NC TIDE

2019 CONFERENCE

April 28- May 1, 2019

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Hotel Ballast
301 N. Water Street, Wilmington NC

The North Carolina Training, Instruction, Development and Education (NC TIDE) Committee is a non-profit training organization for the behavioral healthcare industry. With their first conference in 1975, established in 1992 as a non-profit agency, and most recently renamed NC TIDE in 2011, NC TIDE has successfully completed over 81 conferences and trained thousands of individuals in the behavioral healthcare industry.

With the new focus on Integrated Care and the 1115 Waiver, the NC TIDE 2019 Conference is not one that you will want to miss! We have established tracks specifically related to Integrated Care with presentations from those that have been operating within an Integrated Care Model. Presentations include national experts and state representatives with insight into the new waiver.

Audience: *LME/MCO Staff, Care Coordinators/Case Managers, Administrators, Primary Care Providers and Staff, Practice Managers, All Mental Health Professionals including Mental Health, Substance Use, and Intellectual and Developmental Disabilities, CFAC and Family Members, Board Members, and any other professional and individuals interested in this topic.*

NC TIDE Spring 2019- Quick Reference Guide
REGISTER HERE
April 29-May 1, 2019
Wilmington NC- Hotel Ballast

NC TIDE

NC TRAINING, INSTRUCTION, DEVELOPMENT, AND EDUCATION

Note: The information below regarding sessions is a **"quick reference" guide** and is not intended to replace the electronic registration process. To see all information regarding sessions, objectives, and biographies, please see our electronic registration process. REGISTER HERE Early Bird ends 4/14/19

Early Bird Info:

- Register by **4/14/19** for the Early Bird Cut off to take advantage of the discount prices and Promotional Volume Discount of **5th registration free with every 4 FULL registrations paid**. See next page for 5th person free registration instructions.

SESSION CODE	SESSION NAME	PRESENTER(S)	SESSION DESCRIPTION
		PLENARY 1 **4/29/19 - 9:00 AM**	
PLENARY-1	The Ties that Bind: Breaking the Cycle of Addiction	Mollie Birney	The daughter of Meredith Baxter (Growing Pains) and David Birney, tells the story of her eating disorder, her plunge into depression and her eventual recovery through the 12-Step Program. Both informative and inspirational, Mollie has the insight of someone far older than her years, and the ability to relate to her own generation and those just approaching their teenage years.
		GROUP SESSION A **4/29/19 - 10:45 AM**	
A1	Integrating Behavioral and Physical Healthcare	Dr. Jennie Byrne, Andrew Clendenin	"Intro to Integrated Care" addressing the definition of integrated care (acknowledging the spectrum of integration), evidence-base models of integrated care, examples of CCNC's work around the state and opportunities for BH providers.

A2	Billing Challenges with Value Based Reimbursement Models	Vince Joyce	As payers move to value-based reimbursement models, providers can no longer totally rely on current fee for service billing systems. Payers will base reimbursement more on clinical outcomes and perhaps even sub-capitation, instead of relying totally on procedure codes, units and per unit rates. The challenge will be to make the new reimbursement models work with existing 837/835 EDI file structure and current general ledger systems. New billing systems will be based on patient encounter reporting and tying value-based payments back to the individual encounters. The national Workgroup on EDI (WEDI) has recently been working on these challenges and we will review some of their findings. We will also discuss an 837 guide that ASC X12 has designed specifically for encounter reporting and value-based transactions.
A3	Supporting Evidence-Based Practices and Managing Care through Fidelity and Outcome Monitoring	Lorna Moser Stacy Smith	We will review fidelity measurement theory and practice as it relates to guiding implementation efforts and ensuring some minimal level of quality is reached and exceeded. We will discuss the necessary relationship between fidelity and outcomes, how this translates to individual team's performance. We will use case-based examples related to three best practices (assertive community treatment (ACT), individual placement and support (IPS) model of supported employment, and critical time intervention (CTI) to discuss the important and role of fidelity monitoring, while also the risks of solely focusing on outcomes alone as quality indicators. Finally, we will also discuss how quality improvement data from fidelity evaluations can be used to improve managed care functions (i.e.- utilization management, provider network development, training, etc.).
A4	Quality & Value in Tailored Plans	Kelly Crosbie	This session will cover the comprehensive quality strategy for Tailored Plans. We will discuss Aims/Goals/Objectives of the DHB for Medicaid Quality: Better Care Delivery, Healthier People/Healthier Communities, and Smarter Spending. We'll cover priority measure sets, withholds/incentives, state benchmarks/targets, requirements for quality improvement and provider coaching, PHP report cards, and the role of the EQRO. We will also discuss DHB's plan for moving toward paying for Value and state expectations for value-based purchasing in provider contracts.

