The CFHA Conference offers 9 concurrent tracks of education programs during five session periods on Friday and Saturday. Presentation lengths vary from 10 minutes to 90 minutes to offer a rich and diverse program that will meet the needs and interests of our growing audience.

Lecture-Discussions provide a forum for focused didactic presentation and discussion of a topic. These topics may include clinical, research, operational or education issues. Presentations vary from 25 to 90 minutes.

Tapas: Tasty Bites sessions present an enticing way to sample a rich variety of approaches and perspectives while also encouraging greater interaction among presenters. The “small plates” dining format encourages exposure to the broad range of a cuisine in a 15-20 minute presentation.

Data Blitz sessions present a 10-minute review of research — abstract, hypothesis, methodology, results and a short discussion. These sessions will be expertly facilitated by a nationally prominent moderator.

Master Lectures feature brief presentations by recognized experts in collaborative care.

**Friday, October 28, 2011**
**Period 1: 10:30 AM to 12:00 PM**

**A1—Collaborative and Integrated Care for Women Across the Life Span: Models, Successes and Challenges**
Mary Clare Champion, PhD, Clinical Psychologist, Behavioral Health Consultant, Cherokee Health Systems; Sally Haskell, MD, Acting Director, Veterans Health Administration Department of Veterans Affairs; Anne C. Dobmeyer, PhD, ABPP, Chief of Psychology, Wright-Patterson Medical Center; Susan H. McDaniel, PhD, ABPP, Dr. Laurie Sands Distinguished Professor of Families & Health, University of Rochester Medical Center; Helen L. Coons, PhD, ABPP, President and Clinical Director, Women’s Mental Health Associates

This program will highlight models of collaborative and integrative care to women seen within: a FQHC; Women Veterans Health Care settings; a military hospital; an academic reproductive endocrinology practice; and a private ob/gyn practice. Physical, psychological, and psychosocial issues: challenges/successes with these models; and patient outcome data will be reviewed.

**B1a—The Great Debate: Lincoln and Douglas Take on Collaborative Care**
Randall Reitz, PhD, Executive Director, Collaborative Family Healthcare Association; Paul D. Simmons, MD, Faculty Physician, St. Mary's Family Medicine Residency; Benjamin Miller, PsyD, Assistant Professor, University of Colorado Department of Family Medicine

Based on the classic Lincoln/Douglas debating style, this workshop will engage participants in debating the most important question facing our field: “Will collaborative care ever become a mainstream healthcare model?” Participants will leave the session with knowledge of the research and best practices for overcoming obstacles to broader adoption of collaborative care.

**B1b—Uniting the Field and Moving Policy: Collaborative Care’s Attempt to Influence Healthcare**
Benjamin F. Miller, PsyD, Assistant Professor, University of Colorado

This session will cover the importance of uniting the collaborative care field to become more relevant in the current healthcare policy milieu. By discussing specific opportunities to advance collaborative care, this session will highlight the need for the field to unite with a common voice to impact policy.

**C1a—The Philadelphia Story Continues: A Panel Presentation on Building a Recovery-Oriented System of Care (ROSC), A Fully Collaborative Model of Integrated Care**
Matthew O. Hurford, MD, Chief Medical Officer, Community Behavioral Health and Special Advisor to the Commissioner, Department of Behavioral Health and Intellectual disAbility Services; Sean Gallagher, PhD, Director, Network Development, Community Behavioral Health, Department of Behavioral Health and Intellectual disAbility Services; Nancy P. Hanrahan, RN, PhD, Associate Professor, University of Pennsylvania; Tramaine Stevenson, Manager of Health Reform & Health Equity, Department of Behavioral Health and Intellectual disAbility Services

Healthcare becomes fully collaborative when it is person-directed. Philadelphia is transforming into a Recovery-Oriented System of Care (ROSC) that is both collaborative and integrated. Involving persons-in-recovery in the process, changes both the goal and approach to the goal. Recovery-oriented care diminishes symptoms, promotes wellness, leading to an improved quality of life, as defined by the person-in-recovery.

**C3b—San Diego System Transformation: Implementation Lessons Learned, Approaching the Tipping Point**
Alfredo Aguirre, MSW, LCSW, Mental Health Director, Behavioral Health Services, HHSA, County of San Diego; Debra Fitzgerald, MSW, Health Planning Specialist, Health & Human Services Agency, County of San Diego; Nora Cole, MEd, MFT, Associate Director, Mental Health Services, Family Health Centers of San Diego

San Diego’s $1.2 billion Health and Human Services Agency aims to transform Safety Net healthcare for the entire county. A centerpiece of the strategy is Behavioral Healthcare Integration. This year we will review lessons learned “in situ”, workforce development needs, promising best practices, and emerging catalysts for system-wide buy-in.

**D1a—East vs. West: Japanese, Canadian and American Collaborative Care Approaches to Family Caregivers**
Toshiyuki Watanabe, MD, PhD, Professor of Psychiatry, Takasaki University of Welfare and Health; Mark Yaffe, Associate Professor of Family Medicine, McGill University; Barry J. Jacobs, PsyD, Director of Behavioral Sciences, Crozer-Keystone Family Medicine Residency Program

Japan, Canada, and the United States, like other industrialized nations, face graying populations and burgeoning numbers of family caregivers. In this workshop, we will explore how their respective cultures, psychologies and healthcare systems create marked contrasts and surprising similarities in their collaborative approaches to caring for family caregivers.

**D1b—Addressing the Needs of Culturally and Linguistically Diverse Communities through Integrated Health Care**
Katherine Sanchez, LCSW, PhD, Assistant Professor, University of Texas at Arlington; Lynda E. Frost, JD, PhD, Director of Planning and Programs, Hogg Foundation for Mental Health, The University of Texas at Austin

This workshop will discuss early findings from a collaborative effort to build a culturally and linguistically competent integrated health care model, identify challenges and strategies of participants in addressing the needs of ethnic and racial minorities in integrated settings, and describe a socio-culturally adapted model for providing comprehensive health services.

**E1a—Behavioral Health Lab: Building a Strong Foundation for the Patient-Centered Medical Home**
Johanna R Klaus, PhD, Director, Behavioral Health Lab, Philadelphia VA Medical Center; VISN 4 Mental Illness, Research, Education, and Clinical Center; Sara L. Kornfeld, PhD, MIRECC Post-doctoral Fellow, Philadelphia VA Medical Center; VISN 4 Mental Illness, Research, Education, and Clinical Center; Erin P. Ingram, BA, MIRECC Senior Research Associate, Philadelphia VA Medical Center; VISN 4 Mental Illness, Research, Education, and Clinical Center; David W. Osln, MD, Director VISN 4 MIRECC; Acting Chief of Staff, Philadelphia VA Medical Center; VISN 4 Mental Illness, Research, Education, and Clinical Center
This session will describe the Behavioral Health Lab program, a platform for the patient-centered medical home that uses informatics, an efficient staffing model, and brief treatments/care management services to provide behavioral health care to an evolving primary care population.

E1—Implementing a System of Integrated Post-Deployment Care for Returning Combat Veterans

Stephen C Hunt MD MPH, National Director, Post-Deployment Integrated Care Initiative, Veterans Administration; Lucille Burgo MD, National Co-Director, Post-Deployment Integrated Care Initiative, Veterans Administration

This presentation will describe the health impacts of combat on military personnel returning from Iraq and Afghanistan and the comprehensive, multi-disciplinary system of post-deployment integrated care that has been implemented nation-wide through the collaborative efforts of primary care, mental health, social work and rehabilitation services.

F1a—Tobacco Cessation as a Model for Accelerating Adoption of Collaborative Care: Reaching the Quitting Point

Katherine M. Dollar, PhD, Clinical Coordinator, Center for Integrated Healthcare, Department of Veterans Affairs; Peg Dundon, PhD, National Program Manager for Health Behavior, National Center for Health Promotion and Disease Prevention, Department of Veterans Affairs

The presentation will provide information about an innovative, stepped-care approach for tobacco use cessation, currently being implemented within the VHA, and how this integrated primary care intervention can serve as a model for other interventions, accelerating the adoption of collaborative care.

