Partnersing Our Way Through the Maze

Association of Community Living Agencies in Mental Health
36th Annual Conference
November 3-6, 2015 • The Sagamore Resort
**P1. The Long and Winding Road - Transition to Managed Care**

This pre-conference will review an in-depth roadmap for providers who will be or may already be traveling in a Managed Care environment. Presenters will briefly review ACL’s Managed Care Toolkit, which has been previously sent to all ACL members free of charge, and revised to reflect the most current policy developments related to the Managed Care Transition. The toolkit will provide an overview of Managed Care; services covered; eligibility; network development; coverage plans; a review of contract terms to watch for; advice on how to think and operate like an entrepreneur to maximize financial opportunities as the industry further shifts towards Managed Care; lessons from the field; claims, billing and reporting requirements and more. The participant will leave armed with an increased understanding of managed care and how Plans operate along with tools to assist them in navigating the necessary relationships and strategies to adapt to this new behavioral health terrain.

**Workshop Session I**

**1. The Future of Success - Emerging Leaders**

Community mental health services, especially residential, have developed, grown and changed tremendously over the last 40 years. In many agencies, leadership is primarily those who have been with the agencies for 20 or more years. Most of these leaders have been part of most of the change and growth so it is up to them to pass on their knowledge and passion to new leaders. On occasion this "just happens" but in order to be sure the work of the past continues, new leaders must be identified and trained in many areas. This workshop will help to identify the questions to ask and how to answer them including: who are emerging leaders; the recruitment/identification of emerging leaders (current employees and prospective employees); the role of the current leader (modeling and mentoring); formal and informal programs for developing leadership; qualities of a leader, supporting new leaders, and passing the baton - when is it time to "move on or move out"?

**2. Mindfulness Based Stress Reduction**

Take a break from the hustle and bustle of the conference to experience the benefits of mindfulness. Mindfulness based stress reduction is an evidence based practice with proven benefits for our health and wellness. Reward yourself for the important work you do each by taking some time simply to be present in this moment to re-charge. Self-care is key to our success!

**3. Emerging Trends in Housing: Working with Changing Programs and Populations**

This presentation will include a discussion of how emerging healthcare trends are shaping the type of clients with whom residential providers are working. Presenters from two agencies, SAIL and FREE on Long Island, will discuss how they have built relationships with emerging healthcare stakeholders (health homes, DSRIP, Managed Care Organizations), how that has impacted how they define client success as well as how that impacts their work and the expectations of difficult clients. Examples will be used, such as SAIL’s two Medicaid Redesign Team programs funded through OASAS and OMH, FREE’s Medicaid Redesign team project, as well as the status of their Supported Housing beds reserved for people coming out of Nursing Homes. The two agencies’ presenters will also discuss their experience working with populations returning to the community after long term psychiatric stays in facilities such as Pilgrim Psychiatric Center.

**4. Changing Culture, Changing Lives: Moving from Zero Tolerance to Harm Reduction**

Supportive housing has witnessed a marked change in resident composition with resulting challenges in the past decade. We are all working with increasingly high risk and high need individuals who enter supportive/supported housing programs from periods of chronic homelessness, lengthy institutionalization and recent stays in jails and prison. Substance abuse is rampant, particularly with ready access to cheap and illicit synthetics, such as K2. Providers have been forced to adapt their approach to successfully engage these new and challenging populations with little or no improvement to our housing program budgets. This workshop will outline an agency wide cultural shift that Concern for Independent Living adopted in 2013 to better respond to the challenges of dual recovery in a variety of licensed supportive and supported housing settings on both Long Island and in New York City. Providers will learn helpful tips and techniques to support their own transformation efforts, from agency needs assessments, to dual recovery group interventions, and targeted training and education for staff.

**MAY provide 1.5 continuing education hours for LMSWs and LCSWs. Our NYS Education Department application is pending.**
5. **Building a Waterfall: Turning Site Obstacles into Opportunities**
   This 50 bed supportive housing project is a model in team collaboration in creating an environment that promotes wellness and recovery. The project, located in Poughkeepsie, NY, faced many challenges before the team approach reached the final outcome, including a WOW factor. Topics to be covered include: site selection, building and interior design, and innovative tools to help ensure positive end results. The presentation will include a Q & A segment for participants. The panel will utilize video, handouts and PPTs during this interactive presentation. And yes there is a waterfall (at the site, of course)!