A5	Social Media: Suicide, Depression, and effects on Teens and LGBTQ	Angela Brooks-Livingston	Adolescents and the LGBTQ Community are both vulnerable populations to depression and suicide. The time of adolescents is a difficult stage of development. Members of the lesbian, gay, bisexual, transgender, and queer community face unique challenges from their straight counterparts. Depression is common, and suicide is a tragedy in both adolescents and the LGBTQ Community. Social media can play a role in this trajectory. In this presentation, attendees will learn about the rampant prevalence of depression and suicide among teens and the LGBTQ community, and how to intervene.
	GROUP SESSION B **4/29/19 - 1:30 PM**		
B1	Mitigation of Potential Financial Barriers- DHHS	Kelly Crosbie, Kelsi Knick	Integrated/Whole Person Care is a best practice model, however; until the 1115 waiver not financially viable in North Carolina. During this session we will review the previous funding limitations and changes within the 1115 waiver that will mitigate those barriers. We will give examples of how primary care providers can now financially support the presence of behavioral health providers on site as well as other integration models from a financial prospective.
B2	Navigating Health Information Exchange in North Carolina	Kenya Servia, TorQuailla Aultman	The North Carolina Health Information Exchange Authority (NC HIEA) oversees and administers North Carolina's state-designated health information exchange, NC HealthConnex. NC HealthConnex is a secure, electronic network that facilitates conversations between authorized health care providers by allowing them to access and share health-related information. Through statewide connectivity and information sharing, NC HealthConnex will help to break down information silos between providers, achieve greater outcomes for patients, and create efficiencies in state-funded programs such as Medicaid and the State Health Plan. As many providers are aware, connection to NC HealthConnex is mandated for the provision of Medicaid and State-funded participation by various dates in the coming year. This includes all providers involved in a patient's care (primary care, acute care, long-term care, specialists, behavioral health and more). What's more, NC HealthConnex is poised to support health care providers as they move to managed care and enter into value-based care contracts. Real time and accurate clinical data is a critical tool to providing appropriate care and closing information gaps across the care continuum. In our session, we will present on the progress of achieving statewide connectivity, explain all value-added service offerings, and review how providers can meet state reporting requirements efficiently via NC HealthConnex. We will also provide information to the attendees surrounding North Carolina Immunization registry and the benefits of connecting to the immunization registry via NC HealthConnex passthrough
B3	Managing Risk in Community Integration: Promoting the Dignity of Risk and	Mark Salzer	In this training, we will find principles and strategies to promote opportunities for increased community integration, processes for exploring the risks or consequences (both positive and negative) associated with the individual choices people make in their pursuit of valued adult roles, tools to assist in the development of comprehensive support plans to monitor and manage the identified risks, as well as useful real life

