

Adult Services Initiatives Aimed at Enabling Communities to Support Recovery, Resiliency and Transformation

This appendix contains descriptions of programs and initiatives organized by strategies that have been guiding transformation of the system of care serving adults. Aligned with the Strategic Framework included in Chapter 2 of the Plan, strategic directions include:

1. Rely upon public health and research approaches to identify mental health issues sooner, intervene more quickly when problems are identified, and promote overall wellness and resiliency.
2. Improve and restructure OMH inpatient psychiatric and outpatient services to complement and enhance the array of services in each community that enable people to live, learn, work, and participate fully.
3. Improve access to outpatient care, reduce the need for hospital care, and preserve safety net capacity of programs serving the most vulnerable New Yorkers.
4. Break down barriers to, and improve the availability of, services for persons with high-cost, complex needs.
5. Infuse the concepts of cultural and linguistic competence, recovery, and resiliency into every aspect of operation: service delivery, policy development, budgeting, and research.
6. Ensure a strong foundation in recovery among the workforce, provide recovery education to clinicians and direct care staff, and recruit and retain a well-qualified workforce that is representative of the communities served.

Strategic Direction 1

Rely upon public health and research approaches to identify mental health issues sooner, intervene more quickly when problems are identified, and promote overall wellness and resiliency.

Center for Practice InnovationsSM

(Formerly the Evidence-Based Practices Technical Assistance Center)

In 2003, the Office of Mental Health (OMH) participated in the national Evidence-Based Practices dissemination project and pilot sites for the Illness Management and Recovery (IMR) and Assertive Community Treatment (ACT) toolkits. Through that experience, OMH learned that technical assistance, which includes tools that are designed to help managers, supervisors and

practitioners improve the skills of the mental health workforce and aid with implementation efforts. Staff members learned to incorporate the most effective practices into their routine work with consumers. OMH learned that a state as large and complex as New York State (NYS) benefits from training materials and implementation approaches that are adapted to real-world practice. To address these issues, OMH sought input from managers, supervisors, practitioners and consumers to adapt the national resource materials for practical use statewide. The Center for Practice Innovations at Columbia University, located at the NYS Psychiatric Institute (NYSPI), grew out of the success of this approach.

Rationale

Over the past decade, consistent scientific evidence demonstrates that specific mental health practices work well in improving outcomes for persons diagnosed with serious mental illness. Despite the evidence, national studies show that a majority of individuals diagnosed with a serious mental illness do not have access to these practices. The Center is addressing this science-to-service gap.

Goals

The work of the Center is informed by core values and principles of recovery including choice, self-determination, transparency, shared decision making, person-centeredness and hopefulness. The Center works with providers to bring best practices to the field, and insure that these practices are culturally competent. Specifically, the Center seeks to (1) promote the widespread availability of mental health evidence-based practices in NYS; (2) promote innovations related to emerging promising practices, cultural adaptations and organizational change approaches that support the implementation of quality services for individuals with serious mental health problems; and (3) and create informational and educational resources for the public as well as users and providers of mental health services. The Center accomplishes its goals through the creation of innovative distance learning forums, online training modules, regional learning collaboratives, as well as more traditional training approaches.

Major Accomplishments

The Center continues to work with providers to bring best practices to the field the areas of Wellness Self-Management (WSM), Supported Employment, Integrated Treatment for Co-Occurring Disorders, and ACT via the ACT Institute.

In addition, several times each year, the Center assembles topic-area experts to review the evidence base in a given area and make recommendations to aid OMH in determining whether and how to move forward to implement a particular evidence-based practice. Questions for each topic area address: (1) Does the evidence base indicate that this area is ready for widespread implementation? (2) What are best practices for implementation of this area? (3) What would work best locally? Between June 2009 and June 2010, the following topic area reviews have taken place:

- Evaluating the Cost Impact of Psychiatric Clinical Knowledge Enhancement System (PSYCKES) –OMH Medical Director Dr. Lloyd Sederer, convened a meeting to

develop a plan to study the impact of PSYCKES-Medicaid on prescribing practices, costs, and broader aspects of care. Representatives from both OMH and NYS Department of Health (DOH) were present. Richard Frank, PhD, Deputy Assistant Secretary for Policy and Evaluation in the U.S. Department of Health and Human Services, helped OMH design an evaluation of the cost impact of the PSYCKES initiative using Medicaid claims data.

- Interpersonal and Social Rhythm Therapy for Bipolar Disorder – Invited experts Ellen Frank, PhD, and Holly Swartz, MD, presented on Interpersonal and Social Rhythm Therapy, a psychosocial treatment designed to augment pharmacotherapy for persons diagnosed with bipolar disorder. The purpose of the meeting was to identify ways in which the treatment might be implemented within the States Psychiatric Centers.
- Monitoring Access to Mental Health Services – The Center convened a meeting to help OMH and DOH identify ways to monitor access to mental health services within Medicaid managed care. Providing consultation was Thomas McGuire, PhD, from Harvard Medical School.
- Evaluating the Impact of SHAPEMEDs[®] – At the request of OMH, the Center convened a meeting to plan an evaluation of the impact of the new care pathway for persons taking antipsychotic medications called SHAPEMEDs. SHAPEMEDs is designed to promote evidence-based practice by facilitating critical decision making related to selecting medications and monitoring their expected and untoward effects. The goal of this meeting was to help refine the SHAPEMEDs instrument and its implementation so the tool is of maximum benefit to clinicians and to provide consultation on an evaluation of the program's impact.
- Cranial Electrical Stimulation – The Center brought together experts Sarah Lisanby, MD, Edward Nunes, MD, Angel Peterchev, PhD, and Peter Bulow, MD, to help OMH understand the current research on cranial electrical stimulation and its potential for treating persons with mental illness as an alternative to medication therapy.

Summaries of these meetings can be found at the Center website at

<http://www.practiceinnovations.org/AdvisoryPanelbrRecommendations/tabid/63/Default.aspx>.

Goals for the Coming Plan Year

The Center will continue to host advisory panels in the coming year. Plans for the Center's four initiatives can be found at <http://www.practiceinnovations.org>.

Contact Information

Carlos T. Jackson, PhD, Associate Director
Administration and Operations
Center for Practice Innovations
NYS Psychiatric Institute
Room 2700, Box 100
1051 Riverside Drive

Melissa Hinds-Martinez, Administrative Assistant
Telephone: (212) 543-5941
E-mail hindsma@pi.cpmc.columbia.edu

New York, NY 10032
Telephone: (212) 543-5366
E-mail: cjackso@pi.cpmc.columbia.edu

Website: <http://www.practiceinnovations.org>

Employment through Education

Through federal stimulus funding and in conjunction with the State Department of Labor, OMH offered persons engaged in mental health treatment the opportunity to obtain the education and training necessary for competitive employment as peer providers.

Rationale

Individuals who have made significant progress in their recovery from mental illness play a pivotal role in helping others in their recovery journeys. Research shows that peer support services are effective in reducing isolation and providing compassionate, empathetic care. Peer support is also beneficial in helping to stabilize crises, reduce hospitalization and contribute to shorter stays, and improve the outcomes from case management services. Moreover, evidence indicates that a majority of peers maintain their employment following training and report satisfaction with their jobs and collegial relationships. They also describe personal growth, enhanced coping abilities, higher self-esteem and hope for the future. The opportunity provided by this initiative directly addresses the belief that people with a mental illness have a history of being disenfranchised from mainstream employment opportunities, and although the majority of people with mental health disabilities want to work, only about 15% are actually employed.

Goals

This initiative was aimed at helping people diagnosed with mental illness to pursue mainstream employment in peer services. Participants were required to have sponsors who agree to employ the individuals upon completion of their education. Students and prospective employers identified educational prerequisites for employment. Students then completed the course work via part- or full-time study. Other support services usually associated with this type of educational program, such as counseling, developing individual employment plans, and testing were offered.

Major Accomplishments

The program, which prepared individuals to assume positions in community mental health settings began preparation in the fall of 2009 and finished in the summer of 2010. In all, the program supported 84 part- and full-time students sponsored by 18 community mental health providers in NYS. Funding covered the cost of tuition, fees, books, and incidental supplies related to coursework (up to \$5,000 per student).

As of July 2010, 10.7% of the 84 students completed training and were employed. Another 35.8% of the individuals had completed their training and awaiting/in transition to employment. The remaining 43.5% were completing training.

There are great deals of success stories to share regarding this project.

- The City University of New York, a partner with the OMH, offered a newly developed certificate program in Wellness Coaching for program participants, enabling people who complete the training be qualified to assume a wellness coach or similar position in mental health agencies.
- Several individuals participating in this program had exhausted all other conventional financial aid opportunities for college and training. This program provided them the opportunity to reach employment goals and move “out of their comfort zone” to improved hope-filled lives.
- One person used the training as a springboard to meet his employment goal of utilizing prior culinary arts training. He is now employed at a seafood restaurant. He conveyed that this experience was truly empowering and gave him the confidence to move beyond the parameters of the mental health community.
- A number of providers have waiting lists of individuals who desire to participate in similar future initiatives.

Contact Information

Lorraine Washington
 OMH Bureau of Recipient Affairs
 Telephone: (518) 473-6579
 E-mail: coralxj@omh.state.ny.us

Forensic Tele-Psychiatry Project

The Division of Forensic Services, Division of Children and Family Services and Center for Information Technology are working to enhance forensic tele-psychiatry services through the development of a tele-psychiatry suite located at the Bronx Children’s Psychiatric Center (BCPC) similar to the current suite located at Capital District Psychiatric Center. These services will augment the existing tele-psychiatry Services being provided by Central New York Psychiatric Center (CNYPC) to inmates confined to NYS Department of Correctional Services (DOCS) facilities.

Rationale

Tele-psychiatry uses telephone, internet, and video teleconferencing to provide psychiatric evaluation, medication management consultation, individual and group counseling treatment, and emergency mental health services. CNYPC has provided corrections-based mental health services to DOCS inmates for more than five years with favorable results.

Goals

The goal of this project is to enhance the quality of psychiatric services to inmates. Most DOCS facilities are located in remote geographic locations of NYS where physician recruitment and retention are a challenge. Tele-Psychiatry is a cost-effective way to overcome this challenge and fill this gap. By locating the Tele-Psychiatry Suite at BCPC, OMH will be able to draw from a larger pool of qualified professionals residing in the NYC metropolitan area.

Major Accomplishments

The inmate caseload served by tele-psychiatry has to 10%. OMH has also partnered with Center for Urban Community Services and developed a housing referral process using video-teleconferencing for inmates being released from prisons in remote geographic locations to NYC.

Goals for the Coming Plan Year

OMH is in the process of seeking new physical locations to install video-teleconferencing to expand tele-psychiatry for inpatients in correctional facilities. It also expects to have the video-teleconferencing offices renovated and equipped and to have hired staff by February 2011 to provide services to inmates confined in DOCS facilities. It is anticipated that the capacity will increase the proportion of inmates on CNYPC's caseload receiving services via tele-psychiatry from 8% to 15%.

Contact Information

Richard Miraglia, LCSW, Associate Commissioner
OMH Division of Forensic Services
Telephone: (518) 474-8207
E-mail: coforpm@ omh.state.ny.us

LifeSPAN

LifeSPAN is OMH's wellness initiative designed to educate providers and persons engaged in services about healthy lifestyle choices. The four pillars of LifeSPAN are **Stop** smoking, **Practice** prevention, **Increase** Activity, and **Improve** Nutrition. Offered in a toolkit format available on the OMH website, the program provides guidance in preventing illness; staying physically fit; understanding nutritional labeling and diet planning; and adopting strategies to quit smoking successfully.

Rationale

LifeSPAN was developed in response to the National Association of State Mental Health Program Directors' multistate study that revealed persons with serious mental illness die on average 25 years earlier than the general population. The initiative aims to morbidity and mortality due largely to treatable medical conditions caused by modifiable risk factors such as smoking, obesity, substance abuse, and inadequate access to medical care.

