

February 2010

Message from Commissioner Hogan

The Ties That Bind: Working Together at Every Level

by Michael F. Hogan, Ph.D., OMH Commissioner

Welcome to this month's issue of OMH News. As usual, there are articles about mental health concerns across the state, across the lifespan and across diverse topics. I hope that at least one of these articles provides news you can use, or a perspective that interests you. One might ask: "Is there a common theme? Are there ties that bind in a 'system' that is so sprawling, so challenged, and so diverse?"

Not surprisingly (at least it will not be a surprise if you've read or heard my remarks before) I see several common themes or threads--both in these articles and in what we are working on together. We face great challenges close at home, across the state and nation, and globally. Nothing brings this into closer focus than the unspeakable tragedy of the earthquake and its aftermath in Haiti. Because New York is such a melting pot, thousands of New Yorkers including many connected with the mental health system have roots in Haiti. Many lost relatives, and many others are still uncertain of the impact. And many of us, like the staff at Rockland Psychiatric Center, made efforts to assist in some fashion. OMH formally assisted in the New York Haitian Earthquake Family Resource Center established in Brooklyn. But many others assisted personally, on their own or through their organizations.

This theme of acting together to do what is needed is a strong theme in our evolution as a mental health system--make that a **healthy** mental health system. While some actions must be taken by government--for example the "21 day budget amendment" proposed by Governor Paterson that will support and strengthen care and reform in mental health clinics by clarifying and improving payment levels to clinics by Medicaid health plans--many other actions are taken by individuals. Just as recovery usually involves a mix of personal determination and resolve, treatment that assists and support from others, we become a healthier system when everyone takes action for improvement at every level. When we take these actions collaboratively, it is even better.

I am heartened that this theme of acting together is being played out in the traditional Albany ritual of "lobby days," at least when it comes to mental health advocacy. More than in the past, mental health advocates are joining together with a message that mental health is important, and that the mental health budget must be protected.

Perhaps this is a trend. If so, it's good for all of us. We do better when we all pull in the same direction, doing so in a fashion that recognizes the incredible diversity of our state but also the reality that voices raised together are stronger. In tough times, shared initiative is essential. Thank you.

Medical Updates



Let's Not Get Too Depressed About Depression

by Lloyd I Sederer, MD, OMH Medical Director

Depression is the poster child of mental health. It is everywhere: we all have a relative or friend or co-worker that suffers from depression. It is understandable: like a blue day -- but 50 times worse and it won't go away. Celebrities, authors, and athletes tell us tales of their depression. It is historical: melancholia dates back to Hippocrates. It is universal: no race, ethnicity, or country is spared; it strikes along the age spectrum from youth to old age. And it is treatable.

Depression is painful, disabling and a major driver of suicide. It reduces the productivity of our businesses through absenteeism and presenteeism (showing up but not being able to do much). It appears all the time, an unwelcome intruder, in people with diabetes, heart disease, cancer, Parkinson's and asthma, and impairs their ability to recover from their medical problems. Depression escalates health care spending for other diseases unless it is detected and treated. For all its prevalence and impact on our society -- and one in five Americans will have a depression in their lifetimes -- depression just doesn't get the respect it deserves.

My evidence for that claim is not its popularity in the media but its second class status in medical care. Most people with depression do not go to see psychiatrists, psychologists and social workers; they go to their primary care physician complaining of some vague set of problems or show up frequently because their heart disease or diabetes just doesn't get better. Those who go and say they feel depressed are frequently inadequately treated or told it's because of age or illness (75 percent of seniors who kill themselves were in their primary care doctor's office in the month before they took their lives). Reliable studies indicate that 75 percent of those afflicted with this treatable and too often debilitating or fatal illness do not receive effective care. One highly noted national study reported that 13 percent of people treated in the general medical sector get "minimally adequate" mental health care.

This is not because there are bad doctors (though there are some of those). This is because depression has not gained a foothold in the standard operations of your doctor's office. When we go to our doctor we get a set of numbers: we are weighed, our blood pressure taken,

pulse too -- all numbers we have come to understand. We know it is really bad to have a BP of 170/110, and if we tell someone who cares about us they say "what are you doing about that?" Then we get more numbers: labs are drawn for sugar, good and bad cholesterol, iron in our blood cells, PSA in men, and on and on. We know it is really bad to have a sugar of 400 and pretty good to have a total cholesterol below 200. Doctors and patients (and families) understand numbers and manage to numbers.

But for the longest time mental health conditions, like depression, did not have a number. Chart records might say mood was "pretty low" or "about the same" or "discouraged" or "crying a lot". Quality medical care is hard to achieve with just descriptive terms; it relies on quantitative measures, principally numbers. What's more, there is not much chance to compete for a doctor's precious time if she is busy fixing the numbers for sugar and BP. Mental health has been losing in the competition for fair time and proper management without a numerical measure of a disease. How about starting with its poster child disease -- depression -- to remedy that?

