

VIRTUAL SPRING CONFERENCE

3Cs of Transformation

Connect • Communicate • Collaborate



CENTER *for*
INTEGRATIVE
HEALTH

insight to innovation

Conference Brochure
June 14-15, 2021

Convene.
Strategize.
Activate.

PROGRAM AT A GLANCE

MONDAY, JUNE 14, 2021

8:30 - 9:30 a.m.
Exhibitor Office Hours

9:30 - 9:40 a.m.
i2i Welcome

9:40 - 10:00 a.m.
Message from Deputy
Secretary Kinsley
COVID-19: Shaping New State
Supports for Behavioral Health
and I/DD

10:00 - 11:00 a.m.
Opening Plenary Session
Innovations in Medicaid - Moving
Us Closer to Value and Integration

11:00 - 12:30 p.m.
Lunch, Exhibitor Office Hours,
Networking Meetings, Quick
Trainings

12:30 - 2:00 p.m.
Concurrent Sessions
Population Health Management
for Providers and Care Managers -
Part I

Implementing the Quality Strategy
in the Tailored Plan - Part I

Lessons Learned from New York:
Using Data Metric Tools to Maximize
Care Coordination

Using the Community Resiliency
Model to Heal from the Impact of
Systemic Racism

Connection and Outreach:
Addressing Drivers of Health in a
Managed Care Environment

2:00 - 2:30 p.m.
Break Time

2:30 - 3:30 p.m.
Sparking Innovation Topics
Integrated Healthcare on an
Assertive Community Treatment
Team - Moving Your Team Toward
Whole Person Care

Healthcare Marketing as
Community Building

HOPE (Housing Options for
People with Exceptionalities) and
Innovative Housing Solution for
Adults with I/DD in NC

Peer Support - Impacting the
Justice System and Services and
Supports for Individuals with
Complex Needs

Role of Family Navigator for
Individuals with I/DD

3:30 - 4:00 p.m.
Exhibitor Office Hours,
Networking Time, Break,
Quick Trainings

4:00 p.m.
Adjourn

TUESDAY, JUNE 15, 2021

8:00 - 8:30 a.m.
Burn Out Proof Yourself!

8:30 - 9:30 a.m.
Exhibitor Office Hours

9:30 - 10:30 a.m.
Sparking Innovation Topics
SDoH and Data, Improvements that
Advance Whole Person Care in a
Managed Care Environment

Humanizing Your Communications:
Tactics to Prioritize while Building
Inclusive and Thoughtful Service
Messages

Delivering Behavioral Therapy with
MAT During the Covid Era: Utilizing
Virtual Support Groups
and Collaborative Care

Robot Technology - a New Tool
in Care Management

Why Self-Directed Care

Your Advocacy Roadmap - Tips to
Make a Difference with Policymakers

10:30 - 12:00 p.m.
Lunch, Exhibitor Office Hours,
Networking Time, Quick Trainings

12:00 - 1:30 p.m.
Concurrent Sessions
Population Health Management for
Providers and Care Managers Part II

Implementing the Quality Strategy in
the Standard Plan - Part II

The Next Step in Value-Based
Contracting

Implementing a Whole Health Model
Utilizing a Health Index to Improve
Outcomes

Hospital and Provider Partnerships:
Creating a Behavioral Health Network

Expanding Access to Technology
Based Care Solutions

1:30 - 2:00 p.m.
Break Time

2:00 - 2:30 p.m.
Live Catch-Up Meetings
Getting to Know the Medicaid
Ombudsman

Pushing for Progress in Parity

Foster Care Specialty Plan -
Gathering Input

NC Response to the Opioid
Epidemic: Status Check

Prioritizing Jail Diversion

988 - What It Means for NC Suicide
Prevention

2:30 - 3:00 p.m.
Break Time

3:00 - 4:00 p.m.
Closing Plenary Session
Implementing Medicaid Managed
Care - State Priorities and
Expectations for 2021
Sponsored by OnTarget

4:00 p.m.
i2i Closing Message

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Jennifer Davis

910-726-2245

Jennifer.Davis@aymira.com



Lauren Wiggs

704-944-2894

Lauren.Wiggs@aymira.com

3CS OF TRANSFORMATION CONNECT, COMMUNICATE, COLLABORATE

June 14-15, 2021

WHY ATTEND

It's 2021, time for North Carolina to begin transformation to implement Medicaid managed care, thus moving services toward a system of integrated, whole person care. Although this will be a positive transformation, the transition does present challenges. We believe there are **3Cs of Transformation - Connect, Communicate, Collaborate** and during the Spring Conference, we will present the methods, tools, and opportunities available to do all three and position your organization for success. In addition to the challenges of transformation, we are beginning to come out of a year-long pandemic which has affected every aspect of life, including the provision of care, your staff and your organization. In addition, our country has only begun the work to address social equity and turn the tide on systemic racism. There is still much more to be done. At this event, we will explore the shifts and opportunities the pandemic has created and understand how new modalities like telehealth and technology are critical parts of care in a post pandemic, managed care world.

National and State experts will present on key topic areas:

- Medicaid Transformation and Innovations
- Adapting your Services to meet the Requirements of the Standard and Tailored Plans
- Implementing Whole Person and Value-Based Care
- Addressing Population Health
- Expanding Telehealth and Technology
- Importance of Diversity and Inclusion
- How to Effectively utilize Marketing and Social Media to Expand and Support your Organization Services
- The important role of Peer Support in Complex Care
- State and Federal Policy Changes, and much more.

WHO SHOULD PARTICIPATE

Provider Organization leadership: CEOs, Managers, Medical Directors, Clinical Directors, Quality Management staff, Service Coordinators; **Managed Care Organization leadership:** CEOs, Managers, Directors, management staff, Board members; Healthcare Professionals and Administrators, State and Private Hospital leaders, Qualified Professionals, State Agency leaders, Department of Health and Human Service leaders, State and Local DSS leaders, Psychologists, Psychiatrists, Counselors, Licensed Clinicians, Social Workers, CFAC members, Consumers, Family Members, Advocates, Peer Support staff, County Commissioners, members of the General Assembly, and others interested in our system.

