Join your colleagues at the New York State Care Management Coalition Training Conference, May 8, 9 & 10 at the Conference & Event Center in Niagara Falls, NY. This conference will offer timely presentations and information for care managers, care coordinators, CEOs and senior/middle managers to keep abreast of the many changes and opportunities facing behavioral health and substance use providers as we transform toward an integrated model of care. Join over 650 colleagues from across New York’s behavioral health and addiction treatment system to share your ideas, learn best practices and hear from leading experts and State officials on the future role of care coordination. And, take time to relax and network with your colleagues in Niagara Falls, with great shopping, restaurants and area attractions all within minutes away!

**Register Today!**

Conference Early Bird Registration by April 29th, 2017

Any questions related to the conference must be emailed to: nyscaremanagement@nycap.rr.com
Monday, May 8, 2017  PRE-CONFERENCE

Separate Registration Fee: $75.00

1:00-4:00pm  CONCURRENT SESSIONS

SESSION A: Motivational Interviewing 101

Luis Lopez, MS, Implementation Specialist, CPI

Motivational Interviewing is an empathic, compassionate, and non-confrontational counseling approach that was developed by William Miller during the 1980’s. Miller published his first book on this topic in 1993. Today, there is a great deal of research on the topic. Miller’s Motivational Interviewing is one of the most effective ways to engage somebody who is not ready to participate in treatment.

Participants will be able to review and fine tune a number of motivational interviewing techniques, such as communications barriers, counseling traps, ambivalence, the Stages of Change and OARS (open-ended questions, affirmations, reflective listening, and summarizing). Participants will be fully engaged in a number of exercises.

SESSION B: Effective Time Management in Care Coordination

Andrew O’Grady, Executive Director, Mental Health America in Dutchess County

Lisa Connolly, Psy.D., LMHC, Division Director, Adult Services, Mental Health America in Dutchess County

In the last few years, the jobs of care managers have changed drastically. The reporting responsibilities, the number of clients you must manage and the new community partners you are expected to report have increased. Going home at the end of the day, with your work completed can certainly improve your personal life. Having good time management skills can improve not only your work life but can bring you inner peace. This session will explore some of your struggles and give concrete strategies to improve your time management skills.

Tuesday, May 9, 2017

7:30-9:00am

Registration with Vendors and Continental Breakfast

8:50-9:00am

Opening Remarks

Jackie Negri, Director, New York State Care Management Coalition

Andrew O’Grady, President, Board of Directors and Executive Director, Mental Health America in Dutchess County

9:00-10:00am

KEYNOTE ADDRESS

Eric Arauz, President, Trauma Institute of New Jersey & National Award-Winning Author

Eric Arauz is the president of the Trauma Institute of New Jersey and a national award-winning author. He is an adjunct faculty instructor at the Rutgers Robert Wood Johnson Medical School in the department of psychiatry and a national steering committee member and medical educator for Psych Congress, the largest interdisciplinary psychiatric event in the country. He served as a state officer for the NJ Governor’s Council on Addiction and Drug Abuse (GCADA) and was the Vice Chairman and co-creator of the first statewide task force on the New Jersey opiate epidemic titled the Task Force on Heroin and Other Opiate Use by New Jersey's Youth and Young Adults. He is the creator and head educator for the Taming Trauma program, the first statewide trauma training initiative in the country for the NJ Department of Children and Families. He is the lead trauma consultant for the Westchester County Department of Community Health and Department of Children Welfare. Eric is currently a faculty member with APNA-Texas and the Hogg Foundation to bring Recovery into the treatment of people with trauma, mental illness and addiction across the state of Texas. Eric served in Operation
Desert Storm in the Red Sea for the United States Navy on board a strike destroyer, the USS Briscoe DD-977. Eric holds a BA with High Honors and Masters in Labor and Employment Relations from Rutgers University. He was the lead researcher for the United Nations Association on Global Outsourcing and concentrated on large-scale strategic system change in graduate school. Eric will be pursuing a doctorate in Education at Johns Hopkins University in 2017.

