

November 2010

Medical Updates



Making Health a Priority for OMH Consumers

*by Cassis Henry, MD, Columbia Public Psychiatry Fellow; and
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Recent years have made it plain that as many OMH consumers age, their health problems grow and can often compromise the quality of their lives. To meet the health needs of our patients OMH has begun monitoring consumer health measures and is using this information to inform and support the wellness efforts of recipients.

Monitoring health: Since January 20, 2009, all OMH-operated adult clinic services are monitoring (four times a year) three critical indicators of physical health and medical risk: smoking status, Body Mass Index (BMI), and blood pressure (BP). Adults hospitalized in OMH-operated psychiatric centers are also routinely tested for cholesterol and other lipids (fats), fasting blood sugar (which helps to diagnose diabetes or a state which could progress to diabetes), and smoking status, as well as BP and BMI. In OMH-operated child and youth clinic and day treatment programs we measure quarterly BMI, activity level (60 minutes or more daily for youth aged 13 and above, or for the parents of children under 13), cigarette smoking, and alcohol and drug abuse (in youth 13 or above).

Our findings: We now have the first overall picture of the physical health of individuals in treatment at OMH clinics, day treatment, and hospitals. The preliminary picture, although incomplete, suggests that adult recipients of care at OMH are overweight or obese at levels above the national average, smoke twice as much as the national average, and have significant levels of hypertension. The findings among children thus far demonstrate high levels of overweight/obesity and low activity levels.

Interventions: OMH clinical leadership is working in two areas to address the health problems revealed through our monitoring activities.

- **Programming.** Efforts include the OMH Wellness Initiative *Lifespan*, which focuses on diet, activity, smoking cessation, and the use of recovery-focused Wellness Self Management to support healthy lifestyle choices as part of recovery.
- **Integrated care.** Providing health and mental health care in the same setting by clinicians on the same team is the gold standard. OMH does not expect our psychiatrists to become primary care doctors. They provide specialized care of

another sort. On inpatient units, medical specialists are on hand to care for medical issues. In the clinics, however, recipients of care may not have outside physicians to care for their medical problems, or it may be difficult to coordinate with the physicians there are. The integration of mental health services for children, adolescents and adults with primary health care is an important goal for all facilities to pursue. Solutions to integrated care will vary from one facility and one geography to another. We imagine a range of solutions in clinic settings, including the actual provision of primary care by Medical Specialists, co-location with licensed medical clinics, and collaboration with local medical providers. An notable innovation underway is the OMH-funded collaboration of the state Department of Health, the Conference of Local Mental Hygiene Directors, the American Academy of Pediatrics, and the NY State Academy of Family Physicians called *Project TEACH* (Training and Education for the Advancement of Children's Health), which provides specialized training, consultation and linkage between primary care physicians (i.e., pediatricians and family physicians) and child mental health professionals.

OMH is committed to *both* the mental and physical health of our patients. We are working to expand programming and primary care services to improve the health and wellbeing of recipients. Doing so is the right thing to do and a leadership responsibility for our agency.

Planning Quality Services & Supports



New Data Resources Aid Local Planning

by the Offices of Information Technology, Performance Measurement and Evaluation, Financial Planning and Planning

In collaboration with the Conference of Local Mental Hygiene Directors, the Office of Mental Health recently introduced a new web portal targeted at the needs of local planners. Available via the [OMH Statistics and Reports page](#), the portal lets planners and others use consolidated summary reports to obtain quick, at-a-glance views of local data. Specifically, the new portal reports provide comparative statistics in nine domains:

- Community characteristics;
- Public mental health services use;
- Select adult Medicaid expenditures;
- Average daily adult inpatient census;
- Residential program benchmarks;
- Assisted outpatient program indicators;
- Assertive community treatment indicators;

- Polypharmacy and cardiometabolic indicators; and
- Wellness and community integration indicators.

Taken together, the data are intended to help planners identify service gaps and disparities and plan for quality services and supports.

OMH Commissioner Dr. Mike Hogan said “this data portal represents collaboration, accountability and increased transparency in government. We appreciate the collaboration with the Conference of Local Mental Hygiene Directors in developing this resource, and we hope it is useful to planners, decision-makers and the public.”

“The development of the County Profiles portal is a step in the right direction toward improving planning for services at the county level and monitoring how the mental health treatment system is changing on a statewide basis.” said Philip R. Endress, LCSW, ACSW, Erie County Commissioner of Mental Health and Chair of the NYS Conference of Local Mental Hygiene Directors. “I commend the Office of Mental Health and the Conference’s Mental Hygiene Planning Committee for their efforts to continuously improve the quality of data available to the Counties.”

“Each County Mental Hygiene Director is responsible for “Planning” to ensure treatment and services are available for people in the county with mental illness, substance abuse disorders and developmental disabilities.” said Kelly A. Hansen, Executive Director of the NYS Conference of Local Mental Hygiene Directors. “The type of data included in the OMH County Profiles provides an invaluable tool for County Directors to best allocated limited resources to priority services in the communities.”