THIS CONFERENCE IS BEING
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EARN UP TO 7 HOURS OF CONTINUING EDUCATION CREDITS

CONTACT HOURS: 7 hours for behavioral health professionals and other healthcare disciplines.

ONLY During the Live Conference Event (June 14-15) can you earn General CEUs or Contact Hours. You CANNOT receive/earn General CEUs or Contact Hours for participating in sessions after the Live event.

*NOTE, if for some reason a session does not run the full length of the time indicated, SR-AHEC can only award contact hours for the actual time the session ran, i.e. if set for 90 minutes, but runs 70, contact hours will be for 70 minutes.

CONTINUING EDUCATION CREDIT

If you pay for credit, you must register with SR-AHEC using their Online Registration. A link for registration will be sent to you from i2i, once payment is received for CEU credit. If you fail to register with SR-AHEC by June 9th, your payment will be forfeited and no credit will be received.

*SR-AHEC cannot process requests for CEUs after the conference.

THREE MONTHS TO ATTEND ALL 30 SESSIONS!

Going virtual has its advantages, unlike in person events, you will have three months to access the conference platform and go back and view sessions after they have been presented - which means you can attend EVERY session offered!

I2I WILL BE UTILIZING **Whova** FOR OUR VIRTUAL CONFERENCE. THIS EASY TO USE, INTERACTIVE TECHNOLOGY WILL IMPROVE OUR LEARNING AND NETWORKING CAPACITY, SEE DETAILS ON NEXT PAGE.



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TrilliumHealthResources.org



Trillium Health Resources is a local management entity that manages mental health, substance use, and intellectual/developmental disability services in eastern North Carolina. We look forward to continued service in our communities during the process of Medicaid Transformation in North Carolina.

VIRTUAL NETWORKING

Topic Discussions

You can set up an open virtual meeting in Whova and up to 30 people can join by video to discuss a specific topic or issue. There will be a lot going on just weeks before Medicaid managed care implementation starts and this is a great way to get folks together to talk.

Networking Meetings

You can easily set up a virtual meeting for networking purposes on the Community Board and invite key people to attend using the attendee profile or you can create an open meeting for any interested attendee. Meetings can either be open using the Whova platform or you can set up a private password protected meeting through Zoom or other virtual meeting platforms. If you need help, i2i can assist.

One on One Contacts

Every conference participant, attendee, speaker, exhibitor, and sponsor has a public Attendee Profile. Knowing everyone who is participating is a great advantage and not something you get with an in-person event. It is great to facilitate networking! Anyone participating in the conference is easily reached by using the Whova Mobile APP. Just go into the Attendee list and click on someone's profile and you can reach out directly to them – set up a face-to-face virtual meeting quickly and easily, send a message, say hi, and exchange contact information for future contact.

Speaker Session Discussions

Speakers will be on hand over the full two-day period to engage not just during sessions, but after using the Whova Session Chat and Q&A features.

Exhibit Engagement

You can have face to face virtual meetings with exhibitors whose products you want to learn more about. Exhibit booths will also feature live demos, the ability to chat and have direct contact with booth staff. In addition, there will be product videos, handouts and more. You can still WIN those great exhibitor PRIZES too! Just sign up at the booth.

Share Photos

Another way we can be social – you can share your pics! You can tell folks what's going on with you and others can comment on your photo.

Topic Chats

The Community Board has a Topics feature where participants can start a chat on a particular topic and anyone can join the discussion. These topic discussions can help you get answers to your questions, assist with virtual networking or lead to post conference collaborations.

i2i WILL AGAIN BE USING THE WHOVA CONFERENCE PLATFORM FOLLOWING THE SUCCESS OF THE VIRTUAL PINEHURST CONFERENCE! THERE ARE MANY INTERACTIVE NETWORKING, MEETING AND CHAT FEATURES AVAILABLE ON THE WHOVA PLATFORM AND THE COMMUNITY BOARD.

Post Your Webinar

Many organizations have created great webinars over the past year, offering relevant content using your experts to provide information as well as insight into your product or service. If you have a recorded webinar that you would like to share with our conference participants, contact Jean Overstreet at jean@i2icenter.org to learn how.

Share Articles

Do you have a great web article to share with conference participants? You can post it on the Community Board under Article Sharing.

FREE Job Listings

As a participant, you can post and share any job listings you have using the Community Board Job Openings to advertise available positions to a critical target audience at NO cost!

Announce Upcoming Events

You can use the Community Board to tell others about upcoming conferences and events and post a link for more information.

Special Conference Offerings



NEW Quick Trainings

i2i will be offering Quick Trainings in addition to all our other session content. Quick Trainings are sponsored events that offer a condensed 30-minute event designed to provide you additional education and resources in a specialized areas such as data, electronic health records, telehealth and other topics.

If you are interested in sponsoring a Quick Training, please email Jean Overstreet at jean@i2icenter.org.

SPECIAL CONFERENCE OFFERINGS



Burnout Proof Yourself!

Are you worried about burnout? We are all dealing with so many stressors and changes from the pandemic, working at home, virtual school, health concerns and so much more. *In this special morning event, you'll learn key takeaways on what burnout is so you can quickly identify it in your life. Next, you'll learn how people become burned out. Finally, you'll learn how to get out of burnout mode, once and for all. You will leave with actionable steps you can immediately use, to transform from a burned-out life to an ideal life.*



SPEAKER:

MICHAEL LEVITT

Chief Burnout Officer of the
Breakfast Leadership Network

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2021 3CS OF TRANSFORMATION CONNECT, COMMUNICATE, COLLABORATE REGISTERING FOR THE VIRTUAL CONFERENCE

All registration for the virtual conference
is **ONLINE ONLY**.

**CLICK HERE TO
REGISTER**

**CONSUMERS &
STUDENTS RECEIVE
A 50% DISCOUNT
ON REGISTRATION
FEES**

ONLINE REGISTRATION DIRECTIONS

please read carefully.

