



Collaboration!

Caring for New Yorkers... together

May has been celebrated as Mental Health Awareness Month since 1949 – when our colleagues at the National Association for Mental Health, now known as Mental Health America, first obtained a presidential declaration – to help educate the public about mental illness. Education is still our focus today, as all of us in the mental health community continue to work together to make our communities aware of the importance of promoting mental wellness, reducing stigma, and preventing suicides.

Mental Health Awareness Month is also an appropriate time to recognize the tireless efforts of the countless individuals throughout New York State who work during the year to provide direct care for clients, services for families, and support for our facilities and programs; and serve as advocates for quality care.

By its nature, behavioral health care is multidisciplinary. OMH operates psychiatric centers throughout the state, and regulates, certifies, and oversees more than 4,500 programs operated by local governments and nonprofit agencies. It would be impossible to keep all of these moving parts running and accomplish our mission of promoting the mental health of all New Yorkers – focusing on providing hope and recovery for adults with serious mental illness and children with serious emotional disturbances – without the contributions skills, talents, and specialized knowledge of every involved person, profession, and discipline. Collaboration is also the key to the OMH Transformation Plan, which continues to reinvest institutional resources to develop services in the community to enable the movement of clients into more-independent settings.

This edition of *OMH News* will discuss some of the collaborations OMH is developing to expand the reach of the state's system of public mental health care, support mental health professionals, educate families, and provide clients with the resources and opportunities they need to recover.

We invite you to share your thoughts with us at omhnews@omh.ny.gov



Suicide Prevention: Collaborating on many levels to help people in crisis



Collaboration is a necessary ingredient in helping someone through a suicidal crisis.

“A suicide intervention is not something we do **to** someone,” said **Garra Lloyd-Lester**, Director of the New York State Suicide Prevention Community Initiatives for the Suicide Prevention Center New York (SPC-NY). “It’s rather something we do **with** someone. It is a partnership, a connection, a collaboration. The idea of collaboration as a critical ingredient for a suicide intervention also holds true as a parallel that informs a vast majority of the public health approaches taken to address suicide prevention across New York State.”

By way of example, much of the work that occurs under Pillar II of the *New York State Suicide Prevention Plan*: “Develop, Support and Strengthen Community Coalitions as the ‘Backbone’ of Local Suicide Prevention Infrastructure,” is intricately entwined with and dependent on collaboration.

Developing local coalitions

This collaboration occurs on many levels: collaboration between the SPCNY and county suicide prevention coalitions, and **further** collaboration between those local coalitions and their respective local partners. One of the more consistent and visible examples of this collaboration has been the ability of SPCNY and the Suicide Prevention Office to offer infrastructure funding to coalitions on a regular basis. This funding provides coalitions an opportunity to access “seed money” used to support specific projects linked to and in support of the State Plan.

Some recent examples include the **2016 Coalition Academy** that provided an opportunity for local coalitions to access content and information to enhance and expand the impact that their coalitions make within their communities. It also provided an opportunity for counties that did not have an existing coalition the tools and guidance to explore developing a coalition. “Collaboration between and among SPCNY, local coalitions, and key stakeholders within the counties was critical for the successful launch and integration of the Academy and new coalition development,” Lloyd-Lester said.

Current and upcoming projects

This past year provided two options that coalitions could choose from: engaging in a process to develop a coordinated and consistent postvention response on the community level and participating in an education and awareness campaign **#Bethetoneto**. Both projects relied heavily on collaboration between SPCNY, coalitions, and local stakeholders.

Looking ahead, SPCNY is excited about the planning that has taken place for 2018-23 infrastructure projects. Very shortly it will announce this next round of infrastructure funding. The new menu of projects will continue to be in support of and tied directly to the State Plan and allow slightly longer periods of time for coalitions and their partners to develop and implement these projects. As with previous opportunities, success in the implementation will be dependent in great part by building upon the existing collaborative relationships with local coalitions and SPCNY.