6. **Safe & Effective Housing Models: Re-Examining the Needs in Both Congregate & Supported Housing**
   Re-examining housing models to ensure that consumers are safe and that risks are minimized is paramount. Although providers need to develop strategies that ensure that housing models across the spectrum of care are person centered and cost effective, they must also ensure that these programs are safe. Housing providers have a strong commitment to house consumers with a host of bio-psycho-social stressors, often working with individuals coming out of state hospitals, shelters and prisons. Our staff must have the tools to help our consumers feel hopeful about their recovery while attending to triggers and risk factors. In this workshop we will discuss ICL’s integrated approach to treatment in both congregate care and supported housing. We will discuss systems that we have implemented to minimize 911 calls through enhanced clinical outreach. We will share materials from recovery groups that are facilitated in both ICL’s levels of housing and how these groups have helped prepare individuals for successful community integration.

7. **Move with the Cheese - Compliance Effectiveness**
   What are the best ways to ensure that your agency, programs and staff are doing the best they can to meet the elements of a Compliance Program? Using the core principles noted as “Handwritings on the wall” from the best-selling 1998 book "Who Moved My Cheese" about recognizing and achieving positive change, this session will utilize those principles as a guide to examine what it means to be “effective” in today’s regulatory environment. It will also review the core elements of a comprehensive compliance program, exploring what the “effectiveness” of core compliance elements really means. Finally, in keeping with the ACAIMH conference theme, various methods and best practices that can help support the maintenance of your compliance program in this constantly shifting and growing healthcare maze will be discussed.

8. **The Emerging World of DSRIP & Value Based Payments**
   New York has adopted an ambitious plan for value-based purchasing (VBP) in its Medicaid program. Over the next five years New York will aim to have 80 to 90 percent of Medicaid payments made through alternative payment models that entail shared risk tied to cost savings and quality measures. New York’s VBP plan is part of the roll out of the Delivery System Reform Incentive Payment program (DSRIP) that will distribute $7.3 billion in Medicaid funds to 25 new organizations in the state, called performing provider systems (PPS). Under DSRIP, each PPS will be funded for five years to build an integrated delivery system, reduce preventable hospital admissions and emergency department use by 25 percent, expand access to primary care and behavioral health services and manage population health. Implementation of the VBP plan and DSRIP are inextricably linked. Value-based payment is essentially payment based on the quality and worth of the service provided to the patient rather than the number or quantity of services provided (typically cited as the chief problem with fee-for-service payment models). The VBP plan is intended to enable providers to sustain the costs of care coordination, patient engagement initiatives, infrastructure, including information technology investments, and workforce training and redeployment that must accompany the shift of 25 percent of acute care utilization to community-based settings. DSRIP funds are targeted to pay for those costs during the planned five-year transition to VBP. This session’s presenter, one of the architects of these initiatives, will provide an overview and update of this emerging Medicaid world.

9. **Incorporating the Lived Experience Perspective: Creating a Dynamic Peer Workforce**
   Research has shown that shared lived experience enhances services, improves satisfaction with care and improves engagement and community tenure. Despite this, many organizations struggle with understanding how to effectively include workers with shared lived experience into their workforce, in both peer support and non-peer support roles. Participants will learn: the value of ‘the lived experience’ perspective in service provision; the critical role of peers in managed care; how to overcome the most common challenges and pitfalls in effectively including individuals with lived experience in the workforce; policies and practices needed to create an inclusive workforce, including best practices in recruiting, hiring, training and supervision; and how to navigate the NYS Peer Certification process. Presenters will draw from Community Access’ 20+ years of including individuals with lived experience in its workforce and the expertise gained through training peers at the Howie the Harp Advocacy Center that has helped participants gain readiness to infuse peer expertise into their programs.

