

**May 2010**

## **Medical Updates**



### **Project TEACH: Helping practitioners provide mental health services in primary care practices**

*by Stewart Gabel, M.D., Medical Director for OMH Division of Children and Families*

Approximately 15-20 percent of children and adolescents in America have mental health disorders. Most of these youth receive no mental health treatment. The reasons for this situation are many, and include lack of identification of the problem, stigma, funding issues, and inadequate numbers of mental health providers, most notably, child and adolescent psychiatrists (CAPs).

There are only about 7400 CAPs in the United States. In light of this scarcity and the recognition that youth with mental disorders are far more likely to be seen in primary care practices than in mental health clinics, a strong movement has emerged to provide mental health services, including screening, assessment, and in some cases, treatment, in the primary care practice. The American Academy of Child and Adolescent Psychiatry (AACAP) and the American Academy of Pediatrics (AAP) have been a part of this movement.

PCPs (that is, pediatricians and family physicians) are in an excellent position to address their patients' unmet mental health needs since nearly all youth ultimately will be seen in the primary care setting. PCPs, however, at times are reluctant to become more active in the assessment and treatment of the mental health disorders of their patients. The typical primary care practice may not be set up to provide mental health services, reimbursements for mental health diagnoses and treatments in the primary care setting may not be provided, and PCPs themselves have had little training and experience in working with youth and families from a mental health perspective.

Enter Project TEACH (Training and Education for the Advancement of Children's Health). OMH is addressing some of the important concerns of PCPs throughout the state by providing an educational and consultation program for those wishing to receive mental health training (including the use of medications) and consultation by a CAP. The basics of the program are as follows:

- PCPs who wish to consult a CAP about a youth in their practice call a specific regional program coordinator.
- Youth who require consultation will be seen directly through

face to face consultation, by videoconference (telepsychiatry), or the youth will be discussed with the PCP by telephone, depending on the situation. A web site is also being contemplated.

- The CAP may recommend further assessment, psychotherapy, family therapy, medication or another approach. The PCP remains the youth's primary physician and is responsible to coordinate the youth's care, calling in others, such as social workers or psychologists, who may be needed. If repeat consultation is necessary, this is available through the same mechanism involving contact with the regional coordinator. Youth with more severe disorders who cannot be treated in the primary care setting will be referred to mental health services.
- PCPs who wish more education and training in mental health diagnosis, treatment approaches and medication are encouraged to attend a series of educational and training programs that usually involve direct discussion of individual cases with CAPs.

Additional important Project TEACH characteristics include:

- Two distinct entities will provide the essential program elements noted above, with considerable variation. The largest provider (and the one covering most of the state) is called Child and Adolescent Psychiatry for Primary Care (CAP PC). CAP PC is a consortium of five university medical center departments of psychiatry from around the state. The REACH Institute, a well recognized and experienced program providing training to PCPs across the country, has contracted to provide trainings for CAP PC. The second provider, Child and Adolescent Psychiatry Education and Support (CAPES), is an established program administered by Four Winds Hospital, Saratoga. It has operated a similar program in the Hudson Valley region for a number of years.
- The NYS district branch of the AAP and the NYS chapter of the American Academy of Family Physicians (AAFP) have been actively involved in the development of Project TEACH and will provide outreach to their members. The Conference of Local Mental Hygiene Directors (CLMHD) will help in the

implementation of Project TEACH and facilitate coordination with mental health clinics throughout the state.

To summarize, OMH believes strongly that PCPs have an important role to play in providing mental health services to youth. Project TEACH is intended to support and enhance this role through education, training and consultation on a statewide basis.

## Celebrating What's Great in our State



[Photo Gallery](#)

### **Children, Families, Providers & Advocates Celebrate Children's Mental Health: Governor Proclaims May 2-8, 2010 Children's Mental Health Awareness Week**

*Staff report*

Mental health programs have a positive influence on the lives of New York State's children, their families and loved ones, and that positive impact was celebrated at the State Museum's Huxley Theater on May 3, 2010, by a group of young people, family members, mental health service providers, county mental health leaders and advocates, along with representatives of the New York State Office of Mental Health (OMH), Families Together in New York State (FTNYS) and YOUTHPOWER!

The festivities included the presentation of Governor David A. Paterson's proclamation of May 2-8, 2010 as Children's Mental Health Awareness Week in New York State, and also applauded the accomplishments of the children's mental health community in New York State.

