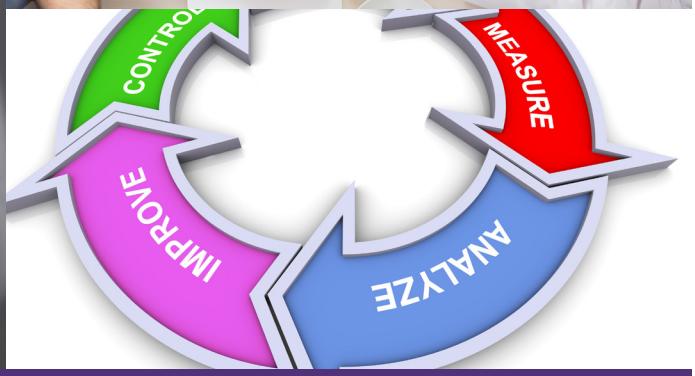
OMH News

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

April 2016



Quality Assurance & Improvement:
Helping New Yorkers Get the Care They Deserve

The New York State Office of Mental Health's mission is to improve the quality of life for New York residents, give families the support they need, and help providers operate effectively.

It's a big, complex job. Which is why we need a method of making sure we stay on track. This is where the activities of quality assurance and improvement (QA/I) come in.

All of us in mental health – from providers, researchers, educators, and administrators – play a role in ensuring quality of care. We all work together to maintain the system and services that our clients need.

Here at OMH, our role is to establish the factors that maintain QA/I. We do this by consulting and planning with providers and agencies, setting regulations, and providing funding for projects that are designed to improve the way we provide care.

Good QA/I work focuses on knowledge of clinical processes, research methods, standards and rules, and the management of information. When it's done correctly, it improves provider and agency practice, and in turn, client outcomes – determining whether their treatment was appropriate for their diagnosis.

The part of the QA/I process most people are familiar with is identifying problems and finding solutions. But the process goes a lot farther. It involves implementing the changes, aligning our day-to-day work to bring about these solutions, monitoring the progress, evaluating, and learning. It involves expanding this process by developing a program of QA/I for the agency – encompassing our objectives and our clients' goals.

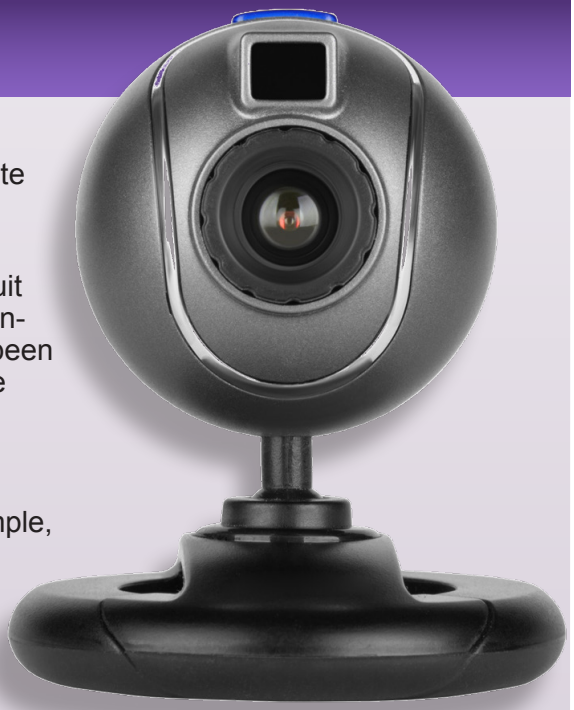
The QA/I process also allows us to document and track outcomes, a key element for evidence-based practice. Improving the quality of mental health care is an important priority, because mental disorders are major contributors to the total global burden of illness.

In this edition, we'll discuss the innovative QA/I programs that OMH has been developing. We'll show how we're developing resources, practice and system strategies that support efficiency, appropriate care, and acceptable health outcomes.

Comprehensive approaches that support client and provider education; encourage consumers to take a more active role in their recovery; and make use of support structures, such as case management, to coordinate care, have been shown to improve quality, in terms of both processes and outcomes of care.

