

The 14th Annual Behavioral Health Information Management Conference and Exposition

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

Onsite Conference Program

April 23 - 24, 2014

**San Diego Marriott Marquis and Marina
333 West Harbor Drive
San Diego, CA 92101**



PROGRAM AT-A-GLANCE

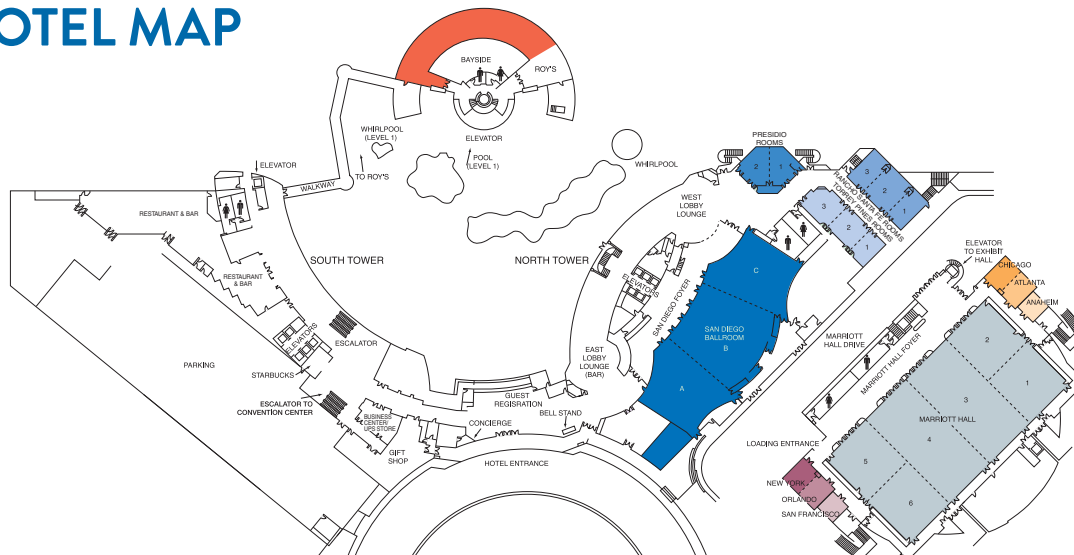
WEDNESDAY – April 23, 2014

8:00 AM – 5:15 PM	REGISTRATION				
8:00 AM – 10:00 AM	CONTINENTAL BREAKFAST AND EXHIBIT HALL OPEN				
9:00 AM – 9:45 AM	PRODUCT DEMONSTRATION				
10:00 AM – 10:25 AM	CONFERENCE OVERVIEW				
10:25 AM – 11:20 AM	GENERAL SESSION KEYNOTE The Restructuring of Our Health Care System: An Overview of the Changes Brought by Health Care Reform and What They Mean for Behavioral Health Information Technology				
11:20 AM – 12:15 PM	GENERAL SESSION KEYNOTE Connecting Patient Record Information between Physical and Behavioral Health Care Organizations				
12:15 PM – 2:00 PM	LUNCH, EXHIBIT HALL OPEN				
1:00 PM – 1:45 PM	PRODUCT DEMONSTRATION				
2:00 PM – 3:15 PM	CONCURRENT SESSIONS				
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3:45 PM – 5:00 PM	GENERAL SESSION KEYNOTE Harnessing the Potential of EHRs: Clinical Decision Support to Enhance the Quality of Care				
5:00 PM – 6:45 PM	EXHIBITOR RECEPTION AND EXHIBIT HALL OPEN				

THURSDAY – April 24, 2014

7:30 AM – 3:30 PM	REGISTRATION				
7:30 AM – 8:30 AM	CONTINENTAL BREAKFAST AND EXHIBIT HALL OPEN				
8:30 AM – 9:40 AM	GENERAL SESSION KEYNOTE Interoperability, Data Exchange Agreements and Communication: The Keys to Coordinated Care				
9:45 AM – 10:45 AM	GENERAL SESSION KEYNOTE Electronic Privacy and Security Issues Continue to Abound: A Panel of Experts Responds				
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3:15 PM – 3:30 PM	BREAK				
3:30 PM	CLOSING GENERAL SESSION Using Performance and Outcome Measures for Enhancing the Quality of Behavioral Health Care Services				
4:30 PM	CONFERENCE ADJOURNS				

