NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE

Success in the New Healthcare Ecosystem

Mental Health & Substance Use Provider Readiness Assessment

JULY 2011

About the National Council

The National Council for Community Behavioral Healthcare (National Council) is the unifying voice of America's behavioral health organizations. Together with our 1,950 member organizations, we serve our nation's most vulnerable citizens — more than 6 million adults and children with mental illnesses and addiction disorders. We are committed to providing comprehensive, high-quality care that affords every opportunity for recovery and inclusion in all aspects of community life.

The National Council advocates for policies that ensure that people who are ill can access comprehensive healthcare services. We also offer state-of-the-science education and practice improvement resources so that services are efficient and effective.

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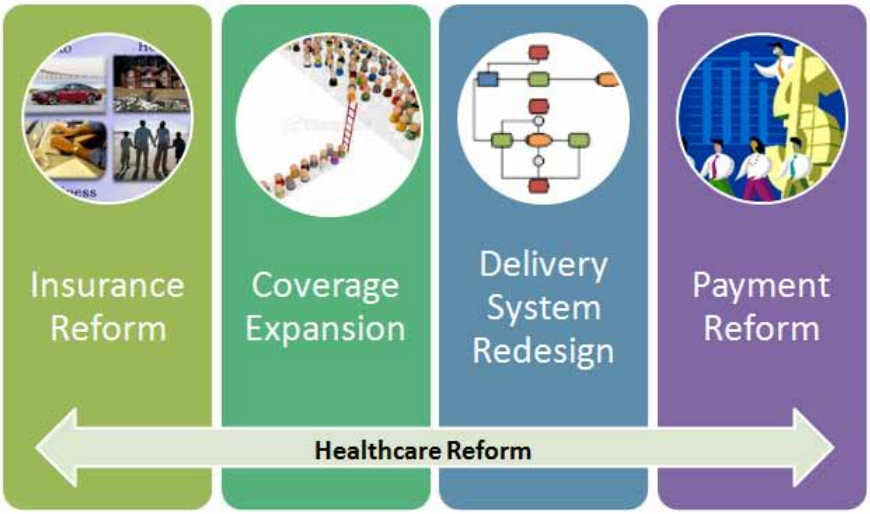
This full report has been prepared under the auspices of the National Council for Community Behavioral Healthcare. Comments are welcomed and should be directed to the National Council offices at 1701 K Street NW, Suite 400 Washington, DC 20006-1526.

Background

Change is coming to the entire healthcare system, but change does not always equal improvement. Depending on the state you're in and your part of the healthcare system, your organization may be on the cusp of unprecedented opportunity, a great deal of chaos, or both. Another factor to consider is the concept of disruptive innovation.

Very smart outside observers of the U.S. healthcare system believe that we are moving into the first wave of disruptive innovation in healthcare. What does this mean and why should you care?



One of those observers, Clayton Christensen, suggests that problems facing the American healthcare system mirror nearly every other industry in their early phases. Products and services in new industries "are so complicated and expensive that only people with a lot of money can afford them and only people with a lot of expertise can provide or use them" (e.g. mainframe computers in the 1960s). Historically, this phase has been followed by the advent of new methods of production and distribution that disrupt the status quo and result in goods or services that are more affordable and widely available to the general public. This period of disruptive innovation is often accompanied by disruptive innovator companies that become the new market leaders, replacing the old guard; i.e. Southwest Airlines disrupting legacy airlines; Amazon.com disrupting bricks and mortar bookstores.

The implications of high healthcare costs, healthcare reform, and a new level of entrepreneurship in healthcare suggests that the near future will not look like the present *or* past and community behavioral healthcare organizations ought to position themselves to be disruptors, not disruptees.