F1b—Implementing SBIRT and IMPACT into Smaller Community Health Centers

Keith T. Kanel, MD, MHCM, FACP, Chief Medical Officer, Pittsburgh Regional Health initiative; Robert Ferguson, Program Associate, Jewish Healthcare Foundation

This session will describe the Pittsburgh Regional Health initiative’s Integrating Treatment in Primary Care demonstration, which integrated IMPACT for depression and SBIRT for unhealthy substance use in community health centers. The session will conclude with an activity to facilitate thinking about how to spread integrated care in the audience’s communities.

F1c—The "Perfect Storm" of Primary Care: How to overcome Challenges, Barriers related to Integration of Substance Abuse/ Mental Health Services in Rural Primary Care Clinics

James A. Matney, WV SBIRT Clinical Director, Bureau for Behavioral Health and Health Facilities; Mary Alderd-Crouch, Office Director, Bureau for Behavioral Health and Health Facilities

The presentation will cover the ingredients necessary for full integration in a rural primary care clinic. The presenters will discuss needed background, professional skills, and training for successful integration and buy-in from a rural primary care site, and discuss challenges and barriers encountered with WVSBIRT project and strategies to overcome such challenges.

G1a—Enhancing Motivation to Change: Motivational Interviewing in an Integrated Primary Care Clinic

Suzanne Bailey, PsyD, Behavioral Health Consultant and Licensed Clinical Psychologist, Cherokee Health Systems

Patients’ ability to initiate behavior change directly impacts treatment effectiveness. Thus, utilizing motivational interviewing to promote behavior change is an essential component of treatment. This workshop will provide an overview of the use of motivational interviewing in integrated care and a method of training primary care providers to use motivational interviewing.

G1b—Real Behavior Change in Primary Care: Improving Patient Outcomes

Patricia J. Robinson, PhD, Health Care Consultant and Trainer, Mountainview Consulting Group, Inc.; Debra A. Gould, MD, MPH, Associate Clinical Professor, University of Washington, Central Washington Family Medicine

This session will describe tools for conceptualizing and delivering team-based behavioral health services in primary care. Participants will learn time-effective interview strategies for obtaining a snap shot of the patient’s life context and analyzing a specific target problem (e.g., depression, trauma). Participants will then plan interventions consistent with interview findings.

H1a—Collaborative Care and Patient-Centered Medical Home within the Veterans Health Administration

Andrew S. Pomerantz, MD, National Mental Health Director, Integrated Care, Office of Mental Health Services, VA Central Office; David A. Hunsinger, MD, MSHA, Member, National Consultation Team, VA transformation to Patient Aligned Care Teams (PACT), Medical Director, VA Community Based Outpatient Clinic, Binghamton, NY; Margaret Dunson, PhD, National Program Manager for Health Behavior, National Center for Health Promotion and Disease Prevention, Office of Patient Care Services (VA Central Office); Larry J. Lantingo, PhD, Associate Director, Department of Veterans Affairs Center for Integrated Healthcare

In this session, national leaders within the Veterans Health Administration (VHA), the largest unified healthcare system in the US, will describe the implementation history and current status of collaborative care, the patient-centered medical home, and a newly established program of Health Behavior Coordinators.

H1b—Building the Plane While Flying It: Implementation of the Medical Home Model in VA Healthcare

Joanna Dognin, PsyD, Health Behavior Coordinator/Clinical Psychologist, Department of Veterans Affairs NY Harbor Healthcare System; Margaret Horlick, MD, Associate Program Director in NYU Residency Training/Attending Physician, Department of Veterans Affairs NY Harbor Healthcare System/NYU School of Medicine; Craig Tenner, MD, FACP, Health Promotion/Disease Prevention Program Manager, Department of Veterans Affairs NY Harbor Healthcare System/NYU School of Medicine

This session will describe the transformation to a medical home model of care, at the VA New York Harbor Healthcare System. New and innovative models of collaboration, training and provision of care will be discussed. Case vignettes will be used to illustrate lessons learned in the implementation process.

It - Data Blitz

Data Blitz sessions present a 10-minute review of research - abstract, hypothesis, methodology, results and a short discussion. These sessions will be expertly facilitated by a nationally prominent moderator.

- Looking At The Whole Picture: The feasibility and effectiveness of a multi-disciplinary group intervention for youth with sickle cell disease and their families—Rachel Labaton, MA, Therapist, La Salle University; Steven Reader, PhD, Staff Psychologist, Al duPont Hospital for Children
- Attention to psychosocial concerns related to LQTS: A survey of medical providers and proposal for integrative care—Stephanie H. Felgoise, PhD, ABPP, Professor & Vice-Chair, Director, PsyD Program in Clinical Psychology, PCOM; Elizabeth G. Conlin, MA, Doctoral Candidate, Clinical Psychology, PCOM
- The State of Primary Care Integration: Findings from Arizona—Colleen Clemency Cordes, PhD, Clinical Associate Faculty, Nicholas A. Cummings Behavioral Health Program, Arizona State University; Ronald O’Donnell, PhD, Program Director, Nicholas A. Cummings Behavioral Health Program, Arizona State University
- From insight to Action: Working with Students in the Helping Professions to Practice what they Preach—Jane E. Newell, MA, Graduate Instructor / Doctoral Student, University of Minnesota

Friday, October 28, 2011
Period 2: 1:30 to 3:00 PM

A2—Payment Reform Aligns With Practice Reform

William J. Warning II, MD, CHM, FAAFP, Program Director, Crozer-Keystone Family Medicine Residency Program

This session will review successful features of the Southeast PA (SEPA) Improving Performance In Practice (IPIP) Chronic Care Initiative from the perspective of an Insurer and Level 3 Medical Home practice.
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B2a—Contemporary Ethical Issues in Behavioral Health Care
Tal J. Mendenhall, PhD, LMFT, CFT, Assistant Professor & Coordinator of Behavioral Medicine Education, University of Minnesota Medical School; Kenneth W. Phelps, PhD, LMFT, Assistant Clinical Professor, University of South Carolina School of Medicine; Keely C. Pratt, PhD, LMFT, Post-doctoral Fellow in Personalized Medicine, Obesity Signature Program, RTI International; Angela L. Lamson, PhD, LMFT, CFLE, Associate Professor and Director of MFT (MS) and MedF (PhD) Programs, East Carolina University; Jennifer L. Hodgson, PhD, LMFT, Associate Professor, East Carolina University

This session will introduce common ethical challenges in delivering behavioral health care within integrated and collaborative environments. Challenges discussed will include misinterpreted communication, confidentiality and disagreements in treatment goals. The additional role (s) of personal- or virtue-ethics will be presented in conclusion.

B2b—Ethical Dilemmas for the Behavioral Health Clinician in a Patient Centered Medical Home: Evolving Roles Bring Unanticipated Challenges
Christine N. Runyan, PhD, Director, Post-doctoral Fellowship in Clinical Psychology in Primary Care, University of Massachusetts Medical School, Dept. of Family Medicine and Community Health; Elizabeth Ann Zeidler Schreiter, PsyD, Behavioral Health Consultant, Access Community Health Center; Jeffrey T. Reiter, PhD, ABPP, Co-Director, Primary Care Behavioral Health Service, HealthPoint Community Health Centers; Patricia Robinson, PhD, Consultant, Mountainview Consulting

This session will elucidate current and anticipated ethical dilemmas behavioral health clinicians are likely to face with the advent of Patient Centered Medical Homes. Panelists will share case examples. An expert discussant will offer commentary and dialogue with participants to advance understanding on managing ethical challenges unique to integrated care.

C2a—The Citizen Health Care Home: Co-Producing Health in a Clinic
William J. Doherty, PhD, LP, LMFT, Professor and Director of the Citizen Professional Center, University of Minnesota; Tal J. Mendenhall, PhD, LMFT, CFT, Assistant Professor and Coordinator of Behavioral Medicine Education, University of Minnesota Medical School

The Health Care Home will only be a provider-driven innovation unless it engages patients as citizens of health care and not just consumers of services. The Citizen Health Care approach is being applied in a pilot project to engage patients as co-producers of health care for themselves and their community.