HOTEL MAP



2014 CONFERENCE PLANNING COMMITTEE

Susan Blacksher, MSW, MCAS

California Association of Addiction Recovery
Resources (CAARR)

Mark Bryan

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

Keith Clausen, PhD

California Quality Improvement Committee (CalQIC)
San Mateo County Mental Health Services

Rachel Clausen

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

Toquyen Collier, PMP

California Department of Health Care Services (DHCS)

Robert M. Cothren, PhD

California Health eQuality / Institute for Population
Health Improvement

Monica Davis

California Association of Social Rehabilitation Agencies
(CASRA)
Mental Health America of Los Angeles (MHALA)

John de Miranda, EdM

National Association on Alcohol, Drugs, and Disability

Jessica Delgado

DHCS - SUD Prevention, Treatment and
Recovery Services Division

Richard DeLiberty, MSW

Conference Co-Organizer

Dana Fahey

California Mental Health Directors Association (CMHDA)
IT Committee
Santa Barbara County Alcohol, Drug, and
Mental Health Services

Marlowe Greenberg

Software and Technology Vendors Association (SATVA)
Foothold Technology

Karen Hart

United Advocates for Children and Families (UACF)

Keris Jän Myrick, MBA, PhD

National Alliance for the Mentally Ill (NAMI)
Project Return Peer Support Network

Michael Lardieri, LCSW

The National Council for Community Behavioral
Healthcare (NCCBH)

Marlene Maheu, PhD

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

Stephanie Oprendek, PhD

California Institute for Mental Health (CIMH)

Madelyn Schlaepfer, PhD

Executive Committee, County Alcohol and Drug Program
Administrators Association of California (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)

Bill Ullom

California External Quality Review Organization (APS)

Becky Vaughn

State Associations of Addiction Services (SAAS)

Dan Walters

California Mental Health Directors Association (CMHDA)
IT Committee
Kern County Mental Health

Cory Westergard

National Association of County Behavioral Health and Disability
Directors (NACBHDD)
Division of Behavioral Health Services, Salt Lake County

Grady Wilkinson, MSW

Mental Health Corporations of America (MHCA)
Sacred Heart Rehabilitation Center, Inc.

WEDNESDAY – April 23, 2014

8:00 AM – 5:15 PM	REGISTRATION Marriott Hall Foyer
8:00 AM – 10:00 AM	CONTINENTAL BREAKFAST AND EXHIBIT HALL OPEN Marriott Hall 4-6
9:00 AM – 9:45 AM	PRODUCT DEMONSTRATION  San Diego A
10:00 AM – 10:25 AM	<p>CONFERENCE OVERVIEW Marriott Hall 1-3</p> <p>Sandra Naylor Goodwin, PhD, MSW, President and CEO, California Institute for Mental Health (CiMH)</p> <p>Tom Trabin, PhD, MSM, Conference Chair; Behavioral Health Informatics and Executive Consultant</p>
10:25 AM – 11:20 AM	<p>GENERAL SESSION KEYNOTE Marriott Hall 1-3</p> <p>The Restructuring of Our Health Care System: An Overview of the Changes Brought by Health Care Reform and What They Mean for Behavioral Health Information Technology</p> <p>Ron Manderscheid, PhD, Executive Director, National Association of County Behavioral Health and Developmental Disability Directors; Adjunct Professor, Bloomberg School of Public Health, Johns Hopkins University</p> <p>The impact of health care reform continues to ripple through our health care system. The presenter is a national leader who will provide insights into the changes that have already transpired and which ones are yet to come. He will review such developments as increased health care coverage accompanied by increased access to health care, increased coordination of care between providers, and increased accountability through performance and outcome measures. He will explain the essential role of health information technology in supporting these changes, and in particular what to expect of this role in behavioral health care. He will provide recommendations for what behavioral health organizations and systems of care can do to prepare for the future.</p>
11:20 AM – 12:15 PM	<p>GENERAL SESSION KEYNOTE Marriott Hall 1-3</p> <p>Connecting Patient Record Information between Physical and Behavioral Health Care Organizations</p> <p>Christopher Reilly, LMFT, Director of Behavioral Health Services, Clinica Sierra Vista</p> <p>Jim Sorg, PhD, Director of Information Technology, Tarzana Treatment Centers</p> <p>Health care reform is incentivizing care coordination between primary and specialty behavioral health care providers, necessitating substantial increases in electronic data exchange between them. The presenters will review some of the challenges to be addressed, including differences in EHR software systems, content vocabularies, workflows and privacy protection practices. The presenters will describe types of circumstances prompting electronic data exchange between primary and specialty behavioral health care and how they impact clinical workflows. They will also provide examples of technology interfaces that enable easier exchange of data between the two types of software systems.</p>