1. The name, title and email of the person attending the conference **MUST BE INPUT INTO THE ONLINE REGISTRATION OR THEY WILL NOT BE ABLE TO ACCESS THE VIRTUAL CONFERENCE**. Many organizations use an administrative person's email when registering staff. **THIS WILL NOT WORK**. If that happens, **only your administrative person** will be able to access the conference. **Note:** i2i will not be able to fix this type of error on the day of the event.
2. All payments for registration are to be made by credit card. There is a bill me option, but we ask this be reserved for organizations registering a large number of registrants that **CANNOT PAY** by credit card.
3. ALL Payments for registration **MUST BE RECEIVED** by **JUNE 1ST** or you will not be able to access the conference.
4. **ONLINE REGISTRATION ENDS JUNE 4TH**. Note, between **June 7-11th** will process a limited number of late registrations at the late fee price of \$325, but you must email Aviance@i2icenter.org to get registered and make payment. Online registration will be closed after June 4th.

REGISTRATION ASSISTANCE

If you have trouble with online registration, please email **Aviance Robertson** at aviance@i2icenter.org or call her at (919) 561-7744.

REGISTRATION DEALS

Register 4 Staff to Attend and the 5th Attends for Free!
Please email **Aviance Robertson** at aviance@i2icenter.org with the name of the 5th Registrant.

REGISTRATION FEES

FULL CONFERENCE REGISTRATION FEE INCLUDES:

access to ALL sessions, activities, exhibits, sharing information, networking meetings, and ability to watch all of the sessions for up to 3 months following the conference.

EARLY BIRD RATE (good thru 5/17).....**\$225**

REGULAR RATE (from 5/18 - 6/4).....**\$275**

REQUESTING CEU.....**\$35***
(please pay for/request CEUs with your registration, i2i will not bill separately)

* SR-AHEC cannot process requests for CEUs after the conference.

WHAT IF I NEED TO CANCEL?

Due to the virtual nature of our conference, you will have access to **ALL** the session recordings for up to **three months** following the conference so that you can view the content at your convenience. Therefore, no refunds will be issued.

OPENING MESSAGE ON STATE PRIORITIES

JUNE 14, 2021 | 9:40 - 10:00 A.M.

COVID-19: Shaping New State Supports for Behavioral Health and I/DD

The COVID-19 pandemic has highlighted and exacerbated existing challenges in our health care system. This has reinforced the Department of Health and Human Services' commitment to serving those with behavioral health needs and intellectual and developmental disabilities through long-term strategic efforts, as well as sharpening the focus on addressing immediate needs. This includes leveraging lessons learned through the pandemic like investing in whole person care, wrapping systems around people, building partnerships, and advance equity through measurement and accountability. Deputy Secretary Kinsley will discuss these lessons and how they are impacting NC DHHS's plans to support those in the behavioral health, I/DD system going forward.



SPEAKER:

KODY KINSLEY

Chief Deputy Secretary
for Health, NC DHHS

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OPENING PLENARY SESSION

JUNE 14, 2021 | 10:00 – 11:00 A.M.

Innovations in Medicaid – Moving Us Closer to Value and Integration

There are so many factors driving changes to the overall Medicaid system and healthcare in general – managed care, integration, the fast-paced move to telehealth and the expanded role of technology as a way to provide, track and increase care. One thing has not changed, Medicaid in North Carolina's goal is to treat our most vulnerable citizens. This includes those with the most complex needs, physically, emotionally and socially. In our Opening Plenary session, Allison Hamblin, MSPH, President and CEO of the Center for Health Care Strategies (CHCS) will share national trends and successful models of care that can help us meet these challenges. The CHCS is a nationally recognized nonprofit health policy resource center committed to improving health care delivery for low-income populations. Ms. Hamblin has worked directly with state Medicaid, federal, health plan, and provider stakeholders across the nation to develop and test new solutions for enhancing care delivery for populations with complex needs, including efforts focused on children and adults. She has substantial expertise in the areas of care integration; alternative payment and delivery models for people with complex needs; innovative financing strategies to support social service investments; and return on investment.

OBJECTIVES:

- Review national trends and innovations in Medicaid behavioral health and healthcare
- Discuss the progress of integrated care and successful models being used in behavioral health
- Describe the role that value based care is having and what to expect in the future
- Identify successful methods to serve individuals with complex needs



SPEAKER:

ALLISON HAMBLIN

MSPH, President and CEO at the [Center for Health Care Strategies](#).

Hamblin oversees CHCS' national portfolio, including Medicaid leadership and capacity building activities; delivery system and payment reform efforts to promote accountable care and improve population health; and advancing effective care models for low-income individuals with complex medical, behavioral health and social needs.

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CLOSING PLENARY SESSION

JUNE 15, 2021 | 3:00 – 4:00 P.M.

Implementing Medicaid Managed Care State Priorities and Expectations for 2021

Medicaid Transformation will begin just days after this conference. All of the things we have been hearing about for several years—moving Medicaid beneficiaries with mild-to-moderate behavioral health needs to the Standard Plan, an integrated care approach, quality metrics, care management and advanced medical homes—are being put into practice as of July 1. This is just the beginning of a lengthy roll-out to move North Carolina Medicaid to a managed care model. This session is an opportunity to hear the very latest information on Medicaid Transformation, including next steps in 2021 and beyond.

OBJECTIVES:

- Describe the components of Medicaid Transformation that are priorities for NC DHHS.
- Identify the components of Medicaid managed care that will support providers and communities.
- Review mechanisms to ensure consumers and families are involved in their service and support plans.
- Discuss the State priorities and next steps after the initial implementation of the Standard Plan and Tribal Option.



SPEAKER:

DAVE RICHARD

Deputy Secretary for NC Medicaid,
NC DHHS

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TWO PART SESSIONS

PART I | MONDAY, JUNE 14 | 12:30 – 2:00 P.M.

PART II | TUESDAY, JUNE 15 | 12:00 – 1:30 P.M.

Population Health Management for Providers and Care Managers

Population Health is an approach that aims to improve the health of an entire population. It is a key part of Medicaid Transformation. In fact, NC DHHS lists improving population health as one of the top goals of the Quality Strategy. What exactly is considered as a part of population health? What does that have to do with treatment plans for individuals? How do providers and care managers balance a population approach with the needs of individuals? Can population health be at the community level?