Goals

The major goal of this initiative is to provide people engaged in services and family members with guidance in modifying risk factors and improving their overall health.

Major Accomplishments

Twenty-five training sessions were held and more than 1,000 toolkits were distributed. Materials have also been made readily available on the OMH website. We have moved from using the hard copy toolkits to putting all of the updated material and some new information on the website.

Goals for the Coming Plan Year

The toolkit will continue to be updated with the latest information as it becomes available. OMH is also participating in the Substance Abuse and Mental Health Services Administration (SAMHSA) 10 x 10 Wellness Campaign to reduce the number of years of life lost by 10 years over the next 10 years.

Contact Information

Tony Trahan, Advocacy Specialist
OMH Office of Recipient Affairs
Telephone: (518) 473-6579
E-mail: Coratmt@omh.state.ny.us

Website: http://www.omh.state.ny.us/omhweb/consumer_affairs/lifespan/

National Instant Criminal Background Check System (NICS)

Federal law prohibits the purchase of a firearm by a number of classes of individuals, including persons who have been involuntarily committed to a psychiatric facility. NICS helps with enforcement of the law. The database includes persons precluded from purchasing firearms. The system requires states need to submit the identities of individuals meeting the federal criteria for the purpose of screening out persons ineligible to purchase firearms.

The names of persons seeking to purchase firearms are run through the NICS system to insure that they are not among those precluded from such purchases.

Rationale

Historically NYS, like most states, had no legislation to authorize the transmittal of identities of persons involuntarily committed to a psychiatric facility. In 2009, NYS enacted legislation to authorize OMH to send the data to NICS. Thereafter, OMH initiated planning to facilitate compliance with the federal legislation.

Goals

OMH is responsible for collecting and sending data on involuntary psychiatric commitments to the federal government and implementing a relief from disabilities process. OMH began transmittal of data from its psychiatric facilities to the federal government in May 2009. In addition, the agency has established a relief from disabilities process and issued regulations to govern that process. OMH has begun receiving requests for relief and seeks to resolve those requests in an expeditions and fair manner.

Goals for the Coming Plan Year

In October of 2009, OMH was awarded \$170,000 from the NICS Act Improvement Program to build and improve the capturing and transmittal of records related to involuntary mental health commitments. Over the next several months, OMH and NYS Division of Criminal Justice information technology staff will develop an electronic bridge between the agencies' data systems to allow for daily exporting of data from OMH through the Division to NICS.

OMH also has applied for federal funding in excess of \$1 million to improve its record management system and support the relief process in the coming year. If funding is approved, it will become available in October 2010.

Contact Information

Donna Hall, PhD
Division of Forensic Services
Telephone: (518) 473-1066
E-mail: cofodlh@omh.state.ny.us

Website: <http://www.omh.state.ny.us/omhweb/nics/>

PSYCKES

Two distinct projects are aimed at improving prescribing practices in the State and at promoting shared decision making between people engaged in services and their doctors.

PSYCKES for Improving Prescribing Practices

OMH and DOH are working together to improve prescribing practices in NYS. The online PSYCKES portal gives participating clinics access to five years of Medicaid information to support quality improvement and clinical decision making. PSYCKES has been implemented in more than 330 mental health clinics statewide. The project is in its third year.

Goals

Goals include having clinics continue to work on quality improvement projects initiated in 2008 and to work on additional quality indicators in 2010–2011. Current quality indicators include reducing the use of multiple medications to treat the same condition, and decreasing the use of antipsychotics with high to moderate risk of cardio-metabolic side effects among individuals who already have other health conditions such as diabetes. The new quality measures introduced are targeting high doses of medications and quality concerns for children and adolescents.

OMH will also continue to expand PSYCKES to other treatment settings including ACT, emergency rooms, and hospital-based clinics.

Major Accomplishments

Clinics participating in the projects improved their performance on the quality indicators compared to nonparticipating clinics. Use of multiple antipsychotics decreased 17.8% in

participating clinics compared to an increase of 0.9% in nonparticipating clinics (as of 6/30/10). For the cardio-metabolic quality indicator, the use of high/moderate antipsychotics for individuals with diabetes decreased a full 21.2% in participating clinics compared to a 2.8% decrease for nonparticipating clinics.

Two new quality indicator projects have been developed focusing on high doses of medications and use of mental health medications among children.

Pilot testing of PSYCKES in new settings was initiated including ACT teams, and emergency rooms.

Goals for the Coming Plan Year

Goals for the upcoming year include implementation of phase two of the project in the participating 334 clinics, completion of pilot testing and adaptation of PSYCKES for new settings (ACT, emergency rooms, hospital clinics) and implementation of the two additional indicators.

MyPSYCKES for Empowering Consumers through Shared Decision Making

Research shows the importance of having consumers of mental health services taking an active role in making decisions about their treatment. The online PSYCKES tool will help people engaged in services to work with their doctors toward their personal recovery goals through empowerment and shared decision making.

Goals

OMH is working with Dr. Patricia Deegan, a national expert on shared decision making, to develop this version of PSYCKES, which will help people receiving services to summarize progress toward recovery, identify goals of treatment and medication concerns, review their medication records, and access an online library of health resources.

The goals are to pilot test this new tool, translate it into Spanish, and expand its use in 2011 to additional clinics.

Major Accomplishments

OMH has pilot tested MyPSYCKES in one clinic, received input from users and the Consumer Advisory Council, and conducted usability testing.

Goals for the Coming Plan Year

Goals include being fully implemented in one to three clinics, in both English and Spanish, having greater than 90% participation, and seeing improved engagement in services and enhanced health literacy among individuals receiving services at the clinic(s).

Contact Information

Molly Finnerty, MD
NYS Office of Mental Health
Telephone: (212) 543-6180
E-mail: comdmf@omh.state.ny.us

Website: <http://www.omh.state.ny.us/omhweb/psyckes/information.html>

Reduction of Tobacco Use among People with Serious Mental Illness

The use of tobacco products is a major cause of early death in persons diagnosed with serious mental illness. Traditional quit-smoking approaches can be difficult to access for people with serious mental illness, and even then are only about half as effective. Tobacco addiction is extremely prevalent among persons with serious mental health conditions, and it has an impact on management of symptoms, medication side effects and medication dosage requirements.

Rationale

Effective treatment approaches require strong training and engagement of mental health professionals.

Goals

1. Implementation of campus-wide, smoke-free policies at NYS Psychiatric Centers
2. Statewide collaborative public/private/nonprofit partnership to advance and disseminate tobacco dependence treatment approaches for people with serious mental illness
3. Continuing education training to community mental health centers and professional organizations regarding tobacco dependence treatment
4. Participation in tobacco dependence treatment task force for medical directors of Medicaid managed care programs
5. Fiscal incentives through Personalized Recovery-Oriented Services (PROS) Integrated Dual Diagnosis Treatment reimbursement for tobacco dependence treatment
6. Development of training module on tobacco dependence treatment for web-based specialty training through Center for Practice Innovations

Major Accomplishments

1. All State Psychiatric Centers are smoke-free, with the exception of some residential settings. Buffalo Psychiatric Center has achieved smoke-free, campus-wide status for all facilities, including residential.
2. In January 2010, a statewide summit was held to begin the process of identifying a public-private partnership strategic plan for addressing tobacco dependence among persons with serious mental health conditions. Collaboration was pursued in advancing this goal with the Smoking Cessation Leadership Center.
3. Continuing education presentations have been held at Albany County Mental Health. More professional and provider presentations are planned for the remainder of the year and in the coming year. In September 2010, there will be a presentation to the Capital Area Psychiatric Association. An editorial was submitted and published in the September 2010 issue of *Psychiatric Services* (see <http://ps.psychiatryonline.org/cgi/content/full/ps;61/9/859>).
4. As a result of a presentation made by OMH earlier this year, a task force has been formed with the Association of Medical Directors for NYS Managed Medicaid Providers to continue planning for access to tobacco dependence treatment.

5. PROS continues to provide tobacco dependence treatment through enhanced dual diagnosis treatment services.
6. Development of a specialty training module proceeds with the Center for Practice Innovations.

Goals for the Coming Plan Year

1. Continue the focus on smoke-free campus policies. Learn from the progress at Buffalo Psychiatric Center. Address tobacco dependence treatment in residential facilities across the State.
2. The Smoking Cessation Leadership Center, in collaboration with SAMSHA, has granted OMH and its partners an Action Academy to develop statewide strategic approaches toward the dissemination of tobacco dependence education, treatment and policies. This summit will occur on November 5, 2010
3. Continued participation in the network of providers, toward enhancing Medicaid reimbursement for tobacco cessation medication.
4. Continual encouragement, technical assistance and support of tobacco dependence treatment in community-based services such as PROS and clinic treatment settings with Clinic Reform.
5. Funding for specialty training on the web-based platform at the Center for Practice Innovations.

Contact Information

Gregory Miller, MD, Medical Director
Division of Adult Services
E-mail: coopgam@omh.state.ny.us

WSM

The WSM program was developed in 2006 by OMH in partnership with the Urban Institute for Behavioral Health, a consortium of agencies in NYC committed to promoting evidence-based practices. WSM reflects an adaptation of Illness Management and Recovery, the nationally recognized, evidence-based practice for adults with serious mental health problems. The WSM initiative assists agencies across the State to implement, sustain, and spread WSM programs throughout their organizations.

WSM delivers a curriculum folded into a bound personal workbook. The workbook includes topics and lessons designed to aid adults in managing their mental health problems and supporting decision making. WSM integrates the concept of recovery, practical facts about mental health wellness and the role of a physically healthy lifestyle in recovery. Streamlined staff training methods are also a part of the initiative. The workbook, for example, embeds staff core competencies such as motivational teaching and basic cognitive behavioral skills and employs a systematic and easy-to-understand framework for facilitating group participation consistent with the principles of adult education and psychiatric rehabilitation approaches.

Rationale

The WSM approach and materials are designed to promote implementing, sustaining and spreading of this practice across program types, clinical conditions and cultural populations in a practical and feasible manner.

Goals

WSM is designed to promote wellness and illness management for people in recovery from a serious mental illness.

Major Accomplishments

- Through the Center for Practice Innovations, a learning collaborative of more than 100 agencies and approximately 4,000 consumers was active from January 2008 to November 2009. Attendance data, participants' self-report of progress, completion rates and group leader ratings suggest that WSM adds significant value to mental health services.
- An online WSM course that is streamlined, easily accessible and focused on the practical "how to lead a WSM group" was created.
- To make WSM broadly available, the Center designed an implementation method called the Practice Improvement Network (PIN). This method, which offers less intensive and costly supports (less travel) such as an online training course and other distance learning supports, is being tested in 20 agencies in NYS. Preliminary findings reveal that all 20 agencies have implemented WSM groups and that the PIN approach is an effective strategy to assist programs to implement WSM effectively.
- The successful response to the original WSM initiative has resulted in strong interest among mental health programs for a curriculum that is adapted for various populations (e.g., adults with co-occurring disorders, adolescents likely to transition to adult services, prison inmates with mental health problems). Toward this end accomplishments include:
 - Field testing with the Office of Alcoholism and Substance Abuse Services (OASAS) a WSM Plus (WSM+) curriculum for adults with co-occurring disorders began in May 2010 with 33 OMH/OASAS agencies.
 - A WSM workbook for youth ages 16–22 has been developed and is being field tested in 10 agencies serving young people with mental health difficulties. This program is called KEY (Knowledge Empowers You).
 - A forensic services team is currently designing and customizing the WSM curriculum to address many of the unique concerns of inmates in State prison who have significant mental health problems.

