

Maintaining Quality: Quality Management, Accountability, Performance Management, and Health Information Technology

Quality care is a measure of the degree to which services are consistent with the scientific evidence and achieve the desired outcomes. Quality care respects each person's dignity and culture, emerges from individual, self-directed plans of care that include family involvement, and depends on treatment and an array of peer and other supports that help reduce symptoms and improve life.

Quality care enables children and youth to develop socially and emotionally and youth and adults to draw on their inner strengths in managing their health. It supports recovery and resiliency and exists across all facets of treatment, from acute hospital to community care.¹ Quality care signals a good investment of public funding toward the goal of improving the mental and overall health of New York's citizens.

This chapter focuses specifically on four aspects of maintaining and enhancing quality: quality management, accountability and oversight, performance management, and health information technology.

Quality management: Aligning quality with recovery and resiliency

Progress continues in enhancing quality recovery-focused care. The following two changes demonstrate how the Office of Mental Health (OMH) is shifting its emphasis from monitoring the structure and number of services to evaluating the impact of services and supports on the outcomes valued by people engaged in services and their families.

Revising the Licensing Survey Process

Before OMH implemented its new clinic licensing reforms, clinics were licensed according to a tiered certification

process that focused on compliance with a host of specific regulations. Today, OMH licenses clinics using a new method—the tracer methodology—that incorporates the OMH Clinic Standards of Care. The tracer methodology is a crucial part of surveys conducted by both the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC).

As employed by CMS and TJC, the method involves the selection of a sample of individuals engaged in services by a surveyor who “traces” each individual's experience throughout the organization. A new licensing instrument provides standards and examples of exemplary and adequate performance, along with samples where there are opportunities for improvement. The standards emphasize access, collaboration among service providers, engagement of individuals and families served, risk assessment, person-centered mental health treatment, and attention to both physical health and co-occurring disorders.

Licensing surveyors seek evidence of effective and appropriate clinical services, care plans that reflect the needs and preferences of individuals engaged in care, attention to co-occurring needs, responsiveness to an individual's changing life circumstances, and support for chosen life roles. The clinical Standards of Care emphasize engagement and collaboration between the clinic, the recipient, and those individuals identified as sources of support for the recipient. In addition, a set of administrative standards addresses issues such as staff training and appropriate supervision, and also focuses on mechanisms that ensure responsiveness to persons engaged in care and families. As part of the process, surveyors conduct interviews with staff and leadership, recipients, significant others and other service providers to evaluate a person's course of service.

Overall, the use of the tracer methodology permits surveyors to examine systems issues at the individual and organizational levels of care. With the length of an operating certificate depending on adherence to care standards, OMH encourages exemplary practices through recognition and in-

centives. While the revised licensing process sets high standards for the delivery of clinic services that are individualized, integrated and effective, this initiative also includes efforts to identify and make available resources to assist clinics in meeting this challenge. These are available and updated regularly on the OMH website at http://www.omh.state.ny.us/omhweb/clinic_standards/.

Reducing Restraint and Seclusion with Trauma-Informed Care

Providing safe and comforting care

In late 2008, OMH distributed a guidance document for creating comfort rooms (http://www.omh.state.ny.us/omhweb/resources/publications/comfort_room/comfort_rooms.pdf). The goal was to promote a therapeutic, trauma-informed culture of healing and recovery in inpatient settings, while significantly reducing the use of restraint and seclusion. All State-operated children's Psychiatric Centers and children's units have created or are creating comfort rooms.

A large body of evidence demonstrates that behavioral approaches to care can provide important alternatives to reliance on restraint and seclusion.² Comfort rooms represent

a behavioral alternative and provide children and youth with a positive choice for managing their feelings and behaviors. Comfort rooms exemplify work by OMH and providers to educate direct care staff in the principles of recovery and wellness, trauma-informed care, and environments that are conducive to reducing violence and coercion. Comfort rooms work equally well with adults, so OMH is promoting and developing strategies for their use in adult inpatient settings. As described below, more attention will begin to be focused this fall on expanding such efforts to OMH-operated and licensed hospitals and residential treatment facilities (RTFs).

Guiding effective medical interventions

In May 2010, the Office of the Medical Director issued guidance on the use of medications when indicated (PRN) in urgent situations. The guidance reinforces OMH's belief that recipients and families are served best when decisions are made after consideration and discussion of all relevant clinical information, including the risks and benefits of any treatment. The document recognizes that, as with all medical illness, there are times when emergency situations arise that require urgent intervention to ensure the health and safety of an individual and others. To this end, the document

Tickling that funny bone: Good humor, good health

By Sarah Stimm, Board Chair, Healthy Alternatives through Healing Arts (HA-HA)

HA-HA, a program in Buffalo, has been helping people since 2001 to learn about holistic alternatives for maintaining good physical and mental health. HA-HA's team consists of a volunteer board of directors, 51% of whom are former or present recipients of mental health services. HA-HA provides services designed to further the holistic healing goals through informational services related to the body, mind and spirit. The annual conference and workshops provide hands-on information of the various alternative therapies available by trained professionals. Conference attendance includes mental health practitioners, mental health recipients, family members, and professionals, youth and children.