	Supporting Personal Choice		examples to demonstrate the implementation of a community integration framework. It is our hope that you will find this information useful in designing programs, policies, procedures, and training for your staff, board, volunteers, and those to whom you provide service.
B4	From Intake to Discharge: Monitoring for Excellence in Clinical Practice	Karen Kern	Oftentimes, behavioral healthcare focuses on getting patients back to baseline functioning, but the only way to ensure meaningful change for our patients is to focus on the quality of clinical care provided. Sandhills Center will share how we built on North Carolina Department of Health and Human Services requirements for monitoring audits to design an evidence-based practices monitoring program to measure and track clinical practice quality. We will explore our responsibility as a Local Management Entity-Managed Care Organization to support providers in delivering high quality care to encourage evidence-based assessment, diagnosis, and treatment practices. We will examine how we promote partnership with providers to give patients the best chance for recovery and how we seek to build on the expertise of providers and increase the efficacy of the whole provider network.
B5	The Fundamentals of Effective Advocacy	Michelle Laws	It is difficult to identify a behavioral health policy, service, or program that is in existence without the influence of some level of advocacy. Many policies, programs, and services emerge because of an individual or group identifying a need and working to convince others of the program and service's importance and value. But who are the people making decisions about which policies, services, or programs are worthy of funding or development? And, how do you influence the people who make decisions about which policies, services, or programs are worth supporting and/or funding? How do you make the connection with elected leaders and effectively communicate your needs and desires? This workshop will teach participants the fundamentals of effective advocacy for public behavioral health policies, services, and programs.
	PLENARY 2 **4/29/19 - 3:15 PM**		
PLENARY-2	Difference between Standard Plan-Tailored Plan and who is responsible?	Kathy Nichols	This session will explain the difference between different types of plans as outlined in North Carolina's 1115 Medicaid Managed Care waiver, specifically, the differences between Standard and Tailored Plans.

			PLENARY 3 **4/30/19- 8:30 AM**
PLENARY-3	Sheer Madness: The Tragic Effects of Untreated Substance Abuse and Depression	Andrew McKenna	Author and attorney, Andrew McKenna, chronicles his incredible journey from US Airman, US Marine Corps Captain, JAG Attorney and Justice Department prosecutor, to opiate and heroin addict, bank robber, and ultimately to Federal prisoner. His memoir, "Sheer Madness" is brutally honest and his story is an inspiration to those struggling with depression. (Followed by a Book Signing)
			GROUP SESSION C **4/30/19 - 10:30 AM**
C1	NC Enrollment Broker	Eric Rubin	Under the new 1115 Waiver an Enrollment Broker Service is required. DHHS has selected that enrollment broker to be MAXIMUS. During this session you will hear from the selected broker a brief overview of MAXIMUS and the services that will be delivered by the NC Enrollment Broker.
C2	Credentialing in the Integrated World	Jay Ludlam, Jean Holliday	Many changes are occurring in NC Healthcare as we transform into whole person/integrated care. North Carolina is moving from the currently implemented 1915(b)(c) waiver within an 1115 waiver with standard and tailored plans. LME/MCOs currently complete all credentialing for providers in the behavioral health world. What will the future look like for both behavioral health and physical health providers as we move into the new waiver in relation to credentialing?
C3	Suicide and The African American Community	Victor Armstrong	There is a longstanding belief in the African American Community that suicide does not exist among black people. The truth, is that suicide among African Americans does exist and is increasing. In fact the suicide rate among African American youth has surpassed that of their white counterparts. In this presentation, Victor Armstrong will share the data regarding African American suicides, explore the reasons behind myth of suicide's non-existence in the African American Community, highlight the impact of not addressing the issue of suicide, and propose strategies for reducing stigma around mental illness in the African American Community.
C4	Data Collection, Analytics and Action	Carol Clayton	The healthcare data explosion has left many in the field overwhelmed with data but underwhelmed with usable information. This session will focus on turning data in to actionable insights using several case examples of replicable and scalable clinical interventions built from a data driven framework. A foundation of change management will be the basis for the overall presentation.