Goals for the Coming Plan Year

Customization of the WSM Curriculum: Field testing the newly developed WSM+, KEY and prison versions of the WSM program will continue and evaluation will focus on attendance, reasons for discontinuation, group leader facilitation skills, participants' self-reports of progress

toward goals and group leader ratings of participant involvement and success in the program. Focus groups and informant interviews are being employed to evaluate the new material and make improvements based on user feedback. The overall goal is to develop additional WSM products that will be made available to all programs across the State.

Sustaining Progress: Sustaining the WSM approach is a crucial key issue. OMH is assessing whether the 100 original programs are providing the WSM service in groups or individual modalities and if they plan to continue. The results will help determine the life span of WSM in the absence of formal ongoing face-to-face support.

Contact Information

Anthony Salerno, PhD
W SM Project Director
Center for Practice Innovations
NYS Psychiatric Institute
Box 100
1051 Riverside Drive
New York, NY 10032
E-mail: rprhajs@omh.state.ny.us

Paul Margolies, PhD
Center for Practice Innovations
NYS Psychiatric Institute, Room 2708
Box 100
1051 Riverside Drive
New York, NY 10032
Telephone: (212) 543-5454
E-mail: margoli@pi.cpmc.columbia.edu

Website: <http://www.practiceinnovations.org/WellnessSelfManagementWSM/tabid/118/Default.aspx>

Strategic Direction 2

Improve and restructure OMH inpatient psychiatric and outpatient services to complement and enhance the array of services that enable people to live, learn, work, and participate fully in their communities.

Care Monitoring Initiative

In response to several incidents in NYC involving individuals with serious mental illness as either victims or perpetrators of violence, a panel was convened in February 2008 to recommend actions to improve mental health services and promote the safety of all New Yorkers. The NYS/NYC Mental Health-Criminal Justice Panel Report (http://www.omh.state.ny.us/omhweb/justice_panel_report/) noted a common theme—individuals experienced gaps in services prior to adverse events.

The Panel recommended the establishment of a Mental Health Care Monitoring Initiative to watch closely services provided to high-needs individuals with serious mental illness and to work with providers to ensure that service needs were being met. The Panel recommended that this Care Monitoring Initiative use Medicaid claims and other data to identify patterns of service use, especially those indicating gaps in services, suggesting the need for prompt intervention.

The Care Monitoring Initiative focuses on individuals with serious mental illness who live in NYC and have recently received or been referred for intensive services. Among these individuals are persons who are participating in or have received Assisted Outpatient Treatment (AOT) services, have been referred to ACT or case management services in the prior 12 months, have had two or more emergency room visits/inpatient admissions in the prior 12 months, and have previously received mental health services in an OMH forensic setting.

Rationale

The development of the Care Monitoring Initiative is in response to Panel recommendations to respond to the mental health needs of persons at risk for experiencing gaps in services.

Goals

The goal is to improve the quality and consistency of care for individuals with serious mental illness. Care Monitoring Teams represent one of a number of opportunities to improve mental health service delivery and public safety.

Major Accomplishments

Beginning in Brooklyn in the fall of 2009, the Care Monitoring Initiative established a team to oversee mental health services offered to high-need individuals and the providers that offer high-intensity treatment and services. (OMH and the NYC Department of Mental Hygiene jointly supervise Community Care Behavioral Health, the managed care company owned by the University of Pittsburgh Medical Center and staffing the Care Monitoring Initiative.) The teams continue monitoring the care provided to adults with the most serious mental illnesses and work with providers so they may take action if there is an interruption in service or an escalating need for care.

Clinically trained care monitors review Medicaid claims data for groups of individuals whose patterns of service use (or non-use) indicate they may not be receiving needed services (e.g., two or more psychiatric emergency room visits in the past 120 days). When indicated, the care monitors establish contact with providers who last served the identified individuals and use the OMH Mental Health Clinic Standards of Care to guide discussions about appropriate provider outreach and engagement strategies. The care monitors follow up with providers to ensure reengagement into appropriate care.

Goals for the Coming Plan Year

In the fall of 2010, the project will be expanded to include the Bronx, and, in Brooklyn, the team will increase the percentage of identified high-need consumers that are reviewed.

The initiative will demonstrate significant improvements in service engagement for consumers who are identified as high-need and lacking services.

An initial evaluation of the project will be completed and recommendations for continuing the initiative made.

Linkages will be made to managed care organizations certified by the DOH to assist those organizations in fulfilling their care management obligations.

Contact Information

Thomas Smith, MD, Medical Director
Care Monitoring Initiative
Telephone: (212) 543-5976
E-mail: smithto@pi.cpmc.columbia.edu

Residential Forensics Mental Health Unit

In December 2009, OMH, CNYPC, and DOCS opened the Residential Mental Health Unit (RMHU) at Marcy Correctional Facility. This innovative 100-bed correctional mental health program provides comprehensive mental health and correctional rehabilitation services to inmates in a state-of-the-art correctional residential setting. The RMHU was cooperatively designed by OMH and DOCS to meet the unique needs of this population. Inmates participating in the program develop skills and earn increased privileges not traditionally afforded to other inmates housed in the special housing unit (SHU).

Over the past 15 years, OMH and DOCS have developed other innovative programs such as Behavioral Health Units, Special Treatment Programs and Transitional Intermediate Care. The RMHU intends to complement these existing programs. Together these programs signify the longstanding commitment in NYS to meet the mental health needs of inmates confined to State correctional facilities. Throughout the 1980s and 90s, New York and states across the nation have witnessed an exponential increase in the numbers of incarcerated persons. In response to this trend and to meet the mental health needs of the inmate population, OMH and DOCS have increased staffing resources more than twofold, doubled the number of corrections-based Satellite Mental Health Units, increased residential capacity in our Intermediate Care Programs by more than 75%, created additional, specialized services for inmates confined to SHU and invested significant resources to renovate facilities to provide these therapeutic programs and services.

Rationale

This approach is believed to be the first of its kind in the nation. Inmates eligible for participation have a diagnosis of serious mental illness and significant behavioral disorders, have committed disciplinary infractions and have incurred extended SHU confinement sanctions. Many of them have extensive histories of engaging in dangerous behavior. The RMHU is designed to address challenges to engaging these individuals in rehabilitation programs by addressing the persistent inability to conform behavior to acceptable standards of conduct within communities and prisons. OMH and DOCS are optimistic that enhanced services within the prison setting will offer this challenging subpopulation of inmates opportunities to develop the requisite social skills to improve their quality of life and those with whom they interact, be it in the prison setting or in the community.

Goals

The RMHU offers comprehensive prison mental health services aimed at reducing the use of SHU/solitary confinement for inmates with mental illness. The effort has been designed to

build on other steps, including screening on admission for all inmates, a wide array of treatment programs—including counseling, medication treatment, special day and residential units—and special attention to aftercare when inmates with mental illness are released. Further, while providing the highest level of secure treatment outside of hospitalization, the RMHU emphasizes the appropriate behaviors that will enable inmates to succeed outside of special care institutional settings.

Major Accomplishments

As of June 14, 2010, 63 inmates were receiving enhanced mental health services at the Marcy RMHU. OMH and DOCS staff continue to monitor program operations as well as inmate progress.

During the first six months of operation the RMHU was visited by representatives from the Commission on Quality of Care and Advocacy for Persons with Disabilities, Mental Health Alternatives to Solitary Confinement and experts from both plaintiffs and defendants in the Disability Advocates Inc. Participants offered favorable comments.

Goals for the Coming Plan Year

OMH and DOCS expect that the program will be at full census (100) by December 31, 2010. Planning is under way to open a second RMHU during Fiscal Year (FY) 2011–2012. The plan calls for converting the Five Points Special Treatment Program to an RMHU for 60 inmates. During FY 2011–2012, Special Treatment Program at Green Haven Correctional Facility will close and the Special Treatment Program at Attica Correctional Facility will remain open to serve as a site for services for inmates who due to their security needs are not eligible for services in an RMHU.

Contact Information

Richard Miraglia, LCSW, Associate Commissioner
OMH Division of Forensic Services
Telephone: (518) 474-8207
E-mail: coforpm@ omh.state.ny.us

Sex Offender Secure Treatment Facility Program

Enacted as Chapter 7 of the Laws of 2007, the Sex Offender Management and Treatment Act (SOMTA) became effective in 2007. The legislation created an elaborate process for the civil management of certain sex offenders upon completion of their prison terms. SOMTA requires a risk assessment of sex offenders by qualified staff upon their admission to prison, as well as prison-based sex offender treatment program (SOTP), to be provided by DOCS, including residential treatment.

Rationale

The assumptions underlying SOMTA were delineated in a series of Legislative findings set forth in the Mental Hygiene Law (MHL) Section 10.01. While the U.S. Supreme Court has

determined that civil commitment for the purpose of incapacitation and treatment (rather than punishment) is constitutional, it has placed limitations on governmental authority to civilly commit sex offenders. Government does not have the authority to civilly commit a sex offender simply because he or she is dangerous and has committed multiple offenses. Rather, civil commitment is authorized only in very limited circumstances where sexual offending stems from a mental abnormality with serious difficulty in controlling behavior.

Goals

Article 10 provides for the civil confinement of sex offenders in “extreme” cases (MHL Section 10.03(b)) in which such confinement is necessary to ensure sex offender management and treatment and protect the public. To this end, OMH operates two secure treatment facilities—a 150-bed secure treatment facility located within CNYPC and an 80-bed secure treatment facility located on the grounds of St. Lawrence Psychiatric Center. These two facilities, along with a temporary secure treatment unit within the Manhattan Psychiatric Center located on Ward’s Island in NYC, have the capacity to provide secure treatment to 250 sex offenders.

Treatment offered is delivered through a four-phase model. The model is designed so that the residents’ progress through treatment in an incremental manner, acquiring skills and knowledge that are built upon in subsequent treatment phases. The pace of residents’ advancement through the four-phase model is dependent upon their completion of treatment goals of each phase. Phase progression occurs at each resident’s treatment pace, rather than a predetermined time frame.

Major Accomplishments

Among accomplishments during the past year are:

- Revised the treatment phase goals and developed a simplified version of the phase goals for residents in cognitively impaired treatment track to ensure residents are addressing relevant research-based dynamic risk factors in treatment
- Implemented the psychopathy track at CNYPC
- Developed a resident rights pamphlet (English and Spanish versions)
- Identified Office for People with Developmental Disabilities (OPWDD) liaisons at OWPDD Central Office and Sunmount Developmental Disabilities Service Organization (DDSO) to assist with the treatment of Article 10 residents diagnosed with developmental disabilities; joint onsite training and consultation under way
- Finalized SOTP policies
- Refined the Treatment Review Committee process related to the annual review evaluations and the phase promotion reviews
- Enhanced the ability to track treatment data
- Developed electronic capability for the SOTP Individual Service Plan
- Increased the coordination and collaboration among staff and developed protocols for managing SOTP resident program transition
- Developed a continuing education and training program utilizing Central Office and SOTP staff as trainers

Goals for the Coming Plan Year

- Implement joint OMH/DOCS workgroups and training to improve the quality of treatment provided to inmates identified as potential civil management candidates
- Finalize pending SOTP policies and program overview
- Finalize all treatment track overviews
- Further develop Phase IV programming
- Improve SOTP documentation through ongoing training and audits
- Maintain continuing education and training program utilizing Central Office and SOTP staff as trainers
- Develop and enhance data and information sharing protocols

Contact Information

Richard Miraglia, LCSW, Associate Commissioner
OMH Division of Forensic Services
Telephone: (518) 474-8207
E-mail: coforpm@ omh.state.ny.us

Supported Employment: Individual Placement and Support (IPS) Model

Regaining a life role as employee, entrepreneur and taxpayer is a watershed moment in an individual's recovery. In turn, one of the key outcomes of community rehabilitation programs is attainment and retention of competitive and integrated employment.

Rationale

The NYS employment rate for persons diagnosed with mental illness tends to be consistent with national statistics. Unfortunately, both rates range from 12% to 14%. However, in programs elsewhere that have implemented the evidence-based IPS approach to supported employment, developed at Dartmouth University, the percentages of people successfully employed have reached 40% to 45%.