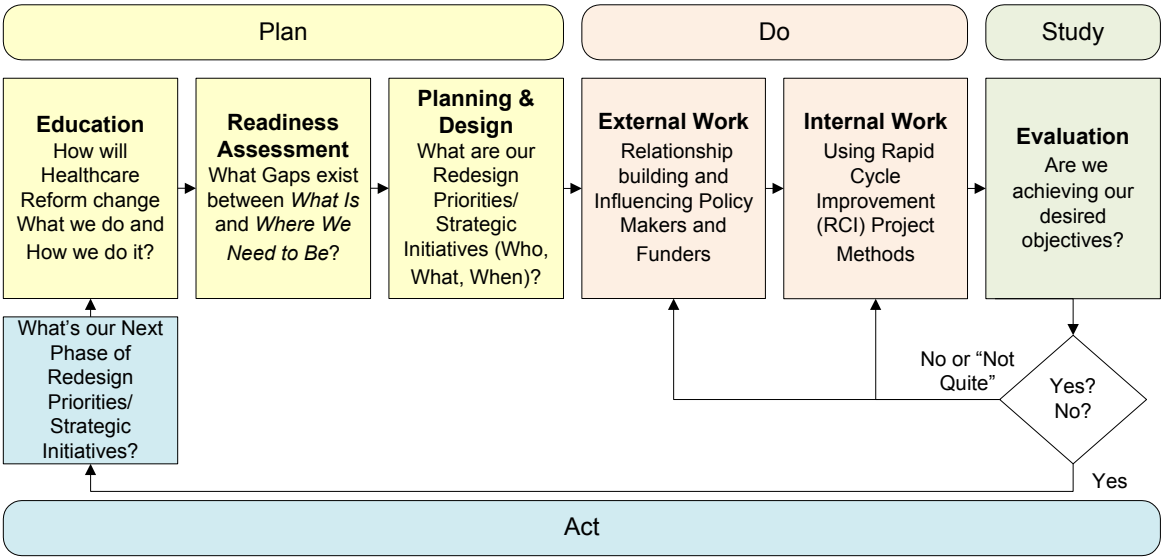
Readiness Assessment Overview

This high-level provider readiness assessment tool describes twenty-three important competencies and strategies that will likely be necessary to succeed in the new "healthcare ecosystem." The tool is organized around five areas that address a range of internal and external issues.

External Efforts: Assist state and local healthcare systems to leverage the opportunities under healthcare reform and ensure that persons with mental health and substance use disorders and the organizations that serve them are included in the emerging *healthcare ecosystem*.

Internal Efforts: Assess and redesign internal operations to better align with healthcare reform and be able to demonstrate to consumers/patients, healthcare providers and state policy-makers that your organization has a distinct competency as high-performing, quality-focused, and efficient providers of health, mental health and substance use disorder services and are essential partners in helping healthcare reform succeed.

Because *all healthcare* is local, primary care and MH/SU providers and will need to pursue a set of change initiatives grounded in the unique characteristics of their community and organization. The typical sequence, illustrated by the diagram below, begins with education and readiness assessment, followed by the identification and prioritization of internal and external change initiatives. Being careful not to *bite off more than they can chew*, leaders will need to start with the most important and pressing initiatives, monitor and assess movement toward identified objectives, make course corrections as needed, and then plan and pursue the next phase of change projects.



For additional resources indicated by numbered references in the text, see the Resource List on page 17.

Using this Assessment Tool

Provider Organization Management Teams should use this tool to assess their agency's *Readiness* while scoring the *Importance* of each item. Pages 14-15 contain Instructions and a Score Sheet to assist organizations in identifying the change projects to prioritize as they prepare for the future.

For additional resources indicated by numbered references in the text, see the Resource List on page 17.

Area I: Leadership and Relationship Building

This area contains six important readiness items. Carefully review each item and complete the scoring sheet on Page 15.

1. **Relationship Building**: We are actively pursuing relationship-building with leaders in the healthcare community – Hospital CEOs, Health Plan Management, Multi-Specialty Clinic Medical Directors, State Medicaid Directors, Chairs of the Legislature's Health Care Committees—and have achieved significant success in communicating the importance of mental health and substance use treatment to improving quality in the healthcare system and bending the cost curve.

2. **Local Health Assessment and Improvement Plan:** We are working with key health leaders including public health, local government, and healthcare system executives to assess community needs and design a local health improvement plan that aligns with the goals of healthcare reform as described in the Institute for Healthcare Improvement's Triple Aim:

    - Better Health for the Population
    - Better Care for Individuals (including quality, access, and reliability)
    - Reduce, or at Least Control, the Per Capita Cost of Total Healthcare

3. **Local Accountable Care Organization Development:** We have identified the organizers of the local Accountable Care Organization(s) and have succeeded in having a place at the planning and design table. If there are currently no ACO development activities in our community, we are in discussion with healthcare leaders to initiate the development of a local Accountable Care Organization.[1]

4. **State Planning and Decision-Making:** States will do much of the heavy lifting in preparing for healthcare reform. We are supporting these efforts, including working to ensure that persons with mental health and substance use disorders and the organizations that serve them are included in this preparation work. This includes active involvement with state leaders to plan for and develop regulations that will guide the design and implementation of the seven key state-level components of healthcare reform listed on the next page.