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10. Becoming the Organization of the Future: Delivering Integrated Recovery Services
In 2013, East House completed a strategic plan that included becoming an integrated service organization. At the end of 2014, a new structure was implemented, which includes residential levels of care (LOS), a recovery support services department, centralized admissions, combining OMH and OASAS licensed services, an expanded Management Information Services area (MIS) and service growth targets. While the plan is at the “end of the beginning”, we’ll share lessons learned and how we are well positioned for the future.

11. Instilling a Harm Reduction Culture in Housing Programs by Using the Science of Implementation (Part 1)**
NYS is experiencing many changes due to Medicaid reform, specifically the move to Managed Care, which will impose new demands on the provider community. Programs that are able to implement changes required by the new demands will move forward in this environment. This workshop will review challenges and strategies for implementing a harm reduction culture in housing programs. Workshop presenters will share observations from a 3 part webinar conducted at CPI during the fall of 2014. By understanding the science behind implementation, participants will be able to introduce, monitor, and sustain changes they make in the area of harm reduction. 1. Participants will learn the steps use in implementing a harm reduction culture. 2. Participants will develop an implementation plan that they could take back to their programs.
Part Two of this series is Workshop #23.

12. Integrating Consumer Self-Help Tools into Your Care Model
This session will showcase how on-line self-help tools have been integrated into different community behavioral healthcare models, the lessons learned, best practices to integrate technology within one’s clinical protocols, clinician and client adoption as well as outcomes achieved. Providing web and mobile tools that provide client-centric, evidence-based, self-help resources can enable healthcare payers and providers to meet consumer demand for these tools as well as extend access to treatment and improve outcomes. As we continue moving into an integrated care environment, these digital-self help tools can provide an integrated resource that addresses ones behavioral health needs and physical health needs.

13. Motivational Interviewing (MI) for Supervisors: Gaining Buy-In, Sustaining Practice**
Many clinical supervisors are well-oriented to the evidence-based practice of Motivational Interviewing (MI). But good MI technique requires more than just knowledge of OARS, change talk, and rolling with resistance: it requires the consistent support and expertise of supervisors, who play a critical role in helping staff to successfully integrate MI into their work with service recipients. This workshop presents supervisors with concrete strategies to help staff strengthen the foundational components of MI. It provides tools and exercises that supervisors can use to 1) evaluate staff member’s MI skills, 2) practice skills together with staff, and 3) embed MI practice into program design. By identifying multiple opportunities and methods for making MI a team endeavor (in supervisory dyads, and organization-wide), supervisors learn practical ways to gather support for MI and reinforce it daily.

14. Using an Internal Professional Record Review Process to Achieve OMIG Compliance
For many years, Options has used a sophisticated, well-organized peer record review process which has evolved into a dynamic system for randomly reviewing Medicaid (and other housing) records to ensure compliance. This process is referred to as the Professional Record Review, and includes all supervisory staff as well as QI staff. This workshop will not only review the forms this agency has developed, but will also walk the participants through the ongoing process of scheduling and assigning the audits, compiling the findings, analyzing the findings, as well as how we arrive at the final meeting which summarizes the trends and recommendations for future generic actions to be taken. The agency, which operates 128 licensed beds, recently received a healthy OMIG audit and attributes a good part of the success to this process which occurs quarterly and is coordinated by the QI Director.

15. Mobile Outreach: A New Variation on an Established and Proven Theme**
This workshop will explore the challenges one agency encountered in developing a new service model and integrating it into its framework of existing programs. Search for Change, Inc., acting in partnership with its Local Governmental Unit (LGU), developed a mobile outreach team to deliver intensive care management services to a highly vulnerable population (specifically, individuals recently discharged from Rockland Psychiatric Center). Participants will gain an understanding of the clinical, programmatic, and administrative considerations of developing a program of this type. This workshop will also address various program management and quality assurance activities developed for this initiative and efforts to apply them to existing services in preparation for value-based contracting requirements under Medicaid Managed Care.