HA-HA believes that we can no longer depend solely on the doctors to cure us—we need to help ourselves. We need to incorporate good healthy activities into our lives. Many of the alternatives HA-HA offers at its annual conference and mini conferences throughout the year have been shown to help people with their mental and physical health. HA-HA does not want people to stop receiving regular medical and mental health help. We want them to learn about the holistic alternatives and work with their doctors or therapists in incorporating these into a healthy lifestyle.

Although some people with mental health problems recover using alternative methods alone, most people combine them with other, more traditional treatments such as therapy and, perhaps, medication. HA-HA is aware that many of these holistic alternatives can be expensive. That is why HA-HA is here. We try to bring knowledge of these alternatives to people who can't afford them.

We encourage people to begin their own journeys to getting healthy. Go to the library, read books and watch videos on holistic alternatives, watch Public Broadcasting Service stations, go on the internet and find good sites that can teach you about healthy choices.



Kathy Lynch, dressed up as "Strawberry Shortcake" at a HA-HA conference.

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presents guidance to staff in hospitals under the jurisdiction of OMH to ensure safe, trauma-informed and appropriate care. The guidance demonstrates OMH's attention to medications that are used as a restraint;³ management of agitation appropriately, using primary prevention strategies that reduce stress and coercion and encourage the use of coping skills; and emphasis on the rights of individuals to refuse medication.

Teaching “old dogs new tricks”: Adopting innovative approaches to trauma-informed care

Through grant support from the Substance Abuse and Mental Health Services Administration (SAMHSA), the Western New York Children's Psychiatric Center this year introduced a silky white therapy poodle into day-to-day life. “Tommy” provides an important adjunct to therapeutic care and helps children to appreciate the importance of caring for and caring about others. Tommy's presence contributes to a coercion-free treatment setting, providing comfort and important life lessons for some children who express joy in accompanying Tommy on walks, feeding him or simply playing catch the ball with him.

Much preparation went into Tommy's introduction: developing an infection control policy that deals with the care



Tommy, a therapy poodle at Western New York Children's PC.

and handling of pets, establishing a policy for children with dog allergies, and encouraging hand washing after playing with the dog. Tommy is current with all immunizations, well groomed and kept on a leash. And, a TJC article, “When Comfort Has a Cold Nose” published in the December

HA-HA conferences are a lot of fun! Keynote speakers have had the audiences rolling with laughter. Some of the classes over the years have included:

- Feng Shui – to help with understanding why clutter is in your life and to feel good about your surroundings
- Yoga – to learn the importance of breath and gentle stretching to release tension
- Drumming – to experience empowerment, enjoyment, rhythm, mastery, nurturing and transcendence
- Change Your Words, Change Your Life – to learn to listen and stop giving yourself negative messages
- EFT (Emotional Freedom Technique) – to learn tapping of meridian points for physical/emotional healing
- Qi Gong – to use breathing techniques, gentle movement, and meditation to cleanse, strengthen, and circulate the life energy
- Tai Chi – to use gentle flowing movements to reduce the stress of today's busy lifestyles and improve health

What are people saying about HA-HA?

- Carol – “I was a little nervous to start yoga. I had never done yoga before, but the instructors were so welcoming, I quickly felt comfortable in the class. The teachers are very knowledgeable in what is happening with your body and mind. They explain what the different postures are doing and how to do them correctly and safely.”
- Monique – “Since starting to learn about Yoga, my life has really opened up into so many wonderful experiences. My rela-

tionships have become much better. Yoga has supported me through many challenges and has taught me to find peace, balance and strength from within.”

- Tom – “I do yoga to be able to be a better me.”
- Sean – “I have suffered from depression and chronic pain for years. I learned about Qi Gong at a HA-HA conference a few years ago. I couldn't afford to take classes so I learned about it more from the internet. I now practice every day. My pain is half of what it used to be and I feel much happier and have hope that I can conquer this. Thank you HA-HA for introducing this to me!”
- Jessie – “I took the Feng Shui class and it made me think that maybe I was so stressed because I had stuff everywhere in my house. I learned that clutter could do this. She (the instructor) gave me lots of ideas. I went home and started getting rid of a lot of junk in my house. I feel better and not so anxious.”

Laughter is one of the keys to good physical and mental health. Laughter is good medicine! It helps calm stress, pain, and conflict. Nothing works faster to bring your mind and body back into balance than a good laugh. Humor makes your troubles seem less, inspires hopes, connects you to others, and keeps you connected, focused and alert.

To learn more about HA-HA, contact Ms. Stimm at sarah@compeerbuffalo.org.