5. **Internal Education:** We have developed and are in the process of implementing a healthcare reform education program within our organization. This includes education and dialogue with the senior management team, mid-level managers and supervisors, line staff (clinical and administrative), and

For additional resources indicated by numbered references in the text, see the Resource List on page 17.

consumers about how healthcare reform will affect our organization and community and what steps we need to take to prepare so that we are on the leading (but not bleeding) edge of innovation and reform.[2]

6. **Community Education & Awareness:** As our community, state and nation moves toward a more holistic approach to health and wellness in order to achieve the Institute for Healthcare Improvement's Triple Aim, we are actively educating community members at all levels about the importance of mental health and substance use treatment and increasing community awareness about our organization's distinct competency as a high-performing, quality-focused, and efficient provider of care.

Seven Key State-Level Components of Healthcare Reform

- Medicaid Expansion
- Implementation of Federal Parity
- Health Insurance Exchanges
- Accountable Care Organization Design and Standards
- Medical Home/Health Home Designs, Standards and Payment Models
- Medicaid Home and Community-Based Services (HCBS) Option
- Dual Eligible and Special Needs Plan Design

For additional resources indicated by numbered references in the text, see the Resource List on page 17.

Area II: High Performing Provider – Access and Outcomes

This area contains seven important readiness items. Consider your agency's readiness level and importance for each on a scale of 1-5.

1. **Resilience and Recovery are Deeply Embedded in Our Culture:** Every person who works in our organizations has a deep understanding of the human and financial costs of stigma and discrimination toward persons with mental health and substance use conditions; a belief backed by experience that downward spirals can be interrupted and reversed at any age; an understanding that trauma and loneliness are important components of MH/SU conditions; and creating community is as important to building resilience and recovery as therapy and medication.[3]

2. **Rapid Access to Care:** New or returning consumers can obtain access to appropriate care, within two hours for emergent care, 24 hours for urgent care and no later than 7 days (ideally 1-2 days) for routine care requests. We have reengineered our work processes by implementing open access scheduling and centralized appointment making, effectively manage no shows and cancellations, eliminated redundant information collection, and reduced the time from first appointment to completed treatment plan. These improvements support easy access to care for *new and ongoing consumers* of our services.[4]

3. **Use of Evidence-Based Practices and Programs:** We have created a clinical culture and supporting infrastructure that uses the products of scientific research to improve the lives of children, families and adults. This includes leadership that prioritizes and promotes the importance of using evidence to assist practitioner and patient decision-making about appropriate care for specific clinical circumstances; consumer involvement in the selection and evaluation of programs and practices; hiring processes that identify candidates who support the use of evidence-based practices and programs (EBPs); and infrastructure that supports timely training, supervision, coaching, and performance evaluations that focus on EBPs.[5,6]

4. **Consumer Engagement and Person-Centered Care Planning:** We effectively engage consumers in care, measuring engagement, satisfaction, and dropout rates and address problems as they are identified. Our person-centered care planning processes use industry-standard assessment tools, a level of care

For additional resources indicated by numbered references in the text, see the Resource List on page 17.

system, and active consumer involvement to match consumer need with effective treatment. If an individual were to present at different entry points in our organization they would have a similar customer-friendly engagement experience and recovery-oriented and resilience-building care plan.[7,8]

5. **Care Management for High Need Consumers:** We have widely deployed the use of *care management* models for consumers with complex health and mental health/substance use conditions, differentiating between case management and care management. Our care managers work with consumers to manage care across the care continuum, throughout various care settings, working in conjunction with the person, providers, payors, and others to improve health and behavioral health outcomes.

6. **Treat to Target:** Most of our clinicians use a "treat to target" approach to planning, service delivery, and adjusting the care plan if it's not working. The majority of our clinicians and supervisors have studied the treat to target literature and develop care plans that include measureable targets (e.g. 50% reduction in PHQ-9 scores within 12 weeks), measure progress at least monthly, and work with consumers to adjust the care plan if targets are not being met. Part of this process includes the use of clinical tools that measure improvement in symptomology, functional status, and recovery and resilience building for the children, families and adults we serve.