C2b—Building the PA Medical Home Program-The Role of Teams, Neighborhoods and Coaches
Reene Turchi, MD, MPH, Medical Director, PA Medical Home Program; Molly Gatto, MHA, Associate Program Director, PA Medical Home Program, PA AAP

This session will highlight the importance of the medical home concept for children, families and young adults. Specifically, the presentation will highlight adoption, implementation and outcomes of the PA Medical Home Program, a statewide program of over 120 pediatric practices. Discussion will include: implementation, multidisciplinary teams, role of parent partners, data collection/results and role of technology.

D2a—Publish and Flourish: Meet the Editors of Families, Systems, & Health
Alexander Blount, EdD, Editor, Families, Systems, & Health; Gonzalo Bacigalupo, EdD, Associate Editor, Families, System, & Health; Todd Edwards, PhD, Associate Editor, Families, System, & Health

Preparing a paper for publication can be daunting. Many people don't start writing because they are nervous about the unknown aspects of the process. This will be a chance to meet with the people who make the editorial decisions at a respected journal to learn the ins and outs of successful submission and publication.

D2b—Accelerating the Collaborative Care Process Through Family Inclusion
Kathleen Cantwell, BSW, Coordinator, Family Resource Network; Max Molinaro, PhD, Coordinator, Philadelphia Connections; Michelle Roden-Khan, MD, Administrator, Philadelphia Department of Behavioral Health & Intellectual disAbilities Services

A discussion of the behavioral health collaborations and processes required to effect significant changes in service provider practices concerning family inclusion. Reviews the necessary but not sufficient establishment of clear standards and priorities, ongoing assessment of staff practices, and support of system administrators. Pilot project results discussed.

E2a—A Model Program for Integrated Family-Centered Collaborative Care: University of Chicago Kovler Diabetes Center & Chicago Center for Family Health
John S. Rolland, MD, MS, Professor of Psychiatry & Behavioral Neuroscience; Executive Director Chicago Center for Family Health, University of Chicago Pritzker School of Medicine; Zephon Darnell Listser, PhD, Director of Collaborative Care Program, Family Medicine Residency Program, Division of Family and Preventive Medicine, University of California, San Diego; Mary Kelleher, MS, LMFT, Doctoral Fellow, Families, Illness and Collaborative Healthcare, Chicago Center for Family Health (affiliated University of Chicago); Isla D. Williams, MS, LMFT, Doctoral Fellow, Families, Illness, and Collaborative Healthcare, Chicago Center for Family Health (affiliated University of Chicago); Louis Philipson, MD, PhD, Professor of Medicine, Director

This presentation describes the development and implementation of a resilience-oriented, family-centered collaborative model of care, fully-integrated in a major university-based comprehensive diabetes center. Discussion includes: components of routine behavioral healthcare; evolution, successes, and challenges of collaboration; healthcare professional education and development; presentation of data; and potential generalizability as a model of collaborative care in specialty medicine.

E2b—Outcomes that Matter in Collaborative Care
Colleen Clemency Cordes, PhD, Clinical Associate Faculty, Nicholas A. Cummings Behavioral Health Program, Arizona State University; Ronald O'Donnell, PhD, Program Director, Nicholas A. Cummings Behavioral Health Program, Arizona State University

Given the recent focus on Accountable Care Organizations (ACOs) and healthcare reform, it is increasingly likely that integrated behavioral health providers will be called upon to demonstrate patient outcomes for reimbursement. Ways to evaluate and demonstrate outcomes that matter to patients, physicians, and payers will be addressed.

F2a—Chronic Pain Group: A Collaborative Approach
Suzanne Daub, LCSW, Director of Primary Care Behavioral Health, Delaware Valley Community Health, Inc.

During this presentation, a PCP, Behavioral Health Consultant and pain group participant will discuss the process of starting and maintaining a pain group based on Acceptance Commitment Therapy (ACT). The goal of this presentation is to share the tools needed to implement a pain group in primary care.

F2b—Treatment Planning as a Strategy for Achieving Integrated Care
Neal Adams, MD MPH, Deputy Director, California Institute for Mental Health; Diane Grieder, MEd, Principal, Alipar Inc.

Treatment plans are often dismissed as administrative burdens having little clinical utility. Separate plans for general and behavioral healthcare tend to fragment care and reinforce treatment silos. New approaches to person-centered planning can help to integrate mental/physical understanding of the individual's needs and promote collaborative care across disciplines and systems.

F2c—Who Receives Collaborative Care?: Findings from the Collaborative Care Research Network's First Card Study
Andrea Auxier, PhD, Director of Integrated Services & Clinical Training, Salud Family Health Centers; Tai Mendenhall, PhD, LMFT, CFT, Assistant Professor & Coordinator of Behavioral Health, University of Minnesota Medical School; Daniel Mullin, PsyD, Assistant Professor, University of Massachusetts Medical School; Christine Runyan, PhD, Associate Director of Behavioral Science, University of Massachusetts Medical School; Jessica Young, LCSW, Primary Care Behavioral Health Clinician, Fletcher Allen Healthcare,

In 2011 The Collaborative Care Research Network (CCKMN) completed its first card study. This cross-sectional investigation involved six primary care practices with onsite behavioral health services. Research aims, findings,
Concurrent Education Sessions

organizational and methodological challenges, findings, and opportunities for future collaborations with the CCRN will be discussed.

F2a—A Day in the Life of the Primary Care Behavioral Health Consultant
Jeffrey T. Reiter, PhD, ABPP, Co-Director, Primary Care Behavioral Health Service
This session will cover strategies for becoming an effective Primary Care Behavioral Health consultant by walking through a typical clinic day. Participants will learn strategies for becoming a valued team member, conducting brief visits, and managing a b a new behavioral health consultants often struggle with becoming a team member, generating consistent (and wide-ranging) referrals from providers, initiating group-based services, and managing a busy service as it evolves.

G2a—Lessons Learned: Using a Reverse Co-location Strategy to Provide Quality, Integrated Healthcare to People with Serious Mental Illness
Barbara A. Cohen, MSW, LSW, Director of Special Projects, Behavioral Health Services, Horizon House, Inc.; David Dunbeck, MSW, LSW, Vice-President, Homeless Services, Horizon House, Inc.; Brenda Robles Cooke, MBA, Vice-President and Chief Operating Officer, Delaware Valley Community Health, Inc.; Ryan J. Clancy, PA-C, MSHS, MA, Physician Assistant, Delaware Valley Community Health, Inc.; Kyle McKinley, BSN, RN, Nurse Care Manager, Project HEALTH, Horizon House, Inc.
This practice-oriented session will share clinical, operations and financial lessons learned by a FQHC and a Community Behavioral Health Organization in the conceptualization, implementation and first year of a collaboration to provide integrated healthcare to people with serious mental illness, using a reverse co-location strategy. A toolkit will be provided.

G2b—Promises and Perils
Dolores Lindsay, CEO, The HealthCare Connection, Inc.; Andrew Suchocki MD, Associate Medical Director, TheHealthCare Connection, Inc.; Tony Datillo, CEO, Greater Cincinnati Behavioral Health Services; John Francis, Executive Director, CenterPoint Health; Shana Trent, Director of Prevention and Crisis Services, CenterPoint Health; Bennett Cooper, Executive Director, Central Community Mental Health Board; Edward Shelley, Director of Special Projects and Quality Improvement, Central Community Mental Health Board; Brenda Coleman, Consultant, BJIC Health Care Consulting
This session will showcase the successes and lessons learned by three behavioral health agencies and a federally qualified health center that joined together in 2007 to provide co-located primary and behavioral health care services to more than 6,000 severely mentally ill adults living in the Greater Cincinnati Ohio area.

H2a—Effectively Addressing Adolescent Behavioral Health Care Needs in Primary Care
Wendy D. Bradley, LPC, Clinical Supervisor, Southcentral Foundation; Melissa Merrick, LCSW, Clinical Supervisor, Southcentral Foundation
This presentation will present a successful model for the implementation of preventative adolescent youth screening, brief intervention, and treatment in Primary Care Clinics. We will examine collaboration with primary care providers and families, screening methods and effective interventions that build on shared responsibility and empowerment.