“It is in part,” Lloyd-Lester said, “these examples of collaboration that allow us to work toward reducing the burden of suicide and building suicide-safer communities across New York State.”



Garra Lloyd-Lester

3rd Annual
**NEW YORK STATE
SUICIDE PREVENTION CONFERENCE**
September 20 & 21, 2018 | The Desmond Hotel & Conference Center

**NEW YORKERS ADVANCING
SUICIDE PREVENTION**
IN HEALTHCARE, SCHOOLS AND COMMUNITIES

The 2018 New York State Suicide Prevention Conference will be held in Albany on September 20 and 21. The event showcases the work being done across the state in a variety of settings, including community, schools, clinical, and academic. For information visit: www.nyssuicideprevention-conference.org.

Employment: NYCCC program makes working an important part of therapy



Two New York City Children's Center (NYCCC) Queens Day Treatment programs are helping to engage youth in the community and build their sense of empowerment. The programs are working with employers in the surrounding neighborhoods to provide internships for students.

"We're collaborating with several businesses in the area," said **Maxine M. Breeden**, NYCCC-Queens Rehabilitation Vocational Assistant II. "So far, we've had commitments from Burlington Coat Factory, MGM Designer Shoe Store, the Glen Oaks Library, and the City of New York's Alley Pond Park. Students are paid a stipend of \$15 per hour for hours worked. A lot of them work as many as 20 hours per week."

Developing job-readiness skills

The programs are helping students develop life skills, social competencies, and a sense of connection to the community. They're learning how to be independent, navigating through the community, traveling from school to their work locations, then back to their homes. It's also helped to rebuild their connection to their schools and involvement in their own education.

"While many schools in the area might send a job coach into the work locations – our students require little supervision and are hand-picked to work in the community based upon their abilities and skills," Breeden said. "We start by working here at the center to develop their job-readiness skills, helping them to prepare their resumes and explore their interests in careers."

Students leave school at their regular dismissal times and walk to their work locations. "We like to buddy-up the students so that they can provide one another with support while at their worksites," Breeden said "There, they are given on-the-job training by actual employees. Many of our students have gone on and secured employment in the retail field after leaving our program."

Students leave their work locations at 5:30 p.m. to commute home. Upon arrival, they must call their job coach to tell them they've returned.

Success leads to growth

The other initiative, the NYCCC-Queens Summer Youth Employment Program, helps to prepare students who may not yet be ready to work in the community for work experiences.

"Students are teamed-up into our middle-school classroom with paras — teacher's aides who assigned to work in the classroom with the students. Paras assign student workers to daily classroom tasks," Breeden said. These tasks might include helping a younger student with classwork assignments, helping them to remain focused throughout the day, or even participating in recreational activities with the younger students.

"While some students may not have the tolerance needed to work with younger students, she said, "our OMH housekeepers have helped those who require one-on-one help with small, light-housekeeping tasks around the building."

The programs are steadily growing and the Day Treatment Center was fortunate to receive a grant through OMH to continue to expand the programs and provide help for even more young people in the future."



Maxine M. Breeden

Community organizations and local retailers are participating in the program.



The next step: Pathway Home program is helping to reduce readmissions



According to research, discharged mental health clients are more likely to succeed in the community if they're prepared in advance for the transition and have follow-up services in place.

The Pathway Home, a collaboration between Bronx Psychiatric Center and Coordinated Behavioral Care (CBC) of New York City, is providing such services to make the move smoother for their clients. During its first six months, the program reduced costly readmissions by 90 percent.

Great track record

"The idea stemmed from an OMH initiative that looked for ways to reduce the number and length of costly inpatient psychiatric hospitalizations by offering high-quality, cost-effective services within home and community-based settings," said **Barry Granek**, Senior Director of CBC's Pathway Home programs.