Governor David A. Paterson said, "New York State's mental health programs for children are second to none, and Children's Mental Health Awareness Week is a perfect way to celebrate the important role they play the lives of young ones and their families across the State. These programs are making a difference in the lives of New York's youth, and helping them form a foundation for success in school, in work and in life."

OMH Commissioner Mike Hogan said, "Children's Mental Health Awareness Week is a great time to celebrate outstanding community programs across New York. We are delighted to join with family and youth advocates to recognize some of the best mental health services anywhere for children, youth and families--all located here in New York State."

"I am proud to support Children's Mental Health Awareness Week and highlight the leadership New York has shown in providing mental health services," said Congressman Paul Tonko. "As an

Assemblyman, I partnered with my colleagues to end discrimination and ensure families access and affordability of mental health services through Timothy's Law. I will continue to fight for programs and services that will make a positive impact on the lives of young New Yorkers."

Paige Pierce, Executive Director, Families Together in New York State, said, "During Children's Mental Health Awareness Week, and every day before and after, we join children, families, agencies, and policymakers throughout our state in educating, increasing awareness, and decreasing stigma associated with children with mental health concerns. Together, our voices are strong and our message of hope will be heard. We invite New Yorkers everywhere to join us in our commitment to improving mental health from birth to adulthood."

Stephanie Orlando, Director of YOUTH POWER!, said, "When we face trauma or struggles early in life, it is important that there are caring, strength-based, culturally competent, family-centered and recovery-focused supports in our communities. Young people are the future of the state and their voices are so important. Today we focus on the positive things we do to support our youth through challenging times so that they can have a fulfilling future."

Kristin Riley, Deputy Commissioner and Director, OMH Division of Children and Families, said, "In these difficult times it's important to hear first hand how investing in children's mental health pays off. Lives are saved and talents are developed every day. The inspiring stories of these young people and their families are a gift."

Representatives from five children's mental health programs shared inspirational stories that illustrated their unique influence on the lives of young people and their families. The programs are: Prevention, Access, Self-Empowerment & Support; Camp Get-Away; Parsons Center Child & Adolescent Mobil Crisis Team; Interborough Developmental and Consultation Services; and Jewish Board of Family and Children's Services Center for Trauma Innovation.

An interactive poster session represented outstanding children's mental health programs that have made a difference in the lives of children and their loved ones.

## **Spreading the Word**



### **New York Child and Adolescent Telepsychiatry (NYCAT) DVD is Now Available for Children's Mental Health Service Providers**

*by Joseph Rosczak, OMH Statewide Telepsychiatry Coordinator*

The Conference of Local Mental Hygiene Directors (CLMHD), Suffolk County Community Mental Hygiene Services, OMH and Columbia University are proud to announce the completion of a New York Child and Adolescent Telepsychiatry (NYCAT) promotional DVD.

Hundreds of children and families receiving mental health services in our communities have already benefited from the NYCAT program. Our continued efforts to increase awareness about this service, facilitated now by the NYCAT DVD, will hopefully result in hundreds, perhaps thousands, more families from around the state who benefit as well.

In response to there being a statewide shortage of child and adolescent psychiatrists in New York State, the OMH Division of Child and Family Services has funded a children's Telepsychiatry Initiative. Telepsychiatry is an area of telemedicine, which allows experts in the field of child psychiatry to share their knowledge and skills through state-of-the-art technology in the form of video conferencing. Videoconferencing works by creating a live broadcast between people at different locations through the use of television/video and other communication equipment.

The consulting child psychiatrist speaks to and sees a patient or family at a distant hospital or clinic on a video screen. The patient and family also are able to speak with and see the telepsychiatrist on their own video screen. In a sense, the telepsychiatrist can converse with the child, family and treatment team just as though they were in the same room, only without physically being in the same room. Telepsychiatry fosters collaboration among psychiatric caregivers, local service providers and families to enhance better consistency and coordination of treatment.