Goals

IPS has become the gold standard for supported employment because of the high rates of employment attained by people who have participated in programs faithful to program standards. Program elements include ongoing assessment, rapid job search, competitive employment, integrated mental health support, attention to each person's preferences, and continuous support.

In light of the strong outcomes associated with the IPS model, OMH will begin to infuse this supported employment model within its service delivery system. Initially, OMH will require that all PROS programs have the capacity to provide supported employment using the IPS approach. This requirement will be critical to meeting the PROS program's vision of recovery and independence.

To assist in this effort, OMH established the Supported Employment Technical Assistance Center. The creation of this entity affords OMH the opportunity to provide technical assistance in the areas of staff development, program integration and assessment of fidelity to the IPS model using national experts.

Major Accomplishments

Learning and training opportunities are being developed by the Center to embed the practice of Individual Placement and Support (IPS) in employment services throughout the mental health service system. PROS is the first service to receive IPS support and training.

The Center has provided regional training forums this year for PROS program leaders across the state. These forums have focused on the importance of employment outcomes for PROS programs and have provided an orientation to the IPS model of supported employment. Program leaders were provided with an implementation tool designed to provide assistance in planning engagement efforts of consumers, staff members, and other important stakeholders.

The Center is providing on-site technical assistance to six PROS programs. This technical assistance includes consultation with program leaders, training of employment specialists and other staff members, and the completion of baseline fidelity assessments. These fidelity assessments will be used to guide continuous quality improvement efforts and will be administered at future times to measure implementation of IPS within each program. In addition, employment outcomes are being monitored.

In addition to these on-site efforts, the Center will soon use distance learning approaches to provide assistance to PROS programs that will receive modest on-site technical assistance. These distance learning approaches will include webinars, regional learning forums, phone consultations, “ask the expert” forums, and online discussion threads.

Implementation guidelines are currently under development and are designed to assist program leaders with the implementation process. When completed, these guidelines can be used as work plans that will help to guide the efforts of program leaders.

Over the next year, OMH will be examining the creation of IPS Centers of Excellence in PROS programs.

Goals for the Coming Plan Year

On-site technical assistance and distance learning approaches will continue to be used in 2010-2011. It is anticipated that IPS Center of Excellence in PROS will become available as additional resources for this statewide effort.

Anticipated outcomes for all programs include improved employment and the implementation of IPS in a manner that allows for successful adaptation to the PROS environment, as measured by fidelity reviews and certification visits

Contact Information

Robert Myers
Senior Deputy Commissioner
Division of Adult Services
Telephone: (518) 473-4690

Paul Margolies, PhD
Center for Practice Innovations
NYS Psychiatric Institute, Room 2708
Box 100 1051 Riverside Drive

E-mail: cooprwm@omh.state.ny.us

New York, NY 10032

Telephone: (212) 543-5454

E-mail: margoli@pi.cpmc.columbia.edu

Website: <http://www.practiceinnovations.org/SupportEmploymentIPS/tabid/105/Default.aspx>

Strategic Direction 3

Improve access to outpatient care, reduce the need for hospital care, and preserve safety net capacity of programs serving the most vulnerable New Yorkers.

Clinic and Ambulatory Restructuring for Adults

OMH is in the midst of a multiyear initiative to restructure the way the State delivers and reimburses publicly supported mental health clinic services. The major goal is to develop a system of quality care that responds to the individual needs of adults and children, and delivers care in appropriate settings.

Rationale

The NYS public adult mental health system is exceedingly complex including Medicaid, State, county and other funding for a broad array of community-based services. It faces a significant need for restructuring if it is to expand its recovery focus and achieve essential improvements in accountability and coordination. The compelling necessity of significant and far-reaching change presents the State with a major opportunity. Modifications will preserve some of the threatened federal funds and simultaneously strengthen the service delivery system.

Goals

Ambulatory restructuring involves programming and financing models for a range of mental health programs. OMH is addressing the redesign process separately for children and adults so that we can respond to the complexity and diverse needs of each ambulatory system.

The first step in ambulatory restructuring for the adult service system was to detail the current array of mental health programs from both a programmatic and fiscal perspective. The assessment includes a summary analysis, findings and recommended options for moving forward. The report references the urgency for restructuring partially driven by anticipated federal Medicaid regulations. Since the completion of the report, however, the Centers for Medicare and Medicaid Services (CMS) rescinded several of these regulations (e.g., targeted case management regulations partially rescinded, proposed rehabilitation regulations under review). Given the uncertainty about CMS direction, the impact of federal health reform and the importance of working effectively on clinic reform, OMH has begun planning the more intensive work related to ambulatory restructuring. As was the case with clinic restructuring, OMH expects stakeholder involvement with this effort.

Under clinic restructuring, services targeted to overcome barriers to employment are being addressed by the expectations that employment goals will be part of the treatment plan and therapeutic relationships will be key to helping people reach their individual goals to get and keep jobs.

Major Accomplishments

Much work went into developing the new reimbursement structure that accompanies the clinic program restructuring. These changes will help bring the State into compliance with Federal billing requirements under the Health Insurance Portability and Accountability Act (HIPAA). They are necessary to improve service delivery and ensure the survival of a quality mental health clinic system in New York. OMH has amended its regulations to implement the restructured clinic program and expects it to be operational October 1, 2010. The amendments include:

- Redefined and more responsive set of clinic treatment services with greater accountability for outcomes. Clinics are required to offer services such as outreach and engagement, crisis response, and complex care management, which will enhance consumer engagement and support quality treatment.
- Redesigned financing structure. Medicaid payment rates will be based on the efficient and economical provision of services to Medicaid clients. Payments will be comparable for similar services delivered by similar providers across service systems. Payments will also include adjustments for factors which influence the cost of providing services. Reimbursement under the previous methodology, the Comprehensive Outpatient Provider (COPS) methodology, is being phased out over a four-year period.
- HIPAA-compliant procedure-based payment system with modifiers to reflect variations in cost. Federal law requires the use of a HIPAA-compliant billing system. Services will be billed using HIPAA-compliant procedure codes with modifiers to reflect differences in resources and related costs for the various services.
- Provisions for indigent care. The State has requested a federal waiver that would expand reimbursement for indigent care to include freestanding OMH-licensed mental health clinics.

In addition, payment rates have been adjusted to encourage the provision of mental health clinic services after regular business hours, in languages other than English and by physicians and psychiatric nurse practitioners. Pending federal approval, clinics are now able to participate with diagnostic and treatment centers licensed by the Department of Health in a federally participating pool of funds to compensate for the provision of indigent care.

Separate from the regulations, NYS has adopted a requirement that Medicaid managed care companies pay rates for mental health clinic services that are equivalent to those paid through Medicaid fee-for-service.

Much collaborative work with stakeholders has gone into preparing the field for implementation of clinic restructuring and has included forums, training days, technical assistance and more. Areas of emphasis have included enhancing clinic operations, profitability

and quality of care, preparing for and addressing challenges to changes in financing, and delivering person-centered, recovery-oriented clinic services.

Goals for the Coming Plan Year

1. OMH will monitor the implementation of clinic restructuring. This will be done in conjunction with a representative stakeholder group. OMH will use data from administrative data sets such as Medicaid and consolidated fiscal reporting to evaluate the changes to clinic services over the four-year implementation period. This information will be used to make adjustments to regulations and/or Medicaid payments as necessary.
2. OMH will continue to provide training, guidance and technical support to providers as they implement the requirements of clinic restructuring.

Contact Information

Gary Weiskopf, Project Director

OMH Outpatient Clinic and Ambulatory Services Restructuring

Telephone: (518) 486-5986

E-mail: gary.weiskopf@omh.state.ny.us

Website: http://www.omh.state.ny.us/omhweb/clinic_restructuring/

Forensic Supported Housing Demonstration Project

The Division of Forensic Services supports 20 transitional supported housing beds designated for individuals with serious mental illness being released from State prison. Twelve beds are located in NYC and eight are upstate in Orange and Monroe Counties. The beds are utilized, in conjunction with “dedicated parole officers” and county-supported wraparound mental health services, to avoid placement in shelters and to reduce the number of individuals transferred from prison or from CNYPC directly to adult psychiatric centers.

Rationale

Research demonstrates that evidence-based approaches to housing, such as supported housing, for individuals recovering from serious mental illness and histories of arrest or incarceration enable them to achieve housing stability and foster recovery. Research also shows that the presence of a criminal history is not predictive of success or failure; when supported adequately, individuals with more extensive criminal histories succeed in housing.

Goals

The aim is to reduce the need for civil hospitalization from prison, as well as to reduce recidivism, through the combination of OMH-funded supported beds, county provision of adequate wraparound mental health services, and linkage with dedicated mental health parole officers statewide.

Major Accomplishments

During this plan year, 13 individuals, who would otherwise be homeless were housed in the transitional supported housing beds. In NYC, the Reentry Coordination System, a centralized housing referral and tracking system operated by the Center for Urban Community Services, Inc. was established. In addition, the NYC OMH forensic intensive case management (ICM) team provided transitional ICM services to all transitional supported housing residents.

Goals for the Coming Plan Year

OMH will continue to utilize the transitional supported housing stock to its full capacity, as well as look at opportunities to support additional beds. NYC housing referrals will continue to be managed and monitored through the Reentry Coordination System, which aims to expand services to include mental health treatment referrals, including ICM and ACT. In addition, linkage of parolees to dedicated mental health parole caseloads is expected to continue and the expanded use of forensic peer specialists is planned to affect successful community reintegration.

Contact Information

Wendy M. Vogel, MPA
NYS Office of Mental Health
Division of Forensic Services
Telephone: (518) 474-6539
E-mail: wvogel@omh.state.ny.us

New York City Reentry Coordination System

The Division of Forensic Services Reentry Coordination System, operated by the Center for Urban Community Services, fosters referral coordination for persons with a serious mental illness who are returning to NYC from the NYS prison system. This centralized referral system affords inmates access to all mental health supported housing in NYC upon release, and has resulted in a streamlined and efficient single-point-of-access (SPOA) housing referral process.

Rationale

Accessing housing in our existing mental health housing system can be a challenge for individuals returning to the community from State prison. Through the referral system, individuals have access to housing through a facilitated process that includes video tele-conference interviews with housing providers. The system significantly expands information available about housing vacancies and tracks who is getting access to mental health housing. The data gathered help to determine types of services to be developed in the future to better meet housing needs for this population.

Goals

The overall goals of the system are to improve access to housing and related services for persons with psychiatric disabilities returning to NYC from State prison and to monitor housing needs and the availability of services for individuals transitioning from prison to community.

Major Accomplishments

There were approximately 120 referrals from 29 satellite mental health units statewide to the system. A Reentry Liaison reviewed the housing referral documentation and referred applicants to the appropriate housing. In addition, the liaison scheduled the video tele-conference interviews, shepherded the review process between the applicant and the housing providers and tracked outcomes. The system database was utilized to monitor overall operations.

Goals for the Coming Plan Year

To build upon this successful initiative, OMH has applied for Projects for Assistance in Transition from Homelessness (PATH) funding to expand the Reentry Coordination System to case management/ACT, and outpatient clinic referrals. Currently, referrals to the forensic case management programs are made directly from the prisons and not through the NYC SPOA for case management/ACT referral system. With this expansion to centralized mental health treatment access, the system would align mental health housing with treatment services to provide coordinated, continuous care for individuals returning from prison to the community.

Contact Information

Wendy M. Vogel, MPA
NYS Office of Mental Health
Division of Forensic Services
Telephone: (518) 474-6539
E-mail: wvogel@omh.state.ny.us

Safe Transition and Empowerment Project

(Formerly Project Caring Community)

The Safe Transition and Empowerment Project (STEP) is a gender-responsive ICM program that provides in-reach services three months prior to discharge and transitional case management services for three to six months post release for women with serious mental illness released to NYC from Albion, Bedford Hills and Taconic Correctional facilities. The in-reach and ICM services are provided by Project Renewal, Inc., in collaboration with NYC Howie T. Harp Peer Advocacy Center peer specialists.