"In our effort to ensure individuals succeed in the community, we wanted to develop supports and connections while they're still in the hospital, so their engagement happens right at discharge," added **Anita Daniels**, MS, RN-BC, Executive Director of Bronx Psychiatric Center. "With the support of State Operations and the New York City Field Office, we were able to partner with CBC, which has a proven track record in this area."

CBC is a not-for-profit organization, started 2011 to coordinate more than 50 New York City community-based health and human services agencies providing services to adults with severe mental illness and to people with substance use and chronic health conditions. Its Pathway Home program works with long-stay individuals who've had difficulty engaging in community care. Individuals 18 years and older can be referred from a psychiatric center, a state-operated residential program, or an acute-care hospital, as a diversion to intermediate care in a psychiatric center. The program uses the evidenced-based Critical Time Intervention model, which provides intense services shortly before hospital discharge to build trust, then continues these services in the community for another six to nine months.

Steps toward independence

Four teams made up of licensed mental health clinicians, case managers, nurses, and peers help individuals address issues such as housing, food, economic security, medication adherence, linkage with outpatient providers, family conflict, and social isolation. Two teams are located in Brooklyn, Bronx and Manhattan; a third team is in Queens; while a fourth team works with discharges from the psychiatric center and the forensic program at Metropolitan Hospital Center in East Harlem.

"Pathway Home educates the inpatient and residential teams about services available in the community," Daniels said. "In turn, staff identify people who can move on to the next level of care with the right supports and engagement."

Starting while an individual is still in the unit, Pathway Home teams are on-site every day to maximize patient engagement, conduct in-depth community needs and risk assessments, and participate in discharge planning discussions:

- Connecting them with outpatient mental health providers and primary care providers to address physical health issues that could deter them from living successfully in the community.
- Offering short-term counseling, develop their coping skills, and strengthening their confidence in making their own decisions.
- Identifying goals that can help motivate the individual.
- Determining medications and arranging for medication management.
- Accompanying individuals to their first behavioral health and medical appointments.
- Offering access to crisis intervention services.
- Developing relationships and social networks that provide support.



Barry Granek



Anita Daniels

During weekly discharge planning meetings, staff can identify potential candidates for intervention, discuss ideas on the current case load, and determine readiness for discharge.

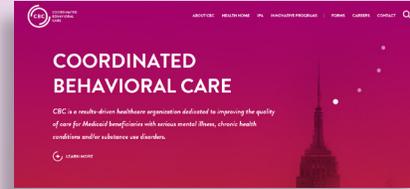
The Pathway Home team collaborates with an inpatient team to identify which community supports will lead to a more successful discharge and determine if there is a way to manage unique, complex needs in the community, including leveraging the extensive array of community-based services offered by CBC's network.

Clients receive training in life skills through inpatient programming, such as groups or individual sessions by staff with experience in providing transitional support in the community. The team then continues teaching in hands-on situations while in the community, including travel training, shopping, cooking, and cleaning. To help prepare for discharge, Pathway Home staff educate clients on housing readiness and tenant rights, money management and budgeting, identifying obstacles in shared decision-making, and in developing solutions.

"We'd received early feedback from the inpatient and transitional residence staff that clients needed more productive activities. Especially since some weren't interested in 'programming,'" Granek said. "So we made an effort to engage individuals in activities such as hobbies, events, sports, gardening, cooking, music, and exercise."

Bronx Psychiatric Center has offered office space to the Pathway Home team, given them access to units and charts, and invited teams team to integral rounds and discharge planning meetings. "This program has helped to create a culture that facilitates regular and healthy communication between the Pathway Home and Bronx PC staff," Daniels said. "It allows sharing of information and resources in both directions."

"When we think of system change," Granek added, "there is an element that I think distinguishes Pathway Home from other traditional programs. We rely and value our relationship and partnerships with hospital systems and inpatient units. They are both our referral sources and also hold a piece of the puzzle for the ultimate success of those served, and by extension, the Pathway Home program's success."