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16. **Let’s Bring Hearing Voices Groups to Our Programs**
Providing quality services for individuals who hear voices/see visions/have other unusual sensory experiences can be very challenging for programs, clinicians and direct service workers. As voice hearers are frequently stigmatized within the community, there is an isolation many describe as deeply painful. However, research shows that people who go through these extreme states can and do recover. Participants will be provided with specific techniques and organizational tips to contribute to an individuals’ unique recovery process. Participants will also learn about the Hearing Voices Movement and creative engagement strategies, as well as gain practical knowledge about how to organize Hearing Voices groups in a variety of settings. This workshop is intended to enhance the already established skill sets of clinicians, direct service workers and managers, along with giving housing programs practical tips to create and sustain Hearing Voices groups. It will include interactive, experiential and multi-media components that speak to different learning styles.

17. **There is No OMH Housing, and the Public Housing Authority Waiting List is Closed – Now What?**
Many staff and providers are looking for housing for their clients outside of the traditional mental health housing arena. This workshop provides an in-depth look at housing resources in NYS, including a detailed description of federal and state sources of funding. Tips for accessing those resources and for working with landlords and property management companies are included. This workshop is designed for people who are working with prospective tenants as they find and access housing, and will include a live look at websites and other resources that aid in the search for housing.

18. **NYS OMH: The Transition to Managed Care and Home and Community Based Services**
This session will provide a deep dive into some of the specifics of the transformation to Medicaid Managed Care. In NYC, all Medicaid Behavioral Health Services will transition to Managed Care on October 1, and the rest of the state’s Behavioral Health System will transition 6 months to a year later. Although the Medicaid component of community residences will be delayed to approximately October 2016, that date will be here in no time. Also, many of you will be HCBS providers; in NYC, those services are starting January 1. By the time of this conference, providers will be actively contracting with Managed Care Companies, setting up new billing systems for programs, and working out how they will market and provide their new Home and Community Based Services. Come to this session to hear all the updates that you need to know.

19. **Managed Care Plans: What Do You Need and Want to Know?**
This session will allow attendees to hear from MCO/HARP managed care plan representatives. Although all are approved for business only in NYC at this date, they will likely be approved for the rest of the state as well. Topics to be covered include HARP enrollment, network development, eligibility, authorizations, re-authorizations, utilization management, contract management, and more. There will be time for questions and answers. Panelists will include representatives from Fidelis Care, United Health Care of New York/Optum and AMERIGROUP; Beacon Health Options has been invited as well.

20. **De-Mystifying the Justice Center Administrative Appeals Process**
The presentation will describe the Justice Center’s Administrative Appeals Process and address frequently asked questions that continue to arise from individuals and providers. Topics to be covered will include steps in the process including filing the appeal, the de-novo review, the pre-hearing process and the hearing format. The presentation will also cover the category levels and the standards for meeting each.

21. **An Update on NY’s Olmstead Plan**
This workshop will provide an overview of NY’s Olmstead Plan as well as an update on the state’s commitment to its implementation. This plan will have a lasting impact on the way that special needs housing and services will be developed and operated in the state on a go forward basis. It will also impact the way that current housing and services are reformed.

22. **Housing Development - Partnerships and Resources**
Housing development requires building relationships with a number of different partners. This session will provide an overview of the development process, recent changes to that process, as well as a review of current funding opportunities. Come hear a discussion about the resources available for new project development and how HCR, OMH, OTDA, CSH and CPC can partner with providers to successfully develop new housing. Participants will learn about the roles of the provider, the developers and the investors, and how partnering leads to success.

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23. **Instilling a Harm Reduction Culture in Housing Programs by Using the Science of Implementation (Part 2)**
   Part Two of a two-part series. See Workshop #11 for a description.

24. **Affinity Place: A Peer-Run Respite House**
   Affinity Place is an East House program administered in collaboration with the Mental Health Association of Rochester (MHA). This peer-run hospital diversion service provides a peer-based, recovery-oriented alternative to existing intensive and costly acute crisis services. Affinity Place is a no fee service; the average length of stay is 3-5 days, plus 30-60 days of follow up services from MHA Peers. This session is for anyone interested in starting, or learning more about, a peer-run respite house.