If you would like to share your own story about QA/I, please contact us at: omhnews@omh.ny.gov.

Telepsychiatry:
Protecting Privacy While Improving Service



The ability to connect with a mental health professional by video, called "telepsychiatry," can be a blessing for clients living in remote areas or in isolated conditions. But with this convenience comes risks.

Since the first experimental sessions in 1959 using a closed-circuit microwave television system between the Nebraska Psychiatric Institute and Norfolk State Hospital, mental health providers have been increasingly using telepsychiatry to bridge the distance to provide consultations, education, training, and research.

Valuable for Providers and Clients

The Children's Home of Jefferson County in Watertown, for example, has been using a telepsychiatry system for four years as part of a program to provide psychiatric care to inmates at the Jefferson County Correctional Facility.

Before the clinic had the system, two corrections officers were required to accompany inmates to the clinic, which meant the correctional facility had to schedule officers for escort duty and pay for transportation. Such complications often led to appointments being cancelled.

"Using our telehealth system, we've been able to reduce the number of no-shows," said Jennifer L. Earl, Director of Clinical Operations for the Children's Home. "There are no concerns about clearing security. The correctional facility has saved on travel and manpower costs, and we've increased the psychiatric services we provide to them."

Since November 2015, the Children's Home has been approved to serve its satellite locations in two adjacent counties from the main site. This gives them the ability to use the video system to serve a three-county area. "Instead of driving for up to an hour to get to our clinic for a consultation, our clients can use a satellite closer to home," Earl said "Our clients are pleased because there's less travel and less waiting – especially for short appointments, such as for medication management."

Jennifer L. Earl

"Using a telepsychiatry system has helped us improve quality by allowing our staff who have geographic or time constraints to communicate more efficiently," Earl said. "And it allows us to draw from the expertise of providers from a wider geographic area."

OMH Establishes Guidelines

Although studies have indicated a promising degree of accuracy and satisfaction, critics have said that telepsychiatry can't replace the human interaction that is vital to building a client-therapist relationship. Because the two aren't face-to-face, providers can't observe any small non-verbal clues to their clients' behavior. The lack of direct contact can increase the risk of clients misunderstanding professionals' instructions.

There can also be problems that aren't related to practice – such as the cost of equipment and its maintenance, inconsistent connection between systems, and a lack of secure lines, servers, and software.

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There's a risk of hackers picking up on the digital trail of an online session, allowing unwelcome access to personal information.

Children's Home of Jefferson County in Watertown

"Telepsychiatry can be a wonderful tool, but it must be used appropriately," said Keith McCarthy, Director of the OMH Bureau of Inspection and Certification. "It should supplement – not supplant – the expectation of an on-site psychiatric presence."

"It's crucial in the practice of mental health care that every interaction with a client is kept confidential," he added. "Providers must ensure that information and recordings are secure. As with any therapeutic relationship, providers must follow the ethical guidelines set by their professional associations."

OMH recognized these issues and took the initiative to develop clear guidelines for use of telepsychiatry in OMH-licensed clinic programs. Taking effect on February 11, 2015, the regulation covers ethical issues, informed consent, confidentiality, use of technology, and procedures for conducting assessments.

Keith McCarthy

Defining Roles

The regulations define telepsychiatry as "the use of two-way, real-time interactive audio and video equipment to provide and support clinical psychiatric care at a distance." These services don't include a telephone conversation, electronic mail message, or fax transmission.

OMH also published an implementation document to offer guidance to OMH-licensed providers who wish to offer telepsychiatry. The document discusses how to add telepsychiatry as an optional service, the inspection process, clinical guidance, training resources, billing guidelines, and technology and telecommunication standards.

OMH advises clinics seeking approval to utilize telepsychiatry to review these guidelines and incorporate relevant provisions in their plans. Before starting to offer telepsychiatry, policies and procedures at both the originating/spoke site and the distant/hub site should be in place that address:

- General clinic procedures.
- Physical environment.
- Site and check-in procedures.
- Emergency procedures.
- Quality review.
- Prescriptions, labs and orders.
- Patient enrollment for telepsychiatry and informed consent.
- Collaborating with patient's interdisciplinary treatment team.
- Care between telepsychiatry sessions.
- Confidentiality and privacy of health information.