Telepsychiatry provides consultation and evaluation services for children and adolescents with serious emotional disturbance (SED) and/or complex problems. Consultation services are available for young people who receive outpatient treatment in any OMH licensed clinic, day treatment or partial hospitalization program throughout the state. Residential Treatment Facilities (RTF) can also benefit from these services to help them diagnosis, manage, treat and discharge complicated cases. OMH is partnering with Columbia University to provide services in the Hudson River, New York City and Long Island Regions. OMH is partnering with SUNY Upstate Medical University to

provide services in the Central and Western Regions. Telepsychiatry consultation is currently being utilized to supplement treatment provided by on-site caregivers in a number of ways, with additional possibilities on the horizon.

This promotional DVD has been distributed to all members of the CLMHD and is available to share with the mental health providers throughout the state, which should provide helpful information for both clinicians and families. The DVD contains a basic introduction to telepsychiatry, information about accessing the NYCAT program, and actual client testimonials.

For further information please contact the Children and Families Coordinator at your OMH Field Office or [Joseph Rosczak, Statewide Telepsychiatry Coordinator](#). Also, please visit [our website](#) to learn more about this important service.

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## Supporting Quality Care

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### Using PILS to Manage Costs and Improve Patient Care

*by Deborah Dugan, State Operations Finance Group, Office of Financial Management*

Soon clinicians and physicians in State operated psychiatric centers will have access to a powerful new tool, the Prescription Insurance Lookup Service (PILS). A joint effort between OMH's Health Services and State Operations Finance Group, PILS provides facility staff the same on-line capability that large commercial pharmacies have to determine a patient's drug coverage at the point of the first contact or intake.

PILS is focused on patients served in OMH outpatient programs but is readily available for assessing prescription insurance information for inpatients as well. PILS can assist you:

- as a Physician, Therapist, or Medicare D Coordinator trying to determine if a patient has prescription coverage through a Medicare Part D Plan or Medicaid;
- as a Discharge Planner or Physician in a facility or clinic trying to determine which medications are covered by Medicare Part D or Medicaid and what quantity limits, step therapy or prior authorization requirements may apply to the prescribed medication;
- as a hospital Discharge Planner or outpatient practitioner trying to determine, when no prescription coverage is available, if prescribed medications are covered by a Patient Assistance Program; and/or

- as a Facility Director, Clinical Director or Pharmacist trying to contain medication expenses while maintaining patient quality of care.

As an outgrowth of Medicare Part D billing for inpatients and with the increased need to save outpatient drug costs in State Operations, PILS was developed to identify opportunities to redirect outpatients who have prescription insurance to a community pharmacy. PILS is an automated web based application which enables users to more easily and uniformly access and manage prescription coverage information for all patients. PILS provides a one-stop service to identify OMH patient prescription coverage and coordinate medication needs within coverage guidelines. PILS features include:

- Verify eligibility and prescription coverage with Medicare D and/or Medicaid;
- Maintain and update a listing of individual patient's prescriptions;
- Identify formulary and prior authorization requirements of the prescription coverage plan(s) for current medications and lookup proposed medications;
- Print coverage information for the patient so that the clinician can direct the patient to a community pharmacy with their prescription(s);
- Manage prior authorizations by generating prior authorization request forms to OMH physicians and tracking prior authorization status; and
- Access links to Patient Assistance Programs to provide support for patients without prescription coverage.

Planning has begun for PILS deployment to OMH adult facilities and clinics. Users will require Salute access and training sessions will be held via a Webinar for key users at each facility. Anyone with access rights to the Mental Health Automated Record System (MHARS) will have access to PILS.

PILS is in alignment with OMH's mission to facilitate recovery for adults receiving treatment for serious mental illness. Utilizing the information from PILS from the point of patient intake through patient discharge can assist patients to meet the basic medication needs required for their physical and mental health in order to maintain their recovery and continuity of care in a community setting. OMH will also obtain cost savings by redirecting patients with prescription coverage to utilize community pharmacies and save scarce resources.

## We Need Your Input



### **OMH Requests Input into 2010–2014 Statewide Comprehensive Plan for Mental Health Services**

*by Elizabeth A. Pease, Office of Planning*

Over the last few years, the New York State Office of Mental Health (OMH) has been leading a carefully planned effort to heighten its emphasis on services and supports that build upon the values of people and families first, recovery, and resilience.

As part of this transformation, OMH seeks your input in developing the 2010 Statewide Plan for Mental Health Services. The [current 2009 plan](#) was developed with broad input from many people. It continues to involve much action and energy on the part of people committed to a transformed system of care. And, it is a plan that takes into account a number of day-to-day factors such as the fiscal realities we face as citizens and a state.