25. **The Three A’s of a Successful Agency Audit: Accountability, Accessibility and Affordability**
   A funder walks into your agency to see how her dollars are being spent. Her evaluation depends on how these three words apply to your agency: Accountability - how efficiently your staff is serving people in need; Accessibility - how easily you can report on what your funder wants to know; and ultimately, Affordability - how you demonstrate that you’re making the best use of your funding. Your method of documentation is the key to getting an "A" on your audit. This session offers specific strategies for using technology and metrics to help agencies operate more efficiently and economically while improving their quality of care. Electronic documentation is becoming critical to any agency’s survival, but a common fear of administrators is that the transition required would take time away from clients. On the contrary, an electronic record would provide transparency on multiple levels, creating more time for clients and enhancing the value of the agency to funders. Drawing on decades of experience facilitating successful implementations, the presenters will share what works and doesn’t work.

26. **Strategies for Health Care Organizations to Improve Treatment Engagement**
   Changes in behavioral health care over many years have resulted in a transition from inpatient psychiatric care to primarily community based treatment for individuals with serious mental illnesses (SMI). While this transition has resulted in shorter psychiatric inpatient stays, over half of individuals are readmitted within one year and some are readmitted on multiple occasions. Organizations are now being charged with implementing effective practices to decrease readmissions while supporting quality care within a system of limited resources. This presentation will describe and demonstrate interventions designed to improve engagement in ongoing care which utilize strategies shown to be associated with improved treatment outcomes. Participants will review the data supporting these interventions, and join in a group discussion of the organizational factors to improve implementation and sustainability of new interventions.

27. **Train Your Board in the Compliance Era (and Hope They Don’t Quit After)**
   Is your Board aware of its obligations? Regulators are increasingly asking if Board members have received training regarding their fiduciary duty, duty of care, compliance efforts, conflicts and other governance issues. In this session, we discuss some of the best practices related to the training of your Board members, provide slides you can reuse, discuss some of the difficult issues that sometimes arise during the training and provide a roadmap outlining what topics a training should include.

28. **Working with Transition Age Youth: Hope and Opportunity**
   Working with young adults can be challenging, exciting and rewarding. This workshop focuses on helping staff better understand the specific needs of young adults, including employment and wellness, youth development and the impact of loss and trauma. Participants will discuss strategies for engaging young persons and helping them develop support systems, and review their unique motivations. This training also provides an introduction to Brief Motivational Interviewing (BMI), a particular MI technique designed to help youth move towards recovery. Attendees will have a more comprehensive understanding and greater appreciation of how to work with people who are in this critical transition to adulthood.

29. **Population Health: Re-Imagining What and How to Integrate**
   Behavioral health is poised to become the lynchpin in health reform, helping achieve the triple aim of better care, better quality, and lower costs. Mental health and substance abuse treatment providers have long coordinated with a broad range of community providers - including housing, employment, and income support - to address the social determinants of health that impact their clients’ functioning and well-being. As behavioral health becomes increasingly integrated with physical health care, mental health and substance abuse treatment providers bring their knowledge of, and expertise with these social service providers, to create person-centered, whole-health care. This session will offer case studies and practical tools to help behavioral health providers position themselves as leaders in population health management, particularly in relation to housing and related social determinants.

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30. Managed Care 101
The presentation will include a review of upcoming system changes and their impact on provider community, the structure of the current NYS Medicaid Managed Care Program, basic principles of Managed Care as a payer and the anticipated changes as the State rolls out a new Medicaid Managed Care Model to support those with behavioral health needs.

31. Health Homes and Housing Bridging the Divide to Support People with Complex Needs**
This workshop will present the work of the Bronx Health and Housing Consortium, focused on bringing health and housing organizations together to serve complex and challenging populations in the Bronx. The workshop will demonstrate the need for collaboration across the health, housing, social service, and government sectors, how we have been able to do this in the Bronx, and how it can be implemented in other regions. We will use real examples of homeless people with medical and behavioral health needs to demonstrate how this collaboration works on the ground.