This is a two-part session that will delve into population health management.

Part I includes an overview that covers how population health is a part of integrated care and is a tool for managing care. Participants will also hear from a panel of Prepaid Health Plan representatives about how they use population health to manage care. **Part II** is a deeper dive into how population health is embedded in Medicaid Transformation, expectations for providers and care managers and practical tips on how to focus on population health.

OBJECTIVES:

- Describe the goal of improving population health in North Carolina and how it fits into Medicaid Transformation
- Review the North Carolina requirements around population health
- Identify strategies for incorporating a population health approach in a provider and care management agency
- Discuss methods Prepaid Health Plans use to track population health and their expectations for providers

Implementing the Quality Strategy in Tailored Plans and Standard Plans

NC DHHS calls it the “Quality Strategy” and it encompasses many critical components of Medicaid managed care that ensure this transformation strengthens the system. Value-based contracts that balance quality clinical outcomes with cost, care management that brings a multi-disciplinary approach and quality measures that ensure the overall health of a Medicaid beneficiary is improving are all a part of the Quality Strategy. The conceptual framework has been laid out and now it is important to understand how that will play out in partnerships between providers and plan managers. This two-part session provides an opportunity to hear about how Alliance Health (Part I – Tailored Plan) and Healthy Blue NC (Part II – Standard Plan) have developed strategies to meet the NC DHHS expectations for quality through partnerships with their network providers.

OBJECTIVES:

- Describe the strategies plan managers will make internally, with providers and with members to meet the Quality Strategy requirements.
- Discuss the framework and considerations for providers to meet future quality requirements.
- Explain the goals of the Quality Strategy in Medicaid Transformation



PANEL MODERATOR & SPEAKER (PART I & II):

TARA LARSON
Vice President, Cansler
Collaborative Resources, LLC



PREPAID HEALTH PLAN PANEL (PART I):

JARRET STONE
Associate Director of Health
Services at UnitedHealthcare



SHERRY PARISH MS, RN, Health Services Director,
Behavioral Health, Case
Management, Healthy Blue
NC



DR. KEN DUNHAM
Behavioral Health Medical
Director, Carolina Complete
Health



DR. SUE LYNN LEDFORD
Director, Medical
Management, WellCare of
North Carolina



LINDSEY CROUSE
Mitrook, Director, Value
Based Care, AmeriHealth
Caritas



SPEAKERS PART I – TAILORED PLAN:

WES KNEPPER
MHA, LCMHC, PMP, CSSBB,
Senior Director of Quality
Management, Alliance
Health



SEAN SCHREIBER
Executive Vice President,
Network and Community
Health, Alliance Health



SPEAKERS PART II – TAILORED PLAN

EBONY GILBERT
Director Provider
Collaboration, Healthy Blue
North Carolina

JEANNE LESLIE
RN, MHA, CPHQ, Director
II, Quality Management,
Healthy Blue North Carolina

CONCURRENT SESSIONS

JUNE 14, 2021 | 12:30 – 2:00 P.M.

Lessons Learned from New York: Using Data Metric Tools to Maximize Care Coordination

Leveraging essential elements from primary and specialty healthcare, community-based organizations and behavioral health providers, ONEcare, a high performing network provides whole person care and value-based outcomes. A New York ONEcare network, Innovative Health Alliance of New York (IHANY), utilizes systematic illness detection through screening/risk stratification, accelerated access, and improved activation/engagement to connect people with the right level of care at the right time. Leveraging real-time consultation and care monitoring alerts, ONEcare IHANY effectively delivers true integrated care including fidelity to the Collaborative Care Model. ONEcare thrives on collaboration within IHANY's 2,000 strong network of providers, community partners, and payers. Collaborative opportunities include disease forecasting analytics, patient registries and alert sharing, technology for enhanced patient screening and engagement, and care management tools adjusted to patient acuity. This session will focus on how we can apply the IHANY network model to North Carolina's Medicaid transition to integrated, whole person care.

OBJECTIVES:

- Identify the necessary elements to a successful Collaborative Care (CoCM) model
- Describe the key metrics in measuring progress to deploy, track, and respond to patient needs and demands.
- Review how to identify opportunities for collaborative and community-based care in your own networks/service areas.
- Discuss how ONEcare IHANY took a methodical approach to regional practice transformation using collaborative learning, data analytics, evidence-based practices, and community partnerships.



SPEAKERS:

JILL LINEBERGER
Senior Vice President,
Blaze Advisors



EVANGELINE MURRAY

Administrative Director,
Mental Health Service
Line at Ellis Medicine,
a 438-bed community and teaching
healthcare system serving New York's
Capital region.



RACHEL HANDLER

MS LMHC, Executive
Director of Behavioral
Health Services, St.
Peter's Health Partners
(SPHP), a not-for-profit integrated health
care network with 12,000 employees in
more than 170 locations in New York's
Capital Region.

Using the Community Resiliency Model to Heal from the Impact of Systemic Racism

The Community Resiliency Model (CRM) is a trauma-informed, resiliency-focused model that is culturally responsive. This model provides an avenue for change agents to "be the change they would like to see." This is not a CRM training, but CRM is referenced as a tool to guide through difficult conversations.

This presentation aims to shed light on structural barriers that perpetuate a disproportionate negative impact on African Americans, brown people, and poor people. The premise is that we all have experienced trauma. In result, we have a unique perspective on how we experience the world. CRM can be an avenue for individuals to heal from their personal trauma, while healing America from generational trauma resulting from Systemic Racism.

OBJECTIVES:

- Review where to learn more about CRM and the wellness skills
- Discuss and explain the impact of trauma as a result of racism
- Define resiliency as it relates to systemic racism
- Review and dissect at least two potential unintended consequences from juvenile justice processes and/or statutes (state policies) that support disparate outcomes.



SPEAKERS:

DANIELLE D. DANCY
MS; MPA, Juvenile
Justice Behavioral
Health Program
Specialist, University
of North Carolina,
Greensboro

CONCURRENT SESSIONS

JUNE 14, 2021 | 12:30 – 2:00 P.M.