DAY 1

WEDNESDAY – April 23, 2014

12:15 PM – 2:00 PM **LUNCH, EXHIBIT HALL OPEN**Marriott Hall 4-6

1:00 PM – 1:45 PM **PRODUCT DEMONSTRATION** San Diego A

2:00 PM – 3:15 PM **CONCURRENT SESSIONS**San Diego C

EHR Software to Support Behavioral Health Care Organizations: The Outlook from General Medical and Specialty Behavioral Health Software Providers

- Robert Capobianco**, Member, Software and Technology Vendors Association (SATVA);
VP of Marketing and Sales, Core Solutions
- Cherie Holmes-Henry**, Member, Electronic Health Record Association (EHRA), Assistant
Vice President, State Engagement, NEXTGEN HEALTHCARE, a QSI Company
- Michael R. Zent, PhD**, President and CEO, Jewish Family & Children’s Service
- Tom Trabin, PhD, MSM**, (Moderator) Conference Chair; Behavioral Health Informatics and
Executive Consultant

As incentives increase for care coordination and care integration, the challenges shift for software vendors. Specialty behavioral health software vendors must adapt their functionality to enable connectivity with physical healthcare, while general medical software vendors must extend their content and functionality specific to behavioral healthcare. In this session representatives from both behavioral health and medical software vendors will present their perspectives on future directions for their EHR industries, with specific attention to the behavioral health content and functionality needs of their client organizations.

Meaningful Use: Standards Not Just IncentivesSan Diego B

- Thad Dickson, PMP, CPHIMS**, President, Xpio Health
- Carol Reynolds**, Member, Software and Technology Vendors Association (SATVA);
Senior Vice President Client Experience, Netsmart
- Michael Lardieri, LCSW**, (Moderator) Vice President, Health Information Technology and Strategic
Development, National Council for Behavioral Health

The Meaningful Use initiative appears to be achieving many of its goals. Even for those who aren’t eligible for the financial incentives, the initiative is providing defacto information technology and performance measurement standards. Presenters in this session will review the Meaningful Use standards, especially for stages 2 and 3. They will discuss the relevance and implications of these standards for behavioral health organizations, and provide examples of how some organizations are implementing stages 2 and 3.

Mobile Technologies to Support Assessments and Treatment, Prevent Relapse and Promote RecoverySan Diego A

- Sharon Raggio, LPC, LMFT, MBA**, President & CEO, Mind Springs Health
- Paul Cumming**, National Outreach Advocate, Network of Care (NOC), Trilogy Integrated
Resources LLC
- Marlene Maheu, PhD**, (Moderator), Executive Director, Telemental Health Institute, Inc.

Among the most innovative areas of health technology are applications for mobile devices. Presenters will review recent applications for self-assessment, adjuncts to treatment, assists to prevent relapse, and supports for recovery. They will describe how these applications are being used and the evidence for their effectiveness. They will also envision how some of these applications can transform they way that behavioral health interventions are delivered.