Rationale

STEP is designed to meet the needs of women with serious mental illness who are candidates for community-based care coordination services. It provides individualized, comprehensive that take into consideration the larger social issues related to service access inequalities, as well as individual factors that impact women in the criminal justice system. Services are responsive to the cultural backgrounds of women.

Goals

The aim of STEP is to provide continuity of care and successful community reintegration for all program participants through facilitated access to mental health treatment, benefits, housing, employment, transportation, family reunification, childcare, drug and alcohol treatment, peer support and after care.

Major Accomplishments

STEP began in February 2010. In just the first 4 ½ months of operation, enrollment was at 22 and nine women were released to the community. Upon release, these participants were engaged in psycho-educational groups, received completed entitlement applications, and were successfully housed and connected with community care, including peer specialist support. In addition, participants who were released on parole supervision were assigned to dedicated mental health caseloads.

Goals for the Coming Plan Year

STEP will continue to enroll women to its full capacity of 36 participants receiving ICM and peer support services in the community at any given time. Housing status and treatment service engagement will be monitored through the Reentry Coordination System. In addition, linkage to peer support and dedicated mental health parole caseloads are expected to continue to affect successful community reintegration as defined by the women themselves.

Contact Information

Wendy M. Vogel, MPA
NYS Office of Mental Health
Division of Forensic Services
Telephone: (518) 474-6539
E-mail: wvogel@omh.state.ny.us

Strategic Direction 4

Break down the barriers and improve the availability of services for persons with high-cost, complex needs

Chronic Illness Demonstration Projects

In consultation with OMH and OASAS, DOH is managing chronic illness demonstration projects to improve health outcomes and reduce costs for persons with chronic medical and behavioral illnesses. The demonstrations are aimed at meeting the needs of persons who receive Medicaid and have medically or behaviorally complex conditions. Specifically, the program reaches out to Medicaid fee-for-service beneficiaries across the State who are exempt

or excluded from mandatory managed care. High-risk individuals are assigned to multidisciplinary teams that provide care coordination as part of an integrated health care system while promoting collaborative, patient-centered, effective and efficient care. In January 2009, the state announced that seven programs had been funded.

Organization and Region		Areas Served
Metropolitan Region NYC	New York Health and Hospitals Corporation	Brooklyn, Manhattan, Queens
	Institute For Community Living Inc.	Brooklyn, Manhattan
	United Healthcare of New York Inc.	Bronx, Queens
Long Island Region	Federation Employment and Guidance Services	Nassau
Capital District Region	Whitney M. Young Jr. Health Center Inc.	Albany, Rensselaer, Schenectady
Western Region Buffalo	University of Buffalo Family Medicine, Inc.	Erie
Hudson Valley Region	Hudson Health Plan	Westchester

Through these demonstration programs, a core set of elements is being utilized to deliver integrated services and supports to this population. These elements include comprehensive health assessment, person-centered care planning that takes into account diverse needs (e.g., mental health, health, rehabilitation, chemical dependence), care coordination, service engagement techniques, self-directed care strategies, and caregiver/ family support. Information technology applications permit care monitoring, provider notification of critical events, and performance management. Additionally, the chronic illness demonstration projects are being evaluated to determine how well they meet their program objectives and performance standards.

Rationale

Seventy-five percent of the state's \$46 billion Medicaid budget is spent on 20% of individuals who often have multiple chronic medical conditions, such as heart disease, diabetes, high blood pressure, kidney disease and sickle cell anemia. Many also have histories of mental illness or are addicted to drugs or alcohol and a majority of these individuals also have multiple chronic health conditions. Increasing primary care and reducing emergency department and hospital use for this group may result in improved quality of life and outcomes, as well as, a substantial savings to the health care system.

Goals

Care management is being used increasingly to help people make appropriate health care choices and better manage complex medical conditions. Care managers are skilled in making referrals, helping people to connect to care providers and keep appointments, and encouraging follow through on health recommendations. Care management programs strive to work with health care providers to ensure that each person has a provider that is coordinating health care needs and avoiding unnecessary care. The primary goal of these demonstrations is to establish innovative, quality-driven interdisciplinary models of care designed to improve physical health,

behavioral health, and the overall quality of an individual's life subsequently resulting in improved clinical outcomes and decreased Medicaid costs for beneficiaries with complex medical conditions.

Major Accomplishments

Programs began enrolling participants in August 2009 and will each run for three years. Although research demonstrates the effectiveness of care management for select conditions like depression, there is little evidence of the effectiveness of this approach for Medicaid recipients with complex and intensive needs. The evaluation of this effort is being led by the national evaluation firm of MDRC (formerly the Manpower Demonstration Research Corporation), in partnership with the Center for Health Care Strategies. The evaluation is focusing on the program's effects on health care utilization, continuity of care, outcomes, and costs. In addition, the evaluation is examining the sustainability and replicability of models statewide.

Goals for the Coming Plan Year

Projects started up mid 2009 and will continue for three years each. Development, implementation and evaluation of this project are supported by the Center for Health Care Strategies (see http://www.chcs.org/info-url_nocat3961/info-url_nocat_show.htm?doc_id=676169).

Contact Information

Don Zalucki, Director
Bureau of Program and Policy Development
OMH Division of Adult Services
Telephone: (518) 473-6655

Geriatric Mental Health

More than one-half of the older adults who receive mental health care are treated by their primary care providers. The advantages of primary care for older adults include proximity, affordability, convenience, and coordination of mental and medical disorders. Moreover, older adults feel less stigmatized seeking help from a primary care provider than from a mental health provider. The rate at which primary care providers identify mental disorders in older adults, however, is extremely low.

To help address the needs of older adults with mental health challenges, NYS introduced the Geriatric Mental Health Act in 2005. Under the Act, the Interagency Geriatric Mental Health and Chemical Dependence Planning Council is charged with addressing geriatric mental health and chemical dependence needs. Additionally, the Act calls for the establishment of a geriatric service demonstration program to provide grants to providers of mental health care to the elderly. Two types of demonstration programs have been established—Gatekeeper Program and a Physical Health / Mental Health Integration Program that identifies and treats older adults at risk for mental health problems.

Rationale

The elder boom will bring many challenges as the population over the age of 65 increases by more than 50% in NYS over the next 15 years. This dramatic increase raises concerns about the ability of health, mental health and aging services to provide adequate access to services that respond to the unique needs of older adults.

Goals

The Physical Health and Mental Health Integration programs seek to co-locate in one setting primary health and mental health care, or to strengthen collaboration between health and mental health providers. The core elements of these models are screening, assessment, treatment, priority access and coordination or integration of physical and mental health care.

The Gatekeeper Program utilizes individuals who have contact with older adults through their everyday activities (e.g., cable TV workers, clergy, hair dressers) and trains them to recognize signs and symptoms that may indicate an older adult is in need of assistance. Upon referral to the program, the Gatekeeper Coordinator will engage the individual and work to connect them with appropriate services as needed.

Major Accomplishments

Three gatekeeper programs are operating in Westchester and Onondaga Counties and in Manhattan. The physical and mental health integration projects are operating in NYC, Long Island, and Monroe, Warren and Washington Counties. Greene County has also developed its own integration program by establishing clinic satellites at primary care physician offices throughout the county. Since the inception of the physical and mental health integration programs more than 4,600 individuals have been screened for depression and anxiety; approximately 2,000 (43%) were fully assessed; and 860 (19%) were determined to have clinically significant depression or anxiety requiring treatment. The three-month follow-up results for the individuals receiving treatment are very favorable, with 62% showing improvement in their depression and 57% showing improvement in their symptoms of anxiety.

Goals for the Coming Plan Year

One of the major goals of the grant programs during the coming year is to establish financially viable programs that will enable them to remain operational at the conclusion of the grant funding period. OMH is working closely with programs and a consultant with expertise in the area of Medicare to ensure that the programs continue in the future.

OMH will be utilizing the lessons learned from the grant programs and create a new request for proposals to establish physical health and mental health integration programs that will provide initial seed money to providers committed to creating permanent programs. A separate technical assistance request for proposals will be developed to assist programs fiscally and programmatically.

Contact Information

Donald Zalucki, Director
Bureau of Program and Policy Development

OMH Division of Adult Services
Telephone: (518) 473-6655

Website: <http://www.omh.state.ny.us/omhweb/geriatric/>

Research-Based Sex Offender Risk Assessment and Record Review

Enacted as Chapter 7 of the Laws of 2007, SOMTA became effective in 2007. The legislation created an elaborate process for the civil management of certain sex offenders upon completion of their prison terms. SOMTA requires a risk assessment of sex offenders by qualified staff upon their admission to prison, as well as prison-based SOTP, to be provided by DOCS, including residential treatment.

The law is intended to target those high risk sex offenders who have a mental abnormality that predisposes them to commit sex offenses, and who have serious difficulty in controlling their conduct. Under the law there are two options: (1) some individuals will be placed on SIST," live in the community, and be very closely supervised by the Division of Parole; and (2) more dangerous individuals can be civilly confined in a psychiatric facility operated by OMH.

Rationale

The assumptions underlying SOMTA were delineated in a series of Legislative findings set forth in MHL Section 10.01. While the U.S. Supreme Court has determined that civil commitment for the purpose of incapacitation and treatment (rather than punishment) is constitutional, it has placed limitations on governmental authority to civilly commit sex offenders. Government does not have the authority to civilly commit a sex offender simply because he or she is dangerous and has committed multiple offenses. Rather, civil commitment is authorized only in very limited circumstances where sexual offending stems from a mental abnormality with serious difficulty in controlling behavior.

SOMTA provides for competent and up-to-date clinical services in the least restrictive environment in compliance with mandates of the law.

Goals

The OMH Risk Assessment and Record Review unit evaluates each offender convicted of a qualifying sexual offense under Article 10. Each assessment involves the review of multiple records including, but not limited to, police reports, victim impact statements, court transcripts, presentence investigation reports, sex offender treatment records, rap sheets, as well as other correctional and mental health records. Additionally, the Static-99, an actuarial risk assessment tool, is completed for each offender evaluated. The goal of the assessment process is to identify and refer to the Office of the Attorney General for civil management the highest risk sex offenders who suffer from a mental abnormality.

Two separate clinical teams are utilized in the civil management review process. The Multidisciplinary Review team is composed of three randomly selected clinicians with expertise in the assessment, diagnosis, treatment, and/or management of sex offenders. The team undertakes the first level of review by examining the results of the actuarial risk assessment and

identifying risk factors and protective factors related to sexual recidivism. Through this initial assessment, the team determines whether or not the case should be referred for further review by the Case Review team, which completes a more in-depth, comprehensive evaluation of the offender.

Major Accomplishments

- Monthly, the Risk Assessment and Record Review unit evaluates close to 150 sex offenders who have pending release dates from DOCS, Division of Parole, OMH, or OPWDD. Approximately 13% are referred for further review by the Case Review team. Of those offenders reviewed by the unit, about 8% are referred for a psychiatric evaluation and 5% are ultimately referred for civil management.
- During summer 2009, the Risk Assessment and Record Review fully implemented the Elmira Reception Center assessment process. (Sex offenders adjudicated in the western part of the State are processed through the Elmira Correctional Facility.) Since October 2009, unit staff has completed 224 screening evaluations and 80 full screening assessment reports. These reports are then shared with DOCS, which uses the information for treatment placement decisions.
- The Bureau began implementation of an electronic document management and imaging initiative aimed at enhancing, streamlining and simplifying business processes while producing savings related to manual operations. The Bureau also continues to work with information technology staff to enhance data systems, which is making them more efficient and enabling staff to work more effectively.
- In fall 2009, the RARR unit developed a Research-Based Factors Coding Guide to assist evaluators in assessing the sexual recidivism risk of offenders. The guide has standardized and broadened the civil management review process while providing assurance research-based decision making.
- The unit has streamlined the review process, eliminating duplication, making more effective use of staff time and resources, and increasing the average number of days from the time of initial review to release.
- The quality assurance program continues to reinforce the development of new skills and to maintain standards of excellence.
- Since October 2009, training has been enhanced and broadened in scope to include other stakeholder agencies and OMH facility staff. An important addition has been the inclusion of parole officers as part of the Case Review team, which is promoting synergy and increasing knowledge among team members.
- Collaboration between the Division of Criminal Justice Services Office of Sex Offender Management (which is responsible for the NYS Sex Offender Registry), Parole and OMH has been strengthened.