C5	From the Consumer Perspective: What Input Looks Like	Jean Anderson, Tom Pittman, Pat McGinnis	Transformation is not a new subject in the behavioral health world, however; Medicaid Transformation to include physical health can be a scary subject. How will Medicaid Transformation affect CFACs? We will review this, and other topics related to transformation during this session.

	GROUP SESSION D **4/30/19 - 1:30 PM**		
D1	Collaborative Care Model for Psychiatric Treatment of Primary Care Patients	Dr. Nathan Harper	We will discuss how the Collaborative Care Model is used to identify and deliver direct psychiatric consultation to primary care providers to improve the psychiatric treatment of their patients with a focus on depression and anxiety
D2	Establishing and Working Within an ASO Model	Lanier Cansler	This presentation is designed to provide insight into the self-insured model known as an ASO, Administrative Services Only. We will explore both the opportunities and challenges presented by an ASO, and who may benefit from the adoption of the ASO model. We will discuss the steps and considerations in the development of an ASO.
D3	North Carolina's Behavioral Health Crisis: What You Need to Know	Nicholle Karim	Between the decreased funding for behavioral health and continued opioid epidemic, no one has been immune to the effects of the growing behavioral health crisis in North Carolina. This session will focus on the historical and structural underpinnings of the behavioral health system which has led to many health disparities for people with mental illness and substance use disorders. Furthermore, participants will learn more about NCHA projects aimed at improving outcomes for behavioral health patients along with recent and forthcoming changes to the behavioral health system, including Medicaid Transformation and the involuntary commitment statute.
D4	Creating a Culture of Compliance: Program Integrity and Self-Audits for Provider Agencies	Sarah Glanville, Amanda Willett	This session is an introduction to corporate compliance and program integrity with particular focus on clinical and financial self-audits for providers. The session aims to prepare providers for the future of clinical and financial oversight under the 1115 waiver. Providers and other stakeholders will learn the core elements of a corporate compliance program and how to apply corporate compliance principles within the daily operations of a behavioral health and/or I/DD practice. The session will blend a didactic approach with hands-on exercises and group discussion.

D5	The Impact of Advocacy	Pat Schaeffer, CJ Lewis	This interactive presentation will provide all stakeholders with the basic elements needed to impact change. Prioritization, collecting data, collaboration, SMART goal setting, and collective advocacy will be among the topics discussed. Participants will walk away with essential tools needed to develop an effective action plan to engage in advocacy efforts to help influence changes within the service system.
		GROUP SESSION E **4/30/19 - 3:15 PM**	
E1	Real Life Experiences with Evidence Based Models	Evie Nicklas, Bart Grimes, Lisa Tyndall	This presentation will highlight two successful integrated care programs which are located within Federally Qualified Healthcare Centers. Elements of evidence-based models that were used will be discussed as well as ways to help ensure a successful adaptation of evidence-based models into existing clinic structures.
E2	Clinical Innovation in Behavioral Healthcare	Christine Beck	The presentation will describe some of the clinically innovative programs that have been piloted or implemented within the behavioral health managed care system. The focus will be on program development, implementation, and payment structure. Information on lessons learned along the way and opportunities for the future will be shared.
E3	Achieving Outcomes that Matter in ASD Intervention	Louise Southern	This presentation will emphasize practical strategies that professionals and families can apply to promote meaningful progress within such critical domains as self-advocacy, safety and community integration for children and adults with ASD.
E4	Case Study: A Criminal Prosecution of Healthcare Fraud	John Parris	The presentation will discuss the investigation and federal prosecution of three individuals for healthcare fraud and illegal kickbacks in North Carolina.
E5	NC TBI Waiver Development and Implementation	Cristina Phillips, Kenneth Bausell, Jeffrey Payne	Our Panel will present an overview of the development of NC's First TBI WAIVER Pilot Project.
		GROUP SESSION F **5/1/19- 8:45 AM**	