H2b—Promoting Integrated Healthcare through Interdisciplinary Collaboration: The Tipping Point between Primary Care and Education
Kathy L. Bradley-Klug, PhD, Associate Professor and Coordinator, Graduate Programs in School Psychology, University of South Florida; Jennifer Cunningham, MA, Doctoral Candidate, School Psychology, University of South Florida; Joshua Nadeau, MA, Doctoral Candidate, School Psychology, University of South Florida; Ashley Sundman, MA, Doctoral Candidate, School Psychology, University of South Florida; Julia Ogg, PhD, Associate Professor, Graduate Programs in School Psychology, University of South Florida; Kendall Jeffries, MA, Doctoral Student, School Psychology, University of South Florida
Members of the American Academy of Pediatrics and the National Association of School Psychologists were surveyed to examine interdisciplinary collaboration. Comparison data from these two groups will be used to develop strategies and tools to promote collaborative care for youth with physical and mental health conditions.

I2a—Where’s David? How One Small Child Found Among a Pile of No-Show Charts Led to a Healthcare Program for At-Risk Children
Janette Kurie, MEd, Director of Behavioral Medicine, Penn State/Good Samaritan Hospital Family Medicine Residency Program; Rebecca Dunlop, MSW, LSW, CFMFSW, Supervisor, The Family Support/Medical Home Program, Good Samaritan Family Practice
This presentation will discuss a Family Support/Medical Home program within a family medicine residency program to prevent at-risk children from falling through the cracks of the healthcare system. The program advocates for the follow-up of pediatric no-shows as a Standard of Care for prevention of poor outcomes.

I2b—Collaboration with Pediatric Primary Care Providers: Bridging the Gap
Sandra L. Fritsch, MD, Training Director, Child & Adolescent Psychiatry & Post Pediatric Psychiatry Residency, Maine Medical Center
This session will describe an innovative model to help pediatric primary care providers assess and treat mental health and behavioral concerns in the primary care office. The session will discuss the development of the Child Psychiatry Access Project (CPAP), key elements of the model, and outcomes data.

I2c—Bridging the Gap Between Medicine and Psychology: The Nemours Primary Care Psychology Experience
Roger Harrison, PhD, Pediatric Psychologist, Nemours/Alfred I. duPont Hospital for Children; Kristin Cupo, MA, Graduate psychology student, Immaculata University
This session will describe the innovative steps that the medical and psychology team members at Nemours Pediatrics have taken to increase collaborative healthcare. The benefits of the electronic medical record system, student training programs, and ideas to integrate these services into other primary care settings will be discussed.

Friday, October 28, 2011
Period 3: 3:30 to 5:00 PM

A3—Bringing Family Back Into The Medical Home
Barry J. Jacobs, PsyD, Director of Behavioral Sciences, Crozer-Keystone Family Medicine Residency Program; Maureen Patricia Davey, PhD, Assistant Professor, Couple and Family Therapy Program, Drexel University; Jennifer L. Hodgson, PhD, Associate Professor, Department of Child Development and Family Relations, Marriage and Family Therapy Program, East Carolina University; David B. Seaburn, PhD, LMFT, Owner, Private Psychotherapy Practice, Spencerport, NY
Four experienced medical family therapy practitioner-educators will use research findings and examples from successful programs to demonstrate the importance of involving patients’ family members in the collaborative healthcare team. Topics will include strategies for effective engagement, overcoming financial and attitudinal barriers and applying systems concepts to team dynamics.

B3a—Integration of a Behavioral Health Curriculum into Four Different Primary Care Practices
Nyann Biery, MS, Research Coordinator, Lehigh Valley Health Network; Teresa A. Duda, MS, MSS, LCSW, BCD, Behavioral Health Scientist, Lehigh Valley Health Network; Joanne L. Cohen-Katz, PhD, Clinical Associate Professor of Family Medicine/Family Systems Associate, Lehigh Valley Health Network
By establishing a behavioral medicine clinic (described previously) in four pre-existing primary care sites, we will explore readiness, barriers, and benefits of integrating a behavioral medicine curriculum into primary care physician training. Discussion will follow a 3-year progression of the process of integration and collaboration to where we are today.
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B3b—Evidence-based practice: Transforming Concepts into Reality in Collaborative Care Settings
Barbara B. Walker, PhD, Professor, Department of Medicine, National Jewish Health; Helen Coons, PhD, ABPP, Clinical and Clinical Health Psychology, Women’s Mental Health Associates; Jeffrey L. Goodie, PhD, ABPP, Assistant Professor of Family Medicine, Uniformed Services University of the Health Sciences
Designing an evidence-based program is a complicated undertaking, and doing so in a collaborative care setting adds yet another layer of complexity. In this symposium, we will define evidence-based practice (EBP), introduce participants to the associated skill-set, tools and resources for doing EBP, and illustrate how it can be translated into both primary and specialty collaborative care settings.

C3a—Workforce Readiness and Integrated Behavioral Health: Creating Integrated Training Environments
William Gunn Jr., PhD, Director of Primary Care Behavioral Health, NH Dartmouth FMR; Nancy Ruddy, PhD, Director of Behavioral Science, Mountainside Residency; Dorothy Borrensen, PhD, APN, Assistant Clinical Professor, UND
Designed for educators of mental health professionals, this presentation will discuss enhancing interdisciplinary training strategies and opportunities. We will discuss designing and implementing interdisciplinary training, including broadened curricula and interdisciplinary clinical experiences. The importance of increasing student awareness regarding integrated healthcare and activism within professional organizations will be discussed.

C3b—Behavioral Health Skills for Primary Care Team Members: Increased capacity to meet the need
Larry Mauksch, Senior Lecturer and Consultant, University of Washington
The behavioral health needs of a primary care population are greater than a physician and / or behavioralist can address. Participants will learn a primary care team behavioral skill model supported by evidence from the literature and recent trials focused on agenda setting, action plan development, and team training.

D3a—Behavioral Health/Pediatric Primary Care Integration at Geisinger: Year 1 Implementation and Evaluation
Shelley Hosterman, PhD, Pediatric Psychologist, Geisinger Medical Center; Paul Kettlewell, PhD, Chief, Pediatric Psychology, Geisinger Medical Center; Sharon Larson, PhD, Research Lead, Geisinger Medical Center
This presentation will summarize Geisinger model of integrated behavioral health/pediatric primary care, the process of developing the model through collaboration with our health plan and primary care providers, and detail our program evaluation plans. Participants will gain specific ideas applicable to similar settings and other collaborative/integrated care models.

Samantha Pelican Monson, PsyD, Clinical Psychologist/Health Psychology Post-Doctoral Fellow, Denver Health; Cheryl Palisc, BSN, RN-BC, Nurse, Denver Health; Carrol Lovato, HCP, Health Care Partner, Denver Health; Michael Benavidez, MD, Family Physician, Denver Health
Like a rubber band, any healthcare delivery system can only stretch so far before breaking. This session will engage audience members in a discussion about a practical framework for putting cutting edge concepts into practice. A federally qualified health center’s experience becoming a patient-centered medical home will exemplify key ideas.

E3a—Value Added Collaboration: Leveraging Foundation Support and Resources to Accelerate Collaborative Care
Francie Wolgin, MSN, RN, Senior Program Officer, Health Foundation of Greater Cincinnati; Cynthia Holstein, MA, Project Director SAMHSA PBHC, Shawnee Mental Health Center; Janice Bogner, LISW, Senior Program Officer SMI, Health Foundation of Greater Cincinnati
Foundations are an often untapped or underserved source of support for accelerating collaborative care or integration programs. This session offers you the opportunity to explore various ways beyond awarding grants that foundations can support and facilitate either 1) primary care providers adding behavioral health services or 2) behavioral health providers adding primary care. Presenters will provide examples of both approaches and encourage participants to share any additional experiences.

E3b—Reimbursement of Behavioral Health Interventions in Primary Care
Colleen Clemency Cordes, PhD, Clinical Associate Faculty, Nicholas A. Cummings Behavioral Health Program, Arizona State University; Ronald O’Donnell, Program Director, Nicholas A. Cummings Behavioral Health Program, Arizona State University
Many primary care clinics continue to identify difficulty with reimbursement for behavioral health interventions as a primary barrier to the establishment of integrated care services. This presentation will review recent findings on reimbursement strategies for behavioral health providers in primary care.