Telepsychiatry has been added as an optional service at state-operated clinics in Monticello, Brewster, Poughkeepsie, Yonkers, Watertown, and Massena.

For information on the regulations, visit:
http://www.omh.ny.gov/omhweb/guidance/telepsychiatry-guidance.pdf.

Integrated Licensing:
Cutting Through the Red Tape

For people with multiple health and mental health needs, the process of getting the care they need can be frustrating – especially when the process involves more than one agency.

New York State's integrated licensing process is designed to address this issue by coordinating the approval and oversight for providers who are interested in offering services at one location that would traditionally have been under the jurisdiction of more than one agency.

"The goal is to improve the quality of care by treating the whole person, rather than treating various heath, mental health, and substance use issues separately," said Keith McCarthy, Director of the OMH Bureau of Inspection and Certification. "By providing integrated treatment, we can serve patients more effectively by expanding mental health services into clinics run by the Office of Alcohol and Substance Abuse Services (OASAS) and Department of Health (DOH), and vice versa."

Care in One Place

Mercy Medical Center Outpatient Behavioral Health Services in Garden City was the state's first integrated license provider. It is the only current provider offering services from all three agencies, with OMH as the host.

"We started integrating services in 2011, by using a grant to hire a nurse practitioner part-time to provide physicals and health monitoring for geriatric mental health clients," said Dr. David Flomenhaft, Outpatient Behavioral Health Services Director. "It changed our practice significantly. Eventually, we were able to provide these services to all of our clients – offering assessment, treatment, and referral to specialists."

Soon, demand was so high that the clinic expanded its space and hired two internists to be on site two days per week. Being licensed for services by all three agencies has helped the clinic streamline services for its clients, offering electrocardiograms and blood tests, services for chemical dependency, and physicals for the Partial Hospitalization program.

"The advantage of integrated licensing is that it allows us to treat the whole patient," Flomenhaft said. "Our clients feel more comfortable in a mental health clinic. There's a relationship built on trust. This has allowed us to introduce physical health care to them in a manner that's not threatening. We've been able to treat comorbidity issues that are often not attended to by the client, such as diabetes, hypertension, and obesity."

Dr. David Flomenhaft

Joint Standards and Procedures

A pilot for the program, established in the 2012-13 State Budget, ran through June 2015. Then, the state's Integrated Outpatient Services regulations, which became effective January 1, 2015, took over. These regulations created a licensure category for "Integrated Outpatient Services," which appears identically within regulation for OMH-licensed providers, OASAS-licensed providers, and DOH-licensed providers.

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The regulations give authority to OMH, OASAS, and DOH to establish joint operating, reporting, and survey procedures for primary care and behavioral health services. They allow providers to deliver a range of cross-agency clinic services at a single site under a single license; require the provider to possess licensure within their network from the participating state agency that oversees the desired add-on service; allow the site's current license to serve as the "host," and facilitate expansion of services through request to the state agency currently possessing primary oversight responsibility.

"Integrated licensing programs expedite the application process to help providers get up and running," McCarthy said. "To ease the burden of meeting the regulatory requirements of multiple agencies, the process designates one lead or host state agency – preferably the agency from which the desired clinic already has their primary license. All of the provider's programs are expected to meet the operating standards of the licensing agency but certification surveys will be conducted by the host agency."

Mercy Medical Center Outpatient Behavioral Health Services in Garden City.

Providers with multiple licenses at different locations can be authorized to provide a range of behavioral and physical health services at any clinic location. If a provider has two separately-licensed clinics in the same location, the process allows the provider to provide integrated treatment. To participate, a provider must operate at least two licensed outpatient clinics in different disciplines – such as primary care, mental health, or substance use disorder; and be affiliated with a health home network.

Tracking Progress

The three state agencies worked together to identify the first group of providers for this project: Bronx-Lebanon Hospital Center, Citizen Advocates in the North Country, Institute for Community Living in New York City, Mercy Medical Center in Rockville Centre, Montefiore Medical Center in the Bronx, New York Flushing Hospital and Medical Center, and Spectrum Human Services in Western New York. The goal is to expand this group of providers, based on experience gained. This group of providers has since been expanded to include Albany County Department of Mental Health and Syracuse Brick House, under the new Integrated Outpatient Services regulations.