By clicking on the tab labeled “Dashboard,” users will find a series of tabs representing the nine domains. Under these domain tabs are summary statistics and in many cases corresponding graphic representations of the data. Users are also offered “Notes” that provide detailed information on how the data were derived and the data sources. In addition, they are offered links to detailed data portals available on the OMH web site.

The new portal is the second in a series of data reports being created to aid local planning. The initial report, the comprehensive adult Medicaid expenditures report, will be updated later this year to include 2009 data. Other additions being planned for 2011 are a report requested by counties to describe Medicaid utilization by mental health recipients, including use of substance abuse and

physical health services; children's Medicaid expenditures; and Medicaid Managed Care data. Also in 2011, the portal will provide regional breakdowns of Medicaid expenditures.

The ongoing development of the [portal](#) is a partnership between Conference of Local Mental Hygiene Directors and the OMH offices of Information Technology, Performance Measurement and Evaluation, Financial Planning and Planning.

Providing Quality Services to Children

Children's Technical Assistance Center – Coming Soon!

by Donna Bradbury, M.A., Program Specialist

The Division of Children and Family Services is excited to announce the release of a Request for Proposals (RFP) for the development and implementation of a Children's Technical Assistance Center (C-TAC). \$1 million will be awarded to the winning bidder to develop curriculums and provide training and information to outpatient mental health clinic treatment programs serving children and their families.

Children's mental health clinics are the most common entry point for children into the mental health system, with approximately 100,000 children and families seen annually in about 300 clinics throughout New York State. Clinics provide a range of services, such as initial assessment, individual, group and family therapy, crisis intervention, psychiatric assessment, and medication management.

Children's outpatient mental health clinics are under considerable pressure to operate more efficiently and to be more accountable for outcomes than they have in the past. The Clinic Restructuring project, which was implemented on October 1, 2010, requires clinic programs to significantly alter both their clinical practice and their fiscal management. Also, national trends in the delivery of children's mental health services are to identify children earlier, and to intervene with more practical, short-term, and effective methods that provide children and families with applicable skills. Clinics require support and guidance in order to adjust to these significant forces while still delivering excellent service to those in need.

The C-TAC will make available training in six key skill areas: clinical skills, billing practices and fiscal management, use of data for quality improvement and decision making, treatment demand and supply, client engagement and skill building, and promotion of mental wellness and early identification. This innovative center will make it possible for clinic programs to improve their clinical practice as well as strengthen and support their business model. Ultimately, this means better clinical care and improved outcomes for children and families.

The winning bidder will be announced on December 1, 2010. The anticipated start date of the C-TAC is January 2011. Stay tuned for updates as the C-TAC takes shape and delivers training to clinics across the state during the coming year.

Legally Speaking

FOIL Requests for OMH Records Now Coordinated Through Counsel's Office

by Peter Berkery, OMH Counsel's Office

The New York State Freedom of Information Law (FOIL) Public Officers Law §84 et seq., provides the public with access to government information and decision making. Section 87 deals specifically with access to agency records, and OMH Counsel's Office is now handling all document requests made to Central Office (electronic or paper) under this section.

The statute defines a "record" as "any information kept, held, filed" with or for an agency in "any physical form whatever," including reports, memoranda, files, manuals and even computer discs. Therefore, almost anything a State agency creates or produces is potentially available to the public under the Freedom of Information Law.

Certain limited exceptions exist under FOIL whereby agencies need not produce documents. One of the main exceptions is inter-agency or intra-agency materials which are not statistical or factual tabulations of data, instructions to staff that affect the public or final agency policy or determinations. Other exceptions include such things as information that would reveal a confidential source or confidential information in a criminal investigation and information that would deprive an individual of a fair trial. An example of inter-agency or intra-agency materials would be an email or memo from one OMH employee to another or from an OMH employee to another agency staff person.

FOIL does not require State agencies to create records in response to a FOIL request. OMH staff *does* need to make a diligent search for responsive records. This may be labor intensive but the intent of the law is to create transparency on the part of State agencies. Nonetheless, transparency does not mean OMH needs to create a record that doesn't exist. For example, analyzing several documents to create an entirely new document in response to a request is not required under the law. Only existing records and documents are subject to FOIL.

Often, OMH receives requests for medical records under FOIL. Medical records are specifically protected from disclosure under State

and Federal confidentiality laws (e.g. New York Mental Hygiene Law; HIPAA). These laws contain specific rules, guidelines and procedures relating to who may obtain access, and under what conditions. OMH also receives many “genealogy” requests-questions from family/friends regarding a former patient in an OMH facility. This information is also confidential and not “foible” but the agency has addressed genealogical research on our [“frequently asked questions” page of the OMH website](#) to help people in their research.