10:00-11:15am
**GENERAL SESSION:** Coordination of Care and Integrated Care: New York State Perspective

*Gregory S. Allen, MSW, Director, Program Development and Management, Office of Health Insurance Programs, NYS Department of Health (invited)*

*Nicole K. Haggerty, LMHC, Director, Bureau of Rehabilitation Services and Care Coordination, NYS Office of Mental Health*

Join our state leaders as they discuss timely pertinent issues related to care management, Health Homes, HARPS, HCBS Services and more. Time for questions and answers will be allotted.

11:15-11:45am
**Coffee Break with Vendors**

11:45am-1:00pm **CONCURRENT SESSIONS**

**SESSION 1:** MCTAC Session TBA

*MCTAC Presenters TBA*

**SESSION 2:** Nursing / Social Work Supervisory Partnership in Care Management

*Laura Bazhdari, LMSW, Care Management Coordinator, Institute for Family Health*

*Katie Bierlein, LMSW, MPH, Care Management Coordinator, Institute for Family Health*

*Martha Vargas, RN, Nurse Coordinator, Institute for Family Health*

The complex medical and mental health needs of patients receiving Care Management services requires a multi-dimensional, team-based approach. Our presentation will describe the nursing/social work collaborative management structure for Care Management services at the Institute for Family Health. This collaboration facilitates Care Management integration with clinic providers, contributing to their integrity within a patient’s Care Team and making them better suited to bridge medical and mental health services. The session will highlight the reasoning behind our supervisory structure, its impact on assessments and care plans, and present case examples and outcomes data to illustrate our impact.

**SESSION 3:** Fostering Effective Collaboration on Interdisciplinary Teams

*Pascale Jean-Noel, LMSW, Director of Training, NYS ACT Institute / CPI*

*Nadgete Natchaba, MPA, LMSW, Vice President Behavioral Health, Services for the UnderServed*

A holistic approach is important when helping consumers through their recovery journey. Every team member serves a vital role in the process. Creating a cohesive culture with values, respect and accountability amongst team members is key but can become a challenging task. This workshop will highlight working through roadblocks as a team and building team consensus and activating a team action plan.

**SESSION 4:** Understanding and Applying the Complex Trauma Eligibility Criteria for Children’s Health Homes

*David Collins, MSW, Assistant Vice President, The Children’s Village*

Participants will receive a practical overview of the Complex Trauma eligibility criteria and enrollment process intended to help them identify children who may benefit from Health Home Care Management Services, locate and collaborate with providers who have the expertise to conduct the necessary assessments, navigate and overcome common questions or barriers, and specifically understand how the Complex Trauma designation may be relevant to children with a history of foster care placement or DSS involvement. The session will be facilitated by a member of the DOH workgroup that developed the Complex Trauma eligibility criteria.

**SESSION 5:** The Importance of Family Engagement in Recovery

*Randi Silverman, Founder / CEO, The Youth Mental Health Project and Writer / Producer, NO LETTING GO*

Using her own personal experience raising a young child with early onset Anxiety, Depression and Bipolar Disorder, Randi conducts an eye-opening and enlightening workshop about the opportunities that lie
in the trusted relationships between family members and mental health care practitioners. Raising awareness of the challenges families confront in finding accurate information, assessing the problem, finding effective treatment and support, and building a sense of context and trust, Randi is compassionate and powerful in her message that change can come from a culture of openness and engaging the family in the process of recovery. Randi is a powerful storyteller and will use her knowledge, experience, and compelling anecdotes to help clinicians reconnect with the people they serve and provide guidance on how to usher them towards hope on the road to recovery.