F3a—Creating and Sustaining Group Medical Appointments: A Three-World View
Randall Reitz, PhD, Behavioral Science Faculty, St Mary’s Family Medicine Residency; Elvi Whiteford, MD, Faculty Physician, St Mary’s Family Medicine Residency
Many physicians and counselors are intrigued by group medical appointments but aren’t sure where to start. This seminar will present a three-world view of group medical appointments including the clinical, operational and financial aspects of building and maintaining a group. The presentation will include an overview of the wide-array of groups, an update of the most recent research and billing approaches, and an interactive demonstration of group operations.

F3b—Managing Suicide Risk in Primary Care Settings
Craig J. Bryan, PsyD, ABPP, Assistant Professor / Research, University of Texas Health Science Center at San Antonio; Chad E. Morrow, PsyD, Chief Psychologist, Maxwell Air Force Base
This presentation will focus on the practical application of empirically supported assessment and management strategies for suicidal patients presenting in primary care settings.

G3a—Behavioral Health Medical Homes for Adults with Serious Mental Illness: Getting Results and Primary Care Buy In
Aileen Wehren, Edd, Vice President Systems Administration, Porter-Starke Services Inc.; Beth Wrobel, BSME, CEO, HealthLinc Inc.
Establishment of a behavioral health medical home in a CMHC resulted in improved health outcomes for adults with serious mental illness. The Clinic provides a model of integrated care in the CMHC and an example of how to achieve buy in from primary and behavioral healthcare to achieve those outcomes.

G3b—An Innovative Approach to Integrated Health Homes for Individuals with SMI
LeeAnn Moyer, Deputy Administrator for Behavioral Health, Montgomery County Office of Behavioral Health & Developmental Disabilities; Sandra M. Zebrowski, MD, Medical Director, Magellan Health Services; James P. Leonard, MBA, MSW, LCSW, Clinical Officer, Magellan Health Services; Maryllyn Windish, MS, LPC, CCDP, Diplomate, Adult Clinical Program Manager, Montgomery County Office of Behavioral Health & Developmental Disabilities
The HealthChoices HealthConnections program offers an innovative approach to collaborative and coordinated care for adults with serious mental illness. This workshop provides an overview of program design, implementation and funding. Participants will learn promising practice strategies for training, information exchange, member engagement, clinical intervention, integrated treatment planning, and outcomes monitoring.

G3c—The Next Step in Integrated Care for the Seriously and Persistently Mentally Ill
Jay Reeve, Chief Executive Officer, Apalachee Center, Inc.; J.R. Richards, Chief Executive Officer, Bond Community Health Center
Dr. Jay Reeve, CEO for Apalachee Center and J.R. Richards, CEO for Bond CHC, will present on this unique integrated system of care which is aligned with SAMHSA’s new Matrix of Cross-Cutting Management Principles and
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Program Priorities. Apalachee Center provides outpatient services in eight counties for adults and children. Apalachee Center and Bond Community Health Center (an FQHC) have sustained and most recently expanded their partnership.

H3a—Trauma Informed Practice: An Imperative for Collaborative Care Models
Leslie Lieberman, MSW, Director, Multiplying Connections Initiative, Health Federation of Philadelphia
This presentation will focus on the core knowledge about trauma, its impact on health, and trauma informed care that all practitioners providing services in a collaborative model need.

H3b—Promoting Provider Resiliency in the Primary Care Medical Home
Debra A. Gould, MD, MPH, Associate Clinical Professor, University of Washington, Seattle; Patricia J. Robinson, PhD, Health Care Consultant and Trainer
This session will describe factors and consequences associated with burnout in primary care providers/trainees and present a personal strategy for developing resiliency for coping with the stresses of their new role as a team member in the patient-centered medical home. Participants will perform self-assessments to identify their predominant sources of stress and rate their own psychological flexibility. We will also introduce exercises that promote psychological flexibility.

I3a—Dual Interviews: Moving Beyond Didactics to Train Primary Care Providers in the Biopsychosocial Model
Juan C. Ramos, PsyD, Fellow in Primary Care Psychology, University of Massachusetts Medical School; James Anderson, PhD, Fellow in Primary Care Psychology, University of Massachusetts Medical School; Stephanie Carter, MD, Medical Resident, University of Massachusetts Medical School
Collaborative care is at the core of the Patient-Centered Medical Home (PCMH). This presentation will describe and illustrate the use of dual interviews, patient encounters that include both a physician and a behavioral health provider, as a method for developing the competencies and skills necessary to work in PCMH settings.

I3b—Interdisciplinary Balint Groups in Support of Collaborative Care
Jeffrey L. Sternlieb, PhD, Psychologist, Lehigh Valley Hospital FPRP; Tom Klee, PhD, Associate Professor foil Psychology, Chestnut Hill College
This experiential program will explain and demonstrate the value of Balint groups to integrate the perspectives of a multi-disciplinary team of providers, regardless of training background, in helping understand and care for our most complicated patients.

I3c—Cross-Disciplinary Training of a Family Medicine Resident and a Family Therapy Intern
Alison G. Wong, MA, Family Therapy Doctoral Intern, Asylum Hill Family Medicine, University of Connecticut; Hugh Blumenfeld, MD, Assistant Professor of Family Medicine, University of Connecticut School of Medicine
This session describes an innovative year-long rotation for family medicine residents, who provide co-therapy with a family therapy intern. Presenters will identify how success requires negotiation about relationship, roles, therapeutic alliance, power and time constraints. Participants will discuss opportunities, challenges and strategies to implement models of co-training in their settings.

I3d—A Regional Model of Interprofessional Education
Maria Olenick, PhD(c), Director of Clinical Skills and Simulation, The Commonwealth Medical College; Janet Townsend, MD, Professor and Chair of Family Medicine and Community Health, The Commonwealth Medical College; Edward Foote, PharmD, FCCP, BCPS, Professor and Chair of Pharmacy Practice, Wilkes University
This session will describe strategies for creating IPE opportunities, teaching strategies, evaluation methods, and ideas for incorporating IPE into curriculum. Educational research findings related to this regional model of IPE will be presented. Discussion of approaches to promoting IPE in participants’ home institutions will facilitate dissemination of this model of interinstitutional collaboration.

Saturday, October 29, 2011
Period 4: 10:30 AM to 12:00 PM

A4—Workforce Development in Collaborative and Integrated Care Across the Health Professions
Frank Verloon deGruy, III, MD, MSFM, Woodward-Chisholm Professor and Chair, Department of Family Medicine, University of Colorado School of Medicine; Cynthia D. Belar, PhD, ABPP, Executive Director, Education Directorate, American Psychological Association; Susan H. McDaniel, PhD, ABPP, Dr. Laurie Sands Distinguished Professor of Families & Health, Department of Family Medicine, University of Rochester Medical Center; Gloria Ferraro Donnelly, PhD, RN, FAAN, Dean and Professor, Drexel University College of Nursing and Health Professions; Stacy Collins, MSW, Senior Practice Associate, National Association of Social Workers; Helen L. Coons, PhD, ABPP, President and Clinical Director, Women’s Mental Health Associates
This panel will focus on workforce development in collaborative and integrated care across the health professions. Leaders in health professional education will discuss the current and future directions of collaborative training models, challenges, fiscal issues and advocacy efforts. Presenters will address interprofessional workforce development for family practice physicians, nurse practitioners, psychologists, and social workers.

B4a—The Fundamentals of Creating Cohesive Multidisciplinary Teams in the Medical Home
Kenneth W. Phelps, PhD, Assistant Clinical Professor, Department of Neuropsychiatry, University of South Carolina; Keesey J. Pratt, PhD, Postdoctoral Fellow, Personalized Medicine Obesity Signature Program, RTI International
Integrating providers from varied disciplines is a first step towards effective care; however, dissimilarities in training, language, ethics, and perspectives amongst colleagues often create discord on health care teams. Presenters will address challenges to the development of cohesive teams, as well as strategies to troubleshoot these problems.

B4b—The Expanding and Transforming Role of Care Managers in Integrated Primary Care and the PCMH
Alexander Blount, EdD, Professor of Family Medicine and Psychiatry, University of Massachusetts Medical School; Alexa Connell, PhD, Fellow in Clinical Health Psychology in Primary Care, University of Massachusetts Medical School
This session will discuss the forms that the intermediate roles between provider and patient take in different settings and how they can be expanded for an integrated setting. It will also introduce assessment tools that assess the complexity of a person’s total bio-psycho-social needs.