The good news is that there is a simple, nine item questionnaire called the PHQ-9 that someone can fill out in the waiting room, before seeing the doctor or nurse, that provides a highly reliable number that tells the doctor the likelihood (almost 90 percent sensitive) that you have a depression. The PHQ-9 gives a score from 0-27 and over 10 is the line in the sand that says depression is likely present; over 20 means it is severe. The patient, once diagnosed by the doctor, has a number -- say 18 -- which goes in the medical record and the patient, family, and doctor have the job of getting that number below 10. Just like the person with the BP of 170/110 needs to get that number to (or below) 120/80.

Doctors are good learners. If they need to do something they will learn to do it. If you measure their performance they learn how to do better. We see this with rates of immunization, mammography, surgical complications, and the treatment of a host of common and serious diseases like diabetes, asthma, and heart disease. But they have not yet had to tackle depression, even though it is ubiquitous in their practice, because it has not been systematically measured and monitored. Clear treatment care paths exist that doctors can follow that make for success in treating depression, just as they do with other prevalent conditions that carry great suffering and disability. Improvement rates seen from well studied depression treatments are in the 70-80 percent range -- as good as or better than treatment responses to diabetes and heart disease.

One hundred percent of primary care practices that see adolescents

through adults of all ages should be screening for depression and using standardized treatment guidelines. New York City began a journey toward that goal in 2005 (see *New York Times* April 13, 2005, p1). Initial progress was good when the City's municipal hospitals, which care for one in six New Yorkers, decided to make the PHQ-9 a standard screen to be completed in the electronic medical record. Other care systems have begun to adopt the practice but change has been slow. Some selected health systems around the country are using it, but to my knowledge no state, county or municipality has made depression screening and management a standard of care.

When we ran the public relations campaign for depression screening in NYC our tag line was: ***Have you asked your doctor about a simple test for depression?***

Have you? For yourself or your loved one? Why not? Are you not giving depression the respect it deserves?

Fiscally Speaking

Summary of OMH's 2010-11 Executive Budget

submitted by the OMH Office of Financial Management

| 2010/11 OMH Executive Budget Recommendation | | | | |
|---|------------------|-------------------|-----------------|---------------|
| All Funds | | | | |
| | State Operations | Aid to Localities | Operating Funds | Capital Funds |
| 2009/10 Available | \$1,923,869,000 | \$1,137,774,000 | \$3,061,643,000 | \$311,751,000 |
| 2010/11 Executive Recommendation | \$2,037,688,000 | \$1,233,410,000 | \$3,271,098,000 | \$329,464,000 |
| Change: | \$113,819,000 | \$95,636,000 | \$209,455,000 | \$17,713,000 |

Note: These highlights reflect Financial Plan cash spending projections for OMH funding in the 2010/11 Executive Budget.

The 2010-11 Executive Budget Recommendation for OMH balances the competing challenges of achieving savings to reduce the State's budget gaps while ensuring critical mental health needs are met.

State Operations

The 2010/11 Executive Budget, when combined with the 2009/10 savings already implemented, generates \$93.1 million in State Operations savings by:

- Reducing adult inpatient capacity in favor of Transitional Placement Programs (TPP's);
- Enhancing efficiencies in agency operations (i.e., conversion of contracts to State jobs, reduced annualization of funding for various programs, proposed collective bargaining savings, etc.);

- Continuing implementation of SFY 2009/10 spending controls including the Voluntary Severance Program and the Deficit Reduction Plan.

In order to maintain patient revenue streams to the State and ensure that patients receive quality care, State Operations funding is increased by a net \$113.8 million for negotiated salary increases and related general state charges as well as adjustments for energy, pharmacy and other base operations.

For additional information, please see the [State Operations Budget Highlights](#).

Aid to Localities

The 2010/11 Executive Budget, when combined with the 2009/10 deficit reduction savings already implemented, generates \$79.3 million in Aid to Localities savings including:

- Continuing to maximize State Aid recoveries, completing the reconciliations underway for Comprehensive Outpatient Programs and proceeding with the multi-year plan to recover exempt income from Community Residences and Family Based Treatment programs.
- Removing prescription drug reimbursement from the inpatient rate methodology for Residential Treatment Facilities (RTFs) for Children and Youth to improve access and generate savings attributed to higher Medicaid rebates.
- Annualizing prior year cost savings measures including eliminating the enhanced funding differential for the Unified Services program and restructuring initiatives to defer the costs for these new commitments until they are affordable.

OMH's Aid to Localities funding is increased by a net \$95 million to improve access and availability of mental health services including:

- Reinvesting a portion of the savings from delays in residential development begun in 2009/10, to support a proposed multi-year remedial plan in response to a Federal court decision to provide additional OMH supported housing for individuals currently in adult homes.
- Continuing the development of high priority residential initiatives underway including the NY/NY III homeless housing agreement and supported housing units.
- Annualizing funding for prior year initiatives including The Children's Plan, model adjustments for community residences and family based treatment programs and conversions

underway to Personalized Recovery Oriented Services (PROS).

