Vic DiGravio, Chair of the National Council’s Association Executives Group, began the meeting with a welcome to the group and overview of the afternoon’s agenda. To set the tone of the meeting, he acknowledged that with the changing landscape, and recent events on the political stage, there are multiple windows of opportunity, and as a group, and as associations, the key is to identify which windows are of priority for our members and our field.

**Update on National Council/CIHS Resources on Addictions – Mohini Venkatesh**

Mohini Venkatesh, Senior Director of Public Policy at the National Council, began the discussion by sharing an update on addictions resources that have been shared by the National Council and Center for Integrated Health Solutions (CIHS) that may be useful for the Association Executives and their members.

There are several new resources/events from the past few months:

- **Addictions Briefing:** On Wednesday, May 29th, the National Council, in collaboration with Haymarket Center, Phoenix House, and WestCare Foundation, sponsored a congressional staff briefing to educate attendees on the importance of effective substance abuse treatment services and implications for improving access to services through the Affordable Care Act (ACA). The briefing featured a panel of experts who offered testimony from scientific, clinical, law enforcement, and youth/family perspectives.

- **Reducing Hospital Readmissions for Clients with Addictions Webinar:** On May 22nd, the National Council co-hosted a webinar with the National Organization for Research at the University of Chicago (NORC) and the Addiction Technology Transfer Center Network on reducing hospital readmissions. The focus of the webinar was on the mPower project, from Loyola Recovery Foundation, a National Council member. The project provides mobile patient opportunities for wellness, empowerment, and recovery to an identified cohort of high risk/high need veterans between the ages of 18-55, who have a diagnosis of substance abuse along with multiple physical and psychiatric comorbidities. There were 600+ lines open on the webinar, speaking to the level of interest in this issue. The webinar recording is available here: [https://www2.gotomeeting.com/register/198288386](https://www2.gotomeeting.com/register/198288386).

- **Addiction News Now E-Newsletter:** This monthly e-newsletter highlights the latest in addictions policy issues, new research findings, and resources for the behavioral health workforce. The National Council is currently partnering with Hazelden to develop the newsletter. If you are interested in signing up or learning more, email Mohini (MohiniV@thenationalcouncil.org).

- **Co-Occurring Disorder Learning Community:** In March, the National Council concluded this 14-month virtual learning community which engaged 5 addiction-primary and 5 mental health-primary community-based organizations to improve their capacity to treat individuals with co-occurring mental health and addiction...
disorders. Public webinars will be scheduled for later in the year to share lessons learned.

- **CIHS Medication Assisted Treatment Health Network Learning Collaborative:** This project run through CIHS engages state systems, consumers, providers, and other stakeholders to increase the adoption of medications in the treatment of individuals with substance use disorders in primary care, substance use, and community mental health treatment programs as a means to achieve sustained recovery and improved health across safety-net settings.

- **Innovation in Addiction Treatment: A discussion with addiction treatment providers with integrated primary care services:** This CIHS paper is the result of a one-day meeting for addictions provider agencies around lessons learned, what is working and what isn’t, for substance use providers working to integrated primary care. If any Association Executives are interested in connecting with the faculty who worked on this, please contact Mohini. On June 24th, CIHS will host a webinar on this paper. Registration can be accessed here: https://www2.gotomeeting.com/register/413592434

- **Online training for substance use providers:** CIHS has collaborated with the Morehouse School of Medicine and the Addiction Technology Transfer Center to develop an online training for substance use providers considering integrated work in primary care settings. The hope is to create a more informed workforce on addiction issues.

- **Addictions Webinar Track:** Beginning this summer we will have a webinar track focused all on addictions. Emails will be sent out to market webinars.

**State Legislative Toolkit on Mental Health First Aid – Chuck Ingoglia**

The next portion of the meeting focused on the state legislative toolkit on Mental Health First Aid. The toolkit is a comprehensive document that walks through the components of the MHFA program and outlines key data, resources, trainings, and other information that can be useful to advocate for state legislative activity in support of MHFA. States including Texas and Colorado have worked with stakeholders to provide MHFA trainings in various areas/among various groups. For example, Texas has worked with police departments to make the training mandatory for the police force.

Over the next year, the MHFA program will be expanding significantly. The National Council has hired a consultant to assist in the nation-wide expansion of the program, and to help revise the payment model so as to make the training just as common and available as medical first aid trainings. The hope is to work with trainers around the country to provide more classes and to make registration more available and easy for the public. The Association Executives could play a vital role in this expansion, and the National Council will work with Association Executives to discuss strategies.