For more information on CBC, visit: <http://www.cbcare.org>.

Success: Stories from Pathway Home participants

So far, the Pathway Home has served more than 900 individuals since it started in 2014, helping them to get their lives back on track. A few examples:

- **Barry Alston Jr.**, who was diagnosed with schizophrenia had a long history of multiple lengthy inpatient hospitalizations and short community stays. Upon his current discharge, the Pathway Home team provided support for Alston's transition to his new residence. Through coordination with other community providers, Pathway Home ensured that he was aware of his first outpatient behavioral health appointment and provided accompaniment for him. The Pathway Home team noticed one day that he'd found a broken bicycle in the trash. Recognizing that a working bike could, in turn, promote his goal of living a healthy lifestyle, the team used wrap-around funds to buy him a new bike and subsequent safety equipment. Alston has been successfully living in the community for four months and rides his bike each day.
- A second man with a diagnosis of schizoaffective disorder, bipolar type, was assigned a Pathway Home embedded clinician. Through collaboration with the inpatient team, the client's goals and barriers were identified, some of which included the importance of improving family relationships and engagement with his children. He completed basic parenting skills training while an inpatient. Upon discharge, the team located additional parenting classes geared toward fathers.
- A third man had been diagnosed with diabetes, but refused to modify his diet, not worrying about how it could potentially affect him. Upon initial assessment, the Pathway Home team was concerned about his chronically high blood-sugar levels. The team's clinician began to provide basic health counseling and urged the man to be mindful of how he felt physically when he ate sugary foods or when his sugar levels were elevated. The team's nurse began to regularly engage the client about healthy eating, identifying new and creative ways to assist him with improving his health and making healthier food choices. With support, client demonstration an ability to make healthier food choices and improve his management of his diabetes.
- A middle-aged woman diagnosed with schizophrenia was preparing for discharge but struggled with hoarding in her apartment. The Pathway Home team began to build rapport with her while she was an inpatient and collaborated with the inpatient team to determine an appropriate discharge plan for her. They coordinated the heavy-duty cleaning of her apartment, needed repairs to be completed by management, and the purchase of new furniture and necessary apartment items using-wrap around funds. While still at BPC, Pathway Home staff worked with client on developing habits to maintain both her personal hygiene and the cleanliness of her apartment. The woman has been in her apartment for more than a month, exhibiting no signs of hoarding behavior.



Pathway House client **Barry Alston Jr.** said he's never felt so supported.

New Choices: Partnership informs consumers about MMC behavioral health programs



Changes in Medicaid are offering new options for insurance coverage and benefits to recipients of mental health or substance abuse services in New York State.

“OMH has teamed up with other state agencies and consumer advocacy groups on a campaign to help eligible consumers learn about community-oriented behavioral health services that are available through New York State’s Medicaid Managed Care Health and Recovery Plans (HARPs),” said **Samantha Veach**, OMH Bureau of Managed Care Organization (MCO) Oversight and Communications. “They’ll also learn how to qualify and enroll.”

Working with the OMH Division of Managed Care and Office of Consumer Affairs in the “New Choices for Recovery” project are the:

- New York State Department of Health (DOH)
- New York State Office of Alcoholism and Substance Abuse Services (OASAS)
- New York State Psychiatric Institute (NYSPI)
- New York City Department of Health and Mental Hygiene (DOHMH)
- New York Association of Psychiatric Rehabilitation Services, Inc. (NYAPRS)
- Alcoholism and Substance Abuse Providers of New York State (ASAPNYS)

HARPs are health insurance plans offered by select Medicaid MCOs for people with serious mental illness or substance use disorders. These plans offer specialized services and additional behavioral health benefits to eligible individuals such as rehabilitation and wellness services – including peer support, individualized employment assistance, education support, and more. These benefits are called Adult Behavioral Health Home and Community-Based Services (Adult BH HCBS).