Integrated licensing programs expedite the application process to help providers get up and running.

A workgroup made up of representatives from all three agencies developed a single set of administrative standards and a survey process to help oversee the project. Only one state agency monitors providers for compliance. The first group of participants submitted 17 applications: 10 to add DOH services, five to add OASAS services, one to add OMH services, and one to add both DOH and OASAS services. OMH was the host agency for 13 of the applications, OASAS is the host for three and DOH is the host for one.

Vital Access Providers Program:
Care Where It's Needed

Ensuring that New Yorkers have access to high-quality and comprehensive mental health services in their communities is a vital component of our state's healthcare system.

OMH's Vital Access Provider Program is designed to support community mental health clinics throughout the state. The program has granted $42.9 million in funding to go toward service enhancements and infrastructure at community mental health clinics, which were chosen specifically to improve the fiscal viability of providers facing financial challenges due to reimbursement changes and the transition to managed care.

"These funds will help fiscally at-risk providers make the changes they need to compete in the modern healthcare environment," said OMH Commissioner Dr. Ann Marie T. Sullivan. "The state's commitment to these programs will help preserve and improve the continuum of care and the safety net for our state's most vulnerable residents."

The funds, awarded over three years starting in the 2015-16 state fiscal year, will be used by clinics licensed by OMH to improve community-based mental health services. Each provider was required to submit an extensive action plan for the use of this funding. OMH worked with the clinics to identify fiscal, programmatic, and quality metrics to track provider progress in achieving the goals.

The award selection took into consideration several factors including: identified fiscal difficulties, proposed strategies and enhancements which would allow a provider to attain fiscal viability, the need to preserve capacity in the geographic region, and the need to preserve access to speciality services for underserved populations.

Favorable consideration was given to proposals that included plans for interagency merger, cross-agency consolidation of administrative functions, or demonstrated willingness to engage in such activities.

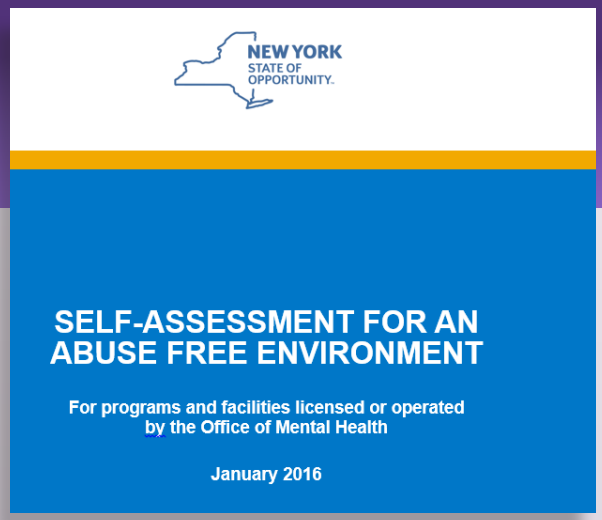
Specific examples of items within provider action plans include, but are not limited to:

- Increasing hours to expand capacity and access.
- Pursuing merger of behavioral health services with other providers in service area.
- Recruiting and retaining clinical staff to improve service quality and capacity.
- Moving physical location of a program to reduce overhead.
- Initiating or expanding usage of electronic medical records.
- Improving revenue collection methods through new technologies, hiring of additional administrative staff, and centralized billing.

Vital Access Provider funds have been awarded to 40 providers across all five regions of New York State. The amounts at right represent the total amount for each provider over three years, with 50% of the funds subject to Federal approval.