2009 Environment of Care News, continues to aid in allaying any fears about therapy dogs.

Using data to monitor progress

In December of 2009, OMH added restraint and seclusion rates in children's State facilities as new quality indicators of organizational performance to its Balanced Scorecard. The Scorecard provides quantitative data to compare actual performance against specific measurable targets.

The inclusion of restraint and seclusion rates on the Balanced Scorecard was suggested by members of the Advisory Board to YOUTH POWER!, a statewide network of young people with disabilities and social emotional challenges who are on the road to recovery. In a meeting with the Commissioner and the Director of the Division of Children and Family Services earlier in the year, YOUTH POWER! Board members requested that restraint and seclusion data be published as part of the online Scorecard. You may view

the restraint and seclusion data online at <http://bi.omh.state.ny.us/scorecard/view>.

Learning opportunities and recognition for creating coercion- and violence-free environments

Under its Positive Alternatives to Restraint and Seclusion initiative, OMH sponsored a two-day seminar in March 2010 aimed at addressing challenges of providing safe and coercion-free environments. The seminar provided an overview of the neurobiological and psychological effects of trauma, assumptions about the use of restraint and seclusion, trauma-informed care, and how organizations could work toward preventing restraint and seclusion.

The seminar also provided OMH with the opportunity to recognize exemplary work and success in reducing restraint and seclusion by three providers. Each received a \$5,000 award to further their programs' restraint/seclusion reduction efforts. In addition, eight providers received \$1,000

Where the pastures are greener: Executive Director Joe Whalen talks about helping children grow and prosper



There's something healing about country life. From the rooster's crowing to signal the dawn of a new day to the teamwork required to run a farm. Back in 1947, Sam Ross Jr. had a dream: to create a school on a farm where children and animals could be together. Little did he realize the facility he created just 65 miles north of New York City (NYC)—Green

Chimneys—would become a world-renowned and respected model of mental health care.

Throughout our six decades of service, we've remained committed and passionate about providing the best care possible for youth with emotional, behavioral, social and learning challenges. What differentiates Green Chimneys from other mental health service organizations is our animal-assisted and nature-based therapy and activities programs. We have more than 200 animals—many of them rescued—at our Farm and Wildlife Rehabilitation Center. Our children work with staff to care for the animals. For many, the connection with an animal provides a bridge to communication. As students care for and develop a relationship with the animals, they learn



to relate to others in their lives— teachers, family members, peers. It's a powerful, healing connection.

Like the vegetables and flowers grown from seeds in our Children's Garden and Boni-Bel Farm, our youth blossom. With the rich broth of programs that address emotional, educational, recreational and therapeutic needs, they grow and develop self-esteem. Our staff is passionate about caring for and helping children, which can be seen by anyone visiting our main campus in Brewster or our satellite programs at Clearpool Education Center in Carmel or

our lesbian, gay, bisexual, transgender, and questioning (LGBTQ) program in NYC. Treatment teams focus on maximizing the potential of youth, and preparing them for a brighter future so they can return to their community and family.

While we may be best known for our signature animal and nature programs, Green Chimneys focuses on quality, safety and innovation. We are working toward accreditation in the Sanctuary Model and have upgraded our school programs. We always look for ways to do things better, or in a new way. Back in the 1960s, we launched a groundbreaking visual arts program by putting cameras in the hands of children to

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awards for their efforts to create therapeutic environments through positive, coercion-free, recovery-focused treatment. The award money was made possible through a State Incentive Grant to Build Capacity for Alternatives to Restraint and Seclusion, awarded to OMH by SAMHSA.

These and other opportunities make clear that advances occur when everyone becomes involved with improving the quality of care in OMH-operated and licensed hospitals and RTFs. With this in mind, OMH continues to stimulate innovation. This fall it will initiate learning collaboratives to help the agency, experienced leaders, experts in the field, recipients and families, and mental health providers to come together to strengthen trauma-informed practices and care.

Informing the collaboratives will be “Six Core Strategies to Reduce the Use of Seclusion and Restraint” (organizational leadership for effective change, data-informed practice, workforce development care based on principles of recovery and resiliency, use of restraint and seclusion prevention tools, inclusion of consumers and family members,

and the debriefing analysis). The strategies stem from the National Association of State Mental Health Program Directors⁴ as well as principles of recovery-based, trauma-informed care. Participating providers have established within their own organizations multidisciplinary teams to guide the process of developing, implementing, monitoring progress, and evaluating the results. The collaboratives are set to run through March 2011.

Mental health oversight and accountability

The model guiding oversight and accountability was refined in 2009 to illustrate how OMH is working to stimulate transformation from the bottom up. The refined



tell their stories. For many, it provided a vehicle to communicate their feelings. Today, our students produce

animated films, one of which was the Grand Champion prize winner at our County Fair.

We were one of the first organizations to address the mental health and housing needs of LGBTQ youth with a range of programs for youth in foster care in NYC.