We would like to hear your ideas for the next year (after you read this section, we will tell you how to submit your ideas and thoughts). In particular, with an eye toward a continued emphasis on recovery and resiliency, we ask you to consider the following:

- Last year, the orientation of the [strategic framework](#) changed to feature a strengths-based, person-centered foundation. Do you have ideas for making the revised framework stronger?
- Much thought continues to be given to developing local capacity to enable people dealing with mental health challenges to live full, productive lives in their communities. In particular, OMH has been supporting efforts to promote each person's abilities to be well, employed or engaged in meaningful work, and be integrated into their communities. We would like to highlight some of the successes people and their communities have been experiencing in these areas. Can you point out programs—from traditional mental health treatment to supportive and alternative options—that are successful in helping people meet their life goals? Examples could range from excellent clinic care and shared medication management that assist a person in being more productive at work to a peer center that helps a person find a desired volunteer job in an animal shelter nurturing sick animals back to wellness. Across the state there are many examples of excellence in promoting recovery and resilience. What and where are these programs that produce positive results in

helping people achieve their life goals?

- There are many, many resources that make a difference in people's lives. They may span from formal family education/parenting classes to self-help groups. They may be techniques such as yoga for self-management of emotions. Have you, a friend, or a loved one used any particular resources that aid wellness and recovery?
- Do you have suggestions for ways OMH can support educating the public about the challenges of living with a diagnosed mental illness? How can we flood our environments with the values we embrace? How can communities become engaged in better understanding and supporting people diagnosed with mental health conditions? In particular, do you see any examples of excellence around you that promote a positive view of living with mental health challenges and engage communities in appreciating the uniqueness of each individual?

Please submit your ideas by the last week of May 2010, to the NYS OMH Office of Planning either via [e-mail](#) or by snail mail to: Office of Planning, NYS OMH, 44 Holland Avenue, Albany, NY 12229.

All of the input we receive will be used in developing this year's Statewide Plan. It will also be placed in an Appendix, which will be part of the public plan. If you wish not to have your input included in the Appendix, please let us know.

Finally, if you submit your comments via e-mail, we will notify you when a draft copy of the plan is available later this summer. This will give you a chance to review it and provide us with more feedback if you desire.

Thank you. We look forward to hearing from you.

## From the Field



[Enlarge](#)

### **Disaster Mental Health, Post 9-11: Disaster Mental Health Teams in Action**

*by staff at the Central New York Field Office*

The OMH Disaster Mental Health teams are available to provide one-time or ongoing assistance in responding to a community's needs in the event of an emergency. In 2006, seven counties in the Central New York region of the New York State Office of Mental Health were impacted by devastating flooding.

The flooding required immediate, coordinated response by multiple government and private sector organizations to meet the needs of the impacted counties. There was loss of life, businesses and thousands of homes were condemned. The counties primarily impacted were Broome, Chenango, Delaware, Herkimer, Montgomery, Oneida and Otsego.

The NYS OMH Central New York Field Office provided leadership in disaster mental health/emergency services and response with state and federal agencies such as the NYS Emergency Management Office (SEMO) and the Federal Emergency Management Agency (FEMA) in coordination with NYS Conference of Local Mental Hygiene Directors (NYS CLMHD) and NY American Red Cross (NYCARC) leadership.

Disaster Assistance Service Centers (DASCs) were set up in eleven sites covering six counties. The Central New York Field Office assigned staff who had received Disaster Mental Health Training through OMH. These staff volunteered at the DASCs. CNYFO staff also assisted the County Mental Health Directors in gathering information to respond to the Immediate Service Program grants. Support staff worked to provide packets of materials, processing and collecting information for multiple sources.

NYS Office of Mental Health worked closely with SEMO. Meetings and phone conferences were held with County Mental Health Directors and OMH State Facility Directors. The CNY Field Office coordinated efforts with National Red Cross responders and the local Red Cross, which was critical.

In April of 2009, Broome County experienced another tragedy. In Binghamton, NY a lone gunman entered the American Civic Association and opened fire, killing 14, including himself, and wounding an entire community. The devastation and loss of life were compounded by the fact that many of the victims were immigrants and had been at the center to learn English. Many surviving victims

and family members spoke languages other than English, which required multiple layers of assistance.