Connection and Outreach: Addressing Drivers of Health in a Managed Care Environment

Medicaid Transformation and the focus on non-medical drivers of health means providers and practices must strengthen and broaden community connections. This requires identification of critical partners and the development and implementation of strategies to create, maintain, and sustain partnerships to support consumers and their families with diverse drivers of health. Technology based referral systems will be crucial for efficient and responsive connections to community-based organizations, including tracking data that consumers have reached and received services. This session will focus on how to foster organizational level relationships with community-based organizations that address non-medical drivers of health (e.g., housing, food, transportation), how to utilize technology to make referral process efficient, and how to make these efforts in a managed care environment.

OBJECTIVES:

- Identify strategies to cultivate strong community partnerships to address drivers of health in the context of Medicaid transformation.
- Evaluate the benefits of systematic processes and technological platforms, such as NCCARE360, to provide whole person health care in the managed care environment.
- Locate resources available to organizations to provide whole person care to Medicaid beneficiaries.

SPEAKERS:



AMELIA MUSE
PhD, LMFT, Director,
Foundation for Health
Leadership and
Innovation



BARBARA MORALES BURKE
MHA, Foundation for
Health Leadership and
Innovation



SARA HERRITY
MS, LMFT, Integration
Specialist, Foundation
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LISA TYNDALL
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SPARKING INNOVATION TOPICS

JUNE 14, 2021 | 2:30 – 3:30 P.M.

Integrated Healthcare on an Assertive Community Treatment Team – Moving Your Team Toward Whole Person Care

Individuals with serious mental illness have a higher medical burden and 10-25 years shortened life expectancy compared to the general population. Most of this difference is attributable to chronic, but modifiable, conditions such as obesity, smoking, diabetes, and hypertension. High-performing ACT teams already have many of the qualities known to be associated with successful management of these chronic conditions, including a person-centered orientation, team-based care approach, and strong coordination among team members. In this session, we will look at how you can build upon those strengths to prepare your ACT team to support management of these conditions in the context of North Carolina's Medicaid transformation and its emphasis on integrated physical and behavioral care.

OBJECTIVES:

- Identify five characteristics that are shared between primary care clinics that are high performing in management of chronic health conditions and strong ACT teams.
- Discuss barriers to more physical health monitoring and intervention within ACT teams and how to overcome those barriers.
- Review the steps that you can take now to move your ACT teams toward a more whole-person approach..

Healthcare Marketing as Community Building

Healthcare marketing has historically been characterized by inwardly focused, one-way communication. Healthcare organizations tend to use their marketing to talk about themselves rather than find topics and points of commonality that are relevant to our target audiences. We also push content, and even treat social channels as opportunities for spewing information despite the fact that they are ideal for real two-way conversations. Now, more than ever, we need to engage consumers in conversations about their own health and healthcare; and we need to involve them actively in our marketing. They need to become participants in the marketing and participants in their care. This change requires fundamental shift in perspective. What if we adopted a community building focus — one that leads to the development of marketing tools where relationships can be forged, and thoughtful sharing of information can take place? We should strive to create environments where your messaging can flourish, and consumers can deepen their engagement with your organization and its brand. This approach to healthcare marketing would potentially change everything you do—including the way you approach social, digital, and traditional media.

OBJECTIVES:

- Review the principles and benefits of developing a community building mindset that guides your marketing. Discuss how to build community and engagement on social media platforms: Facebook, Twitter, etc. and how to develop an effective social media marketing program that builds a following. Review how to break bad habits, stop simply pushing content, and create online environments where visitors/members feel welcome and safe sharing content and asking questions.
- Describe the benefits of digital video and other “sticky content” for engaging consumers and driving traffic to your website.
- Identify content marketing strategies that engage and resonate with prospective consumers.



SPEAKER:

AUSTIN HALL

MD, Associate Professor, Department of Psychiatry, UNC School of Medicine, Medical Director, UNC Center for Excellence in Community Mental Health



SPEAKER:

DAN DUNLOP

MA, is a principal of Jennings, a leading healthcare marketing and audience engagement firm. He is a healthcare marketer, innovator, brand consultant, blogger, author, and sought-after speaker, regularly serving on the faculty of national and regional healthcare conferences.

SPARKING INNOVATION TOPICS

JUNE 14, 2021 | 2:30 – 3:30 P.M.

HOPE (Housing Options for People with Exceptionalities) and Innovative Housing Solution for Adults with I/DD in NC

HOPE is developing a community that embraces diversity for people of all abilities by creating opportunities to thrive, develop meaningful relationships, and experience a sense of belonging. In this session, the founders of HOPE will discuss their work to create an innovative, inclusive community for adults with intellectual and developmental disabilities in the Triangle area of North Carolina.

OBJECTIVES:

- Discuss the current housing crisis for adults with I/DD in North Carolina
- Describe this innovative and creative model of inclusive and intentional housing for adults with Intellectual/Developmental Disabilities
- Review the need for creating new housing options, and how to replicate the model in other communities

Peer Support - Impacting the Justice System and Services and Supports for Individuals with Complex Needs

Peer Voice of NC (PVNC) was created as the result of a SAMHSA grant to advance peer leadership and engagement, coordinate existing efforts to build qualified and competent peer professionals and providers, and improve mental health and substance use recovery in North Carolina. The Peer Justice Initiative is one of the initiatives organized by PVNC and focuses on addressing the unique needs of people and families impacted by the criminal justice system. Peer Justice Initiative partnered with Drexler University and SAMHSA to extend forensic peer training to certified peer specialists who have experience within all five intercepts of the criminal justice system and sustained recovery from mental health challenges. The initiative also designed credentialing and training requirements for NC Certified Forensic Peer Specialists and continues to engage North Carolinians impacted by the criminal justice system through community initiatives and monthly gatherings. Learn how this initiative is making a difference for individuals and families impacted by the criminal justice system.