Goals for the Coming Plan Year

- Enhance the unit's ability to review cases and issue decisions at least 10 business days prior to an offender's release date. The enhancement may include the addition

of support and social worker staff, as well as continue to examine ways to streamline the evaluation process.

- Work with downstate reception center staff to develop an innovative way to assess sex offenders at Ulster and Bedford Hills Reception Centers.
- Continue electronic document management and imaging efforts as well as those to enhance data systems accurate and timely tracking, evaluation, supervision, and treatment of sex offenders.
- Enhance training programs to ensure Bureau staff remains up-to-date on the current scientific research and to be sure assessment and other processes are in evidence.
- Continue studies and efforts aimed toward reliable, clinically sound decision making and continue to build the pool of assessment instruments record reviews and evaluations.

Contact Information

Rich Miraglia, LMSW
Associate Commissioner
OMH Forensic Services
Telephone: (518) 474-8207
E-mail: coforpm@omh.state.ny.us

Donna Hall, Deputy Director
Forensic Services
Telephone: (518) 474-8207
E-mail: cofodlh@omh.state.ny.us

John Culkin, Director,
Bureau of Sex Offender
Evaluation and Treatment
Telephone: (518) 474-8207
E-mail: cofojic@omh.state.ny.us

Strict and Intensive Supervision and Treatment (SIST) Discharge Planning

Enacted as Chapter 7 of the Laws of 2007, SOMTA became effective in 2007. The legislation created an elaborate process for the civil management of certain sex offenders upon completion of their prison terms. SOMTA requires a risk assessment of sex offenders by qualified staff upon their admission to prison, as well as prison-based SOTP, to be provided by DOCS, including residential treatment.

The law is intended to target those high risk sex offenders who have a mental abnormality that predisposes them to commit sex offenses, and who have serious difficulty in controlling their conduct. Under the law there are two options: (1) some individuals will be placed on SIST, live in the community, and be very closely supervised by the Division of Parole; and (2) more dangerous individuals can be civilly confined in a psychiatric facility operated by OMH.

Rationale

The assumptions underlying SOMTA were delineated in a series of Legislative findings set forth in MHL Section 10.01. While the U.S. Supreme Court has determined that civil commitment for the purpose of incapacitation and treatment (rather than punishment) is constitutional, it has placed limitations on governmental authority to civilly commit sex offenders. Government does not have the authority to civilly commit a sex offender simply because he or she is dangerous and has committed multiple offenses. Rather, civil commitment is authorized only in very limited circumstances where sexual offending stems from a mental abnormality with serious difficulty in controlling behavior.

Under the supervision of the Division of Parole, the individual must submit to sex offender treatment and other conditions, including global position system (GPS) monitoring, no contact with victims, polygraph monitoring and others. The offender's treatment plan is tailored to the individual. SIST is intended for individuals who can safely live in the community.

Goals

The barriers to effective reintegration of sex offenders to the community are formidable. Such issues include community resistance; a lack of qualified sex offender treatment providers; the need to access entitlements, mental health services, substance abuse services, and medical care; and the need to access transportation and housing. OMH is working to address these barriers by developing effective relationships with local community stakeholders; increasing the numbers of qualified sex offender treatment providers; strengthening relationships with parole officers charged with supervising persons on SIST cases; funding sex offender treatment; and reaching out to the Social Security Administration and other agencies to streamline entitlement application processes. Similarly, SIST and inpatient staff is working to improve discharge planning procedures and linkages with community providers, ensuring effective continuity of care.

Major Accomplishments

- Reentry/SIST has been improved with the development of a single transition process encompassing the secure treatment facilities and SIST protocols. The coordination of transfers from secure treatment facilities to SIST supervision in the community has been improved.
- The pool of SIST providers has been increased available SIST provider pool. With a dearth of qualified providers and significant portions of the State without such coverage, OMH has increased the SIST provider pool by six clinicians.
- OMH has continued to provide quality training to the treatment provider community and to the Division of Parole, including sessions on Social Security processes, sex offender management tools, and basic sex offender provider education.
- To address the needs of the small number of sex offenders viable for SIST, OMH, Parole and DOCS are working with DOH to develop best practices for coordinating care and identifying appropriate nursing home placements.

Goals for the Coming Plan Year

- Continue to enhance reentry/SIST release process and protocols, increase the sex offender treatment provider pool, define standards of practice for credentialing and privileging of sex offender treatment providers, provide cross training to community-based providers and SIST parole officers, and collaborate with DOH.
- Review current treatment practices of sex offender treatment providers for the development of quality improvement processes.

Contact Information

Rich Miraglia, LMSW
Associate Commissioner
OMH Forensic Services
Telephone: (518) 474-8207
E-mail: coforpm@omh.state.ny.us

Donna Hall, Deputy Director
Forensic Services
Telephone: (518) 474-8207
E-mail: cofodlh@omh.state.ny.us

John Culkin, Director,
Bureau of Sex Offender
Evaluation and Treatment
Telephone: (518) 474-8207
E-mail: cofojic@omh.state.ny.us

Western New York Care Coordination Program

The Western New York Care Coordination Program (WNYCCP) is a collaborative partnership of county mental health departments, service providers and consumers focused on the recovery of individuals with serious mental illness and system transformation. Stakeholders from Erie, Monroe, Onondaga, Wyoming, Genesee and Chautauqua counties actively participate in program planning, governance, work groups, and training initiatives.

Rationale

The program is premised upon a belief in recovery and a common interest in the conservation of resources for the support of people with serious mental illness and/or chemical dependency. WNYCCP participants strive to support person-centered, recovery-focused approaches to service planning, care coordination and service to adults diagnosed with serious mental illness.

WNYCCP is directed by a steering committee, which is responsible for policy-level decision making regarding the program’s values, goals, objectives, and initiatives. Implementation decisions are made at the county level. The committee comprises 14 voting members (six county mental health directors, four providers, and four peer/family members) and two non-voting members from OMH.

Goals

WNYCCP consists of an interrelated set of programmatic, clinical, regulatory, fiscal, and technical initiatives designed to transform clinical and social support services. Transformational goals include system-wide, recovery-oriented culture change that is peer/family driven, performance management and financial strategies, and the dissemination of best practices, including person-centered planning, family education and support, and mental/physical health integration.

Program goals are aimed at creating systems that are responsive to the interests of consumers, ensure access to high quality services, and promote recovery. Service delivery is based upon individual service plans developed in partnership with consumers and their families. The plans build on individuals’ strengths and recovery goals, thereby promoting choice and empowerment.

Major Accomplishments

WNYCCP promotes a culture of system change by utilizing continuous participation of all stakeholders including peers, families and providers in program design and decision making.

Consistent with person-centered planning, it relies upon each person's life goals to provide the basis for a plan of care and treatment plan development.

Other accomplishments include the development of a pay-for-performance initiative for deficit-funded programs that creates fiscal incentives for the achievement of programmatic performance milestones agreed to by the counties and OMH (e.g., access to care for priority populations, fidelity to person-centered practices, achievement of recovery outcomes); and, the development of a secure online SPOA application that allows providers, consumers and families to apply for case management and housing services.

To date, WNYCCP has achieved some impressive results including the reduction of self-harm, suicide attempts, emergency room visits, and days spent in the hospital, all contributing to a reduction of the mental health costs for program enrollees.

Goals for the Coming Plan Year

The program is working toward a care management system that will be responsive to the behavioral and physical health needs of individuals with serious mental illness. In 2009, WNYCCP contracted with Beacon Health Strategies, LLC, to assist in the development of this initiative and has taken steps to create a foundation for care management in the six counties:

- Level of Care Criteria – Development of mental health program admission standards and criteria for continued treatment. These standards will form the basis for voluntary utilization management of services which should help ensure individuals receive an appropriate level of care, increase system flow and assist providers to avoid Medicaid disallowances.
- Complex Care Management – To improve coordination of behavioral and physical health care, 400 high-need individuals with co-occurring mental health, chemical dependency and/or physical health disorders will receive complex care management. Care managers will work with behavioral health providers, primary care physicians and health maintenance organizations to develop an integrated person-centered plan of care, arrange access to needed services, and monitor the overall health of the individual. While improving the quality of care delivered is the primary goal, it is anticipated that cost savings will be achieved through the reduction of unnecessary emergency room utilization and inpatient treatment.

In the coming months, the program will start using the level-of-care criteria and initiate a voluntary managed fee-for-service system that will serve to further move the WNYCCP toward its goal of system transformation

Contact Information

Don Zalucki, Director
Bureau of Program and Policy Development
OMH Division of Adult Services
Telephone: (518) 473-6655

Adele Gorges, Director
WNYCCP
1099 Jay Street, Building J
Rochester, New York 14611
Telephone: (585) 613-7656
E-mail: agorges@ccsi.org

Website: www.carecoordination.org/

Infuse the concepts of cultural and linguistic competence, recovery, and resiliency into every aspect of operation: service delivery, policy development, budgeting, and research.

Personalized Recovery-Oriented Services (PROS)

PROS is a comprehensive recovery-oriented program for individuals identified as having serious mental illness. The major goal of the program is to integrate evidence-based treatment, professional and natural support, and rehabilitation in a manner that is person-centered and facilitates the individual's recovery. For individuals, PROS strives to help them reach their goals by improving functioning, reducing inpatient utilization, reducing emergency services, reducing contact with the criminal justice system, increasing employment, attaining higher levels of education, and securing preferred housing.

Rationale

PROS offers a significant opportunity to address three major challenges faced by many people working to recover from mental illness: the absence of a recovery and consumer choice framework, fragmentation of the mental health system, and the lack of an evidence-based practice structure. The PROS program is able to address these challenges by offering a flexible program of rehabilitation, treatment, and support services within which the concepts of person-centeredness and medical necessity are combined in a complementary fashion.

Goals

PROS comprises four major service components:

- Community rehabilitation and support – services designed to engage and assist individuals in managing their illness and restoring those skills and supports necessary for living successfully in the community
- Intensive rehabilitation – services to assist an individual to attain specific goals (e.g., education, housing, employment), reduce the risk of hospitalization or involvement in the criminal justice system, and participate, when indicated, in evidence-based family psycho-education and integrated dual disorder treatment.
- Ongoing rehabilitation and support – services to provide supports and assist individuals in managing their symptoms in the competitive workplace
- Clinical treatment – recovery-focused services aimed at enabling people to stabilize, ameliorate and control disabling symptoms

Major Accomplishments

As recently as June 2010, OMH licensed 39 PROS programs in 10 counties, serving more than 4,300 individuals. From June 2009 to June 2010, the PROS program grew by 105%. This included the start of an intense implementation of PROS in NYC.

Goals for the Coming Plan Year

An area of activity over the next year will be the development of data reports that focus on employment, service utilization, rates of hospitalization and reasons for discharge.

It is expected that PROS implementation will continue at similar rates to last year.