During my nearly 40-year tenure at Green Chimneys, I've seen so many changes. We've evolved from a private school model to a social services agency. Now, we are returning to our roots as more of a private model, but still focusing on student success.

There are so many magical moments here. One of the most moving was a phone call from a former student writing about Green Chimneys for his medical school application. He could barely remember staff names, but he remembered the animal that helped him.

"I used to work with Hazel," he said, reminiscing on his favorite farm animal. "I'm sure she's been gone for years."

"Hazel, the Jacob's sheep?" asked our farm director incredulously. "She's still here."

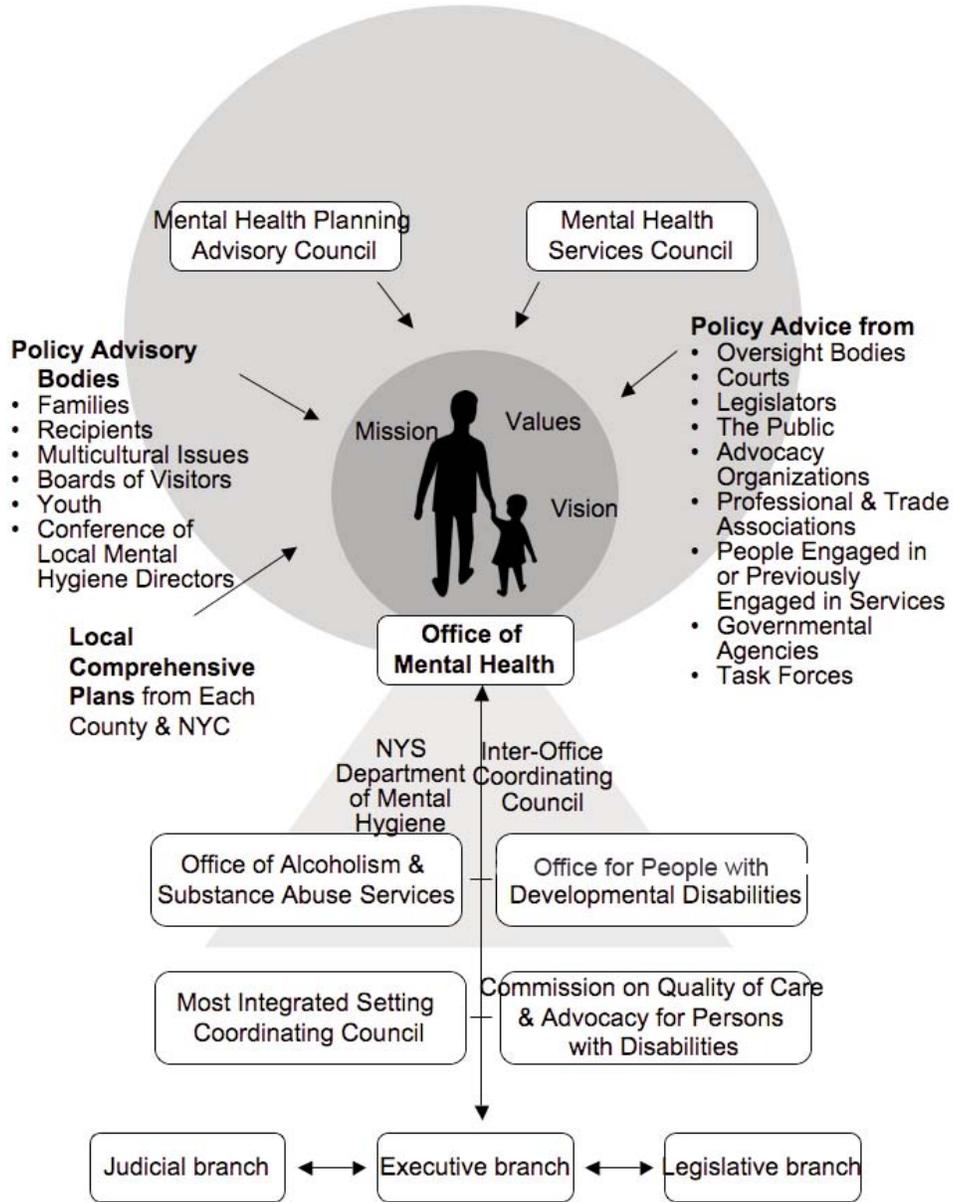
The young man's voice filled with emotion as he arranged for a visit back to the place that put him on the right track. By the way, he is currently in medical school.

The success of our alumni is what makes my job so rewarding. My favorite day is Alumni Day. It's heart-warming to see children who struggled with mental health or emotional issues return to campus as successful adults, often with family in tow. They come back to share the place that made a difference in their lives with their loved ones. Our work matters.