OBJECTIVES:

- Review and understand the distinct role of persons with lived experience in the criminal justice system and mental health recovery play in supporting other people through the five intercepts
- Define the intercept model for supporting people in the criminal justice system
- Discuss how to join Peer Justice Initiative with its mission of reducing recidivism, increasing health and wellness for families, and improving outcomes to benefit all North Carolinians



SPEAKERS:

DOTTY FOLEY
HOPE Board President



ORAH RAIA
HOPE Board Vice-President



GINNY DROPKIN
HOPE Board Secretary



SPEAKERS:

CHERENE CARACO
President, Peer Voice of NC



CHARLYNE BOYETTE
CPSS, CSI, LCAS, MDIV,
Juris Doctor Promise
Resource Network
Director of Peer Led
Initiatives

EARL OWENS

CPSS, QP Genesis Project I Client
Engagement Specialist and Mental Health
Technician

PAM GOODINE

CPSS, Trainer, NAMI NC Peer to Peer
Facilitator, Founder the Journey Continues
Peers Supporting Peers, Inc.

SPARKING INNOVATION TOPICS

JUNE 14, 2021 | 2:30 – 3:30 P.M.

The Role of Family Navigator for Individuals with I/DD

Family Navigators are people who have lived experience as a person with an intellectual or developmental disability or TBI or are the parent or primary caregiver of a person with an intellectual or developmental disability or TBI who use their own experience to help others navigate ever changing systems. Family Navigator embraces a model similar to Peer Supports to help support those with mental health and substance use needs today. At Trillium Health Resources, Family Navigator is an In Lieu Of Service that was begun in 2019 and has been successful in assisting individuals and families with I/DD.

OBJECTIVES:

- Review and explain Family Navigator services
- Identify the core values of Family Navigator
- Discuss the value of the Family Navigator Role in providing care



SPEAKERS:


HOLLY CONNOR
Family Navigator,
Easter Seals UCP



CINDY EHLERS
Executive Vice President,
Trillium Health Resources


KIM TIZZARD

Director of Family Support, Autism Society
of North Carolina




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Presented by Kelly Stepura, LMSW, PhD
Chief Clinical Innovation Officer, The Echo Group



SPARKING INNOVATION TOPICS

JUNE 15, 2021 | 9:30 – 10:30 A.M.

SDoH and Data, Improvements that Advance Whole Person Care in a Managed Care Environment

Factors including social determinants of health (SDoH), clinician shortages and health inequities often leave underserved populations with insufficient access to services. These substantial barriers to care lead to reduced health outcomes, increased provider costs and lost revenue opportunities. In order to efficiently reach underserved communities and offer holistic care delivery, providers can leverage population health tools, expand service lines, coordinate care and adopt data-driven, integrated technology. This can extend your organization's reach while growing revenue streams and proving outcomes. Using data to identify target populations is critical to the quality of health outcomes, financial stability as well as patient engagement and retention.

Learn how to better serve the underserved, address SDoH and become the provider of choice among health plans.

OBJECTIVES:

- Discover the value of integrated, data-driven technology that supports whole-person care and client retention
- Review how to use population health tools to stratify data to identify consumers who are most at risk
- Describe how addressing SDoH can help improve outcomes and lower cost of care

Humanizing Your Communications: Tactics to Prioritize while Building Inclusive and Thoughtful Service Messages

It's time to be intentional in humanizing our marketing and service delivery. We know embracing people of all types and backgrounds is essential to our organization's success and overall harm reduction, but what tactics should we prioritize? This session focuses on how to incorporate appropriate language and imagery in your marketing messages. Inclusion tactics will cover person-centered language, accessibility, and service solution strategies to demonstrate value.

OBJECTIVES:

- Discuss how content can be and should be person-centered and non-ableist
- Review how to share your expertise and the value of your service based on what people are searching for online
- Identify accessibility as an ecosystem and basic tactics for creating accessible content for your website and social media
- Discuss representation and the value of incorporating inclusive imagery in your marketing efforts



SPEAKER:

JULIE HIETT
Senior Director of
Population Health,
Netsmart



SPEAKER:

**NATHALIE
SANTA MARIA**
APR, Owner and Chief
Communications
Officer, Sunnyside

Communications. Nathalie has executed communications campaigns for multinational companies such as: Apple, Porsche Latin America, Audi Latin America and others as well as NC's Monarch.

SPARKING INNOVATION TOPICS

JUNE 15, 2021 | 9:30 – 10:30 A.M.

Delivering Behavioral Therapy with MAT During the Covid Era: Utilizing Virtual Support Groups and Collaborative Care

The vision for Medicaid Transformation includes an expectation that providers, medical professionals and plan managers can work together in an intentional collaborative way. This presentation will discuss the Collaborative Care Model and how Medication Assisted Treatment (MAT) providers can utilize the model to better treat patients in a program designed for collaboration between MAT providers and Psychiatric services, including patient counseling and medication consultation.

OBJECTIVES:

- Review the history of the Collaborative Care model
- Discuss how the Collaborative Care model works in MAT practices
- Describe a Case Study showing use of this model via telehealth during the COVID pandemic and outcomes
- Identify how you can implement a Collaborative Care model to support your MAT patients

Robot Technology – a New Tool in Care Management

TEMI is the world's first personal assistant platform that uses telepresence to connect individuals to their health care providers virtually. This platform is crucial for residents and patients who need telehealth and remote monitoring consultations with their doctors or mental health providers to be able to engage with them without the need to hold a tablet or cell phone in their hand. Utilizing TEMI Robots fully integrated health platform, providers can remotely monitor the health of patients by taking their vitals and other health survey questions via blue tooth enabled (BLE) devices and by voice command. Patients and residents can also reach out to individuals for treatment proactively or leverage TEMI's various engagement activities to maintain a healthy lifestyle. TEMI has also proven to improve individual's outlook by providing them companionship and personal assistance. Combating loneliness is key to assisting individuals develop coping skills for diagnosis such as depression.