Contact Information

Douglas P. Ruderman, LCSW-R
OMH Bureau of Adult Services
Telephone: (518) 473-8561

Website: <http://www.omh.state.ny.us/omhweb/pros/>

Recovery Centers

Through funding from SAMHSA in 2009, OMH has been leading the way toward the creation of “Recovery Centers” throughout the State. Recovery centers are seen as a vehicle for moving from outdated program models to newer approaches steeped in the values of recovery. As envisioned, these centers will expand peer support and assistance, particularly for education and employment, and include benefits counseling, crisis resolution services, and other areas of concern for people engaged in services.

In addition to mutual support, Recovery Centers will be places that persons engaged in services go to get information and assistance with day-to-day concerns such as housing, jobs, illness/wellness management and benefits counseling. People will also be able to seek help with managing crises, obtaining good physical and mental health treatment, and finding community resources that help to improve the quality of life.

Because no definitive models or information sources exist for such Recovery Centers, OMH used the grant support to take a three-pronged approach to gathering information as a basis for future action.

Rationale

Experience in NYS and elsewhere shows that excellent peer-run programs supplement the work of more traditional treatment and rehabilitation programs. Peer-run programs provide an alternative for people seeking care, and they are integral to a redesigned system of care.

Goals

To reduce reliance on outdated program models and transform the system into one with a recovery focus, OMH is examining is focusing on how best to offer education and employment services, including benefits counseling, crisis resolution services, all with a strong focus on health, functioning and recovery.

With the initial transformation efforts being implemented in clinics throughout the State, OMH is looking to provide incentives to the system to reinvent outdated models to new Recovery Centers, where peers will take leadership roles. A survey of similar programs has been completed by Dartmouth University.

Major Accomplishments

- Phase One of the project was designed to gather information on innovative peer programs, develop recommendations regarding best practices in peer support, and obtain recommendations on how to move forward with implementation of a Recovery Center model. Those recommendations are posted on the OMH website.
- Phase Two built on the information and recommendations obtained from the peer organizations surveyed. Six peer forums were held across the State to share information on innovative practices with peers/people engaged in services/ex-patients/survivors and to discuss what peers would like to see in a Recovery Center, particularly in relation to services they would be most eager to obtain and routes to obtain them. A consultant helped develop a structured approach to guide the forums, facilitated each group, and summarized the recommendations. A consensus paper is included in the final report posted on the OMH website.
- Phase Three included consultation to OMH on how to increase access to supported employment services, particularly those run in peer-operated centers, and to promote best practices in converting traditional employment programs to evidence-based supported employment programs.

As a result of this project, OMH has allocated funding to develop training and technical assistance, provide organizational assistance to evolving centers, and enable them to become self-sustaining centers that provide services people value. A request for proposals for organizational training and technical assistance to support the infrastructure of recovery centers was released in the summer of 2010.

OMH also worked with the Center for Practice Innovations to hold statewide forums on the evidence-based ISP supported employment approach and obtained input on the conversion of traditional employment programs not informed by scientific studies (e.g., workshops and enclaves).

Consultants are also providing technical assistance and staff training on Long Island in the use of evidence-based supported employment and fidelity measures. Technical assistance focuses on how agency leadership can support the implementation process, how supervisors can coach staff in this practice, and how staff can provide this service in a competent manner.

Materials produced during each phase are available via the OMH and the Center websites. In addition, all materials they are being sent directly to the consumers, consumer organizations, and providers participating in their development.

Goals for the Coming Plan Year

- Fund a technical assistance center through the request for proposals process
- Fund at least 10 Recovery Centers over the next year in parts of the State that lack self-help or peer support.

Contact Information

Suzanne Gurrán, Assistant Director
Adult Community Care Group
OMH Division of Adult Services
Telephone: (518) 473-6655
E-mail: Coodsxg@omh.state.ny.us

Website: http://www.omh.state.ny.us/omhweb/adults/transformation_transfer/report.pdf

WSM in DOCS Facilities

In conjunction with OMH and DOCS, through 2009, Center for Urban Community Services introduced the evidence-based WSM program at the Fishkill, Bedford Hills, and Sing Sing correctional facilities (December 2009). The research and pilot project is funded by the Jacob and Valeria Langeloth Foundation and aims to assist inmates with serious mental illness to better manage their illness during incarceration and successfully transition back into the community.

WSM helps participants achieve meaningful personal goals, acquire information and skills to develop more mastery over their mental illness, and make progress toward their own definition of recovery.

Rationale

This project is evaluating whether WSM can have beneficial effects for inmates with mental illness (e.g., fewer disciplinary actions, improved understanding of mental health condition) and examining the extent to which the intervention remains faithful to the WSM model.

Goals

The goals are to have inmates with mental illness better manage their illness, better manage the stressors of incarceration, and increase their ability to successfully transition back to the community. In addition, expected outcomes are that the project will help reduce the costs associated with incarceration and reincarceration of persons with mental illness; and that DOCS and OMH staff members gain experience in co-leading classes.

Major Accomplishments

- Initiated WSM classes at the Fishkill, Bedford Hills and Sing Sing correctional facilities
- Initiated program evaluation at multiple sites
- Conducted WSM training for staff from OMH, Parole, and DOCS

Goals for the Coming Plan Year

Final outcomes and deliverables include:

- The grant project ends in December. In preparation for its completion, OMH and DOCS staff will continue with training and gain experience in facilitating classes that will continue after the grant ends.
- The WSM curriculum will be customized to reflect the unique challenges of offering WSM in correctional settings.
- The project evaluation will be completed in the spring of 2011.

Contact Information

Valerie Chakedis, EdD
OMH Division of Forensic Services
Telephone: (518) 474-6539
E-mail: VChakedis@omh.state.ny.us

Strategic Direction 6

Ensure a strong foundation in recovery among the workforce, provide recovery education to clinicians and direct care staff, and recruit and retain a well-qualified workforce that is representative of the communities served.

ACT Institute for Recovery-Based Practice

ACT is an evidence-based practice designed to provide integrated treatment, rehabilitation and support services to individuals who are diagnosed with a severe mental illness and whose needs have not been well met by more traditional mental health services. A multidisciplinary team approach is used to provide services directly to an individual that are tailored to meet his or her specific needs.

Rationale

Studies show that persons engaged in ACT services experience reduced psychiatric hospitalization rates, fewer emergency room visits, and improved housing stability. Research also demonstrates that ACT is more satisfactory to persons in need of services and supports and their families and is no more expensive than other types of community-based care.

Studies suggest that when implemented by organizations with a high degree of fidelity to the model, individuals achieve better outcomes than organizations that do not deliver high fidelity services.

The ACT Institute provides training and technical assistance to ACT teams to help them deliver ACT services with high fidelity to the model.

Goals

Goals of ACT services are to make available flexible treatment, support and rehabilitation services of the recipients' choice, offer services in natural rather than hospital or clinic settings, and assist the individual to make progress toward self-defined goals.

The overall aim of the ACT Institute is to ensure consistent and effective implementation and continued adherence to the practice of ACT and other evidence-based practices statewide. It does this through classroom training and agency consultations. Classroom training focuses on core principles, practices, and standards of ACT, including recovery and person-centered treatment planning.

Major Accomplishments

The ACT Institute training curriculum continues to utilize the national evidence-based practice consortium standards and the modification of these standards by OMH.

As of the summer of 2009, the ACT Institute became a part of the Center for Practice Innovations, enabling the Institute to benefit from the Center focus on implementing evidence-based practices across the State. The Center supports the ACT Institute by providing a distance learning platform for training and make available information and materials to foster learning.

During the last Plan year, the ACT Institute delivered nine, multiday core ACT trainings to just over 40 staff in each region of the State. In addition, Institute personnel provided on-site consultations to 16 ACT teams across the five regions, offering support for implementation of evidence-based practices as well as assistance with fundamental team processes.

The Institute also undertook a comprehensive review and redesign of its core curriculum to ensure that it reflects the current research and other knowledge about the most effective ways to deliver ACT and to train staff. The revised curriculum was piloted in July 2010 and incorporated into training in September. The Institute also designed and developed a web-based introductory training module on ACT that is complementing classroom training.

Goals for the Coming Plan Year

During this year, the Institute will continue to provide classroom-based core training in all regions of the state. It is anticipated that approximately nine trainings will be offered and reach 350 staff members.

An estimated 150 additional staff members are expected to receive training through new web-based introductory training module. The Institute also plans to develop at least two additional web-based training modules, permitting resources currently utilized for classroom training to be redirected toward team consultation and assistance focused on clinical supervision and implementation of other evidence-based practices.

Contact Information

Daniel Herman, DSW, Director
ACT Institute for Recovery-Based Practice
Center for Practice Innovations
NYS Psychiatric Institute
Room 5820, Box 100
1051 Riverside Drive
New York, New York 10032
Telephone: (212) 543-0670
E-mail: dbh14@columbia.edu

Pascale Jean-Noel, LMSW, Director of Training
Telephone: (212) 543-5464
E-mail: actinst@pi.cpmc.columbia.edu

Melia Polynice, Administrative Assistant
Telephone: (212) 543-0670
E-mail: polynic@pi.cpmc.columbia.edu

Website: <http://www.practiceinnovations.org/ACTInstitute/tabid/106/Default.aspx>

Connect Probation/Mental Health Program, including Program Evaluation and Facilitation of Recovery-Oriented Services

In collaboration with the Division of Probation and Correctional Alternatives and the New York Association of Psychiatric Rehabilitation Services, OMH offers Connect, a staff development and technical assistance program designed to meet the needs of persons with serious mental illness and co-occurring substance use disorders on probation or in alternative to incarceration (ATI) programs. The Connect materials are designed to address these need areas and goals in formats specifically designed to encourage customization of the program.

Rationale

Research suggests that the risk of violence is significantly increased among individuals with mental illness who do not receive adequate mental health care among those individuals with co-occurring mental health and substance use disorders.

Investment in education and training for staff in Probation and AT programs through Project Connect is one strategy to target resources toward improving outcomes while addressing public safety.

Goals

The goals of the program are to provide education and support materials to:

- Engage multidisciplinary teams of agency administrators from multiple systems of care (e.g., probation and ATI, mental health, substance use), other community stakeholders, advocates, and consumers to involve them in effectively planning for the service needs of people with co-occurring disorders on probation or in ATI programs.
- Develop and strengthen partnerships and networks between professionals, consumers and family members that support the creation and implementation of integrated services for people with co-occurring disorders on probation or in ATI programs.
 - Educate and build skills among probation and ATI program staff about mental illness, substance use, and available community resources

- Tailor relevant information to the needs of local probation departments, ATI programs and communities.

Two major aspects of the program focus on an evaluation of the program and the facilitation of recovery-oriented services and supports via consultation.

- The primary goal of the process evaluation, which was conducted by Policy Research Associates, was to assess system components and identify enhancements that could move this intervention toward a best practice.
- The major goals of consultation services are to infuse recovery-oriented principles and thinking into the local planning process and to serve as an enhancement to the wellness and recovery training component of Connect. The Connect partnership provides peer consultation to participating county planning committees and assisting community probation officers to help transform services so they support recovery and well-being.

Major Accomplishments

The process evaluation was completed and issued in March 2010. It found that Connect helped counties achieve positive systems change and improve communications between mental health and probation personnel. The project provided structure for accomplishing the requirements of and meeting goals of individual county plans. Many local changes attributed to Connect occurred because of the commitment of team members to the project goals.

Goals for the Coming Plan Year

The project partners are working to assist counties in building on their collaborative relationships and develop a self-report mechanism by which counties can measure their progress in achieving Project Connect goals. A minimum of 10 counties will be asked to participate in the pilot test and implementation of the voluntary “report card.”

Contact Information

Valerie Chakedis, EdD
OMH Division of Forensic Services
Telephone: (518) 474-6539
E-mail: VChakedis@omh.state.ny.us

Deans Consortium of Schools of Social Work Evidence-Based Practice in Mental Health Project

The OMH–Deans Consortium Project for Evidence-Based Practice in Mental Health partnership also includes local mental health departments, professional educational and mental health associations, unions, mental health workers, mental health provider agencies, training providers, and consumers and their families engaged in mental health services.