Among other accomplishments, Randi has written and produced the award winning feature film, No Letting Go, based on her own life, that vividly illustrates what it’s like to be a parent of a child with mental illness. The film has won over 20 awards at film festivals around the world, including Canada, Australia and England and has received critical acclaim from reviewers. In an effort to spark community conversations, Randi founded The Youth Mental Health Project to improve the lives of children and families through promoting a better understanding of mental health in youth using engaging and effective community events across the nation.

SESSION 6: CBC Pathway Home: A Care Transitions Intervention for Individuals with Serious Mental Illness

Rika Gorn, MPA, Quality Assurance and Outcomes Specialist, Coordinated Behavioral Care, Inc.

Barry Granek, LMHC, Program Director / Pathway Home, Coordinated Behavioral Care, Inc.

Pathway Home is a Care Transition Program of Coordinated Behavioral Care (CBC) funded through a NYS Office of Mental Health (OMH) grant that offers mobile, time-limited services in Brooklyn, Manhattan, Queens, and the Bronx for adults with serious mental illness. The program includes a multidisciplinary treatment team to enhance the system of care for those transitioning to the community from the hospital. Pathway Home uses a Critical Time Intervention (CTI) Model that facilitates community integration and continuity of care by ensuring that an individual has support systems and enduring ties to the community during the critical period following a hospital discharge.

The presentation will review the Pathway Home program model, demonstrate the need and benefits of CTI, review the core components and phases of CTI, illustrate best practices with a proven model of care, and examine improved outcomes as a result of the intervention. Examples will be given on how the Pathway Home teams successfully outreach and engage individuals, how peer support staff are integrated into a care management team, methods used to speedily respond to crisis, and how Health Information Technology (HIT) is utilized to share and obtain information among multiple providers and agencies. Ideas will be given to adapt the model to create a novel approach to new populations.

1:00-1:45pm LUNCH & LEARN!

Share your best practices with your table— Topics will be offered at lunch tables with speakers, vendors and colleagues. Join in the Conversation!

1:45-2:15pm Dessert with Vendors

2:15-5:15pm SPECIAL SESSION

NO LETTING GO: Film and Discussion with Producer

Randi Silverman, Founder / CEO, The Youth Mental Health Project and Writer / Producer of NO LETTING GO

No Letting Go is an honest and compelling independent film that examines a multitude of important topics, including the toll mental illness takes on an entire family and the impact of society’s judgement. While writing the screenplay, Randi Silverman used her own very personal experiences to create true to life characters, scenes, and dialogue to honestly reflect the struggles her family faced as they discovered that their son’s erratic and unpredictable behavior was the result of a serious mental health disorder. Given that 1 in 5 children suffers from a diagnosable mental health condition, No Letting Go gives voice to the millions of families who suffer alone and in silence.
2:15-3:45pm CONCURRENT SESSIONS

**SESSION 1: Looking at a Trauma Informed Care Model: Applying TIC Principles and Practices**

*Luis O. Lopez, MS, Implementation Specialist, CPI*

Since the CDC Adverse Childhood Experience (ACE) study (1998), the field of behavioral health has acknowledged the prevalence of trauma in the lives of our consumers. Numerous studies followed the 1998 ACE study - including the 5 State ACE study (2010). The studies had similar outcomes. They showed that there are direct correlations between trauma and long term social and physical challenges throughout a person’s life. Historically, the behavioral health system has not addressed issues related to trauma effectively and efficiently. The field has concentrated in pathologizing and labelling behaviors, developing treatment on the basis of “What is wrong with you?” This workshop will briefly review the principles and practices of the Trauma Informed Care (TIC) approach. Participants will discuss how TIC could inform outreach, engagement, and counseling.