7. **High-Performing Provider:** We aspire to be seen as the *Mayo Clinic* of behavioral health in our community and are widely recognized as a high-performing provider of quality services. We are able to demonstrate our effectiveness through the widespread use of clinical tools that measure key performance indicators. We practice public reporting of our improvement efforts and results and don't hesitate to *toot our horn* to publicize our successes.[9]

For additional resources indicated by numbered references in the text, see the Resource List on page 17.

Area III: Person Centered Healthcare Home Participation

This area contains two important readiness items. The National Council's papers, "Behavioral Health/Primary Care Integration and the Person-Centered Healthcare Home", "Substance Use Disorders and the Person-Centered Healthcare Home", and "Partnering with Health Homes and Accountable Care Organizations", contain important background information.[10]

1. **Healthcare Home Involvement:** We have worked closely with our community's primary care partners to determine how we can be involved in ensuring that all of our consumers with mental health or substance use disorders have a person-centered healthcare home (i.e. patient centered medical home) and all members of the population we serve have access to high quality primary care, mental health and substance user services. We are actively working with one or more of the models listed on the next page.

2. **Healthcare Home Neighbor:** We are well underway developing the capabilities to be good neighbors to Person-Centered Health Homes. This includes: 1) effective communication, coordination, and integration with health homes; 2) appropriate and timely consultations and referrals; 3) efficient, appropriate, and effective flow of necessary patient and care information; 4) providing guidance in determining responsibility in co-management situations; and 5) supporting the health home as the leader of the care team. Toward this end, we provide or have partnerships with other organizations to offer and seamlessly provide a full array of mental health and substance use services for persons with mild, moderate, serious and severe disorders. (See page 16.) We are tracking efforts of accreditation bodies that will formally recognize Health Home Neighbors and will apply for recognition when it is available.[11,12]

For additional resources indicated by numbered references in the text, see the Resource List on page 17.

Healthcare Home Involvement

- **Full Integration:** Our organization, under a single corporate umbrella, provides primary care, mental health and substance use services to our consumers. This has been achieved through merger with a primary care clinic or by developing our own full scope primary care capacity. In either case we have achieved NCQA certification as a Patient-Centered Medical Home or are working toward that certification.

- **Partnership:** Our organization has developed close working relationships with one or more primary care clinics (for MH/SU organizations) or MH/SU provider organizations (for primary care clinics) to achieve the clinical integration of primary care, mental health and substance use services in both the primary care clinics and our MH/SU clinics. We have been working with our primary care partner to achieve NCQA certification as a Patient-Centered Medical Home.

- **Linkages (MH/SU Providers):** We are actively working with primary clinics in the community to ensure that all of our consumers have a relationship with a primary care provider (PCP) and support our consumers in obtaining regular access to their PCP. If we prescribe psychotropic medications, we track health conditions for consumers receiving psychotropic medications; we communicate well and frequently with primary care providers; and we assist consumers with self-management of their health conditions.

See references 13-16

For additional resources indicated by numbered references in the text, see the Resource List on page 17.

Area IV: Business Infrastructure—Measure and Get Paid

This area contains five important readiness items that will be especially important as healthcare reform unfolds.

1. **Information Technology:** We have implemented or are in the process of implementing a hardware and network technology infrastructure that supports the use of technology by all organization staff, both in the field and in our offices. Our software suites include an electronic health record that is available and appropriate for every clinician in the organization, billing and accounting software, and a data warehouse or data mart that integrates clinical, quality and financial data to support real-time clinical decision-making, quality improvement and effective financial management.

Electronic Health Record Includes:

- Centralized Scheduling
- Treatment Plans
- Medication Prescribing & Management
- Patient Registries
- Consumer Assessments
- Progress Notes
- Lab Results Tracking
- Consumer Outcomes Instruments

If our organization provides crisis, residential and/or inpatient services, our system includes clinical functionality to support these services.

Our systems are connected to the Health Information Exchange (HIE)/ Health Information Network (HIN) in the community in order to share data with pharmacies, labs, hospitals, and primary care and specialty clinics. If we cover a wide geographic area, our organization uses telehealth. We have adequate staff to support and maintain all of our information technology efforts.

Minimum IT Staffing Requirements

- Help Desk available during hours staff are using the system
- Hardware and Network Technicians to maintain servers, security, user devices (desktops, laptops, handheld devices), and local area and wide area networks
- Application Support Specialist(s) that train and support users on the software
- Decision Support Unit that is responsible for data warehouse/mart administration, report design and development, and report production

For additional resources indicated by numbered references in the text, see the Resource List on page 17.