Spreading the word

The goal of the project is to increase enrollment in HARPs and access to Adult BH HCBS. These tools have been developed to help providers, peers, advocates, and others reach out to eligible Medicaid enrollees with mental health and substance use related conditions to inform them about managed care, HARPs, Health Home Care Management, and Adult BH HCBS.

“There have been many misconceptions in recent years about HARP and Adult BH HCBS,” said **Len Statham**, MS, CBP, CPRP, New Choices Project Director for NYAPRS. “Consumers might not be aware of these plans and the considerable advantages they can offer. Through ‘New Choices,’ we hope to increase consumer knowledge of the new benefits available to them.”

Outreach specialists working through NYAPRS have been visiting clinics, homeless shelters, soup kitchens, and provider offices, speaking in-person with clients and direct care staff. During the first four months, they have made nearly 150 presentations throughout the state, reaching more than 500 individuals each month. In addition, OMH and its partners have produced a series of short, step-by-step videos to help consumers understand behavioral health managed care plans. Topics include:

- Health Homes
- HARPs
- Person-Centered Plan of Care
- Care Management
- BH HCBS Assessment
- Adult BH HCBS

The group has also produced slide presentations, brochures, posters, and fact sheets. All HARP and BH HCBS promotional materials are available in English, Arabic, French, Haitian-Creole, Italian, Korean, Russian, Spanish, Traditional Chinese, and Urdu.

These materials are available for free download and can be shared electronically or printed for mass distribution. They can also be printed through OMH Print and Design Services for a cost. Order forms, materials, and translations can be found on the OMH Managed Care Consumer Education web page at: <https://www.omh.ny.gov/omhweb/bho/education.html>.



Samantha Veach



Len Statham

The program’s outreach materials include flyers, posters, videos, and slide presentations.



Connections:

Project TEACH helps pediatric providers work with mental health issues



Project TEACH – a program created and funded by OMH – is designed to help meet the mental health needs of children and families by providing support for pediatric primary care providers.

The project helps to connect primary care providers to appropriate and accessible services that children and families in their practice need. Primary care providers can consult with child and adolescent psychiatrists by phone or request face-to-face consultations for the children and their families.

“The literature tells us that up to half of all mental health concerns start by age 14,” said **Matthew B. Perkins**, MD, Medical Director for the OMH Division of Children and Families. “It’s vital to a child’s overall health to identify mental illness early and intervene. New York State has not been immune to the nationwide shortage of child psychiatrists – especially its rural areas. So primary care physicians providers, such as pediatricians and family practice doctors, are often the first stop for families who have concerns about their child’s behavior or emotional well-being.”

Project TEACH started in 2010 and expanded last year with the launch of a new website. The website features a training page with access to online webinars, as well as information about consultations. Plans include adding a page for families.

Training, access, and referral

Project TEACH offers training in several different formats for primary care providers on a variety of topics related to children’s social and emotional development. The project helps to link families and primary care providers with community mental health and support services. Primary care providers can speak with child and adolescent psychiatrists to ask questions, discuss concerns, or review treatment options. Its linkage and referral services can help providers and families with access to appropriate community mental health and support services, such as clinic treatment, care management, or family support.

Other prescribers who are providing ongoing treatment to children — such as child and adolescent psychiatrists, general psychiatrists and psychiatric nurse practitioners — can also use the service to request a second opinion through consultation. All consultations, training and referrals are at no cost for pediatric primary care providers and other prescribers who provide ongoing treatment to children.

Services provided regionally

Services through Project TEACH are divided among three regions. Teams of child and adolescent psychiatrists and health experts in each region complete all the consultations, deliver trainings, and provide referrals.