From the Field



[Enlarge](#)

Turning Tragedy Into Action

by Roseann Avella, Suicide Prevention Coordinator, Hudson River Field Office

St. Francis Hospital’s Inpatient Mental Health Unit, located in Poughkeepsie, New York, recently experienced the traumatic loss of a person on the inpatient mental health unit by suicide, leaving staff and administrators deeply affected by the event. While Nancy Magliocca, RN, MS, Director of Inpatient Behavioral Health Services, shared that the experience of losing a patient to suicide “never leaves you,” the tragedy prompted hospital leadership to renew their focus on prevention.

This focus took form in a number of ways:

- The process of suicide risk assessment was strengthened. A new evidence based risk assessment tool which assesses the specificity of the plan, the lethality of the means, the availability of means and the proximity to others, has been integrated into practice. Risk assessments are performed as often as necessary and now have physician sign off.
- There is increased vigilance about the environment. Ms. Magliocca points out, “You can never think your unit is completely safe. Things (in the environment) constantly change.” Staff has heightened awareness to the potential hazards posed by door handles, sinks, lights, shower curtains, and plastic items. Key to this environmental review was that the visitor policy was revised to strengthen the visitor sign-in and enhance screening of patient items brought in by loved ones.
- Staff was retrained on conducting special investigations. The result has been a more thorough and analytical approach to special investigations which has already demonstrated more positive outcomes as evidenced by changes in policy, procedure, and targeted educational programs for staff.

- Training, Training and more Training. In addition to embarking on a comprehensive training platform for their own staff, including environmental safety, special investigation, restraint and seclusion, risk factor assessment, clinical case review, co-occurring disorders, communication, and co-morbidity, St. Francis also hosted a regional symposium on Suicide Prevention for other hospitals and providers in the community. In collaboration with the Office of Mental Health, the clinical skills training program sponsored by The American Association of Suicidology: Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians was completed over a two day period. Conducted by Barry N. Feldman, PhD the training is dedicated to the understanding and Prevention of Suicide. Clinician participants are given the opportunity to improve both their confidence and competence in working with those at-risk for suicide. The symposium was attended by 35 clinicians from a variety of provider sites in the community including Benedictine Hospital, Clearview Center, Glens Falls Hospital, Green Chimneys, Hudson River Field Office, Hudson River Psychiatric Center, Hudson Valley Mental Health, Jewish Board of Family & Children Services-Linden Hill/Goldsmith, New York Presbyterian Hospital, Northern Westchester Hospital, Orange Regional Medical Center, Putnam Family & Community Services, Rockland Children Psychiatric Center, St. Francis Hospital, and Ulster County Mental Health.

Community Resources for Suicide Prevention:

1-800-273-TALK

www.omh.state.ny.us/omhweb/suicide_prevention/

www.PreventSuicideny.org 

www.crisischat.org 

Working to Reduce Smoking and Nicotine Addiction



[Photo Gallery](#)

November 15 Summit Held to Develop Action Plan on Tobacco Dependence Treatment for People with Behavioral Health Disorders

A select group of leaders of New York State's behavioral healthcare field representing state and local government agencies, mental health providers and recipients, researchers and educators from across the State, were invited to attend New York State's first behavioral health-focused partnership on tobacco cessation, held Nov. 15 in Albany.

After a welcome by Michael F. Hogan, PhD, Commissioner of the New York State Office of Mental Health (OMH), the group heard a review of research on smoking prevalence, health effects and cessation by Steven A. Schroeder, M.D., Director of the Smoking

Cessation Leadership Center and Distinguished Professor of Health and Health care, Department of Medicine at the University of California, San Francisco. Dr. Schroeder also gave an overview of innovations and challenges in the management of smoking cessation, and led a discussion of effective strategies and activities undertaken by other behavioral health providers.

The rest of the day was filled with group discussions and work groups, and those who attended the summit left with a tangible action plan to reduce smoking and to foster smoke-free living among behavioral health consumers and staff. The summit was spearheaded by Gregory Miller, M.D., Medical Director of OMH Health Adult Services; and Terry Armon, RN, MS, NPP, OMH Health Adult Services.

People with behavioral health disorders are disproportionately burdened by the harmful effects of smoking and tobacco use; in fact, studies have found that people with serious mental illness die, on average, 25 years earlier than the general population, largely due to treatable medical conditions that are caused by modifiable risk factors such as smoking, substance abuse, obesity and inadequate access to medical care.

New York is one of five states selected to join the Leadership Academies for Wellness and Smoking Cessation, offered by the Smoking Cessation Leadership Center (SCLC) and the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The goals of the Leadership Academies are to reduce smoking and nicotine addiction among behavioral health consumers and staff, and to create an environment of cooperation and collaboration among the field of public health (including tobacco control and prevention) and mental health and substance abuse prevention.

OMH News is published monthly for people served by, working, involved or interested in New York State's mental health programs. [Contact the editor.](#)

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