DAY 1

WEDNESDAY – April 23, 2014

2:00 PM – 3:15 PM

CONCURRENT SESSIONS, continued

HIE 101: A Primer on Health Information Exchange Chicago Atlanta

Lori Hack, CEO, Object Health, LLC
Richard Swafford, PhD, Executive Director, Inland Empire Health Information Exchange (IEHIE)
John Macaulay, MD, Industry Principal, Healthcare and Life Sciences, Juniper Networks and Verizon Enterprise Solutions

Is HIE a verb or a noun? What are some of the different technological approaches to HIE and different types of HIE providers? What does it mean when some organizations assert “We will be using ‘Direct’ so we don’t need an HIE?” or “We don’t need ‘Direct’ because we use encrypted e-mail?” Presenters will answer these questions and review a range of approaches for those that need to know what HIE means. This is not a “how to” session, but a step before selection of a vendor. Presenters will review various data sharing options and how to match those options with local needs.

3:15 PM – 3:45 PM

BREAK AND EXHIBIT HALL OPEN

3:45 PM – 5:00 PM

GENERAL SESSION KEYNOTE

Harnessing the Potential of EHRs: Clinical Decision Support to Enhance the Quality of Care Marriott Hall 1-3

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

Many behavioral health care organizations have installed and implemented the more basic functionality of their EHRs, and are ready to move to the next phase. The presenter in this session will draw from proven experience with many behavioral health organizations to describe how EHRs can provide clinical decision support and significantly improve the quality of care. She will overview many of the types of decision support capabilities being actively deployed in a large network of behavioral health treatment organizations. She will describe the best approaches to installing and implementing them, and lessons learned from approaches to implementations that were not effective. She will also explain how some of these decision support functions are relevant to meeting the requirements of emerging standards such as Meaningful Use and NCQA’s Patient-Centered Medical Home.

5:00 PM – 6:45 PM

EXHIBITOR RECEPTION AND EXHIBIT HALL OPEN Marriott Hall 4-6

Hotel Room Key Card Sponsor



Flash Drive Sponsor



DAY 1

THURSDAY – April 24, 2014

7:30 AM – 3:30 PM **REGISTRATION** Marriott Hall Foyer

7:30 AM – 8:30 AM **CONTINENTAL BREAKFAST AND EXHIBIT HALL OPEN**  Marriott Hall 4-6

8:30 AM – 9:40 AM **GENERAL SESSION KEYNOTE** Marriott Hall 1-3

Interoperability, Data Exchange Agreements and Communication: The Keys to Coordinated Care

David B. Nelson, CISSP, CIPP/G, CHRC, CHPC, Senior Consultant, Hubbert Systems Consulting
Michele Peterson, Associate Director, California Council of Community Mental Health Agencies
Dan Walters, (Moderator) Technology Services Manager, Kern County Mental Health

Counties and their contracted treatment providers frequently need to exchange client information with each other and with other government agencies, treatment providers and payors to support care coordination. Presenters for this session will explain how technological interoperability can support interfaces between different software applications and facilitate electronic data exchange. They will review different types of content structures and content vocabularies, and explain the importance of common standards for further enabling electronic data exchange. They will also describe types of data exchange agreements, their essential elements, and best practices for their design and implementation.

9:45 AM – 10:45 AM **GENERAL SESSION KEYNOTE**. Marriott Hall 1-3

Electronic Privacy and Security Issues Continue to Abound: A Panel of Experts Responds

Linda Garrett, JD, Partner, Medical-Legal Consultant and Trainer, Risk Management Services
David B. Nelson, CISSP, CIPP/G, CHRC, CHPC, Senior Consultant, Hubbert Systems Consulting
Renee Popovits, Attorney, Popovits & Robinson, Attorneys at Law
Tom Trabin, PhD, MSM, (Moderator) Conference Chair; Behavioral Health Informatics and Executive Consultant

With each advancing year of new technology applications and increased electronic health information exchange, privacy and security challenges emerge that become widespread concerns. 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 issues will include new ways to secure electronic transmission of patient information and new ways to segment the electronic health record for more targeted consents to release information.

10:45 AM – 11:15 AM **BREAK AND EXHIBIT HALL OPEN**

DAY 2

THURSDAY – April 24, 2014

11:15 AM – 12:30 PM

CONCURRENT SESSIONS

The Many Challenges of Implementing EHRs: Case Studies from Counties and Behavioral Health Treatment Providers San Diego A

Bill Dollar, Chief Information Officer, Kings View
Jasper de Guzman, CIS Manager, Catholic Charities of Santa Clara County

EHR implementations bring many challenges whether it is an organization’s first, a subsequent implementation after a change in vendors or software, or implementing more advanced aspects of an EHR already adopted previously. Presenters in this session will draw from their own experiences to review and provide insights into many common and vital elements of the EHR implementation process. They will explain how best to help to elicit staff input in configuring software, project manage the implementation, conduct staff training, and incorporate quality improvement processes for implementing the EHR.