2. **Quality Improvement Infrastructure:** Quality improvement is part of our organizational culture and not seen as a separate department where quality improvement efforts are *"handled by someone who works in the office at the end of the hall"* to meet regulatory or contractual requirements. We have a well-developed quality management process with an annual quality plan that addresses quality assurance, quality improvement, risk management, utilization/resource management, utilization review, credentialing, and performance contracting. We have extensive experience with Rapid Cycle Improvement (RCI) methods and our workforce understands the RCI concept of, "What can we complete by next Tuesday?"

3. **Revenue Cycle Management:** We have put in place an effective Revenue Cycle Management infrastructure, building on the service delivery process to capture and collect every dollar owed to the organization by all payors along with a consumer-friendly self-pay billing and collections system. All employees participate and have clear roles in supporting our billing and collection efforts. We are prepared to participate in the new Health Insurance Exchanges through demonstrated competency in our ability to work with private insurance companies. We are able to effectively obtain necessary pre-authorizations and re-authorizations from health plans, accountable care organizations, and medical homes, ensuring that consumers are matched with appropriately credentialed and paneled providers.[17]

4. **New Payment Models:** We have educated ourselves about the new payment models that will be unfolding and understand that payment reform is moving from *"paying for volume to paying for value"*. Leveraging the integration of our clinical, quality and financial information, we are able to determine, in near real-time, the cost of each service provided in our organization. We have the ability to track and analyze costs by consumer, provider, team, program, and payor and can operate effectively under fee for service, case rate, and sub-capitation payment models. We are able to integrate clinical and financial data in order to succeed under a variety of Pay for Performance (P4P) bonus arrangements.[18]

5. **Compliance Plan:** We understand that part of healthcare reform will be paid for through increased efforts to combat fraud and abuse. We are well versed in the regulation and guidance in the Federal False Claims Act, Health Insurance Portability and Accountability Act of 1996, Balanced Budget Act of 1997, Sarbanes-Oxley Act, Deficit Reduction Act, and DHHS OIG Regulation. We have in place a *bullet-proof* Compliance Plan led by a designated compliance officer that ensures appropriate training on robust compliance practices and standards supported by internal monitoring and auditing.

For additional resources indicated by numbered references in the text, see the Resource List on page 17.

Seven Components of a Compliance Plan

- Conducting internal monitoring and auditing through the performance of periodic audits;
- Implementing compliance and practice standards through the development of written standards and procedures;
- Designating a compliance officer or contact(s) to monitor compliance efforts and enforce practice standards;
- Conducting appropriate training and education on practice standards and procedures;
- Responding appropriately to detected violations through the investigation of allegations and the disclosure of incidents to appropriate Government entities;
- Developing open lines of communication, such as (1) discussions at staff meetings regarding how to avoid erroneous or fraudulent conduct and (2) community bulletin boards, to keep practice employees updated regarding compliance activities; and
- Enforcing disciplinary standards through well-publicized guidelines.

OIG Compliance Program for Individual and Small Group Physician Practices, 65 Fed. Reg 59434 et.seq. (Oct 5, 2000) [19]

For additional resources indicated by numbered references in the text, see the Resource List on page 17.

Area V: Consumer Advocacy—Helping Consumers Obtain Coverage and Services

This area contains three important readiness items. As you rate your readiness and importance of each on a scale of 1-5, make sure you think about their importance in 2014.

1. **Workforce Expansion:** We have estimated the increase in demand for mental health and substance use services in our service area and have been developing a Workforce Expansion Plan that will help our organization prepare to serve the newly covered expansion population and increased demand as the employer community and healthcare system recognize, in increasing numbers, the importance of quality mental health and substance use services.

2. **Federal Parity Implementation:** We have developed linkages with state and national organizations and the internal infrastructure to support the implementation of federal parity regulations for Medicaid/SCHIP, private health insurance and the Health Insurance Exchange in our state. This includes processes to actively monitor and report parity violations; efforts to educate consumers, advocates, community groups, health plans, and state officials about the importance of these regulations for improving quality and managing costs and how to comply with them.[20]

3. **Enrollment Strategy:** We have educated ourselves about the groups of individuals that will obtain coverage in our service area between now and 2014 and how Medicaid Expansion and the Health Insurance Exchanges will unfold in our state. We are using this knowledge to develop an Enrollment Strategy for our uninsured consumers and potential new consumers to provide outreach, assistance with the enrollment process, and advocacy for the removal of structural barriers that they state may construct (intentionally or unintentionally). These efforts are integrated with our organization's marketing plan and workforce expansion plan.[21]

For additional resources indicated by numbered references in the text, see the Resource List on page 17.