C4a—Childhood Adversity & Trauma: A Life Course Perspective for Prevention & Healing
Robert Waite, EdD, APRN, CNS-BC, Assistant Dean of Academic Integration and Evaluation of Community Programs, Drexel University; Patricia Gerrity, PhD, RN, FAAN, Associate Dean for Community Programs, Drexel University
This session will present the results of a replication of the Adverse Childhood Events Study and the relationship between these events and health among adult patients at a comprehensive nurse managed health center. The center’s integrative transdisciplinary approach to promote healing and wellness among its patients and families will be described.

C4b—Patients Sought and Interventions Used by Behavioral Health Providers Working in Different Models of Integrated Healthcare in Primary Care Clinics Across the VA
Jennifer S. Funderburk, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare; Anne Dobmeyer, PhD, ABPP, Director Clinical Health Psychology Service, Wright Patterson Medical Center; Christopher Hunter, PhD, ABPP, DoD Program Manager for Behavioral Health in Primary Care, TRICARE Management
To further understand integrated healthcare across the VA, this presentation will review the results of a national VA prospective web-based study. Behavioral health providers working in VA primary care clinics
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were asked to report on patient characteristics and interventions/treatments used throughout one day of clinical service.

C4c—Best practices for informed consent and confidentiality in integrated behavioral health settings: Results of a standardized survey of experts and practitioners.

Sandra Rose, Ph.D, Director of Behavioral Health, Goodwin Community Health; Cathy Huddgens, PhD, LPC, LMFT, Assistant Professor, Counselor Education, Radford University; Peter Y Fijfeild, MS, Behavioral Health Consultant, Families First Health and Support Center; Steve Arnauld, Vice President of Quality, Compliance and Integrated Care, Center for Life Management

This session will discuss the outcome of a Delphi survey identifying common practice and consensus among experts relating to informed consent and release of information relating to behavioral health services in integrated settings. Responses from practitioners, advocacy groups and regulatory authorities will be used for developing a model for practice.

D4a—The Evolution of Collaborative Mental Health Care in Canada: A Shared Vision for the Future

Ajantha Jayabarathan, Family Physician, Canadian Working group on Collaborative Mental Health Care

A Canadian working group has updated a 1997 national position paper to promote collaboration between mental health and primary care services. It proposes a shared agenda to improve care by building responsive, person-centred partnerships, enhancing primary mental health care, preparing future practitioners effectively and redesigning delivery systems to accomplish this.

D4b—Working with Couples and Families in Medical Settings

Angela L. Lamson, PhD, LMFT, CFLE, Associate Professor/Program Director, East Carolina University; Jennifer L. Hodgson, Associate Professor, East Carolina University; Tai J. Mendenhall, Assistant Professor, University of Minnesota

Couple and family based treatments must be part of sustainable healthcare home models. Participants will be introduced to assessment tools, clinical techniques, and collaborative methodologies needed for providing couple and family based services in primary, secondary, and tertiary medical settings. Current research outcomes will also be provided.

E4a—AIDS, Paraplegia and Me: Case Studies in the Presence and Absence of Collaborative Care

Margaret Kim Peterson, PhD, Associate Professor of Theology, Eastern University

This session will explore the effects of collaborative care, or the lack thereof, in the presenter’s two experiences of family caregiving. Subjects considered will include the integration of primary care and specialty medicine, biomedical and psychosocial care, and care across the spectrum of disability and chronic, acute and terminal illness.

E4b—When Healthcare Professionals Become Family Caregivers: Ambivalence and Alienation on the Collaborative Team

Barry J. Jacobs, PsyD, Director of Behavioral Sciences, Crozer-Keystone Family Medicine Residency Program; Margaret Cotroneo, PhD, APRN-BC, Associate Professor Emerita of Psychiatric-Mental Health Nursing, University of Pennsylvania School of Nursing; David Seaburn, PhD, LMFT, Psychotherapist, Private Practice in Spencerport, NY

Healthcare professionals who become family caregivers are often treated ambivalently embraced as valued collaborators or shunned as potential critics—by their loved ones’ treating professionals. Three family therapists will relate their experiences dealing with the collaborative teams who cared for their aging parents and offer general principles for improving caregiver-treating professional relations.

F4a—Evidence-based psychotherapies for managing PTSD in the primary care setting

Kyle Possemato, PhD, Clinical Research Psychologist, Center for Integrated Healthcare, Syracuse VA Medical Center

This presentation will review early research on primary care-based PTSD treatments. Participants will learn how to incorporate evidence-based psychotherapy strategies (e.g., relaxation, cognitive restructuring, behavioral activation, and in-vivo and written exposure) into brief primary care encounters. Participants will also learn how to utilize telehealth programs to enhance in-person interventions.

F4b—The Effect of Patient Complexity on Treatment Outcomes for Patient’s Enrolled in an Integrated Depression Treatment Program

Ryan Miller PsyD, Behavioral Medicine Post Doctoral Fellow, University of Minnesota Medical School - Dept. of Family Medicine

We will discuss the role of patient complexity in three urban family medicine clinics being associated with patient outcomes in a depression care management program. Patient depression level will be assessed using the PHQ-9 and complexity will be investigated using five domains of a complexity assessment tool (the Minnesota Complexity Assessment Method (MCAM) form) in a Minnesota called depression management program called DIAMOND care.

F4c—A Dementia Case-Finding Program for Veterans: Applying Lessons Learned to Improve Dementia Recognition in Primary Care Practice

Laura O. Wray, PhD, Director of Education, VA Center for Integrated Healthcare; David A. Hunsinger, MD, MSHA, Medical Director, Binghamton VA Outpatient Clinic

Research on the VISN 2 dementia case-finding program, a novel evidence-based strategy, will be reviewed. Using outcomes from that study, we will discuss: how risk factors for dementia can be used in clinical practice, validated dementia screening tools for primary care and how to follow-up on positive and negative screens.

F4d—Patient Engagement Toolkit: Strategies for Boosting Patient Health Knowledge, Self-management skills and Self-efficacy

Mary R. Talen, PhD, Director, Primary Care Behavioral Health, MacNeal Family Medicine Residency

Patient experiences that focus on engaging patients in behavioral healthcare change need to be expanded. In this presentation, a variety of strategies that focus on patient’s health education, self-management skills, goal tracking and enhancing attitudes of confidence, and self-efficacy will be shared.

G4a—Teams Leading Communities to Improve Rural Mental Health: A CBPR Approach

Dave Robinson, PhD, Associate Professor, Co-Program Director, University of Nebraska Medical Center; Mike Olson, PhD, Assistant Professor, University of Nebraska Medical Center; Richard Bischoff, PhD, Professor, Program Director, University of Nebraska-Lincoln; Paul Springer, PhD, Assistant Professor, University of Nebraska-Lincoln

This session will review a Community-Based Participatory Research (CBPR) methodology for working in rural communities. We will provide a brief overview of the CBPR process, demonstrate its usefulness through a rural mental health CBPR project and provide the initial structure so that participants can begin their own CBPR project.

G4b—Taking Collaborative Care to Isolated Populations and Providers

Richard J. Bischoff, PhD, Associate Professor and Co-Director, Medical Family Therapy Program, University of Nebraska-Lincoln; Paul R. Springer, PhD, Assistant Professor, Medical Family Therapy Program, University of Nebraska-Lincoln; W. David Robinson, PhD, Associate Professor of Family Medicine and Co-Director, Medical Family Therapy Program, University of Nebraska Medical Center; Michael M. Olson, PhD, Assistant Professor of Family Medicine, Medical Family Therapy Program, University of Nebraska Medical Center

Collaborative care can increase cultural sensitivity. The presenters will discuss the culture of medical care in rural and isolated areas and the fit of collaborative care with rural culture and the care culture that often develops in these areas. They will present examples from their own work in rural communities.

G4c—Pediatric Telebehavioral Health in Rural Primary Care: An Electronically-Mediated Warm Handoff

Jennifer A. Correll, MA, Telemedicine Coordinator, East Tennessee State University; Jodi Polaha, PhD, Associate Professor, East Tennessee State University
Despite its utility, data on collaborative models of care utilizing videoconferencing equipment is sparse. This session will discuss outcome data from a pilot program designed to integrate behavioral and primary care services in rural developed by the telemedicine clinic at East Tennessee State University.