Rationale

The Consortium aims to introduce, strengthen, and build upon the knowledge and skills of evidence-based and recovery focused practices in the NYS mental health human services workforce.

Goals

The Consortium's goals include infusing knowledge and skills of evidence-based and recovery-focused practice into the curriculum and field placements associated with the NYS Schools of Social Work. It is also working to enhance the capacity of existing practitioners and supervisors, and striving to put in place regional approaches to increasing enrollment of mental health services staff in bachelor- and master-level social work programs, resulting in a workforce competent in evidence-based practices.

Major Accomplishments

The OMH Project Manager and the University of Buffalo Coordinating Center Director annually review all provider agency sites for evidence-based practice student field placement (e.g., examine access to evidence-based practices, quality learning environment, status of certifications). Agencies that no longer are appropriate are removed from the approved placement list and as needed, new provider agencies or programs are recruited and approved.

The number of participating schools is tracked annually and new project sites are recruited as funds allow. During the 2009-2010 school year, for example, one school was unable to sustain the project due to low student enrollment and faculty retirement however the university maintained its participation by shifting the project to a different campus.

Anonymous student course evaluations are obtained at the end of the semester-long Evidence-Based Practice Seminar Course. The results are reported to OMH administrators and a summary is provided to participating schools.

At the close of each academic year the faculty director from each school provides a summary report that describes the project components, participating students, a brief evaluation of the project year, and suggestions and requests for the following year. This data is incorporated into the Annual Status report and used to monitor individual school performance and needs.

Goals for the Coming Plan Year

Two new measures are being implemented for 2010–2011:

1. A Placement Field Supervisor Survey will ascertain how provider agencies view the project and the students they have as interns. They are also being asked about their progress and challenges in implementing evidence-based and recovery-focused practices.
2. A Post Project Student Follow-up Survey will be sent to students six months to one year after successfully completing participation in the project and graduation with a master's degree in social work. Students will be asked about their employment status, their current experience with evidence-based practices, and the training experience they were given in the project.

In addition, the project expects to maintain a census of 12 participating schools of social work, and a minimum annual rate of 36 students statewide.

Contact Information

Moira Tashjian NYS OMH Telephone: (518) 402-4233 E-mail: coctmwt@omh.state.ny.us	Lucy Newman, PhD Telephone: (518) 402-4233 E-mail: istcljn@omh.state.ny.us
--	---

Integrated Treatment for Co-Occurring Disorders

A partnership between OMH and OASAS is offering integrated treatment to people with co-occurring disorder mental health and substance abuse disorders in more than 1,200 OMH-licensed and OASAS-certified clinics across the State. No matter through which door a person seeks treatment—OMH or OASAS—the person receives care that incorporates techniques of mental health and addiction screening, assessment, and counseling. In striving for integrated care, providers are maintaining a clinical focus on the principal diagnosis that made admission necessary.

A practical approach to this type of treatment is being supported by the Center for Practice Innovations, through collaboration with the Dartmouth Psychiatric Research Center, and includes a curriculum delivered by distance learning to enable practitioners to enhance knowledge and sharpen skills.

Rationale

Integrated services are effective in treating persons with co-occurring disorders. Based on a substantial body of evidence, integrated treatment is regarded as a research-based intervention for persons with serious mental illness and substance use disorders and places emphasis on self-directed care, where people set their own recovery goals and tap into peer strength in moving toward recovery.

Goals

The curriculum has been designed to draw upon personal recovery stories, clinical vignettes, and expert panel presentations. The goals of the learning initiative are to inspire learners, deliver content on integrated treatment, enable practitioner skill development, demonstrate ways supervisors can enhance practitioner practice, and suggest ways in which agency leaders can support innovation. Broadly, the initiative is aimed at closing the integrated treatment practice gap for clinicians and leaders.

Major Accomplishments

The Center-supported training approach features concise, half-hour online learning modules that allow practitioners to choose when and where to take their training. The modules engage learners through inspiring personal recovery stories, clinical vignettes, interactive exercises, and expert panel presentations. This training helps practitioners gain a firm foundation in evidence-

based integrated treatment for COD including screening and assessment, stage-wise treatment, motivational interviewing, and more. Additional modules help clinical supervisors develop their supervision skills and guide agency leaders through changes to ensure sustainability of integrated treatment.

While 10 modules were available in early 2010, and 12 more in July, the remaining 13 modules will be introduced in December of this year. The Center is also providing implementation support through webinars, Ask the Expert forums, and discussion threads. Early feedback has been extremely positive.

Goals for the Coming Plan Year

Major goals for the year beginning October 1, 2010, include the release of the final 13 online training modules; update of the first 22 modules based upon learner feedback; continued refinement of distance implementation supports based upon participant feedback (e.g., webinars, discussion threads, phone calls); enrollment of additional OMH-licensed and OASAS-certified programs; and monitoring of program fidelity and outcomes using secondary and program-entered data sources (e.g., Medicaid claims, data from programs via online entry).

Contact Information

Nancy H. Covell, PhD, Project Director
Center for Practice Innovations
Telephone: (646) 945-0227
E-mail: covelln@pi.cpmc.columbia.edu

Website: <http://www.ebptac.org/CoOccurringDisordersTreatmentCOD/tabid/99/Default.aspx>

Mental Health Crisis Response: Division of Criminal Justice Services and OMH Law Enforcement

In addition to the Project Connect, the Mental Health Crisis Responses effort is a collaboration between the Division of Criminal Justice Services and OMH to revise curriculum to improve knowledge and understanding of mental health issues among 911 dispatchers so they are better prepared members of the crisis response team.

Rationale

While about 5% of the U.S. population has a serious mental illness, recent data indicate that the 16% of the State prison population with serious mental illness in 1999 has risen over the past 20 years to 56%. It is crucial to increase access to treatment for individuals at risk for contact with the criminal justice system in a way that improves the response of law enforcement officers to the mental health needs of such persons while maintaining public safety.

Goals

Overall, the project seeks to improve officer safety, access to treatment for persons in crisis and/or with co-occurring mental health and substance use disorders, and informed law enforcement responses to persons with mental illness. Additionally, the project is striving for better coordination and collaboration among law enforcement, behavioral health and crisis response and follow-up and diversion of individuals from the criminal justice system to treatment, where appropriate.

Major Accomplishments

On June 20, 2009, the Division of Criminal Justice Services sponsored a Law Enforcement/Mental Health Crisis Response Summit attended by seven counties selected through a request-for-application process (Broome, Cattaraugus, Dutchess, Erie, Madison, Putnam and Rockland). The summit was followed by technical assistance and follow-up calls with county stakeholder teams

Goals for the Coming Plan Year

OMH will consult with the Division to determine possible future work with these jurisdictions based on the action plans noted in the final report.

Contact Information

Valerie Chakedis, EdD
OMH Division of Forensic Services
Telephone: (518) 474-6539
E-mail: VChakedis@omh.state.ny.us

Mental Health Training Curriculum for 911 Emergency Telecommunication Operators

In partnership with the Division of Criminal Justice Services, OMH participated in a workgroup to improve the mental health training currently received by 911 emergency telecommunication operators. The workgroup revised the mental illness module for dispatchers. The module includes basic facts about mental illness; information about the difficulties persons with mental illness encounter such as symptoms, stigma, and side effects; mental illness categories commonly encountered in emergencies; information about substance use, violence and suicide. In addition, information was included regarding verbal, behavioral, and environmental cues that might suggest mental illness as a relevant issue in an emergency call.

Rationale

Emergency dispatchers are often the first responders to incidents and crisis calls involving persons with mental illness or emotional disturbances. Effective responses depend upon an adequate basic understanding of the manifestations of mental illness and sensitivity to the needs of individuals with mental illness or emotional disturbances.

Goals

The training enables dispatchers to provide law enforcement with essential information that will facilitate safe, quick resolution of crises for persons having emotional and behavioral challenges. By having a basic foundation of knowledge about mental illness, dispatchers will be better able to respond appropriately to the needs of callers and to obtain critical information.

Major Accomplishments

The module has been piloted by the Office of Fire Prevention and Control in the Emergency Service Dispatcher basic course and has been approved as an included module in all future basic trainings. In addition, the module is being considered for use on a stand-alone basis for annual training in-service sessions.

Goals for the Coming Plan Year

Technical assistance on content in the mental health curriculum is offered to workgroup members and to Office of Fire Prevention and Control on an as-needed basis.

Contact Information

Li-Wen Lee, MD, Medical Director
Division of Forensic Services
Telephone: (518) 474-8207
E-mail: cofolgl@omh.state.ny.us

Special Housing Unit Legislation Implementation Project

Legislation signed by then Governor Spitzer in 2007 requires OMH and DOCS to provide inmates diagnosed with serious mental illness and subject to disciplinary sanctions with mental health services in settings other than SHU. All components of the “SHU bill” must be in place by July 2011.

Rationale

Correctional mental health professionals have long noted the adverse impact that solitary confinement has on inmates diagnosed with serious mental illness. The SHU bill seeks to enhance the quality of care and treatment provided to inmates with serious mental illness through the provision of a heightened level of care while also recognizing the need to “maintaining a safe and secure living and working environment.”

Goals

Building on the service enhancements agreed to in the Private Settlement Agreement in the Disability Advocates Inc. v NYS OMH et al., the SHU bill contains provisions for the establishment of an RMHU with DOCS facilities, the assessment and treatment of inmates subject to disciplinary proceedings and enhanced training for corrections officers. Building the capacity to satisfy the remaining elements of the SHU bill is a goal for the coming year.

Major Accomplishments

OMH and DOCS have implemented a number of program enhancements to NYS corrections-based mental health program including the establishment of the RMHU at Marcy Correctional Facility and the establishment of additional intermediate care beds at Albion and Green Haven correctional facilities as well as a reconfiguration of the corrections-based mental health service delivery system to improve program efficiencies.

Goals for the Coming Plan Year

Three specific goals to be accomplished during the Plan Year 2010–2011 include:

- The development and delivery of a training module for NYS corrections officers working in DOCS correctional mental health programs
- The establishment of a 60-bed RMHU at Five Points Correctional Facility
- The recruitment and deployment of additional CNYPC staff to complete the statutorily required SHU evaluations at DOCS Level I-IV correctional facilities.

OMH Suicide Prevention Training for Local Correctional Facilities and Police Lockups Update – State Commission of Correction, Division of Criminal Justice Services

OMH, State Commission of Correction and the Division of Criminal Justice Services have provided instructor development training in suicide prevention and screening for local correctional facilities and police lockups for almost two decades.

The curriculum includes content on understanding suicide, substance abuse and suicides, mental illness and suicides and instruction on conducting and using a suicide screening tool. Although sections of the curriculum have been updated through the years, it is time for a complete review and revision of the curriculum.

Rationale

Suicide prevention and suicide risk assessment continues to remain an important part of corrections and police lockup operations. As the field of corrections continues to evolve, so too does the need to provide frontline staff training and education.

The Suicide Prevention and Crisis Intervention for County Jails and Police Lockups curriculum that is currently in use was last revised in 1999, updated in 2003, and due for a thorough revision.

Goals

The goals are to revise the curriculum and orient for local instructors on the Instructor Development Basic Program for Suicide Prevention and Crisis Intervention in County Jails and Police Lockups.

Major Accomplishments

Resources for the revision have been secured and OMH and the Commission are currently working on a detailed plan to revise the curriculum and create an introductory video.

Goals for the Coming Plan Year

Efforts will be made to obtain resources for the purchase of multimedia products already available or for the preparation of such materials if they are not commercially available or appropriate.

Contact Information

Valerie Chakedis, EdD
OMH Division of Forensic Services
Telephone: (518) 474-6539
E-mail: VChakedis@omh.state.ny.us