**SESSION 2: We Began with a Chasm—Cornerstone Family Healthcare Integrated Coordination Model**

*Christine Laplante, LMHC, Director of Care Management, Cornerstone Healthcare*

*Jesse Sarubbi, MA, Vice President, DSRIP Coordination & Practice Transformation, Cornerstone Family Healthcare*

Cornerstone Family Healthcare is an FQHC with a PCMH Level 3 Certification providing both Health Home and non- Health Home Care Management services. In an attempt to provide truly integrated care coordination we have decreased the gap in the chasm and implemented a number of projects at our local hospital. These projects include Care Transitions and Emergency Department Care Management. In addition, partnering with our primary and specialty medical practices, we have embedded care managers "on the floor, " as well as established hospital and community liaisons as part of our model. We continue to work in conjunction with other care management agencies in the community to ensure our patients/members get the integrated care they need. This presentation provides data collected over the past couple of years, specifically with our Care Transitions and ED hospital projects, which demonstrate a decrease in hospital utilization as well as perceived vs. actual barriers to utilization of primary care rather than the ED. Discussions of anecdotal and case study examples of successful integration as defined by a decrease in hospital usage as well as overall well being in social, medical and behavioral arenas are also included.

**SESSION 3: Data: Your Key to Steady Footing During Uncertain Times**

*David Bucciferro, Senior Advisor, Foothold Technology*

Provider Representatives TBA

Are you using data strategically to guide your decision-making and service provision? With changes related to HCBS requirements, Medicaid reform, value-based payments and other funding mandates, many agencies are concerned about what the future may hold. Changes are all around you and more than ever, it’s important to demonstrate a connection between your outcomes and coordinated care for those you serve. In this session we’ll share 5 concrete tips to help you collect, manage and use your data effectively, plus share real-world examples of how agencies are sharing appropriate data with external stakeholders like Health Homes and RHIOs to coordinate care.

**SESSION 4: Community Engagement and Care Coordination**

*Tony Trahan, Deputy Director / Office of Consumer Affairs, NYS Office of Mental Health*

*Regina Shoen, Advocacy Specialist II, NYS Office of Mental Health*

Consumers have consistently reported that they are satisfied with clinical and other formal services. They have also consistently reported that their quality of life is poor. We need to look beyond services and help people to build natural supports and community roles. This presentation was developed by people with lived experience in the mental health system. It will provide an opportunity to look at care coordination as a means to improving quality of life, without sacrificing the benefits of formal services.
SESSION 5: Care Coordination for New York’s Children, Youth and Families

Donna Bradbury, Associate Commissioner, Division of Integrated Community Services for Children and Families, NYS Office of Mental Health

Lana I. Earle, Deputy Director, Office of Health Insurance Programs, NYS Department of Health (invited)

Lisa Peterson, CCRP, Health Home Operations Coordinator, Collaborative for Children and Families, Inc.

Ray Schimmer, Executive Director, CHHUNY

Tailoring New York’s health home model for children and families has been a careful and deliberate process by child and family stakeholders and state agency representatives. State officials will share the most recent information on children’s health homes and also hear how health homes are preparing to best serve children and families not only to access behavioral health and physical health, but also capable of accessing community and family supports.

SESSION 6: The Health Home / CMA Billing Process: Current Workflow & Upcoming Changes

Marcel Handler, Chief Financial Officer, Millin Associates

Jim Wisz, Executive Director of Operations, Millin Associates

Provider / Health Home Representatives TBA

The presenters will share its experience working with 15 NY State Health Homes and over 200 CMA’s in NY State and focus on the following topics: 1) Gain a deeper understanding of the current billing workflows between the Health Homes and CMA’s; 2) Understand anticipated ramifications and impact of moving the billing process from Medicaid fee-for-service back to the Managed Care Plans and 3) The significant challenges to overcome between MAPP & the billing process. Time for questions and answers will be allotted.

3:45-4:00pm

Refreshment Break with Vendors

4:00-5:15pm CONCURRENT SESSIONS

SESSION 1: Care Coordination for Veterans

Chris Candelaria, Case Manager, Rochester Veterans Outreach Center

Earl Fontenot, Chief Strategic Officer, Clear Path for Veterans

Jocene Henderson, Operations Director, Rochester Veterans Outreach Center

This presentation will focus on different aspects in providing care coordination to the veteran population. Care coordination for veterans requires specialized skills and knowledge in regards to implementation and engagement. Presenters will also identify supports within the community, outside the VA services, that are crucial in providing successful care coordination to the veteran population.