Today, we serve more than 67 school districts. In our residential and day programs on our main campus, we have close to 200 students with unique educational and emotional needs. Since 2000, we've invested more than \$30 million in new facilities to meet future demands. It's the biggest capital improvement campaign in our history. We've opened a new Health & Wellness Center, horse barn and wildlife center building. In 2011, we will add new residential housing, providing a safer environment for students and staff. Green Chimneys' future is strong because of these investments and our proven ability to provide specialized services that our community values and needs.

For more information about Green Chimneys, visit its website at http://www.greenchimneys.org/index.php?option=com_content&view=frontpage&Itemid=1, or via email at dbernstein@greenchimneys.org.

Providing an Accountable Mental Health System



Tapping into strengths and abilities: Training forensic/peer specialists

Research demonstrates that peer support leads to improved social functioning, self-esteem, social support and quality of life; it also is associated with less frequent use of hospitals and crisis services and strengthened self-advocacy skills. Findings like these underscore the importance of the work being done at the Howie the Harp Peer Advocacy and Training Center in NYC to prepare future generations of peer specialists. What follows is a brief summary of

the Howie the Harp training model, which is aimed toward competitive employment.

What are the benefits of forensic/peer specialist training?

The Forensic/Peer Specialist Training Program creates a safe, recovery-oriented environment that empowers persons with psychi-

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atric disabilities, criminal histories, and substance abuse disorders to achieve their dreams. The program trains and ultimately places individuals in full and/or part-time employment positions within human services agencies. Some graduates even provide direct services for persons coming out of jail or prison. Individuals with mental illness who have experienced the criminal justice system are often stigmatized twice—once for having a psychiatric disability and again for having been incarcerated. The training program provides vocational training and job placement, counseling and varied support services, which are helpful in combating this stigma and discrimination. As such, the program provides alternatives to incarceration, promotes community reintegration through structured vocational training activities and job placement opportunities, and aids in decreasing exposure to risk-taking behaviors.

Who is the program helping?

Every person accepted for service must have an Axis I diagnosis (these diagnoses usually include depression, anxiety disorders, bipolar disorder, ADHD, autism spectrum disorders, and schizophrenia), a history of abusing illegal substances, and/or having been incarcerated within the criminal justice system. To be considered for the program, applicants must have at least six months of self-reported sobriety or clean time from illegal substance use. Candidates are also expected to have stable housing, receive entitlements such as public assistance, and/or Social Security Income/Social Security Disability (SSI/SSD), and be stable psychiatrically. The advocacy program also accepts persons currently working nights, weekends or per-diem who wish to improve their employment opportunities. The minimum educational requirement for participation in the program is a high school diploma, a general educational development (GED) high school equivalency diploma, or a realistic plan for achieving a GED within a one-year period.

What is the process for entering the training program?

The process has many steps, and all aim to help each person succeed. Intake can start over the phone or in person. With the initial contact, the prospective participant is assigned to attend one of the weekly mandatory group or individual orientation sessions. Once orientation is completed, the prospective participant attends a series of face-to-face intake interviews over about 30 days. During the interviews, in-depth assessments of strengths and weaknesses are conducted. The final step before acceptance requires the applicant to file necessary documentation requested by intake staff. After acceptance into the Forensic/Peer Specialist Training Program, each participant undergoes vocational assessment and a career exploration interview for the field of human services. The participant's employment history, vocational interests, needs, strengths, values, skills, supports, barriers and challenges to obtaining or maintaining employment are evaluated and strategies for obtaining competitive employment are explored.

What does the training program include?

The Forensic/Peer Specialist Training Program includes six months of intensive training, as well as an internship in the field of human services. Classroom training is conducted five days per week and provides approximately 150 hours of in-class instruction in such areas as professional ethics, service coordination, information and referral, conflict resolution and substance abuse and relapse prevention. Trainees have the opportunity to provide regular feedback to the program management via surveys. Upon completion of classroom and internship training, participants are then assisted to obtain employment. This commitment to six months of classroom training and three to six months of a supervised internship serves a dual purpose. The first is to expose people with mental health challenges who may have histories of incarceration to the technical concepts of wellness and recovery and gain the skills and knowledge necessary to serve as mentors to others. The second is to provide ongoing supports that allow trainees to incorporate these concepts into their own individual experiences, thus contributing to their own personal wellness and recovery.

How does Howie the Harp support its graduates?

Howie the Harp faithfully offers supports that enable people to meet their own employment goals successfully. Three major areas of support are offered: the weekly Career Club for graduates, facilitated by the Employment Coordinator, for sharing job search struggles, job leads and job search strategies; individual job search support with computers, email, telephones and fax machines; and on-the-job support through staff site visits, continuing education and career development services, and support groups (e.g., Narcotics Anonymous, Relapse and Recovery).

What makes this program unique?

Program trainees and graduates are invited, for a lifetime, to attend different culturally diverse recreational/social activities held at Howie the Harp. These include drama workshops, an uptown Friday night group, creative writing group, annual health and job fairs, and culturally diverse holiday celebrations. The Howie the Harp Advocacy Program is exceptional in that it is a premier peer-run program. More than 50% of the staff members are persons who are or have been engaged in mental health services. Having "been there," they understand the importance of treating every person as a whole person, not a diagnosis or disability. They focus on strengths and abilities, self-determination and self-help, and the pursuit of productive lives and dreams.