**H4a—Integrated Primary Care Practice in a Federally Qualified Health Center: Moving Forward**
Andrea M. Auxier, Director of Integrated Services & Clinical Training, Salud Family Health Centers; Katrin S. Seifert, Associate Psychology Training Director, Salud Family Health Centers

This presentation will describe the successes and challenges involved in developing a population-based integrated primary care model in a large rural FQHC and will highlight the role of research, training, and education in moving the practice forward in an evolving healthcare system.

**H4b—Interprofessional Collaboration and Empirically-based Strategies for Underserved Adults with Chronic Illness: Barriers, Strategies and Outcomes**
Robert A. DiTomasso, PhD, ABPP, Professor (Tenured) of Psychology and Chairman, Director of Institutional Research, Philadelphia College of Osteopathic Medicine; Barbara A. Golden, PsyD, ABPP, Associate Professor of Psychology, Director of Clinical Services, Philadelphia College of Osteopathic Medicine; Deborah A. Chiumento, PsyD, Licensed Psychologist and Clinical Coordinator of “A Healthier You!”, Philadelphia College of Osteopathic Medicine; Harry J. Morris, DO, MPH, Professor and Chairman Department of Family Medicine, Philadelphia College of Osteopathic Medicine

Disparities in health outcomes and limited access to comprehensive evidence-based care in underserved communities are major challenges. This presentation describes an on-site integrated healthcare program funded by PEW Charitable Trusts, joining clinical psychology, family medicine, and social work, specifically designed for a vulnerable, underserved urban population with chronic medical problems.

**14a—Translating the Languages of Mental Health and Medicine**
Tai J. Mendenhall, PhD, LMFT, CPT, Assistant Professor & Coordinator of Behavioral Medicine Education, University of Minnesota Medical School; Jennifer L. Hodgson, PhD, LMFT, Associate Professor, East Carolina University; Angela L. Lamson, PhD, LMFT, CLF, Associate Professor & Director of MFT (MS) and MedFT (PhD) Programs, East Carolina University

Contemporary calls for integrated care are increasingly facilitating mental health providers’ entry into medical contexts. However, most training programs do not teach the medical language/terminology and structured formats necessary to effectively collaborate with medical colleagues. This workshop will introduce participants to what they need to know to "talk medicine."

**14b—Supervising Behavioral Health Services in Integrated Primary Care**
Kevin M. McKay, PhD, Staff Psychologist / Clinical Assistant Professor, The Miriam Hospital / Brown University, Alpert Medical School

Competent primary care psychologists are in demand and high quality training and supervision will help ensure an adequate supply. This presentation will argue that the unique environment of integrated primary care requires an innovative approach to supervision and propose that a model advanced by our physician-colleagues is a viable option.

**Saturday, October 29, 2011**
**Period 5: 1:30 to 3:00 PM**

**A5—Case Study of Integrated Primary Care Based Behavioral Health Services**
Richard C. Wender, MD, Alumni Professor and Chair Department of Family and Community Medicine, Thomas Jefferson University/Jefferion Medical College; Susan Corson Day, MD, MPH, Clinical Associate Professor of Medicine, University of Pennsylvania School of Medicine; Lynne DiCaprio, MA, Psychologist, Delaware County Professional Services; President and CEO; Hyong Un, MD, Chief Psychiatric Officer, Aetna

This session will consist of a panel presentation and discussion regarding the experience of integrating behavioral health services in several local primary care practices. The perspective of the primary care practices, behavioral health group and a major health insurer will be presented. Hyong Un, MD, Aetna’s Chief Psychiatric Officer, will lead a panel discussion about the integration of behavioral health services in their associated primary care practices and share experience as the behavioral health practice providing the integrated services. The required support, from a health insurer perspective, will be addressed. Resolving logistical issues encountered within the primary care practices will be discussed. Flexibility in implementing the program, from a behavioral health perspective, will be presented. Subjective feedback, from primary care and behavioral health clinicians, will be provided as well as initial available outcome data.

**B5a—Strategies for Obtaining Stakeholder Feedback on Integrated Care**
David Johnson, MSW, ACSW, Chief Administrative Officer, Wayne State University Physician Group-Psychiatry; Lori Lackman-Zeman, PhD, Assistant Professor, Wayne State University Department of Psychiatry and Behavioral Neurosciences

The ultimate success of integrated care programs is dependent upon the people involved. We will review strategies to solicit information from behavioral health staff, community advisory boards, patients served and physician collaborators to inform program activities. We will present instruments we developed specific to integrated care and the findings.

**B5b—When Providers and Patients Disagree: Moving From Conflict to Collaboration**
George F. Blackall, PsyD, MBA, Professor of Pediatrics, Humanities & Psychiatry, Penn State Hershey Medical Center; Steve Simms, PhD, Psychologist, Philadelphia Child and Family Therapy Training Center

Roughly 1 in 6 patient encounters are difficult, and conflict occurs in approximately 40% of primary care visits. Models will be presented that are based on family therapy principles to help participants to see emerging conflicts, understand how to extract themselves from the grid-lock, and respond in a collaborative manner.

**C5a—Changes for Life: A Primary Care Based Multidisciplinary Program for Obesity in Children and Families**
Parinda Khatri, PhD, Director of Integrated Care, Cherokee Health Systems; Hollie Raynor, PhD, RD, LDN, Associate Director, Department of Nutrition, University of Tennessee; Tom Bishop, PsyD, Behavioral Health Consultant, Cherokee Health Systems; Jena Saporito, PhD, Behavioral Health Consultant, Cherokee Health Systems

This session describes a prevention and intervention program implemented at Cherokee Health Systems, a comprehensive community health care organization in Tennessee, in partnership with the Department of Nutrition at the University of Tennessee. The initiative, “Changes for Life,” involves behaviorists and nutritionists applying evidence-based practice strategies working within primary care visits to target health behavior change with children and their families. The presentation will describe the nutrition and behavioral components of the program, outcome data, as well as implementation strategies and lessons learned.

**C5b—Primary Behavioral Health Care for Children & Families: A Systemic Longitudinal Approach Approach**
Patricia Gerrity, RN, PhD, FAAN, Associate Dean for Community Programs, Drexel University; Jessica Covitz, Primary Behavioral Health Consultant, 11th Street Family Health Services of Drexel University

Working within the Integrated Model of Healthcare at 11th Street Family Health Services, a unique, systemic approach to working with our pediatric population has been created. In this presentation, the multifaceted role of the Pediatric Behavioral Health Consultant will be explored, and the various programs and services will be defined.

**D5a—Medical Informatics: Moving the Tipping Point of Behavioral Health Integration**
Susan D. Wiley, MD, Vice Chairman, Department of Psychiatry, Lehigh Valley Health Network; Maryanne Peifer, MD, MSIS, Associate Director of Clinical Informatics, Lehigh Valley Physician Group, Lehigh Valley Health Network; Gail R. Stern, MSN, Administrator, Department of Psychiatry, Lehigh Valley
Health Network
Using the EMR, patient registration software, and surveys, we compare offices with and without BHI. We will present raw data, analysis, and draw conclusions.

D5b—Population Based Care: The Heart of the Primary Care Behavioral Health Model
Patricia J. Robinson, PhD, Health Care Consultant and Trainer, Mountainview Consulting Group, Inc.; Jeffrey T. Retter, PhD, ABPP, Co-Director, Primary Care Behavioral Health Service
This session will review the principles of population-based care and provide participants with a tool to use in applying these principles to the design of primary care programs involving collaborative care from primary care and behavioral health providers. Participants will learn strategies for identifying patient groups that have a high impact on primary care clinic operations. Presenters will illustrate the use of the population-based care tool with two patient groups that frequently have a high impact on primary care clinic services: patients with chronic pain and patients with ADHD. Participants will then apply the tools (one for identifying high impact patient groups and one for applying principles of population-based care to improve care for members of the identified group). Participants will have the opportunity to discuss the program design implications of their work.