OBJECTIVES:

- Discuss virtual monitoring of individuals to address behavioral health needs/concerns
- Describe how virtual monitoring can improve healthy lifestyle choices
- Review how TEMI can decreasing isolation and loneliness



SPEAKERS:

JUSTIN MASON
President MindHealthy



DR. KEN DUNHAM
Medical Director,
MindHealthy



SPEAKERS:

SANJEEV SHETTY
Chief Global Strategy
& Innovation Officer,
Connected Living



JACKIE BECK
LCMHCS, LCAS, NCC
TCL/ED Disposition
Team Director, Trillium
Health Resources



KIMBERLY WILLIAMS
LCSW Care Management
Clinician, Trillium Health
Resources

SPARKING INNOVATION TOPICS

JUNE 15, 2021 | 9:30 – 10:30 A.M.

Why Self-Directed Care

Self-directed care allows consumers to control their caregiving experience; dictate the allocation of Medicaid funds and make decisions for themselves, choosing what is best for them and their family. Providers, consumers and family members will benefit from this session which will explore in depth the unique opportunities available to consumers who choose self-direction. During the session we will delve into why self-direction provides consumers freedom of choice and has assisted so many families to remain safe at home during the COVID-19 pandemic.

OBJECTIVES:

- Define the advantages of self – directed care
- Review why the flexibilities of self-directed care are important and aid in improved outcomes
- Discuss the conveniences of self-direction



SPEAKERS:

RAQUEL BARBOUR

Director of State Services, GT Independence



ERICA MILLER

Program Manager, GT Independence

Your Advocacy Roadmap - Tips to Make a Difference with Policymakers

Health care is one of the most heavily regulated economic sectors. Every organization, provider and individual can help influence the policymaking that impacts our everyday lives. Taking the time to build the relationships with lawmakers, State government policymakers and community leaders is critical to establishing statutes and regulations that work for community providers and consumers and families.

The partners at Relate Advocacy will outline the advocacy roadmap, describing how each individual effort makes a difference. They will also provide real world tips that organizations of all sizes and individuals can immediately use to make connections with key lawmakers, policymakers and community leaders. Most importantly, advocates can personalize their stories and make them part of the narrative.

OBJECTIVES:

- Discuss actionable advocacy tips for organization and businesses of all sizes
- Describe how different organizations' advocacy activities fit together
- Review the benefit of being an advocate for your organization and the people who use services



SPEAKERS:

ANDREW MEEHAN

Co-Founder of [Relate Advocacy](#)



MICHAEL KONDRATICK

Advocacy Communications Strategist, [Relate Advocacy](#)

CONCURRENT SESSIONS

JUNE 15, 2021 | 12:00 – 1:30 P.M.

The Next Step in Value-Based Contracting

Healthcare delivery systems all across the country are in a state of rapid and radical transformation to focus on the balance of cost of service and outcomes for consumers, and community BH/IDD providers are scrambling to adapt to the changes in service models, funding streams, partnership requirements, and infrastructure demands. Even the largest and most sophisticated providers have to determine their role in the newly emerging service systems. All of this systemic upheaval leads to a fundamentally different question than community-based providers have had to ask in the past. Whereas once we asked 'What will community-based providers be?' now we must ask, 'Will community-based providers be?'. This session will look at how value-based contracting is now the expectation of community BH/IDD services in America and elucidate how providers can make the next evolutionary step successfully.

OBJECTIVES:

- Describe the three integrations in which BH/IDD providers need to participate, with each other, the medical system, and social services systems
- Identify the role of platform entities such as IPAs, ACOs, and other provider led entities emerging in the system
- Understand long term trends in behavioral healthcare and how they are shaping the need to determine value in the delivery system of today
- Discuss the major strategic implications of these trends for community-based providers

Implementing a Whole Health Model Utilizing a Health Index to Improve Outcomes

Outcomes are commonly used to assess effectiveness of behavioral health and substance use services. However, the siloing of these and medical and social outcomes fragments service delivery and often confounds practitioners unsure of why effectiveness is not greater. This presentation will outline key components in a Whole Person Health model which includes embedding of Care Managers and describe the outcomes for the model with preliminary findings. Outcomes include a range of physical, behavioral and social targets which are individually addressed but also combined via a constructed Health Index from assessments used for individual outcomes. This calculates an easily understandable number, the Health index, for consumers and providers to gauge whole health and know where to address changes quickly and accurately.

OBJECTIVES:

- Identify components of the Whole Person Health model
- Describe components of the Health Index
- Discuss the data-related outcomes associated with the Health Index



SPEAKER:

JOSH RUBIN

Principle, [Health Management Associates](#),
New York Office



SPEAKERS:

COLLEEN KINSLOW

LCSW, LCAS, CCM,
Mental Health/Substance
Use Care Management
Adult Program Manager,
Partners Behavioral
Health Management
Office



GARY WALBY

Director, Ph.D., M.S.P.H.,
M.S., Complex Systems
Innovations, LLC

LEAH WILLIAMS

Dr.P.H., M.P.H. Research Director, Partners
Behavioral Health Management

CONCURRENT SESSIONS

JUNE 15, 2021 | 12:00 – 1:30 P.M.

Hospital and Provider Partnerships: Creating a Behavioral Health Network

North Carolina recognizes that, in order to improve overall health outcomes, services that meet behavioral health and social determinant needs must be included as part of the package for each individual and a community. Whole person care forces providers and communities to look beyond their own walls for opportunities to partner with other entities in meeting the various needs of the patients being served. WakeMed Hospital and Health System, a large, not-for-profit healthcare system, has created a robust solution-focused, integrated, and data-guided system that includes networks of behavioral health providers all along the continuum of care as well as community-based organizations meeting SDOH needs of the patient population. The result is improved health outcomes at a patient and cohort level, timely access to clinically appropriate levels of care, better patient engagement, and reduced ED re-admissions. Participants will have an opportunity to hear from WakeMed leaders and representatives from the three networks of BH inpatient staff, outpatient providers, and community-based organizations.

OBJECTIVES:

- Describe the continuum needed in a behavioral health and social service network that is anchored by a health care system
- Discuss the outcomes the WakeMed Behavioral Health Network is achieving
- Identify the next steps to integrate behavioral, physical, and social determinant healthcare

Expanding Access to Technology Based Care Solutions

COVID-19 accelerated the need for innovative approaches to delivering care remotely. This presentation highlights opportunities for providers and health plans to collaboratively leverage telehealth. The session will include a review of how the pandemic changed telehealth policy, allowing for increased access to telehealth services, and how a post-pandemic policy environment looks. A discussion of how compassionate technology and timely human interventions can create a scalable solution addressing loneliness and improving health outcomes for vulnerable patients historically forgotten by technology will be addressed as well as how to strategically and tactically implement telehealth and technology initiatives.