SESSION 2: Helping to Transition Off ACT to Care Management

Stacey Hale, LMSW, Director of Care Coordination, NYS Office of Mental Health

Since the initial conception of ACT, the Recovery Movement which emphasizes increased community integration and decreased reliance upon treatment services, has emerged and gained recognition among consumers, families, providers, and policy makers alike. ACT treatment is now moving towards a model of intervention that is geared towards recovery and community integration. Recovery is not viewed as a cure but as the possibility of living well while managing complex medical and psychiatric conditions. The notion of ACT as a program that serves individuals when they need it provides the foundation for a model of ACT as a time limited treatment service.

SESSION 3: Using Patient Activation Measure (PAM) to Improve Patient Outcomes

Mary Jo Muscolino, RN, MPA, CASAC, CCM, Care Management Director, Monroe Plan for Medical Care

The Patient Activation Measure (PAM) provides information about who needs more support, what type of support the person would benefit from and how to measure the effectiveness of our interventions. The PAM, along with Coaching for Activation, re-frames
providers thinking away from patient non-compliance to providing the correct level of interventions based on the individual’s PAM score. This session will demonstrate how PAM assists the provider and individual to both be successful in obtaining better health outcomes.

**SESSION 4: Abuse Prevention: Tools to Create Safer Environments for Vulnerable People in New York State**

*Colleen Carroll-Barbuto, MSW, Director, Prevention and Quality Improvement, NYS Justice Center for the Protection of People with Special Needs*

*Davin Robinson, MA, Deputy Director, Outreach, Prevention and Support, NYS Justice Center for the Protection of People with Special Needs*

The NYS Justice Center has created two models of practice for providers to promote abuse prevention efforts. The second is a model Abuse Prevention Policy. This workshop will include review and discussion of both resources with application of case scenarios to support agency efforts to prevent abuse and neglect of people in their care.

**SESSION 5: MCTAC Complex Trauma Session**

*Speakers TBA*

Description Coming Soon!

**SESSION 6: Decreasing Emergency Room Visits: A New Collaboration Primary Care and Care Management**

*Mary Devivo, LCSW, Director of Care Management, Human Development Services of Westchester*

*Cristina Victoria, BSW, Care Manager, Human Development Services of Westchester*

This presentation will highlight the advantages of enhancing the quality of health care and the reduction of unnecessary emergency room visits for individuals. This project was launched in August 2016 with Hudson River Health Care and Coordinated Behavioral Health Services (CBHS). This collaboration to place care managers from CBHS in HRHC primary care settings in seven different counties in NYS was a new initiative for all partners. We will describe the model’s successes, training needs, outcomes, and will discuss some of the barriers to improving care. This project is now being expanded in 2017.

**SESSION 7: Engagement Strategies for Culturally Diverse Populations**

*Lenora Reid-Rose, Director, Cultural Competence & Diversity Initiatives, Coordinated Care Services, Inc.*

*Christopher Steer, MPH, Cultural Competence Consultant, Coordinated Care Services, Inc.*

This session will increase awareness of the impact of culture on the utilization of behavioral health services and will provide examples of strategies that can increase access for diverse adults, children and families. The presenters will share models and will discuss how developing trust and confidence in the services offered works best and is the preference of diverse individuals and families.

Dinner is On Your Own
Wednesday, May 10, 2017

9:00-10:00am
MORNING KEYNOTE ADDRESS & EXCELLENCE IN ADVOCACY AWARD
TBA

10:00-10:15AM
Coffee Break

10:15-11:30am CONCURRENT SESSIONS

SESSION 1: Exploring Rehabilitation Service Models for Transformation
Liam McNabb, Director, Rehabilitation Services, NYS Office of Mental Health

Recovery is individualized and can be achieved through rehabilitation services available in PROS and Behavioral Health HCBS. Learn more about both opportunities through the presentation and your questions.