Central New York Region	**$6,045,123**
Cayuga County Community Mental Health Center	$1,172,831
Chenango County Community Mental Hygiene Service	$432,574
Clinton County Mental Health Clinic	$510,761
Delaware County Mental Health Clinic	$382,750
Essex County Mental Health Services	$451,588
Madison County Mental Health Clinic	$686,146
The Children's Home of Jefferson County	$1,652,162
Upstate Cerebral Palsy, Inc.	$756,311
Hudson River Region	**$10,844,933**
Access: Supports for Living	$933,748
Albany County Department of Mental Health	$702,325
Astor Services for Children and Families	$3,369,707
Family Services of Westchester	$439,606
Mental Health Assoc. of Westchester County	$1,355,435
Northeast Parent & Child Society	$841,667
Schoharie County Community Mental Health Center	$482,000
Sullivan County Department of Community Services	$250,000
The Guidance Center Inc.	$297,396
Westchester Jewish Community Services	$2,173,049
Long Island Region	**$4,629,446**
Angelo J. Melillo Center for Mental Health	$246,400
Catholic Charities of the Diocese of Rockville Center	$824,617
Central Nassau Guidance and Counseling Service	$1,792,450
Northshore Child & Family Guidance Assoc.	$772,427
Suffolk County Department of Health Services	$993,552
New York City	**$15,442,555**
Communtiy Assoc. Progressive Dominicans	$247,778
Hamilton-Madison House	$598,160
Lexington Center for Mental Health Services	$908,095
Northside Center for Child Development	$1,845,473
Puerto Rican Family Institite	$220,045
Safe Space NY	$1,458,574
Service Program for Older People	$247,000
Staten Isl. Mental Health Soc. & Richmond Univ. Med. Ctr.	$9,917,432
Western New York Region	**$5,937,993**
Allegany Rehabilitation Assoc.	$640,000
Catholic Family Center of the Diocese of Rochester	$1,512,988
Child & Adolescent Treatment Services	$736,000
Ontario County Department of Mental Health	$400,917
Schuyler County Mental Health	$922,878
Steuben County Community Mental Health Center	$260,749
Tioga County Department of Mental Hygiene	$581,277
Tompkins County Mental Health Services	$590,148
Wayne County Department of Mental Health	$293,036

Prevention:
Self-Assessment Tool Helps Identify Risks



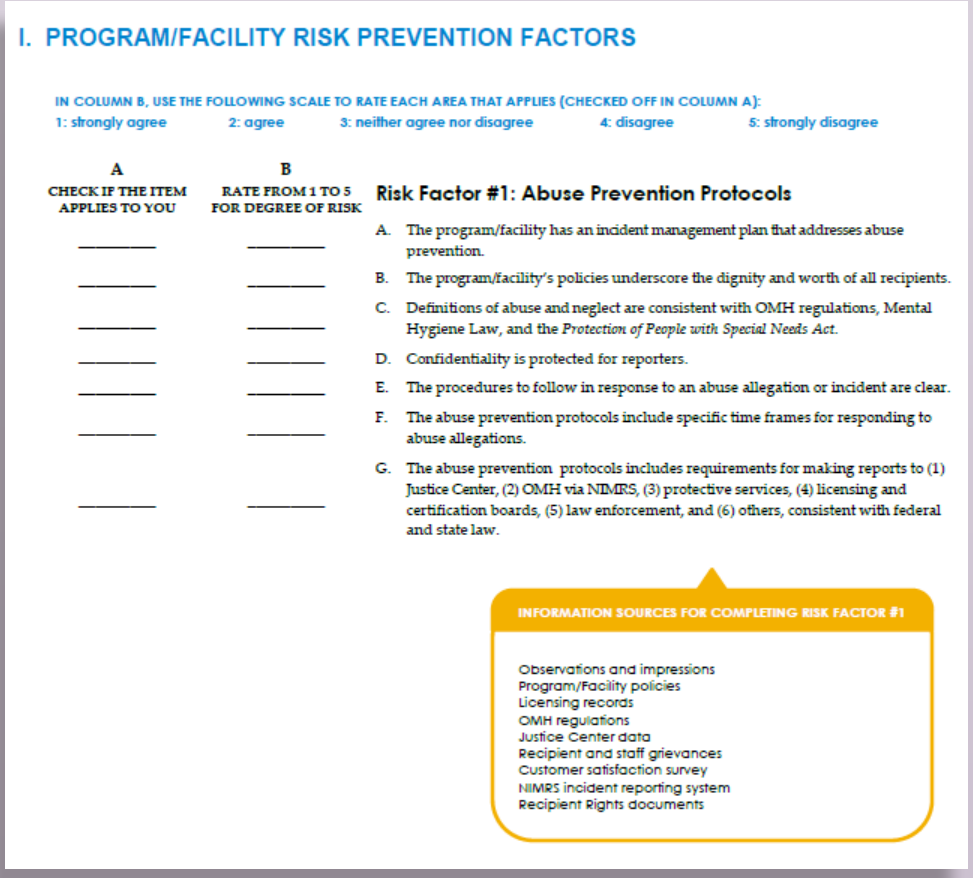
To help providers evaluate their programs for potential factors and features that contribute to an environment at risk for client abuse or neglect, OMH is making available, through its work with the New York State Justice Center for the Protection of People With Special Needs Prevention of Abuse and Neglect Workgroup, a tool called the "Self-Assessment for an Abuse-Free Environment."