F1	Outcome: SUCCESS! A Model for Successful Behavioral Health Integration	Leslie Deane, Trey Steckline	Nearly 70% of the population with chronic medical conditions are also affected by behavioral health concerns that negatively impact their ability to successfully manage their medical conditions. Improving behavior improves medical management of conditions such as COPD and CHF, reducing readmissions and unnecessary emergency room visits. Demonstrating successful financial AND medical outcomes are key to sustaining population health initiatives that combine behavioral and medical services. This presentation shows attendees where to start and how to assure successful behavioral health-medical health integration of services for overall population health.
F2	The Information Systems Journey to Whole Person Care	Billy West, Jerold Greer	The Information Systems Journey to Whole Person This session will provide the answers to the following questions: Do we connect to the Health Information Exchange (HIE)? Do we hire staff to key lab results? How do we convince medical staff to get on board when adopting healthcare technology standards can mean more work, not less? Do we implement a patient portal? Do we integrate external healthcare data into our own system to support medical decision making? Join this session for the answers.
F3	Harm Reduction & Overdose 101	Michelle Mathis	This presentation will review the basics of Harm Reduction, both as a philosophy and as a community outreach model. Syringe Exchange and public Naloxone access will be introduced, as well a brief history of legislation affecting harm reduction efforts in NC, including the 911 Good Samaritan/Naloxone Law and the STOP Act. Signs and Symptoms of an opioid overdose and how to reverse an overdose will also be discussed.
F4	NCQA MBHO Accreditation for LME/MCOs	Bill Rankin	This session will outline the 2019 Standards and Guidelines for the accreditation of Managed Behavioral Healthcare Organizations (MBHO) as related to LME/MCOs
F5	Polishing the Gold	Chris Jenkins	Recipient of the 2018 NC TIDE "Empowering Hope Award," Chris will share his story of Hope Restorations. Chris will also encourage participants to effectively engage in mental health treatment while focusing on engaging strengths rather than identifying and "fixing" the broken.

PLENARY 4
5/1/19- 10:30 AM

| PLENARY-4 | State of the State | Kody Kinsley | Evolution continues in the World of Behavioral Health. In this session, the learner will be provided with updates regarding activity at the state level and will assist in providing perspective on the plan moving forward. The Deputy Secretary will cover recent policy issues, legislative issues, budget issues, and discuss how these will affect the future direction of behavioral health in North Carolina. Time will be allowed after the presentation for questions from participants. |

Conference Pricing (To be paid in electronic registration):

Registration Fees 2019

		EARLY Registration End Date: 4/14/19	Registration Prices after: 4/14/19
FULL CONFERENCE			
☐	FULL CONFERENCE- General Attendee **Includes membership fee	$233.00	$258.00
☐	1 day only	153.00	178.00

Other Helpful Links:

- The Hotel Ballast has set up a special room rate for NC TIDE. The special room rate ends on 3/27/19. **Hotel Ballast Reservations Here- Code TDE**

- We are now accepting referrals for the Empowering Hope Award: Find the application here: **www.nctide.org**

- Things to do while in Wilmington: **Things to Do**

Group Registrations:

Individuals registering from the same company and registering at the same time for FULL CONFERENCE, may take advantage of the 5th Participant Free Group Special. **Note: Special ends 4/14/19.**

Directions:
1. Go to the registration page: REGISTER HERE
2. Enter each of the first 4 participants for the FULL Conference, choosing sessions, etc., that each person would like to attend. *IMPORTANT: You MUST Choose the Buy 4 Get 5th Registration for each of the 5 participants to get the 5th one free.*
3. Enter your 5th person as you did the first four- choosing the Buy 4 Get 5th Free Registration
4. Once you move to the payment section, if you have chosen the correct item for each person as indicated above, the first 4 attendees will be $233.00 each and the 5th person will be $0.00.

Below is an example of the registration type that must be selected to make the registration work correctly. All registrations must be entered and paid for together to get the 5th one free.

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