E5a—The Use of Consulting Psychiatry within an Integrated Primary Care Model: How It Works
Elizabeth A. Zeidler Schreiter, PsyD, Psychologist (Behavioral Health Consultant), Access Community Health Center; Meghan D. M. Fendow, PhD, Psychologist (Behavioral Health Consultant), Access Community Health Center; Jantina Vonk, MD, Psychiatrist, Access Community Health Center
This session will focus on the use of consulting psychiatry within a primary care setting to provide support and recommendations for primary care physicians. BHC and consulting psychiatrist will offer commentary regarding her transition into consulting psychiatry within a Federally Qualified Health Center and shift in focus to population based care.

E5b—The Role of Psychiatry in Collaborative Healthcare
Penny Chapman, MD, Director, Erie Community Adult Psychiatry Fellowship, Stairways Behavioral Health; Sherry Snyder, Acting Deputy Secretary, Pennsylvania Office of Mental Health & Substance Abuse Services; Bernard Barislow, PhD, Executive Director, PMHCC, Inc.; Margaret Minehart, MD, Medical Director, Philadelphia DBHIDS; Robert Haigh, Consultant, Pennsylvania Psychiatric Leadership Council
This session will challenge participants with strategies adopted by one large state to better define the role of community psychiatry in a changing collaborative healthcare system. It will highlight a statewide partnership of medical schools, government, consumers, families and foundations successfully working together.

F5a—SBIRT Protocol in Primary Care Settings: An Integrated Care Design
Jennifer Hodgson, PhD, LMFT, Associate Professor, East Carolina University; Marina Stanton, MS, Project Coordinator, East Carolina University; Leigh Atherton, MS, Doctoral Student, East Carolina University; Paul Toriello, PhD, Associate Professor, East Carolina University
Primary care has a reputation for under screening and treating substance abuse. Time, resources, and training are commonly reported barriers. Research results and clinical implementation strategies will be offered for improving substance abuse screening, brief intervention and referral to treatment (SBIRT) practice in FHQC and academic/private integrated primary care settings.

F5b—Childhood Obesity Research in Health Care Settings
Jerica M. Berge, PhD, MPH, LMFT, Assistant Professor, University of Minnesota; Keeley J. Pratt, PhD, LMFT, Post Doctoral Fellow, RTI International
Recent task force and expert committee recommendations have called for childhood obesity intervention efforts within health care settings. This workshop will describe three childhood obesity prevention and treatment research studies in health care settings that are family-based and include partnerships between community organizations and primary and specialty care clinics.

F5c—Family Consultation for Change-Resistant Pediatric Obesity
Florence Lebensohn-Chialvo, MA, Clinical Psychology Doctoral Student, University of Arizona; Michael J. Rohrbaugh, Ph.D., Professor of Psychology, University of Arizona
This session will describe a strategic, team-based family consultation (FAMCON) approach to change-resistant pediatric obesity for cases that do not respond to conventional psychoeducational intervention. Grounded in social cybermatics and structural family systems theory, FAMCON emphasizes interruption of problem-maintaining patterns and collaboration between primary care professionals and family therapists.

G5a—Behavioral health integration as a catalyst for practice transformation: A Case Study
Joanne Cohen-Katz, PhD, Psychologist, Clinical Associate Professor, Lehigh Valley Health Network; Nancy C. Gratz, MPA, Practice Enhancement Facilitator, Lehigh Valley Health Network; Drew M. Keister, MD, Family Physician Faculty, Lehigh Valley Health Network
Behavioral health integration not only improves patient care; it can also impact the culture of the medical practice itself; in areas such as team functioning and communication. We summarize research on highly adaptive practices, and present a case study in which integration resulted in positive practice change, followed by discussion.

G5b—Making the Behavioral Health and Primary Care Marriage Work
Cheryl Holt, MA, NCP, BCCP, Director of Integrated Healthcare, Cobb-Douglas Community Services Board
This session will demonstrate the value of behavioral health and primary care integration for reducing health disparities of the vulnerable, underserved individuals who suffer from behavioral health disorders. A guide for implementing a successful partnership will be demonstrated through the analogy of marriage, concluding with the importance of tracking outcomes.

H5a—HIV-Specific Multidisciplinary Care Mediates for Marginalization and Perceived Stigma Among HIV Positive African American Women
Cleo V. Townsend, PhD, MFT, Couple and Family Therapist, The Hope Restoration Center
This session will present findings from a dissertation study that explored the experience of role strain in HIV positive African American women. The presentation will provide information about the impact of stigma on HIV positive parenting, HIV positive women’s self-perception and health behaviors, and potential strategies to mediate the effects through design of HIV specific multidisciplinary care settings.

H5b—Psychological interventions based on the primary care model and their impact on depression, treatment adherence and immunological status of people living with HIV/AIDS in the south of Puerto Rico
Valerie Toro, Psychotherapist, Health Psychology Program of Ponce School of Medicine
Psychological factors impact the treatment outcomes of people living with HIV/AIDS. Working with HIV/AIDS from a biopsychosocial perspective provides the opportunity to offer better services to this population. This research explored the impact of integrated primary care interventions on the health of people living with HIV/AIDS in Puerto Rico.

H5c—Lessons Learned from Implementing an Integrated Behavioral Health Model in the Provision of Services for People Living with HIV/AIDS in Puerto Rico
Nydia M. Cappas, PsyD, Director of Clinical Health Psychology Program, Ponce School of Medicine Clinical Psychology Program; Juan C. Ramos, PsyD, Primary Care Psychology Fellow, University of Massachusetts Medical School
The presentation will share the administrative process, challenges, success and knowledge gained from the implementation of an integrated behavioral health model in 6 immunology clinics that provide services to people living with HIV/AIDS throughout Puerto Rico. Protocols developed for analysis, training and implementation of the program will be discussed.
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15a—Successful Integration of Behavioral Health into Medical Hypertension Management
Verena Roberts, Behavioral Health/Psychology Fellow, Denver Health
The focus of this presentation is to discuss how behavioral health can successfully be integrated into medical management of hypertension within a federally qualified health center. The presentation will provide innovative approaches to patient health. Attendees will learn how to enhance collaborative care in order to increase patient outcomes.

15b—Multidisciplinary Model of Nurse Midwife Administered Psychotherapy for Postpartum Depression
Bobbie Posmontier, Assistant Professor, Drexel University
This session will describe the preliminary results of an ongoing NIMH funded multidisciplinary randomized controlled trial assessing the feasibility, safety and acceptability of an eight-session telephone and nurse midwife/women’s health nurse practitioner administered Interpersonal Psychotherapy intervention while under the supervision of a licensed social worker and team leader psychiatrist.

15c—Implementing Cognitive Behavioral Therapy for Insomnia into Primary Care
Christina Nash, MS, Clinical Psychology Doctoral Student, Drexel University; Jacqueline D. Kloss, PhD, Associate Professor of Psychology, Drexel University
This presentation will focus on the implementation, obstacles, challenges, and significance of delivering CBT-I to an underserved population at a primary care setting. The importance of screening for sleep disturbances, as well as providing time-limited, brief interventions will be discussed using clinical vignettes. Innovative ideas targeted for future empirical study will be generated.

Saturday, October 29, 2011
Master Lectures: 3:30 to 5:00 PM

ML1—Mainstreaming Medical Family Therapy: The Importance of a Systemic Approach to Integrated Healthcare
Susan H. McDaniel, PhD, ABPP, Dr. Laurie Sands Distinguished Professor of Families & Health, University of Rochester Medical Center; William J. Doherty, PhD, LP, LMFT, Professor and Director of the Citizen Professional Center, University of Minnesota; Jeri Hepworth, PhD, MFT, Professor, Associate Residency Director, and Director of Behavioral Sciences in the Department of Family Medicine at the University of Connecticut School of Medicine and St. Francis Hospital and Medical Center

ML2—On Science Outcomes and Metrics: Collaborative Care is Part of the Problem and Has Not Yet Demonstrated It is a Solution
Rodger Kessler PhD, ABP, Research Director Collaborative Care Research Network Senior Scientist National Research Network, AAFP Assistant Professor Department of Family Medicine Center for Clinical and Translational Science, University of Vermont College of Medicine; Fellow, James Jeffords Center for Health Policy; Benjamin Miller, PsyD, Assistant Professor, University of Colorado Department of Family Medicine