32. OMH Housing Reform: Models That Work
Moira Tashjian, Director of Housing at the Office of Mental Health, will provide an overview of the many reform projects that have been completed or that are in the works around the state. Providers have changed CRs into apartment buildings, crisis programs, scattered site apartments, or into combinations of some or all of these. If you are thinking of taking on a reform project, come to this presentation to get ideas.

33. Critical Time Intervention**
Persons in transition to the community from homelessness or institutions are vulnerable to “falling between the cracks” unless a safety net is in place. Critical Time Intervention (CTI) is a cost-effective evidence-based practice designed to prevent recurrent homelessness, recidivism, and other adverse outcomes during the period following placement into the community from shelters, hospitals, prisons/jails, and other institutions. This time-limited intervention is delivered in three phases, each usually lasting 3 months. Each phase decreases in service intensity and results with the intervention linking the participant to appropriate community services. Using CTI, case managers capitalize on participants’ feelings of hopefulness to ensure continued housing stability, progress toward recovery, and self-directed care. This workshop includes an overview of CTI and reviews the specific treatment areas supported by this intervention. Attendees will leave with a renewed confidence in supporting persons in transition using the basic principles of CTI.

34. Developing a Trauma Informed Care Culture for Staff **
Trauma Informed Care is a system of principles, values, and practices that promote sensitivity, compassion, and empathy to individuals that we serve. At the same time, the culture of trauma informed care also influences the way we work together. This workshop will focus on implementing a trauma informed care culture that includes everyone in the program. This workshop will be a very interactive and welcomes every level of staff. Participants will learn pragmatic trauma informed care practices and develop ways to address barriers to a trauma informed care environment.

35. Enriched Supported Housing Partnering with Community Support to Reduce Psychiatric Hospitalizations**
As the health care environment changes in NYS, the six-county Western NY catchment area has developed a new and innovative way of delivering services to individuals discharged from Rochester Psychiatric Center (RPC) and Article 28 hospitals. Four private, not-for-profit housing agencies, along with RPC have created a collaboration that includes housing, a Mobile Integration Team, a Community Support Team and a Peer Support Team. Come learn about the success of this initiative which assists individuals to be discharged directly to their own apartments in the community who otherwise would have been recommended for higher levels of residential care.

36. Harm Reduction Beyond the Front Door**
While providing low-threshold housing without first requiring behavior change does reduce the harms of homelessness, harm reduction needs to go beyond the front door. Although harm reduction information and strategies for common concerns are widely available (i.e., disease prevention, maintaining a safe living space, substance use, etc.), there are other, less-discussed aspects of life that improve from harm reduction interventions. This session will shed light on more challenging topics by exploring how harm reduction relates to intimate relationships and sexuality, violence prevention and psychiatric medication concerns. Participants will learn how to infuse harm reduction into discussions that address realities oftentimes difficult for staff, yet critical for residents to gain a sense of empowerment and make positive changes in their lives.

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37. Provider Education: What People Living with Mental Illness Need from You
   This presentation will focus on helping mental health staff gain empathy and understanding of the lived experience of individuals living with mental illness, as well as of their families’ experiences. Participants will learn how to promote the concept of collaboration among individuals living with mental illnesses, the mental health staff and the families so that the best level of care and recovery is made possible.

38. HCBS Overview: The Nuts and Bolts of Being an HCBS Provider
   The implementation of HCBS services is right around the corner. New York City HCBS services are scheduled to begin in January 2016 with the rest of the state soon to follow. This session will provide participants with a service by service overview, the New York State HCBS vision, key components, and workflow. Also covered will be billing, administration, co-enrollment, and rules related to HCBS services.

39. Preparing for Disasters through Collaboration
   The workshop would offer a short presentation highlighting the value of preparedness efforts in ensuring the safety of those living in community-based programs during times of natural disaster. A panel discussion would follow providing perspectives on how agencies and staff can create plans in advance of a storm to mitigate threats and assist clients in coping with the challenges. Coordination between key governmental agencies and providers will be a key focus of the conversation.