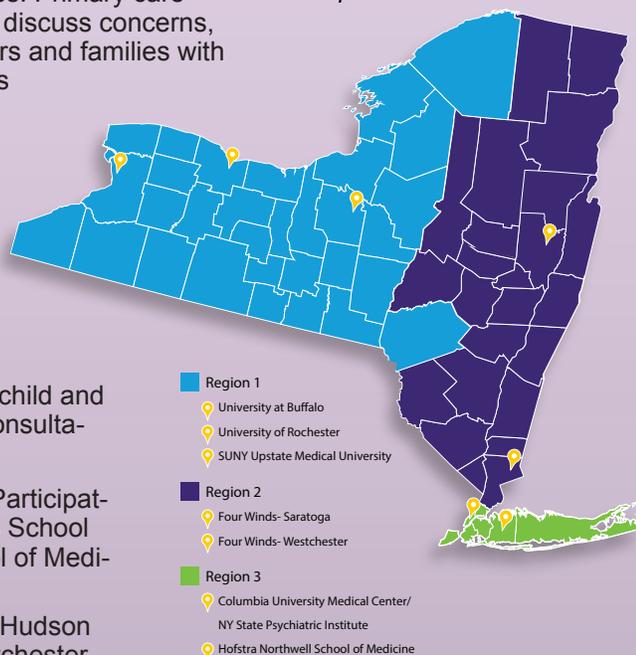
- **Region 1** covers Western and Central New York and the Southern Tier. Participating providers are from the State University of New York at Buffalo Jacobs School of Medicine and Biomedical Sciences, the University of Rochester School of Medicine and Dentistry, and SUNY Upstate Medical University in Syracuse.
- **Region 2** covers Eastern New York from the North Country to the Lower Hudson Valley. Its providers are from Four Winds Hospitals in Saratoga and Westchester.
- **Region 3** covers New York City and Long Island. Its providers are from Columbia University Medical Center/New York State Psychiatric Institute and the Hofstra Northwell School of Medicine.

Responsible for overseeing the project is the **Statewide Coordination Center**, operated by the world-renowned Massachusetts General Hospital Psychiatry Academy, which reviews and reports on program performance and applies best practices to coordinating and expanding services, expanding training and consultation services on a statewide basis, serving as a resource for evidence-based best practices that advance mental health for children and youth, and evaluating the services provided by Project TEACH and the ongoing statewide impact of the program.™



For information, visit: <https://projectteachny.org>.

Project TEACH regional providers.



Raising awareness: 'What's Great in Our State' celebration focuses on children's mental health



For the past nine years, OMH has collaborated with other state agencies and statewide advocates to increase awareness about children's mental health through the annual "What's Great in Our State" program.

Held during Children's Mental Health Awareness Week in early May, the program provides a forum for youths and families to speak about the importance of addressing children's mental health issues in New York State.

Honoring innovation

The event is also a celebration honoring innovative individuals and programs that are addressing these issues by engaging youth through early identification, outreach, reducing stigma, family education, providing mental health awareness in schools, and successful intervention on behalf of children and their families.

"Positive mental health is essential to a child's healthy development from birth," said **Donna Bradbury**, OMH Associate Commissioner, Division of Integrated Community Services for Children and Families. "It influences children's ability to learn and interact with their peers, and reach their full potential."

This year's event, titled "Healthy Minds, Healthy Children and Youth," is being held on May 8 in the Huxley Auditorium in the New York State Museum. State agencies joining OMH as sponsors:

- Council on Children and Families
- Department of Health
- Education Department
- Office of Alcoholism and Substance Abuse Services

Non-profit organization sponsors:

- Early Care & Learning Council
- Families Together in New York State, Inc.
- Mental Health Association in New York State, Inc.
- National Alliance on Mental Illness-New York State,
- New York State Network for Youth Success,
- Research Foundation for Mental Hygiene, Inc.
- Suicide Prevention Center of New York
- Youth Power!

Featured speakers

Keynote speaker will be **Peter Gray**, Ph.D., a research professor of psychology at Boston College who has conducted and published research in neuroendocrinology, developmental psychology, anthropology, and education.