To learn more about Howie the Harp, visit <http://www.communityaccess.org/what-we-do/employment-a-recovery/hth-peer-advocacy-ctr>.

model makes clear that our collective responsibility is to keep the people at the heart of the system.

The top of the model shows OMH striving to promote mental well-being, healthy growth and development, and effective treatment and supports for mental health conditions and serious illness. The advice and policy direction offered by stakeholders—including advocates, providers and provider associations, and trade associations—make this possible. In New York State (NYS), two statutorily required policy advisory bodies also play a central role: the Mental Health Services Council (MHSC) and Mental Health Planning Advisory Council (MHPAC). In particular, the MHSC is charged by law to work with OMH in setting statewide goals and objectives for the system of care, while the MHPAC focuses on federally mandated requirements for receipt of block grant funding. Much of the input received from stakeholders of the system this year is incorporated throughout the Plan, and also presented in Appendix 5.

At the middle level are the three agencies that make up the “Department of Mental Hygiene.” The Department reorganized in 1978 to form three distinct offices: the Office of Alcoholism and Substance Abuse (OASAS), the Office of Mental Retardation and Developmental Disabilities (OMRDD), and OMH. In July 2010, Governor Paterson signed into law a change of name for the agency, now the Office for People with Developmental Disabilities. The Inter-Office Coordinating Council (IOCC) headed by the three commissioners is responsible for oversight and coordination of activities among the agencies. Reinvigorated in 2007, the IOCC aims to eliminate barriers to care and improve coordination of services for people with disabilities, particularly for people whose disabilities span the systems of care. IOCC activities are closely linked to other human services agencies (e.g., health, social services, criminal justice, education), maximizing the capacity of all systems to better serve and improve the well-being and overall health of New York’s citizens. Input into this year’s Plan from stakeholders and localities is also presented in Appendix 5.

The bottom of the model represents the specific actions that have been endorsed to obtain the desired results for improving public mental health and well-being. It indicates the roles of the legislative, executive and judicial branches of our State government in developing, supporting, implementing and evaluating public mental health policy. While the model pictorially captures building blocks of accountability, it does not show its dynamic nature. Good policy depends upon good collaboration. The people who form the collaborations help to inspire our commitment and action, foster our ability to solve problems together, provide a foundation for broad involvement, and sustain our hope for success.⁵

Performance management information

OMH makes a broad range of data and information resources publically available on its website at <http://www.omh.state.ny.us/>. This section highlights performance management information readily accessible via the internet to New Yorkers interested in monitoring care processes and quality.

Finding Mental Health Programs in Communities

The Mental Health Programs Directory helps New Yorkers find mental health treatment and supports in their own communities or neighboring communities. This online directory provides a searchable list of programs (other than residential) licensed by OMH. In addition, it includes programs funded by OMH, but not requiring a license to operate. The directory allows users to search for mental health programs by county, program category or subcategory. Within the listings are program details (e.g., address, phone number).

The directory also contains information to help people use the tool more effectively, such as answers to common questions (e.g., what is a licensed program?), descriptions of service types, and explanations of how to navigate the site and use it effectively. The directory, which is updated regularly, is available at <http://bi.omh.state.ny.us/bridges/index>.

Statistics and Reports

OMH provides access to a number of online data information resources. The information comes from the Office of Performance Management and Evaluation which carries out an interrelated set of functions for collecting, analyzing, evaluating, and identifying quality improvement opportunities for mental health program organization, performance and policy issues. The Office of Information Technology plays a large role in preparing and making available the online “portals.”⁶

Many of the data portals provide comprehensive views of specific program areas. One in particular, the Patient Characteristics Survey (PCS), provides a broad view of service delivery during a one-week period. All of the portals described briefly below are also accessible from the Statistics and Report page at <http://omh.state.ny.us/omhweb/statistics/>. The page also contains a number of agency reports issued over the past few years, such as the OMH Assessment of Clinical Care, Professional Workforce, Research, and Local Government Opportunities.

South Beach wellness and recovery: Where “brite” ideas flourish

*By Gary Klemuk, MA, LMHC, Chief of Service
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At the heart of the South Beach Psychiatric Center's (SBPC) mission to promote individualized recovery outcomes is the longstanding tradition of utilizing person-centered practices in the delivery of rehabilitation services. Consumers at SBPC have clearly expressed the importance of achieving employment as essential to their recovery. SBPC has, therefore, sought to cultivate the conditions to facilitate successful vocational outcomes. The following is a brief description of SBPC's vision of supported employment and one “brite” example of community integrated supported employment.