The Use of Registries to Guide and Improve Care Delivery: What Can Behavioral Health Learn from Primary Care? San Diego B

Marc Avery, MD, Clinical Associate Professor, University of Washington, Division of Integrated Care & Public Health, Associate Director for Clinical Services, AIMS Center
Crystal Eubanks, MSHS, Quality Director, LifeLong Medical Care

Patient registries are widely used in primary care settings to support evidence-based practices, augment patient-centered medical homes, support population and caseload management, and provide clinical decision support. They are also finding increasing use to support the integration of behavioral health interventions in primary care settings. Presenters will provide an overview of the basic and expanded uses of registries in primary care. They will describe some challenges and success stories in how registries can be deployed to support behavioral health care interventions in both primary care and specialty behavioral health care settings. Among the technological challenges to address, presenters will discuss synchronizing registry and EHR data to streamline data entry, and reconfiguring registries to track changes in patient scores on behavioral health measures administered periodically over time.

Using Technology to Protect Patient Privacy in a World of Electronic Health Records San Diego C

Maureen Boyle, Team Leader Health Information Technology, SAMHSA CSAT /DSCA
John Leipold, DBA, MBA, Board Member, Software and Technology Vendors Association (SATVA); Executive Vice President / COO, Valley Hope Association
Michael Lardieri, LCSW, (Moderator), Vice President Health Information Technology and Strategic Development, National Council for Community Behavioral Healthcare

42 CFR Part 2 and other state/federal regulations that protect the privacy and confidentiality of health care information entitle consumers to determine which elements of their health care record can be disclose and to whom the selected information is disclosed. Presenters will discuss how data segmentation and other software methods can facilitate electronic health information exchange that is compliant with these privacy/confidentiality regulations. Presenters will also describe Consent2Share, a new open source software application sponsored by the U.S. Substance Abuse and Mental Health Administration (SAMHSA) and the Ultra-Sensitive Privacy Disclosure (USPD), a new open source software implementation sponsored by the Software and Technology Vendors Association (SATVA).

DAY 2

THURSDAY – April 24, 2014

11:15 AM – 12:30 PM

CONCURRENT SESSIONS, *continued*

A Current Update on HIEs and RECs in California, with a Window into Their Future Directions.

Chicago Atlanta

Robert M. Cothren PhD, Principal, A Cuning Plan

Mary Franz, Executive Director, HITEC - LA

As a large state, California includes several regional Health Information Exchanges (HIEs) and Regional Extension Centers (RECs). They are each moving beyond their federally funded startup phases to evolve business models for long-term sustainability. Presenters will overview the different models for HIEs and RECs, how they are positioning themselves for the future, and what impact they are likely to have on behavioral healthcare information exchange and service delivery.

12:30 PM – 2:00 PM

LUNCH AND EXHIBIT HALL OPEN

Marriott Hall 4-6

1:00 PM – 1:45 PM

PRODUCT DEMONSTRATION



. San Diego A

2:00 PM – 3:15 PM

CONCURRENT SESSIONS

Building the Business Infrastructure to Thrive in the Era of Health Care Reform: Will Some Be Left Behind?

San Diego A

Jim O’Connell, CEO, Social Model Recovery, Inc.

Darren Urada, PhD, Associate Research Psychologist, UCLA Integrated Substance Abuse Programs:
Semel Institute for Neuroscience and Human Behavior

By the time the conference takes place, health care reform will be well under way across the nation. Many clients will be newly covered by Medi-Caid or other types of insurance benefits, and many of them will oscillate back and forth between Medi-Caid coverage and the Health Insurance Exchange. Public entities and the provider organizations they help fund will have to engage in substantially more data management and electronic information exchange to manage benefits and coordinate care. Presenters will describe the enhanced business infrastructures that these organizations must develop to manage the added complexity brought by Health Care Reform. They will review how these developments especially challenge smaller-sized providers serving special needs groups in the community and serving clients with substance use disorders. They will recommend ways that these providers and the systems of care within which they function can address these challenges.