The Young Adult Voice of Recovery presentation will be delivered by **Dianna Paige**, a student at Hobart and William Smith College, who, in high school, created a presentation and video to talk to students about depression and other mental health issues prevalent among adolescents.

"Research has shown that early identification and appropriate treatment of mental health disorders among children and adolescents can give them better opportunities to lead full and productive lives," Bradbury added. "This is why it's important that state agencies, advocates, and families work together on programs such as this to foster resilience and wellness in children, and to support prevention, advocacy, timely treatment, and recovery."^{omh}



For information, visit: <https://www.facebook.com/events/2067362730211767>.

Recipients of this year's awards

Mark Laurrie, the superintendent of the Niagara Falls School District, who has introduced several wellness initiatives to the school district including: Mental Health First Aid, Sources of Strength, and Drug/Opiate Use Prevention.

Cindy Misrock, a social worker for the Freeport School District in Hempstead, who has brought several prevention initiatives to the school district and has been teaching wellness strategies to students in classrooms, as well as during individual and group counseling sessions.

Access to Psychiatry through Intermediate Care, a behavioral health resource in Western New York that focuses on the emotional health of children and young adults with autism and intellectual/developmental disabilities.

Children of Promise, an after school and summer camp program in New York City that also serves as an Article 31 Child and Adolescent Behavioral Health Clinic uniquely designed to meet the needs of children of incarcerated parents.

Mental Health Juvenile Justice Program of Orange County, which started in 2014 as a collaborative effort between Rehabilitation Support Services, local police departments, probation, and social services to address the needs of youth in the juvenile justice system.

Walter Panas Warriors, a program started in 2015 by students at the Walter Panas High School in northern Westchester County to stomp out the stigma of mental illness.

PAX Good Behavior Game at Contact Community Services in Syracuse, which builds the capacity of sustainable school and community infrastructures by improving health and academic outcomes.^{omh}

Training:

Providing instruction in groundbreaking Recovery-Oriented Cognitive Therapy



Recovery-Oriented Cognitive Therapy (CT-R) is an evidence-based practice that empowers behavioral health staff to collaborate more effectively with people who experience serious mental illness — enabling them to participate in the life of their choosing in the community.

CT-R prioritizes attainment of personally set goals, removal of roadblocks, and engagement of individuals in their own psychiatric rehabilitation. The model is primarily focused on schizophrenic patients and individuals who have been hard to engage.

This approach can help providers understand the challenges — such as low energy, disorganization, grandiosity, hallucinations, aggression, and self-injury — that can keep people from engaging in treatment, as well as developing with strategies for action.

“CT-R fits into New York State’s larger reform initiatives,” said OMH Commissioner **Dr. Ann Sullivan**. “For the past several years, OMH has been shifting the focus of the public mental health system from institutional care to more-integrated, community services.”



Training session at South Beach Psychiatric Center.

Collaborative training

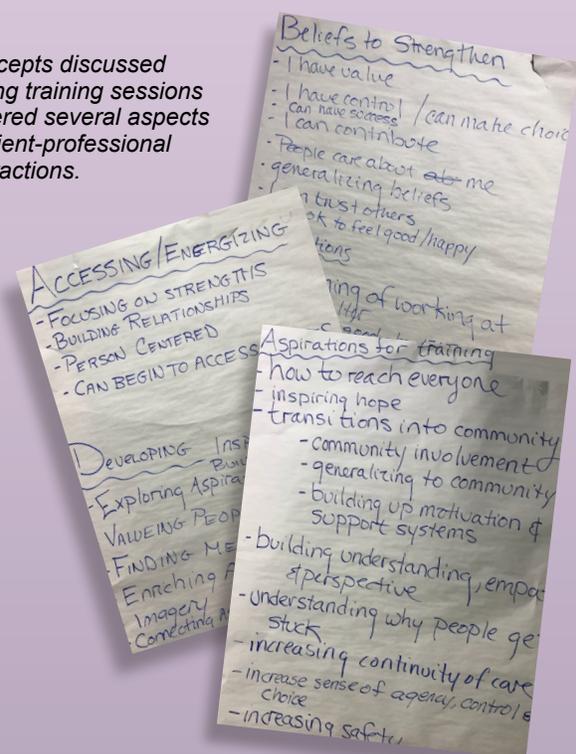
In January, New York was one of only six states to be awarded a sub-contract to conduct CT-R training by the National Association of State Mental Health Program Directors (NASMHPD). The \$221,000 sub-contract is through the association’s Transformation Transfer Initiative.