Instructions

Step 1: Fill out the attached score sheet for each item using the following scoring method.

A. No Two Organizations are Alike

Rank ***Your Organization's Readiness to Successfully Accomplish the Work*** described in each item on a scale of 1-5 as follows.

1 = We are Ready for the Future: Our organization has fully addressed this item and we are fully operational.

2 = High Readiness: Our organization has done substantial work to achieve the competency described by the item and are close to checking it off as successfully completed.

3 = Moderate Readiness: Our organization has made significant progress to address this item but our organization is not nearing completion in addressing this item.

4 = Minor Readiness: Our organization has begun to work on this item but we are still in the early stages of planning and preparation.

5 = Not Ready: Our organization has not begun to address this item.

B. All Healthcare is Local

Next rank each item for ***Importance to Your Organization and Community*** on a scale of 1-5 as follows.

1 = Low Importance: This item is of little importance to our organization or community where I provide service.

3 = Moderate Importance: This item is important but would never be a top priority for our organization or community.

5 = High Importance: This item is very important to our organization and community and is a candidate for a top priority item.

Step 2: Tally the Score Sheet Results

A. Multiply the *Readiness Score* and *Importance Score* and place the result in the *Total Score* box for each item.

Sample	Readiness Score	Importance Score	Total Score
I. 1. Relationship Building	**4**	**5**	**20**

B. Total the twenty-two scores and place the sum in the *Total Overall Score* box.

C. Review the *Individual Item Scoring Key* and *Overall Scoring Key* and use the results to decide where to begin.

Step 3: Build your Change Plan

You should include at least one internal initiative and one internal improvement in your first wave of change, following the Plan-Do-Study-Act method described above.

For additional resources indicated by numbered references in the text, see the Resource List on page 17.

Score Sheet

	Readiness Score	Importance Score	Total Score
I. 1. Relationship Building			
I. 2. Local Health Assessment and Improvement Plan			
I. 3. Local Accountable Care Organization Development			
I. 4. State Planning and Decision-Making			
I. 5. Internal Education			
I. 6. Community Education and Awareness			
II. 1. 1. Resilience & Recovery are Deeply Embedded in Our Culture			
II. 2. Rapid Access to Care			
II. 3. Use of Evidence -Based Practices and Programs			
II. 4. Consumer Engagement and Person-Centered Care Planning			
II. 5. Care Management for High Need Consumers			
II. 6. Treat to Target			
II. 7. High Performing Mental Health/Substance Use Provider			
III. 1. Health Home Involvement			
III. 2. Health Home Neighbor			
IV. 1. Information Technology			
IV. 2. Quality Improvement Infrastructure			
IV. 3. Revenue Cycle Management			
IV. 4. Value-Based Purchasing			
IV. 5. Compliance Plan			
V. 1. Workforce Expansion			
V. 2. Federal Parity Implementation			
V. 3. Enrollment Strategy			
Overall Total Score			

Individual Item Total Score Key

Readiness

	1. Fully Ready	2. Substantial	3. Progress	4. Just Begun	5. Not Ready
1. Low Importance	Low - 1	Low - 2	Low - 3	Low - 4	Low - 5
3. Moderate Importance	Low - 3	Low - 6	Moderate - 9	Moderate - 12	High - 15
5. High Importance	Low - 5	Moderate - 10	High - 15	High - 20	High - 25

Overall Total Score Key

	From	To
High Overall Readiness	22	138
Moderate Overall Readiness	139	276
Low Overall Readiness	277	575

Note that the Overall Total Score Key provides a composite, high-level view of an organization's overall readiness – Low, Moderate, or High. The goal should be to move up the readiness level to Highly Ready between now and 2014.

For additional resources indicated by numbered references in the text, see the Resource List on page 17.