DAY 2

THURSDAY – April 24, 2014

2:00 PM – 3:15 PM

CONCURRENT SESSIONS, continued

**Disruptive Coding Changes in the Behavioral Health Industry:
A CPT, ICD, and DSM OverviewChicago Atlanta**

Lisette Wright, Executive Director, Behavioral Health Solutions

Widespread adoption of health information technology, coupled with regulatory mandates, require provider organizations to adopt, implement, and effectively use coding structures in their daily operations. Two major changes to these coding structures are beginning a disruptive impact upon behavioral health provider organizations: the 2013 CPT procedure code changes and the upcoming ICD-10/DSM-5 transition for diagnosing and categorizing physical, mental and substance use disorders. This session will provide the audience with an overview of these code sets, the implications of the mandated changes for provider organizations, and how they can prepare and position their organizations to minimize the disruptive impact of the ICD-10 Transition.

**Consumer Management of Their Own Records: Access to EHRs, Types of
Personal Health Records and What the Future May HoldSan Diego B**

Paul Cumming, National Outreach Advocate, Network of Care (NOC), Trilogy Integrated Resources LLC
Virna Little PsyD, LCSW, SAP, Vice President for Psychosocial Services / Community Affairs,
The Institute for Family Health

Marlene Maheu, PhD, (Moderator), Executive Director, Telemental Health Institute, Inc.

Personal health records continue to proliferate in type and extent of implementation at a slow but steady pace. Presenters will describe the different types of PHRs, differentiate free standing PHRs from Patient Portals into EHRs, and explain the benefits of each. They will describe Blue Button, one of the most widely implemented PHRs, now offered by such federal agencies as the Departments of Defense, Health and Human Services, and Veteran Affairs. Presenters will also provide examples of how consumers are using their PHRs as both a way to view and maintain documentation of their treatment and as a tool for helping manage their own illnesses.

**Facilitating Client Information Exchange between Behavioral Health,
Child Welfare and Education SystemsSan Diego C**

Daniel A. Bach, MAIII, Senior Management Analyst, Monterey County Department of Social Services
Shell Culp, Chief Deputy Director, Office of System Integration, California Health and
Human Services Agency

Amie Miller, PsyD, MFT, Psychiatric Social Worker, Monterey County Behavioral Health Division

Behavioral health services for youths and their families often require coordination with multiple agencies and systems of care including child welfare, education, juvenile justice, and foster care. Presenters will discuss how youth and family services necessitate exchange of information between disparate electronic information systems for effective care coordination and reporting. They will describe how Katie A and other regulatory initiatives further underscore the need for interconnecting information systems that support care for youths and families. They will also discuss some of the challenges of making these interconnections, some solutions that have been tried, and some lessons learned.

DAY 2



Behavioral Health Information Management Conference and Exposition

THURSDAY – April 24, 2014

3:15 PM – 3:30 PM

BREAK

3:30 PM – 4:30 PM

CLOSING GENERAL SESSION Marriott Hall 1-3

Using Performance and Outcome Measures for Enhancing the Quality of Behavioral Health Care Services

Dennis Morrison, PhD, Member, Software and Technology Vendors Association (SATVA);
Chief Clinical Officer, Netsmart

Roy Starks, Director of Reaching Recovery and Rehabilitation, Mental Health Center of Denver

Health care reform proposes new types of treatment delivery models that incentivize care coordination and measurable outcomes. Presenters will provide examples of mental health and substance use measures based upon administrative data commonly available but underutilized for meaningful information, and survey measures that can provide “drill-down” information on consumer perceptions of their treatment experiences and their outcomes across several dimensions. Presenters will also demonstrate some of the uses of data analytic software to put the manipulation of data more easily into the hands of managers, with visual displays that make it easy to translate data analyses into meaningful information.