OBJECTIVES:

- Review how regulations controlling the traditional delivery of healthcare create challenges to adopting telehealth services, and how policymakers can implement policy changes to promote adoption of innovative telehealth solutions.
- Discuss how disrupting traditional thinking about technology for member engagement to focus on whole person applications can close gaps in care and save plans unnecessary ED and hospitalizations.
- Identify how health plans use clinical and financial data to assess new initiatives.
- Describe the case for implementing telehealth solutions to overcome the challenges to accessing care.

SPEAKERS:



TOM KLATT
ED, WMBHN, Executive
Director Behavioral
Health Network,
WakeMed



DEB ALDRIDGE
SVP, Blaze Advisors/
WMBHN Management
Team



PEGGY TERHUNE
Ph.D., CEO of Monarch



**ELAINE
WHITFORD**
Executive Director
at The Center for
Volunteer Caregiving



SPEAKERS:
MICHEALLE GADY
JD, President,
Atromitos, LLC



KATHY OESTREICH
Vice President and CEO,
Banner University Health
Plans, Retired



CINDY JORDAN
CEO and Founder,
Pyx Health



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LIVE CATCH-UP MEETINGS

JUNE 15, 2021 | 2:00 – 2:30 P.M.

Catch-up meetings are 30-minute live interactive engagements designed to “catch you up” on some of the latest happenings around key state projects or programs. These will start with a short presentation by expert leaders of these programs followed by the opportunity for attendees to have discussions and ask questions.

Getting to Know the NC Medicaid Ombudsman

This is an opportunity to learn how the new Ombudsman role in Medicaid Transformation will operate and what services will be available on July 1, 2021.

OBJECTIVES:

Describe the purpose of the Ombudsman in Medicaid; discuss ways the Ombudsman can assist consumers/families, providers and plan managers.



PRESENTERS:

MICHAEL LEIGHS
Deputy Director of
Engagement, NC
Medicaid, NC DHHS



ANGELEIGH DORSEY

Program Director, NC
Medicaid Ombudsman

Pushing for Progress in Parity

Despite 2008 federal legislation requiring parity in insurance coverage for MH/SUD services and health services, disparity in coverage has remained an issue. This puts stress on State funds for uninsured or underinsured individuals with mental illness and substance use disorders.

OBJECTIVES:

Discuss the most recent work on parity nationally and in North Carolina, describe the systemic benefits of reaching parity in insurance coverage.



PRESENTER:

COREY DUNN
JD, Director of Public
Policy, Disability Rights
NC

Foster Care Specialty Plan – Gathering Input

NC DHHS has stated they are taking a step back to consult with stakeholders on the further development of a Foster Care (FC) Specialty Plan as a part of Medicaid Transformation. This is an opportunity to discuss the FC Plan with Department leaders and provide questions, thoughts and concerns.

OBJECTIVES:

Describe the steps NC DHHS is taking to involve stakeholders in the development of the FC Plan, identify considerations for the Plan and its alignment with the Standard and Tailored Plans, interactively discuss important components of the FC Plan



PRESENTERS:

DEBRA C. FARRINGTON
MSW, LCSW, Chief of
Staff, NC Medicaid,
Division of Health
Benefits, NC DHHS



ERIC HARBOUR

Behavioral Health
Services Team Leader,
NC DHHS

LIVE CATCH-UP MEETINGS

JUNE 15, 2021 | 2:00 – 2:30 P.M.

NC Response to the Opioid Epidemic: Status Check

The State continues to progress on the Opioid Action Plan 2.0, even as the pandemic has added a new layer of challenges to addressing the opioid epidemic.

OBJECTIVES:

Describe the goals of the State in addressing the opioid epidemic, review the most recent work on the Opioid Action Plan, discuss how the pandemic has impact the opioid epidemic.



PRESENTER:

ELYSE POWELL

State Opioid
Coordinator at NC
DHHS

Prioritizing Jail Diversion

NC DHHS has prioritized jail diversion for individuals incarcerated for reasons tied to their mental illness or substance use disorder. Increased community engagement and focused resources are key to diversion.

OBJECTIVES:

Discuss the strategies NC DHHS is putting in place to divert individuals with BH/SUD issues from jail settings, explain roles that providers and plan managers can play in this initiative, describe the next steps needed.

SPEAKERS:

STELLA BAILEY

Section Chief, Justice System Innovation
Section, Division of MH/DD/SAS



**MARGARET D.
BORDEAUX**

Justice-Involved
Overdose Prevention
Specialist, Division of
Public Health, NC DHHS

988 - What It Means for NC Suicide Prevention

In July 2022, anyone in American will be able to dial 988 to reach the National Suicide Prevention Lifeline. North Carolina is currently preparing to ensure that callers can be linked to vital community resources.

OBJECTIVES:

Describe the intent behind the 988 Lifeline, identify the role providers and community stakeholders can play in preparing for the 988 implementation, discuss ways communities can bring awareness to this new resource.



SPEAKERS:

LISA DECIANTIS

Adult Mental Health
Human Services
Program Consultant,
NC DHHS

EXHIBITOR RESOURCES TO DATE!

Don't miss visiting with our broad array of exhibitors with expertise in areas related to medicaid managed care implementation, technology, electronic health records, streamlining documentation, sharing data, mh/idd/sud services, telehealth and much more. More to come - this list will grow as we get closer to the event!

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 - * **Carolina Complete Health**
 - * **Community Based Care**
 - * **Community Choices, Inc.**
 - * **Developmental Disabilities Resources, Inc.**
 - * **The Echo Group**
 - * **GHA Autism Supports**
 - * **GT Independence**
 - * **Healthy Blue NC**
 - * **innovaTel Telepsychiatry**
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 - * **MediSked**
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