementation team has helped more than 30 California providers successfully migrate from paper or other EHRs.
Askesis Development Group  
www.askesis.com

Askesis Development Group is a leader in software solutions for the behavioral health, addictions treatment, and social service markets. Providers across the country deliver services to millions of people, supported by our flagship product – PsychConsult® Provider, a fully integrated practice management and EHR application. Since 1993 PsychConsult Provider has enabled organizations to enhance business processes by adding revenue to their bottom line and standardizing clinical processes. Our innovative solutions for navigating change are ONC-ATCB 2011/2012 Complete EHR Certified for both Eligible Professional and Eligible Hospital domains and CCHIT Certified® 2011 Behavioral Health Electronic Health Record (EHR). For more information please visit our website www.askesis.com or call (877) 275-2341.

CalHIPSO  
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CalHIPSO, the largest of 62 federally designated regional extension centers providing subsidized services to help primary care providers meet meaningful use, is now offering Health eServices, a suite of low-cost consulting and technical solutions designed to help all providers optimize EHRs and meet meaningful use stages 1 and 2.

Circe Software, Inc.  
www.circesoftware.com

Circe enables organizations to easily and efficiently manage everything from client intake and assessment to setting goals and objectives, tracking progress and productivity, reporting, and billing. Circe makes it easy to track data across the entire programs, throughout the entire organization.

ClaimTrak Systems, Inc.  
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ClaimTrak Systems, Inc. has provided software solutions to mental health & human service agencies for over 23 years, offering a complete Electronic Health Record (EHR)—Clinical, Billing, Scheduling, Reporting, Medication Management, etc.—for inpatient, outpatient and residential settings. While our customers utilize much functionality “straight from the box”, the ClaimTrak system has been designed to effectively accommodate customizations to not only clinical forms, but also operational processes, meeting the specific needs of each customer. Find out how your agency can take advantage of this flexibility while meeting Meaningful Use, County and State requirements.
Thank You to our Other Exhibitors

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FEI Systems is an SBA Certified 8(a) Small and Disadvantaged Business based in Columbia, Maryland. FEI was founded in 1999 and has over 130 employees, with offices in the US and China. Over the past 13 years, FEI has become a leading IT company, specializing in substance abuse and mental health data solutions, with WITS being our most popular solution.

Foothold Technology, Inc.
www.footholdtechnology.com
Web-based software for behavioral healthcare and human service providers. With origins and roots in social services, Foothold’s AWARDS software is a complete Electronic Health Record that also supports administrative activities, including facilities maintenance, human resources, scheduling and alerts, audit reports, and automated billing. AWARDS is certified for Meaningful Use.
InfomC, Inc.  
InfoMC is a leading software company providing clinical and financial management solutions for Managed Behavioral Healthcare and Chronic Care Management organizations in the Public Sector. InfoMC’s Incedo™ system enables organizations to manage high risk populations, lower costs, improve efficiency, and provide better outcomes.

Kaplan Early Learning Company  
Kaplan is a leader in the field of early care and education, we bring to market innovative curriculums, cutting edge assessments, teacher resource materials and valuable professional development opportunities to early childhood and elementary school educators, caregivers and parents around the world.

NextGen Healthcare  
NextGen Healthcare is a leader in EHR, practice management, and health information exchange connectivity solutions to enhance collaborative, accountable care and earn Meaningful Use incentive revenue. Its new streamlined, 8-Series ambulatory EHR helps behavioral, mental health, substance abuse disorder and specialty providers work simpler, smarter, and faster connected environment.

Platton Technologies  
With over 35 years of service to county mental health departments Platton Technologies is widely recognized as a trusted information systems expert. Our affordable and customizable EHR product “Clinicians Gateway” is enthusiastically regarded by clinicians in Santa Barbara, Marin, Alameda and San Joaquin counties. Stop by our booth for a demo!

Valley Hope – IMCSS  
Providing software designed by chemical dependency professionals for chemical dependency and behavioral healthcare treatment centers. Also providing consulting, benefit verification and insurance claim filing services to improve the efficiency and effectiveness of operations.
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.”