4:30 PM

CONFERENCE ADJOURNS

DAY 2

THANK YOU TO OUR OTHER EXHIBITORS



Booth 202

Askesis Development Group

www.asksis.com

Askesis Development Group provides state-of-the-art software solutions for service delivery and business management excellence in health and human service organizations. A leader in strategy and innovation, Askesis is the preferred technology partner for maximizing organizational performance, improving clinical operation efficiency, optimizing revenue cycle management, facilitating care coordination, and promoting consumer engagement.



Booth 105

BestNotes

www.bestnotes.com

BestNotes CRM/EHR is a HIPAA compliant customer relationship management and electronic health record system used by more than 500 behavioral health organizations and growing quickly. Stop by for a demo to see what makes BestNotes simply remarkable.



Booth 102

Celerity

www.celerityllc.net

Celerity's flagship application, CAM, was designed specifically for behavioral health providers with a focus on reducing time spent on paperwork and helping providers maintain compliance more efficiently. CAM includes State Specific complaint features, ASAM Criteria, Strengths Based Goal Achievement Practices and fully integrated Billing with electronic filing and remittance.



Booth 402

Cerner

www.cerner.com

Cerner's behavioral health solutions are designed to support clinical workflows across a variety of programs and settings, this includes both adult and child populations. Through a comprehensive array of dashboards, extensive patient tracking utilities, and multiple patient evaluation tools, clinicians have the ability to engage and manage their populations in a more safe and effective manner.



Booth 305

ClaimTrak Systems, Inc.

www.claimtrak.com

ClaimTrak Systems, Inc. has provided software solutions to mental health agencies for over 24 years, offering a complete Electronic Health Record (EHR)—Clinical, Billing, Scheduling, Reporting, Medication Management and Primary Care Integration—for inpatient, outpatient and residential settings. ClaimTrak software allows providers to manage critical information, reduce operational costs, increase reimbursements and improve quality of care. For more information and to schedule a complementary demonstration, visit us at www.claimtrak.com or 602-622-0207.



Booth 403

eCenter Research, Inc. http://ecenterresearch.com/ecenter_test/index.htm

eBHSolutions is a secure online clinical information system powered by eCenter Research. eBHSolutions supports collaborative, multi-agency care processes that enable providers to improve outcomes for clients, groups of clients, and whole systems of care through real-time capture of and access to behavioral and physical health information. For more information about eCenter Research eINSIGHT Systems info@ecenterresearch.com. For more information about Advanced Recovery, Coordinated Care, or Small County Data Center projects jlancy@cimh.org

THANK YOU TO OUR OTHER EXHIBITORS



Booth 103

Foothold Technology

<http://footholdtechnology.com>

Foothold Technology offers a certified electronic record, AWARDS, that helps human service providers manage services, track client data, and generate reports for better outcomes and billing. Originating from three agencies in 2000, AWARDS is ideal for virtually all service types and is fully interoperable with any other federally certified system.



Booth 106

Hazelden

www.hazelden.org

Hazelden is best known for providing proven-effective addiction treatment, recovery, and prevention books, videos, and curricula to individual consumers, treatment programs, schools, hospitals, mental health agencies, correctional facilities, and human resources programs. Hazelden works to build awareness and understanding about effective prevention and the nature of addiction and the effectiveness of treatment.



Booth 406

Kings View

<http://www.kingsview.org>

Kings View has addressed the unique behavioral and social needs of the seriously mentally ill for the past 60 years and is recognized as the industry leader for innovation and collaboration. Kings View offers six service lines: Mental Health, TelePsychiatry, Substance Abuse, Developmentally Disabled Programs, Youth Empowerment, and Information Systems.



Booth 205

Mental Health Center of Denver

<http://mhcd.org>

Mental Health Center of Denver Reaching Recovery at the Mental Health Center of Denver partners with behavioral healthcare agencies to measure recovery. We offer consultation on transformation to a recovery-focused agency and four instruments used to measure recovery. The instruments are used in conjunction with a wellness culture for staff and a recovery culture for the agency.



Booth 307

myStrength, Inc.

www.mystrength.com

MyStrength is an innovative self-help resource transforming evidence-based content that can augment treatment for depression, anxiety, and substance abuse. The web and mobile applications include interactive tools, action plans, daily inspiration, and learning modules. These resources are offered through a HIPAA-compliant platform to extend care, improve outcomes, and lower cost of delivery.