SESSION 2: Enhanced Community-Based, Integrated Care Strategies for Individuals with Complex Needs
Matthew Hurford, MD, VP, Community Care Med Affairs, Community Care Behavioral Health Organization
Kelly Lauletta, LMSW, NY Regional Director, Community Care Behavioral Health Organization

Individuals living with serious mental health conditions represent one of the most medically vulnerable populations. This population frequently experiences complex health and psychosocial needs, placing them at risk for adverse health outcomes. Operating under the guiding framework of recovery, whole health and wellness, Community Care Behavioral Health developed and implemented innovative community-based integrated care strategies designed to meet the needs of members with complex needs. Come learn about these strategies and how evaluation results and lessons learned have informed the enhanced boots-on-ground strategy currently being implemented to assist HARP members in connecting to an integrated provider community through Community Care’s partnership with CDPHP.

SESSION 3: Using Data to Monitor Quality Improvement and Increase Program Impact
Cynthia Fox, MA, Director, Care Coordination Development, NADAP, Inc.

This session will take a data driven approach to understanding the impact Health Homes Care Coordination Services has on chronically ill clients with frequent hospitalizations. Data that supports the positive client outcomes of integrated/collaborative care will be presented. The session will share an agency’s experience and practices with embedding services in a hospital setting to provide efficient Care Coordination and will shed light on the value of tracking progress over time.

SESSION 4: Best Practices: Engaging Children and Adolescents with Co-Occurring Disorders in Care Coordination
Angela Doe, MS, LMHC, CASAC, ICADC, HS-BCP, Behavioral Health Services Director, United Helpers, Inc. Mosaic

Co-occurring Disorders present significant concerns among adolescents and their families. And while increasing attention has been paid to the prevalence and impact of co-occurring mental illness and addiction. Addressing disorders in a co-occurring fashion for children displaying emotional disturbances could prevent and significantly change the course and development of a substance abuse disorder. This presentation will identify the co-occurrence of psychiatric symptoms as well will explore emerging trends, interventions and treatment models designed to influence engagement in care coordination and treatment outcomes.
SESSION 5: Impact of Peer Navigators on Linkage to Care and Viral Suppression Among PLWHA in New York City

Sharon Duke, MPH, Executive Director/CEO, The Alliance for Positive Change

Erin McKinney-Prupis, MA, Program Evaluator, The Alliance for Positive Change

This presentation seeks to prove the effectiveness of utilizing The Alliance for Positive Change (The Alliance) trained Peer Navigators to engage clients lost to care/marginally in care and to progress to viral suppression. Rationale: New York City has tens of thousands of PLWHA who have been lost to care; due to Peers’ shared life experience, they are uniquely qualified to act as health navigators and help to connect clients to the HIV care continuum. Aims: 1) To find and contact lost to care clients living with HIV; 2) To engage HIV positive clients into medical care; 3) To engage HIV positive clients into health homes care coordination; 4) To connect HIV positive to the Alliance Peer assisted wrap-around services; 5) To virally suppress HIV positive clients. Methodology: Peers will be utilized to: 1) Find clients lost to care/ marginally in care; 2) Enroll and escort clients to medical, care management, and wrap-around service appointments; and 3) Provide medication adherence support. A process and outcome evaluation utilizing descriptive statics and logistic and linear regression will be used to assess program results.

SESSION 6: A Look at Recovery Based Language

Luis Lopez, MS, Implementation Specialist, CPI
Dr. Helle Thorning, PhD, CPI-ACT Institute

As we continue to introduce and integrate evidence based practices in the behavioral health field, we are relying more on the Recovery Model of Treatment - a model that includes person centered practices, harm reduction, wellness and cultural competency. Researchers and recovery advocates like Patricia Deegan, Mary Ellen Copeland, Peggy Swarbrick, Harvey Rosenthal, Mark Ragins, and Judith Cook, have extensively talked about the importance of integrating recovery principles in services and programs for the past 20 years. This workshop will review the area of recovery based language. Participants will review and compare recovery based language with traditional clinical language. Participants will participate in a number exercises and dynamic discussions.