Description of a Good and Modern Addictions and Mental Health Service System [22]

Healthcare Home / Physical Health	Prevention and Wellness	Engagement Services	Outpatient & Medication Services	Community and Recovery Support (Rehabilitative)	Other Supports (Habilitative)	Intensive Support Services	Out-of-Home Residential Services	Acute Intensive Services
• Screening, brief intervention & referral • Acute primary care • General health screens, tests & immunization • Comprehensive care management	• Prevention programs* • Wellness programs* • Smoking cessation education session on MI/SUD • Health promotion • Brief interviews • Warm line	• Assessment • Specialized evaluations (psychological, Neurological) • Service planning (including crisis planning) • Consumer/ family education • Outreach	• Individual evidenced based therapies * • Group therapy • Family therapy • Multi-family counseling • Medication management • Pharmacotherapy (including Opiod Maintenance Therapies) • Laboratory services • Specialized consultation	• Peer supports • Recovery support Services* • Family training & support • Skill building (social, daily living, cognitive) • Case management • Continuing care • Behavioral management • Supported employment • Permanent supportive housing • Recovery housing • Therapeutic mentoring • Traditional healing services	• Personal care • Homemaker • Respite • Educational services • Transportation • Assisted living services • Recreational services • Other goods & services* • Trained behavioral health interpreters	• Substance abuse intensive outpatient services • Partial hospital • Assertive community treatment • Intensive home based treatment/ • Multi-systemic therapy	• Crisis residential/ stabilization • Residential services* • Supports for children in foster care	• Mobile crisis services • Urgent care services • 23 hour crisis stabilization service • Psychiatric inpatient & medical detoxification services • 24/7 crisis hotline services

For additional resources indicated by numbered references in the text, see the Resource List on page 17.

National Council Resource List

1. Webinar: "Healthcare Reform Implementation: What is an Accountable Care Organization and Why Should I Care?" Dale Jarvis, 5/14/2011
    - Presentation: http://www.thenationalcouncil.org/galleries/resources-services%20files/Accountable%20Care%20Organizations2.pdf
    - MH Performance Measures: http://www.thenationalcouncil.org/galleries/resources-services%20files/MCPP%20MH%20Performance%20Measure%20Compilation%202000.pdf
    - References: http://www.thenationalcouncil.org/galleries/resources-services%20files/Biblio%20ACO.pdf
2. Healthcare Reform Blog: http://mentalhealthcarereform.org/
3. Access Redesign Report: http://www.thenationalcouncil.org/cs/improving_access_and_retention
4. Webinar: "Open Scheduling to Improve Access and Retention" Noel Clark and Louis Thorp, 2/10/2009
    - Presentation: http://www.thenationalcouncil.org/galleries/resources-services%20files/NC%20Live%202-10-09%20Presentation.pdf
5. Evidence-Based Practice Series
    - Webinar 1: "Making Evidence-Based Practices Stick: Strategies to Prepare Your Organization for Change" Charles Glisson, PhD, 11/16/2011: http://www.thenationalcouncil.org/galleries/resources-services%20files/Making%20Evidence-Based%20_%20placed%20in%20template%20%282%29%20%5BCompatibility%20Mode%5D.pdf
    - Webinar 2: "Research to Practice: Bringing Evidence-Based Practices to Your Organization" Patrick Kanary, 12/14/2011: http://www.thenationalcouncil.org/galleries/resources-services%20files/From%20Research%20to%20Practice%20Bringing%20EBPs%20to%20Your%20Organization%20%5BCompatibility%20Mode%5D.pdf
6. Webinar: "Motivational Interviewing for Better Health Outcomes" Sangre de Cristo, 2/22/2011
    - Presentation: http://www.thenationalcouncil.org/galleries/resources-services%20files/Motivational%20Interviewing%20Sangre%20de%20Cristo%20Presentation%20for%20CIHS_FINAL_Final.pdf
    - Recording: https://www2.gotomeeting.com/register/653585642
7. Webinar: "Consumers as Partners in Improving Health" Charles Wills and Kathy Bianco, 11/1/2010
    - Presentation (Wills): http://www.thenationalcouncil.org/galleries/resources-services%20files/Consumers%20as%20Partners%20in%20Improving%20Health,%20Charles%20Willis.pdf

- Presentation (Bianco): http://www.thenationalcouncil.org/galleries/resources-services%20files/Consumers%20as%20Partners%20in%20Improving%20Health,%20Kathy%20Bianco%20%5BCompatibility%20Mode%5D.pdf