In 2001, SBPC, along with Advocates for Human Potential and the Matrix Research Institute, partnered to design a template for supported employment. “The Jobs Project,” supported by a two-year SAMHSA Community Action grant, sought to change the ways communities, clinicians, employers and consumers viewed and addressed employment. This project provided the key principles for SBPC's supported employment approach:

1. Honor consumers' choices
2. “Zero Exclusion” based upon presumed job readiness
3. “Whatever it takes” – create services responsive to needs
4. Ongoing post employment support as long as it is needed
5. Honor employers' needs for workers that can do the job
6. Collaborations between stakeholders as key to success
7. Supported employment must be in mainstream, community settings

Interested clinical and rehabilitation staff members were provided training and supervision by the Columbia University Workplace Center to establish and run “Career Clubs” at each outpatient site in Staten Island and Brooklyn. Workplace Center training on local labor market development followed. Additional training covered a variety of topics related to systems change, including supported employment, person-centered career planning, job development and job coaching. Training was provided through the OMH contract with the Cornell University Employment and Disability Institute. These trainings continue to be available for staff through the “Foundations to Recovery” catalog of courses.

An Employment Services Team, made up of trained staff committed to supported employment, was created as part of the SBPC Wellness and Recovery Service. This team is solely devoted to providing employment services and ongoing support for consumers. The focus of the Employment Services Team has been to improve the delivery of employment services and expand these connections throughout Brooklyn and Staten Island.

A key to achieving positive vocational outcomes is the establishment of community business partnerships. As an outgrowth of “The Jobs Project,” a stakeholder, The Shorefront Mental Health Board, sponsored and developed an affirmative business. Consumers offered recommendations on the type of business they wished to become involved with. The overwhelming preference was for a janitorial services business, primarily because consumers believed that they could learn a skill set that they could perform effectively and that would be most marketable for those who wanted to pursue this as a long-term vocational goal.

“Brooklyn Brite” opened as an affirmative business in 2002. Goals of the business were to provide training commensurate with the caliber of cleaning services expected by employers and provide employment opportunities and a career ladder for consumers interested in environmental services. The community board pursued and was awarded custodial contracts over time at various SBPC and Vocational and Educational Services for Individuals with Disabilities' sites in Brooklyn, Staten Island and Manhattan. Psychiatric rehabilitation budget funds have been used to pay for consumer training and to fund community internships for consumers.

Since the inception of Brooklyn Brite, more than 150 consumers have received training in environmental services. Several clients have gone on to competitive positions in this field following the conclusion of their internships. Many other participants have used this experience to work at other types of jobs in the community. They have reported that engaging in a “real world” job experience prepared them for work in fields that they learned held a greater interest for them.

Several workers have been so valued that Brooklyn Brite has hired them on as employees. This includes individuals who have been hired in supervisory positions and have several years of tenure with the company. There have been clear promotional steps for workers, including raises as warranted—the same as would be the case in any janitorial services company. There are currently 13 individuals paid in part or wholly by Brooklyn Brite and 10 other interns, many who will be joining the ranks of company employees. The company also has employees that are not mental health consumers.

If you wish to learn more about SBPC community integrated supported employment opportunities, contact Mr. Klemuk at SBIS-GMK@omh.state.ny.us or visit the SBPC website at <http://www.omh.state.ny.us/omhweb/facilities/sbpc/facility.htm>.

Adult Housing

http://bi.omh.state.ny.us/adult_housing/index



The Adult Housing web page presents the residential program indicators (RPI) report. The report provides county, regional, and statewide averages.

Assertive Community Treatment (ACT) Reports

<http://bi.omh.state.ny.us/act/index>



The ACT web page provides an overview of the program, up-to-date statistical data on program operations, demographic and diagnostic characteristics of recipients, and recipient outcomes. Statewide, regional, county and program data are available.

Assisted Outpatient Treatment (AOT) Reports

<http://bi.omh.state.ny.us/aot/about>



The AOT Reports page contains demographic and diagnostic characteristics of recipients and outcomes. Statewide, regional and county data are available.

Balanced Scorecard

<http://bi.omh.state.ny.us/scorecard/index>



The OMH Balanced Scorecard contains data to measure progress toward specific goals. It uses data to compare actual performance against measurable targets. Updated quarterly, the scorecard focuses on outcomes, results of public mental health efforts, and critical indicators of organizational performance.

Children, Teens and Families Indicators Portal

<http://bi.omh.state.ny.us/kids/index>



The “Kids Indicators” also included indicators of youth and family services. It contains reports based on data received from providers as well as from two assessments of care surveys, one from youth and one from families.

Clinic-Plus Services Statistics

<http://bi.omh.state.ny.us/clinicplus/index>



The Clinic-Plus portal displays cumulative quarterly reports starting in 2007. Data include numbers of children screened, and those receiving comprehensive assessments, admitted to clinic treatment, and receiving in-home treatment.