SESSION 7: The Role of a Mobile Mental Health Team in Coordinated Care

Laura Altieri, LCSW-R, MMHT Coordinator, ACCESS: Supports for Living
Patricia Tuber, LMHC, Assistant Director MMHT, ACCESS: Supports for Living
Sgt. William McLean, Town of Newburgh Police Department

This presentation will outline the work done by the Mobile Mental Health teams (MMHT) in both Orange and Ulster County. We will describe how the MMHT works with first responders to assist vital community resources and increase their availability to the community, collaborate with Care Coordination to increase hospital diversion and to coordinate with local hospitals to either divert from the psychiatric ER, or provide follow up services to reduce recidivism rates. This presentation will include data related to the ER diversion project with St. Luke's Cornwall Hospital which started in 2014 and data from both counties regarding services provided and diversion efforts for each team.

SESSION 1: Building and Maintaining an Effective Care Management Leadership Team

Katie Behrens, LMSW, Senior Supervising Care Manager, Horizon Health Services
Allison Nassoly, LMSW, Program Director, Horizon Health Services
Nicole Tobey, LMSW, Director of Health Home Services, Horizon Health Services

This training will describe the steps and decisions involved in building the leadership team for the Health Home Care Management program at Horizon Health Services. It will include how we established the leaders
and why we chose them; how we build the program as a team; how we structure interviews to find the best people and how we structure supervision to address concerns, grow the staff professionally and personally and maintain them. We will discuss what we have found to be effective as leaders and what we have implemented to help us be successful. This is very much a presentation on our personal experience building not only how to develop a successful leadership/management team but a successful, motivated staff.

**SESSION 2: Peers: Agents of Change in Deinstitutionalization in New York State**

*Zach Garafalo, Program Director, New York Association on Independent Living*

Attendees will learn about an emerging peer and family support program available to individuals interested in transitioning from institutional settings to community living through the federal Money Follows the Person demonstration in New York State. The Open Doors Peer Program is informed by best practices from peer services within the behavioral health, AIDS Institute and Veterans Administration, aligned with the independent living philosophy and applied to nursing home transition. Open Doors connects paid peers and family members to individuals and their loved ones who are transitioning. Peers provide individualized, self-directed peer support and assist people in building their social capital as they return to the community.

**SESSION 3: Foes or Friends: Reconciling Person-Centered and Outcomes-Based Care Models**

*Elizabeth Mackey, MSW, Care Coordination Program Manager, Community Access*

Have you found it challenging to provide truly person-centered services while still striving to improve health outcomes in accordance with Health Home priorities? This workshop will address how to support client self-determination in the outcomes-driven care coordination model using harm reduction, anti-stigma, and trauma-informed approaches. Practical strategies will be discussed for working with challenging cases including but not limited to substance use, medication non-adherence, and high ER utilization. This session will also cover the use of motivational interviewing (MI) to maintain engagement with challenging clients as well as MI’s application for provider relationships.

**SESSION 4: Developing Wellness Plans**

*Luis Lopez, MS, Implementation Specialist, CPI*

One of the most important, and recognized, recovery tools in the field of behavioral health is the Wellness Recovery Action Plan, or the WRAP plan. Designed by Dr. Mary Ellen Copeland, and extensively studied by Dr. Judith Cook, the WRAP plan provides individuals with strategies to address daily challenges.

This workshop will review with participants how to use Mary Ellen Copeland’s Wellness Recovery Action Plan (WRAP). Participants will review the parts of the plan. Participants will also develop their own wellness plan.