The structured assessment gives providers a means of self-assessing their operations to identify potential risk factors for abuse and neglect. The goal is to encourage providers to strive for an abuse-free environment of care. Designed for use within a facility, the self-assessment tool is not intended to be shared with the Justice Center, OMH, or other surveyors.

The self-assessment tool was an initiative of the Justice Center steering committee. In 2014, the committee created the Prevention of Abuse and Neglect Work Group, made up of staff from OMH, OPWDD, OASAS, the Office of Children and Family Services, the State Education Department, and the Justice Center.

"Using as a base the Nursing Home Abuse Risk Profile and Checklist, developed by the National Association of States United on Aging and Disabilities for the U.S. Administration on Aging, we identified corrective and preventive actions to address conditions that cause or contribute to incidents of abuse and neglect," said Ellie Hunt, OMH Clinical Risk Manager, who participated in its development. "The assessment tool then was presented to providers for their feedback and was revised accordingly."

Staff conducting the assessment are asked to reply on a sliding scale from 1 to 5 of whether they "strongly agree" to "strongly disagree" with statements, as in this example on the right:



I. PROGRAM/FACILITY RISK PREVENTION FACTORS

IN COLUMN B, USE THE FOLLOWING SCALE TO RATE EACH AREA THAT APPLIES (CHECKED OFF IN COLUMN A):
1: strongly agree 2: agree 3: neither agree nor disagree 4: disagree 5: strongly disagree

A CHECK IF THE ITEM APPLIES TO YOU	B RATE FROM 1 TO 5 FOR DEGREE OF RISK	Risk Factor #1: Abuse Prevention Protocols
_____	_____	A. The program/facility has an incident management plan that addresses abuse prevention.
_____	_____	B. The program/facility's policies underscore the dignity and worth of all recipients.
_____	_____	C. Definitions of abuse and neglect are consistent with OMH regulations, Mental Hygiene Law, and the *Protection of People with Special Needs Act*.
_____	_____	D. Confidentiality is protected for reporters.
_____	_____	E. The procedures to follow in response to an abuse allegation or incident are clear.
_____	_____	F. The abuse prevention protocols include specific time frames for responding to abuse allegations.
_____	_____	G. The abuse prevention protocols includes requirements for making reports to (1) Justice Center, (2) OMH via NIMRS, (3) protective services, (4) licensing and certification boards, (5) law enforcement, and (6) others, consistent with federal and state law.

INFORMATION SOURCES FOR COMPLETING RISK FACTOR #1

Observations and impressions
Program/Facility policies
Licensing records
OMH regulations
Justice Center data
Recipient and staff grievances
Customer satisfaction survey
NIMRS incident reporting system
Recipient Rights documents

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The self-assessment identifies several categories for leadership and staff to examine – including staff training, staff stress and burnout, staff ratios and turnover, access to family support, workplace culture, physical environment, and abuse prevention protocols.

“The advantage of a self-assessment is that it’s proactive,” Hunt said. “Each program or facility is different. Each has its own policies, staff, and physical layout. So the approach of the self-assessment is to encourage them to find solutions that work for them.”