40. My Health, My Self: Empowering Individuals to Take Control of Their Wellness Through Education
   Medical information can be hard for anyone to understand, especially clients who have multiple diagnoses and low health literacy. However, increasing knowledge about common health conditions and providing tools to manage health can help clients understand their health needs. To empower clients through health education, BRC developed two health self-management programs: My Health, My Self and the Healthy Living Initiative. These interactive group-based programs focus on common health concerns such as high blood pressure; diet and exercise; diabetes; tobacco use; and taking charge of your health. This presentation will provide a general overview of the content and will review the program development and implementation process, including how providers can create a similar program at their agency.

41. Legal Issues in Siting New Projects
   Providers now primarily build buildings that accommodate more than one population, often mixing people with a variety of disabilities, seniors and those of low to moderate income. These projects tend to be large and draw the attention of the surrounding community. Although many communities open their arms to projects, many present serious challenges that include lawsuits, public relations assaults, political interference and worse. This is nothing new for ACL members, but when development was largely apartments or smaller CRs, there were either no issues or NY’s Padavan law ensured that programs would be successfully sited. These presenters will explain case studies of egregious examples of NIMBYISM and the steps that they are taking to develop their projects against great odds, including bringing or defending against lawsuits, mounting PR campaigns, and educating legislators.

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Access all of your conference information right from your smart phone, tablet or laptop! Take notes, connect with your peers, keep track of sessions you want to attend — right in the palm of your hand. Watch for details on downloading the app before you get to The Sagamore!

**ACCLAIMH ANNUAL BASH**
Take a break from all the commotion and let off some steam at our annual closing night theme party. Relax, have fun and celebrate with your peers, because you are all Simply A-MAZE-ing!

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42. Self Injurious Behavior (SIB)**

This workshop explores the components of self-injurious behavior (SIB). Vital features of understanding how someone can harm themselves, who partakes in this, and some interaction and intervention strategies will be covered. Because the vast majority of people with SIB had difficult life experiences, often in childhood, trauma impacts will be discussed. The direction interventions take is toward bearing distress and learning to cope in a healthy manner.

43. HR in the Digital Age

In most employment cases, plaintiffs and their lawyers are searching for the “smoking gun” to prove a case of discrimination or retaliation. In the digital age, as all communication become easily stored and reproduced, the risk that documents that can cause issues exist in your company archives grows with each email and text. This presentation will focus on how to make sure your company’s communications are lawful, effective and won’t put staff or the organizations at risk if reproduced in a litigation.

44. Technical Assistance with OMH: Frank Jaklitsch & Moira Tashjian

Every year at the ACLAIMH Conference, Frank and Moira provide an opportunity for providers to learn directly from them on issues such as contracts, development, building renovation and many other issues (including when OMH will pay for the eradication of bed bugs and replacement of damaged goods!) They will review anything that is new and then will answer any and all questions. We are always surprised at what confuses staff, particularly if an agency has turnover in their fiscal and contract departments, e.g., do you know to do property worksheets for licensed programs every year? If not, you are leaving money on the table! Do you know the status of exempt income? Do you know what property costs are allowable in licensed v. unlicensed programs? This session is a must for contract and fiscal staff.

45. Making Lake George the “Smartest Lake” in the World

Lake George has been the site of the ACLAIMH conference for more than 25 years; the longest consecutively running conference in the Sagamore’s history. Lake George is responsible for about $1 billion in tourism activity in the surrounding region. It is 32 miles long, 2.5 miles wide at its widest point and has a maximum depth of 200 feet. It has 145 tributaries and over 170 islands. The land surrounding the lake remains 95% natural forestland. This workshop will explain why the Jefferson Project at Lake George, a multi-million dollar collaboration between Rensselaer Polytechnic Institute, IBM, and The FUND for Lake George, will now make the lake the smartest lake in the world. It seeks to understand and manage complex factors—from road salt, storm water runoff and invasive species—threatening one of the world’s most pristine natural ecosystems and an economic cornerstone of the New York tourism industry. Come to this workshop for a break from MC, DSRIP, PPSs, ACOs, HCBS, HH, CC, EBPs, and the like.

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