Training was conducted in January and February at South Beach Psychiatric Center on Staten Island. OMH collaborated in the training with the Aaron T. Beck Psychopathology Research Center, Perelman School of Medicine, University of Pennsylvania, which developed the program.

Taking part were staff from the South Beach clinic, MIT teams, peer-support staff, inpatient units, and the Transitional Living Residence; as well as staff from Baltic Street AEH, Inc., a not-for-profit, peer-run organization, and St. Joseph’s Residential Services, a local residential housing provider. The inclusion of peers is essential to this program, because peers assist individuals throughout their course of care. South Beach employs peers who have been trained by Baltic Street.

The training involved consultation and a workshop, with the consultation being key to the training. Participants were taught skills in both CT-R practice as well as in disseminating knowledge to staff at all levels. The program used both the train-the-trainer model and the training platform provided by the Center for Practice Innovations at Columbia Psychiatry, New York State Psychiatric Institute. Train-the-trainer sessions included staff from downstate OMH state-operated facilities to further disseminate the model throughout state-operated services.

Concepts discussed during training sessions covered several aspects of client-professional interactions.





South Beach Psychiatric Center

Closing service gaps

South Beach was selected for this project because there are currently multiple state and federal transformative initiatives underway there. It is involved in state-funded initiatives designed to improve continuity of care and close service gaps for individuals with severe mental illness, including the establishment of Mobile Integration Teams (MIT) and the use of Lean Six Sigma principles to reduce inpatient stays.

MIT teams were created to fill gaps in services that existed when individuals transitioned into the community after a stay at the facility. They were designed to provide both clinical care and community support.

The facility is also participating in the Staten Island Performing Provider System (SIPPS) within the New York State Delivery System Reform Incentive Payment program as part of New York State's Medicaid redesign. SIPPS is a coalition of providers that work to improve the quality of care and health outcomes by integrating services across the continuum of care.

Lack of available housing is one of the greatest obstacles for individuals who are making the transition from an inpatient setting to the community. St. Joseph's, which is the largest housing provider on Staten Island, offers a continuum of housing options, including scattered-site supported housing.

Consultation continues each week with the Aaron Beck Center, South Beach, and the community providers. Biweekly calls with key administration and trainers are being used to routinely evaluate the progress of the program. Training modules will be developed and will be accessible by any mental health provider throughout the state, which will allow the statewide dissemination of information regarding CT-R.

"OMH will incorporate feedback from recipients and stakeholders in planning, developing, and implementing this project," Dr. Sullivan said. "We fully expect to include recipient advisory and advocacy groups as well."

Baltic Street

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For more information on Baltic Street AEH, Inc., visit: <http://balticstreet.org>.



Saint Joseph's Medical Center

For more information on St. Joseph's Residential Services visit: <http://www.stvincentswestchester.org/residential-services/transitional-apartment-programs>.

Aaron T. Beck Psychopathology Research Center

For more information on the Aaron T. Beck Psychopathology Research Center, visit: <https://aaronbeckcenter.org>.

NASMHPD

For information on the National Association of State Mental Health Program Directors, visit: <http://dev.nasmhpd.seiservices.com>.