“Providers are not required to submit their results,” said Tricia Hartnett, Director, OMH Office of Quality Improvement. “However, we are available to provide best practice resources and technical assistance. The goal is to work together to look for risks before they emerge. It is truly in the spirit of quality improvement for an organization to use the self-assessment.”

The self-assessment tool is available on the Justice Center website: https://www.justicecenter.ny.gov/spotlight-prevention/self-assessment-abuse-free-environment-tool/self-assessment-tool-office-of-mental-health.

Justice Center: Advocate for People with Special Needs

The New York State Justice Center for the Protection of People with Special Needs plays a crucial role in ensuring that more than one million New Yorkers in facilities that are state-operated, certified, or licensed by state agencies, including OMH, receive quality care.

The Justice Center has legal authority to investigate incidents involving people with special needs. It is responsible for ensuring that all allegations of abuse and neglect are fully investigated, monitoring the quality of mental health care in New York State, advocating on behalf of people with special needs and overseeing the quality of care they receive, and promoting the inclusion of people with special needs in all aspects of community life. The center follows up by maintaining a comprehensive statewide database that tracks cases until they are resolved and allows the Justice Center to monitor trends and develop abuse prevention initiatives.

The center operates a 24/7 hotline that receives reports of allegations of abuse, neglect, and significant incidents. Reports are made by service providers and others who are “mandated reporters” as well as by any individual who witnesses or suspects the abuse or neglect of a person with special needs. A call center representative determines if an emergency response is necessary or if the person receiving services faces imminent danger. If it is an emergency situation, the representative will instruct the caller to phone 9-1-1 immediately, if this has not yet occurred. A Justice Center supervisor will also contact the appropriate agency supervisor about the report.

The center believes that it’s important for officers to know how to respond to a call involving a person with a disability. If a person is not responding or cooperating with an officer it does not necessarily mean that he or she is intentionally disregarding the instructions. The person may not be able to hear or speak – or may simply be afraid. The center trains officers on what to do in situations that may require split-second decision making and provide them the tools they need to distinguish between criminal behavior and non-criminal conduct by people with disabilities.

The center operates an Information and Referral Line to respond to general disability-related inquiries; and administers the Inter-agency Coordinating Council for Services to Persons Who Are Deaf, Deaf-Blind or Hard-of-Hearing. It operates advocacy programs including the Developmental Center Ombudsman Program, Surrogate Decision-Making, Technology Related Assistance for Individuals with Disabilities (TRAID) and Adult Homes Advocacy.

Safer Care:
Equipping Our System With The Best Practices

OMH leadership, staff, and licensed providers discussed how to put the concepts of quality assessment and improvement into practice during "Safer Care," the 2016 Transformation meeting, March 15 and 16 in Syracuse.

Participants discussed how safe care must never be comprised, and that ensuring that the state's system remains equipped with best practices will allow it to provide expert care for the best recovery outcomes in the safest environment.

Presentations outlined the supports available to state operations and how these resources support the ZERO Suicide and Violence Prevention initiatives. Participants discussed implementing Suicide Safer Care in facilities and outpatient clinics and the role of peers in this initiative; as well as strategies for reducing risk of violence.

Dr. Virginia Barber Rioja, Clinical Director of Brooklyn Forensic LINK Court Mental Health Diversion & Reentry Programs, presenting a session on managing challenging behaviors.

Taking part in a panel discussion on risk reduction are, fron left: Julie Burton, Director of OMH Adult Services; Dr. Gregory Miller, Medical Director, OMH Adult Services; Dr. Merrill Rotter, Director of the Division of Law and Psychiatry for the Department of Psychiatry at Albert Einstein College of Medicine; and Maxine Smalling, Acting Director OMH Office of Coordinated Nursing Services.

Discussing the issues during a public forum are, from left, David Peppel, Executive Director of Elmira Psychiatric Center and Greater Binghamton Health Center; and Dr. Lloyd Sederer, OMH Medical Director.

From left: OMH Commissioner Dr. Ann Marie T. Sullivan; with Peer Specialist Emanuel Kelly and Dr. Rotter.