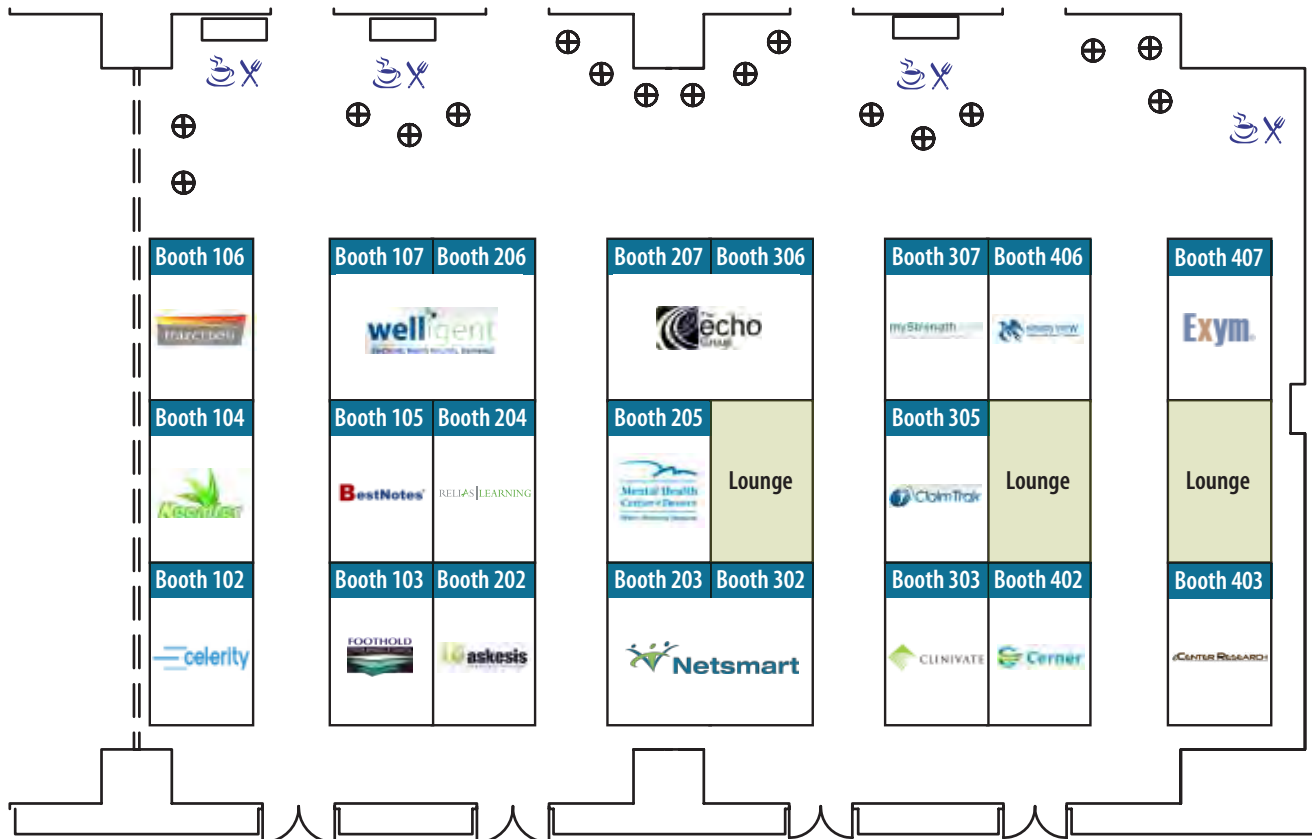
Booth 204

Relias Learning

<http://reliaslearning.com>

Relias Learning delivers comprehensive, compliant online training to support employees in mental health services, child services, addiction services, social services, and community healthcare. At Relias Learning, we partner with top health and human services agencies, accrediting bodies, councils, and child welfare leagues to create unrivaled course content that supports professional accreditation and most national and state certifications. Each year, more than 1.7 million employees at 3,500 organizations take over 12 million online courses from Relias Learning.

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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."

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