Later this year, the National Council will host a webinar on the toolkit. Stay tuned for an email with more details.

**Telehealth Update: Opportunities for State Advocacy – Mike Lardiere and Bill Broderick**

Mike Lardiere, Vice President of HIT and Strategic Development at the National Council, began by providing an update on health information technology. Mobile technologies are on the rise. Studies show that Americans are spending just as much time on mobile devices as watching TV, so the HIT field has begun to adapt. Progress over the past several years has
led to more regular, and informed, use of technology. There are now tools that have the ability to monitor things like blood pressure, blood glucose levels, and other indicators without the client having to come into an office. Tools can track weight, blood pressure, and cholesterol levels, and the ability to do this allows the field to begin observing, and addressing population health. Specifically for the field of behavioral health, there are devices that can track someone’s mood. Additionally, behaviors can now be tracked by wiring an entire house to monitor movements, giving providers the ability to tell if someone is functioning normally within their home. However, while the collection of this data is crucial, the next step is working on the ability to effectively analyze the data.

Bill Broderick from Bosch Healthcare dove a little deeper into the discussion. He acknowledged that in addition to analyzing data, it is difficult to decide which technologies to use when treating people with behavioral health disorders, and who will pay for it. For many, there still exists the barrier of having access to mobile phones, internet, etc. The value of these various technologies has been proven, and the benefits are known. But the biggest barrier is money.

Rather than waiting for CMS to provide guidance on payment structures for telehealth, Bosch Healthcare is working with the market to identify payment opportunities. They have been speaking with managed care companies and other entities to help make the case for the use and support of these technologies. Studies have shown that the best outcomes in health are associated with telemonitoring capabilities and patient engagement. Hence, Bosch has been working to activate codes in states to pay for remote monitoring.

**Association Management Information Sharing: Mergers & Acquisitions – Open Discussion**

The group engaged in an open discussion around mergers and acquisitions occurring in the healthcare field, specifically among association members. A few examples from different states were offered:

- In Florida, local networks are beginning to collaborate and community mental health and substance use agencies are working to provide blended care and form a larger entity.
- In Colorado, partnerships are being developed between physical health and behavioral health agencies, but not as much between substance use and mental health.
- In some instances, venture capitalist companies are reaching out to behavioral health agencies that have shown an interest in merging. It has become a purely capital decision about whether or not an agency can survive, so this has led to contractual agreements with hospitals.
- In Rhode Island, behavioral health members are developing contractual agreements to share the risk. In addition, as hospitals are beginning to realize that they will be taking on the risk of this population, they are reaching out to behavioral health agencies.

The group began talking about the need for the associations to stay relevant and useful for their members. Strategies discussed included:

- Identify the center core for the association – what can they provide? What is the value? (This will be an agenda topic for the meeting in September, 2013.)
Meeting Summary

Association Executives

- Be aware of the different directions members are being pulled, such as mergers with hospitals, rehabilitative providers, housing providers, etc.

State Conferences: National Council Trainings & Materials – Jeannie Campbell
The last presentation of the day was delivered by Jeannie Campbell, Executive Vice President of the National Council. She began by sharing an update on the National Council conferences (past and future).

- In 2014, the Conference and Hill Day will be a joint event, with the conference being held May 5th, 6th and 7th, and Hill Day directly after. The 2014 conference will be held at the Gaylord at the National Harbour.
- The hope is that by having both events together, the cost of sending people to both conference and Hill Day will be reduced.
- In 2015 the conference will be back in Orlando at a Gaylord hotel and the 2016 conference will be back in Las Vegas at Caesars Palace.
- The 2013 conference saw an increase in attendees from the following states:
  - CA, CO, CT, MA, MI, MO, NY, PA, TX and CA
- A common concern that was expressed by 2013 conference attendees was the tight space in the workshop rooms. Jeannie explained that given the number of conference attendees, there are only 10 hotels in the US that can accommodate the size.
- One option would be to move to a convention center, but this would drastically increase the registration price. To address this issue, the National Council will focus on decreasing the number of sessions and using larger rooms.

The final conversation focused on the various training and technical assistance opportunities that the National Council offers. Key follow-up items included:

- An email will be sent to the Association Executives group with examples of where National Council staff have traveled and what types of presentations/assistance they can offer.
- Conference staff will put together a webinar for the Association Executives group on how to model and develop a conference.
- All information and other resources from the 2013 conference will be available online (Conference 365), including reviews of all conference speakers.