**SESSION 5: Value Based Payment 101: Outcomes & Opportunity**

*Charlotte Östman, LCSW-R, Chief Strategy Officer, MHA Westchester*

Introduction to value based payment geared toward direct care level staff and those with limited exposure thus far. This workshop will put value based payment in a context of programming and care management.
SESSION 6: Embedded Care Management  
Eric Stone, Regional Manager of Operations, St. Joseph’s Care Coordination Network and Subject Matter Expert, Behavioral Health Community Crisis Stabilization Services Project through DSRIP  
Provider Representatives TBA

As Health Homes continue to strive for member engagement, the need to improve provider engagement remains. It can be assumed that many hospitals and community providers would support the idea of limiting the efforts made by direct staff to connect with a Care Manager, through accessing an on-site point person. The question must exist though, as to how this is effectively implemented while considering the best interests of the client, as opposed to positioning for financial gain. St. Joseph’s Care Coordination Network, Circare (Onondaga Case Management), and Central New York Health Home Network, Inc. have each developed and implemented processes to embed Health Home Care Management in a collaborative effort, while providing Health Home candidates with an opportunity to participate with their preferred Care Management Agency. Additionally, this approach provides a direct line of communication from the member and provider to their assigned Care Management Agency if there is the existence of such a relationship.

1:00pm Adjournment

Important Information:  
CROSS-BORDER TRAVEL IDENTIFICATION REQUIREMENTS:  
Effective June 1, 2009, both American and Canadian citizens are required to present a WHTI-compliant document for entry into the United States. For information on specific ID requirements, please visit:  
https://goo.gl/VaU2Oq
ON-LINE REGISTRATION INFORMATION

TO REGISTER, GO TO: www.nyscaremanagementcoalition.org/registration

All registrations will be submitted online. THE CONFERENCE REGISTRATION DOES NOT INCLUDE HOTEL COSTS OR MEALS

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MEAL INFORMATION

IF STAYING AT THE HOTEL, LUNCH ON MAY 9 AND ALL BREAKS ARE INCLUDED

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Includes Breaks and Awards Luncheon (applies to anyone who is NOT staying at The Sheraton at the Falls)

HOTEL INFORMATION

The Sheraton at the Falls, 300 Third Street, Niagara Falls, NY 14303

For reservations at The Sheraton at the Falls, visit www.nyscaremanagementcoalition.org to download and complete the Hotel Reservation Form. Phone reservations cannot be accepted. For a discounted rate please make reservations by April 8th.

GROUP PACKAGES: Published rates are tax exempt. Overnight accommodations are subject to prevailing taxes at the time the event is conducted as required by law.

Package 1: Overnight accommodations Monday, May 8 and Tuesday, May 9 includes room, Tuesday breakfast/lunch, Wednesday breakfast, gratuities

- **Single**: $299
- **Double**: $174/per person

Package 2: Overnight accommodations Monday, May 8 includes room, Tuesday breakfast/lunch, gratuities

- **Single**: $174
- **Double**: $111/per person

Package 3: Overnight accommodations Tuesday, May 9 includes room, Tuesday lunch, Wednesday breakfast, gratuities

- **Single**: $174
- **Double**: $111/per person

To mail checks or money orders (Purchase Orders are accepted) – Please make payable to:

**New York State Care Management Coalition**

New York State Care Management Coalition, c/o NMR, 194 Washington Avenue, Suite 415, Albany, NY 12210

Any questions related to the conference must be emailed to: nyscaremanagement@nycap.rr.com

CANCELLATION AND LATE FEE POLICY: Conference registration cancellations received before May 2 entitle registrants to a full refund. NO REFUNDS will be issued for cancellations received after May 2. Refunds will NOT be made for no-shows, however substitutions will be allowed. ANY NO-SHOW (WITHOUT PRIOR NOTICE OF CANCELLATION) WILL BE INVOICED FOR THE FULL REGISTRATION FEE TO COMPENSATE FOR COSTS INCURRED BY THE ASSOCIATION.