The Central New York Field Office mobilized staff who had received disaster mental health training to assist the County Mental Health Director in identifying community mental health needs and working in conjunction with law enforcement officials, local and state agencies, and the American Red Cross to meet the needs of the community. OMH staff maintained an on-site presence during the days after the shooting and provided assistance to first responders as well as counselors working with survivors.

Both disasters, one natural and one man-made, came without warning. These disasters provided opportunities to systemically review what areas of the mental health delivery systems worked well and where improvements could be made.

To provide the most valuable assistance, it is always with the careful coordination of Federal, State and County resources. That collaboration allows the local government to provide the community with the most needed resources.

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## **Facility Updates**

### **Creedmoor PC Established Peer Counseling Academy**

*submitted by Creedmoor Psychiatric Center Vocational Services staff*

Creedmoor Psychiatric Center's (CPC) vocational program established OMH's first Peer Counseling Academy, and the first Peer Counseling Academy Graduation was held on March 31, 2010. The program was developed in conjunction with the OMH Office of Recipient Affairs, and the four-month curriculum was created by steering committee members Sandralyn Samms, Janet Kelly and Alejandra Valbuena, Vocational Rehabilitation counselors; Vocational Rehabilitation Supervisor Cathy Langer Sharkey, Regional Advocacy Specialist Celia Brown and several peers.

Candidates for the first class came from both inpatient and outpatient settings. They were chosen because of their desire to work as peer specialists, as well as their ability to serve as role models, educators and advocates. Program classes meet for six hours once a week over the four months, and the focus is for participants to gain knowledge and skills that will lead to employment as peer counselors and self-help advocates.

During the Academy, each trainee participated in an internship which provided the opportunity for them to network and develop mentoring relationships with professionals in the field. The seven graduates had

internships at Goodwill Industries, The Fortune Society, Jamaica Outpatient Department and the CPC Living and Learning Program. After finishing the program, three graduates obtained employment as peer counselors at Milestone Residence, New York Association of Psychiatric Rehabilitation Services (NYAPRS), and Goodwill; the other graduates are interviewing for positions.

Seven peer trainees completed the program, and the graduation also honored recent peer counselors from other programs. The commencement began with a musical presentation by consumers from the Creedmoor music therapy program and included "Ceremonial Anthem" written specifically for the occasion by a consumer. The highlight of the ceremony was the graduates and honorees accepting their certificates and speaking of their personal journey.

The Welcome Address was given by Kathleen Iverson, Executive Director followed by "Words of Encouragement" by Celia Brown, Regional Advocacy Specialist. William Brown, a graduate gave the student address and Dr. Eunice D'Souza, Associate Clinical Director of Outpatient Services gave the faculty address. The Key Note Address "Peer Counseling and Recovery from Mental Illness" by Dr. William Fisher, Clinical Director, as well as the speech by Paul Moyan VanSlimming of Goodwill were inspirational. The closing address was delivered by Patricia Nolan, Director of Rehabilitation Services followed by a luncheon. The Academy's next class will begin in October 2010.

Elements of the curriculum and the presenters include:

- Introduction and Discussion of Peer Counseling, presented by Vocational Rehabilitation Staff, NYAPRS, and Federation of Organizations;
- Introduction to Counseling Skills & Basic Group Skills; Benefits Counseling, presented by the Goodwill Work Incentives Program Assistance (WIPA) program;
- System Advocacy, presented by Brooklyn Center for the Disabled of New York;
- Housing Tour, presented by CPC staff;
- Cultural Competency & Sensitivity, presented by Phoenix House;
- Drake Dartmouth Evidence Based Model of Employment (IPS), by Vocational Rehabilitation Staff;
- Smoking Cessation, presented by Queens Hospital;
- Substance Abuse Relapse Plan, presented by Phoenix House;

- Trauma Coping Skills, presented by Phoenix House;
- Medication Rights, presented by CPC staff;
- Creative Arts and tour of Living Museum, presented by CPC staff;
- Criminal Justice System, presented by Center for Alternatives to Sentencing and Employment, Legal Aid and The Fortune Society;
- Stone Soup Project, presented by Contract Packing Corporation & CPC staff; and
- Peer Counseling Principles and Peers in the Work Place, presented by OMH Bureau of Recipient Affairs

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