8. Webinar: "Person-Centered Health Homes" Chuck Ingoglia and Larry Fricks, 5/16/2011
   - Presentation: http://www.thenationalcouncil.org/galleries/business-practice%20files/Health%20Homes%20Webinar,%20final.pdf
   - Recording: https://www2.gotomeeting.com/register/477205835
9. Webinar: "Instruments to Measure Recovery from Mental Illness" Roy Starks and Shawna McGuckin, 9/28/2010
   - Presentation: http://www.thenationalcouncil.org/galleries/resources-services%20files/NC%20Live%209-28-10%20Presentation%20%5BCompatibility%20Mode%5D.pdf
10. Reports
    - "Behavioral Health/Primary Care Integration and the Person-Centered Healthcare Home," http://www.thenationalcouncil.org/galleries/resources-services%20files/Integration%20and%20Healthcare%20Home.pdf
    - "Substance Use Disorders and the Person-Centered Healthcare Home," http://www.thenationalcouncil.org/galleries/business-practice%20files/Substance%20Use%20Condition%20Report.pdf
    - "Partnering with Health Homes and Accountable Care Organizations," http://www.thenationalcouncil.org/galleries/business-practice%20files/ACO%20Full%20Paper%20Laurie.pdf
11. Executive Summary, "Partnering with Health Homes and Accountable Care Organizations," http://www.thenationalcouncil.org/galleries/default-file/ACOs%20and%20Health%20Homes%20Exec%20Summary.pdf
12. Webinar: "Partnering with Health Homes and ACOs: A How To Guide" Laurie Alexander and Dale Jarvis, 3/23/2011
    - Presentation: http://www.thenationalcouncil.org/galleries/resources-services%20files/ACO%20%20PCMH-N%20webinar%202011-03-23%20FINAL.pdf
    - Recording: https://www2.gotomeeting.com/register/746499354
    - Live Webchat: http://mentalhealthcarereform.org/aco-webchat/
13. Webinar: "Are You Ready to Become a Federally Qualified Health Center (FQHC)" Pamela J. Byrnes, 8/12/2010
    - Presentation: http://www.thenationalcouncil.org/galleries/resources-services%20files/8-12-10ppt.pdf
14. Webinar: "Introduction to Effective Behavioral Health in Primary Care" Alexander Blount, 6/1/2011
    - Presentation: http://www.thenationalcouncil.org/galleries/resources-services%20files/June%201%20Webinar.pdf
    - Recording: https://www2.gotomeeting.com/register/812302570
15. "Whole Health," National Council Magazine, Issue 3 (2010): http://www.thenationalcouncil.org/galleries/NCMagazine-gallery/magazinewfacsheets.pdf

16. Webinar: "Working Together: FQHCs and Community Behavioral Health Organizations" Beth Wrobel and Kathleen Reynolds, 10/27/2009
    - Presentation: http://www.thenationalcouncil.org/galleries/resources-services%20files/October%2027th%20Webinar%20%5BCompatibility%20Mode%5D.pdf
17. Save the Date: 9/15/11, 2-3:30pm for a Revenue Cycle Management Webinar
18. Webinar: "Medicaid Health Home State Plan Option" Alicia Smith, 6/7/2011
    - Presentation: http://www.thenationalcouncil.org/galleries/resources-services%20files/HMA%20June%202011%20Webinar.pdf
    - Recording: https://www2.gotomeeting.com/register/293859203
19. Webinar: "Compliance 101: Understanding Health Reform's New Compliance Requirements" Uri Bilek, 6/16/2011
    - Presentation: http://www.thenationalcouncil.org/galleries/resources-services%20files/Compliance101.pdf
    - Recording: https://www2.gotomeeting.com/register/539460611
20. Parity Resources
    - Webinar: "What the Federal Parity Law Means for You" Chuck Ingoglia and Andrew Sperling, 3/1/2011
    - Presentation: http://www.thenationalcouncil.org/galleries/resources-services%20files/NC-NAMI%20parity%20webinar_FINAL.pdf
    - National Council's Parity page: http://mentalhealthcarereform.org/parity/
21. Fact Sheet: "Health Reform and the Insurance Expansion: Does your State Have an Enrollment Strategy?": http://www.thenationalcouncil.org/galleries/policy-file/Enrollment%20in%20Medicaid%20Expansion%20and%20State%20Exchanges.pdf
22. Substance Abuse and Mental Health Services Administration, "Description of a Good and Modern Addictions and Mental Health Service System", April 18, 2011 (Draft): http://www.samhsa.gov/healthreform/docs/good_and_modern_4_18_2011_508.pdf

For further resources, visit http://www.djconsult.net/resources-1/resources