PCS Portal

<http://bi.omh.state.ny.us/pcs/index>



The PCS provides a comprehensive one-week “snapshot” of the population served by the State public mental health system—demographic, clinical, and service-related information for each person who receives a mental health service during the specified one-week period. It also contains summary reports describing client characteristics and planning reports with penetration rates and national outcome measures. Historic reports provide data from surveys back to 1999. In April 2010 the PCS portal was updated with data from 2009 survey year. In addition to the summary and planning reports, new data were added to describe chronic health conditions, co-occurring disorders and Committee on Special Education classifications.

Office of Planning Web Page



The site provides users with a catalog of links to an array of data, reports and planning resources. It also houses information for the Mental Health Services Council, which was established by law to consider and advise the Commissioner on matters relating to the improvement of mental health services in the State.

Future Development

In 2011, the portals will expand with the inclusion of consumer assessment of care data. The data will come from a survey being conducted across OMH outpatient programs and provide recipient reviews of quality, access and appropriateness of care. The survey data will also shed light on outcomes and quality of life indicators.

Mental health information technology

The NYS public mental health system is increasingly reliant upon OMH information systems. OMH-operated facilities depend upon them for patient care, financial and human resources management, and communication. More than 2,500 locally operated mental health programs use them for required financial reporting, and increasingly for care coordination and outcomes reporting. County and City mental health authorities use them for planning and oversight of their local systems. Overall, OMH information technology resources are directed toward information systems

management, data communications and data processing for the Central Office, Field Operations, and outpatient and inpatient hospital settings and designed to enhance the accountability of publicly funded mental health services.

Information technology is a powerful tool for bringing data and technology resources to improve the quality and outcomes of health care. Studies show that health information technology holds potential for transforming the delivery of health care, making it safer, more effective, and more efficient. In ambulatory settings, a small set of high quality studies shows that implementation of a comprehensive outpatient electronic health record (EHR) leads to improvements in the structure of care delivery, clinical processes, and outcomes. Studies also show that the quantifiable benefits of an EHR system include savings from capturing and accessing data; improved efficiency, quality and safety of care through supported decision making; improved billing and staffing business management; and improved access and patient flow.

OMH information technology resources are aligned with the strategic direction of the agency (e.g., clinic restructuring, improving clinical care, supporting recovery and resiliency) through a number of targeted approaches. Among priority areas of the Division, in collaboration with other OMH divisions and other stakeholders, are:

- ◆ Clinical Services—Piloting of EHRs at State Psychiatric Centers, including computerized entry of physician orders and bar-coded medication administration, both designed to enhance patient safety; continuing support for use of the Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) throughout OMH inpatient and outpatient settings and expansion of PSYCKES to community care settings
- ◆ Productivity/Workforce Enhancements—Improving employment services and supports by contributing to the cross-agency platform that will match recipients' work goals with work opportunities; using videoconferencing for collaboration while reducing meeting travel and related costs
- ◆ Financial Management—Consolidating billing codes and modernizing the billing system, and incorporating changes related to clinic restructuring; enhancing county contract management processes for efficiency and effectiveness
- ◆ Facility Improvements—Incorporating elements for improving the quality and efficiency of care, including, a Joint Commission reporting tool, and staff and outpatient appointment schedulers

Summary

On a number of fronts, OMH strives for a system of care based on what helps to engage people in obtaining treatment and support, when needed, and to maintain mental health and the best functioning possible. This requires constant and systematic attention to what people say matters—care that is empowering, culturally and linguistically competent, driven by the needs of the individual, youth and families, and oriented toward building individual and community recovery and resiliency.

Chapter 6 endnotes

- 1 Funk M, Saraceno B, Lund C. et al. (2003). Quality improvement for mental health. Geneva: World Health Organization.
- 2 Donat DC. (2005). Encouraging alternatives to seclusion, restraint, and reliance on PRN drugs in a public psychiatric hospital. *Psychiatric Services*, 56, 1105-8.
- 3 Drug used as a restraint means a drug or medication when it is used as a restriction to manage a patient's behavior or restrict his/her freedom of movement and is not a standard treatment or dosage for the patient's medical or psychiatric condition, or as otherwise defined in federal regulations of the Centers for Medicare and Medicaid Services.
- 4 Huskshorn KA. (2006). A Snapshot of Six Core Strategies for the Reduction of S/R: Creating violence free and coercion free mental health treatment environments for the reduction of seclusion and restraint Alexandria, VA: Author, National Technical Assistance Center. Available online at http://www.nasmhpd.org/general_files/publications/ntac_pubs/SR%20Core%20Strategies%20Snapshot%2011-2006%20src%20edits.pdf.
- 5 Townsend S. (2007). How judges can build multidisciplinary collaborations to benefit children and families. In C Flango, C Campbell, & N. Kauder (Eds.), *Future trends in state courts* (pp. 46-49). Williamsburg, VA: National Center for State Courts.
- 6 A portal is an online web page that presents information from diverse sources in a unified way and allows the user to display the information with a consistent look and feel.