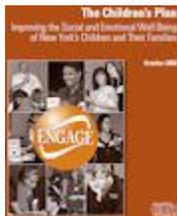
- Funding for a second \$6 million Federal Grant award for the *New York Makes Work Pay* programs.

For additional information, please see the [Aid to Localities Budget Highlights](#)

The 2010-11 Executive Budget includes the following Article VII bills:

- Eliminating the duplicative unmet needs study;
- Clarifying the authority of OMH facility directors as representative payees;
- Encouraging the use of video-teleconferencing for certain judicial hearings;
- Authorizing a reduction and conversion of Adult inpatient capacity and the extension of the Community Mental Health Support and Workforce Reinvestment Act;
- Eliminating enriched funding for mental hygiene services in the five Unified Services Counties;
- Protecting providers from a deflationary Human Services Cost-of-Living Adjustment;
- Clarifying OMH's existing authority to recover exempt income for community residences and family based treatment programs;
- Extending current social worker and mental health professional licensing exemptions;
- Codifying existing practice in relation to payments made by the OMH and the OMRDD to family care homes.

Promoting Quality Services for Children and Adolescents



Building a Foundation for Lifelong Success

from the Division of Children and Family Services

During the academic year, children spend 60 percent of their waking hours in school. Therefore, schools are the place where we have the greatest opportunity to help them grow and learn. To take advantage of this opportunity, New York State is creating something called, "Promise Zones." These are communities in which local school districts partner with state and local child-serving agencies to work towards creating learning environments that engage students so that they are on task and ready to learn. Promise Zones are based on collaboration within a community among parents, employers, elected leaders, educators and community partners. By everyone working

together, we can help children to do well academically and graduate.

Promise Zones are one of the many cross-system initiatives of [The Children's Plan](#). In recognition of the multiple and complex needs of children and their families, representatives from education, health, labor, child welfare, juvenile justice, mental health, substance use, and community stakeholders from not-for profits and philanthropic organizations invested in children are all at the table devoted to building a model for success. Supporting these efforts is the Council on Children and Families and its Executive Director Deborah Benson, who states "Promise Zones reflect the intent of The Children's Plan and the cross-systems commitments made by state agency commissioners, together with youth and families, over the past three years. As we forge ahead trying to find better ways to help children achieve improved outcomes in school and in everyday life, we look to partnerships like Promise Zones as opportunities to engage schools and communities toward changing the life course for children and youth. We trust that our collective investments in planning and services will create model approaches and inspire other communities to take the actions necessary to help all children flourish and achieve their dreams."

The State Education Department and its agency representative, Jean C. Stevens, the Associate Commissioner of the Office of Instructional Support and Development shares that, "Under the leadership of Commissioner Steiner and Chancellor Tisch, the Education Department is committed to taking bold and assertive actions to ensure that all students are provided full opportunity to become contributing members of the 21st century workforce. New York Promise Zones for Urban Education is a comprehensive strategy that will help ensure that all students are engaged and provided the services to be successful. We are excited about the potential of the project and look forward to contributing to this initiative with our State and local partners."

The Promise Zone model began with a review of state and national best and evidence-based practices related to school success in high need and challenged communities. The framework for Promise Zones includes: a committed community organization, school-based support teams, a dedicated school social worker and a network of local service providers. Based on this approach, schools will be better able to reduce absences, truancy and incidents. Teachers will have increased time to focus on lessons in their classrooms and students will experience improved educational outcomes.

For communities, this model has the potential to significantly impact students in their schools. Robert C. Long, the Commissioner of the

Onondaga County Department of Mental Health agrees, "The Promise Zone provides a great opportunity to build upon our existing collaboration with the Syracuse City School District and "Say Yes to Education," to assess current capacity and challenges and to improve our collective ability to serve the mental health needs of students, all in the context of developing a County-wide "system of care" for children. We're confident that these efforts will lead to children being more successful in school, work and life, and we're excited about identifying core elements of success that can be used by other communities in New York State."

Many of the elements of Promise Zones have already been applied in Buffalo, Syracuse and New York City. However, before now, there was no identification of common elements and state involvement in creating a model approach. Through the Promise Zones Initiative, state agencies are rallying their support behind these communities and helping to determine how best to support and replicate the model framework. From the lessons learned in these first Promise Zones sites, we plan to have a clear model for collaborative planning and service delivery to improve educational and health outcomes for children in high need districts that can be replicated in schools statewide.

This is particularly exciting to OMH Commissioner Michael Hogan, who feels this is a natural next step in how we should be providing services in a way that is more conducive and appropriate for children's social and emotional health and well-being. He states, "Children's mental health care in NYS has succeeded in several major reforms. A system once dominated by hospitals became community-based. The role of parents, and now youth, has moved from passive recipients of care to dynamic agents of change. Now we face new challenges and opportunities.

"With Clinic Plus, we took steps toward engaging in the real world settings where children are, but barriers - including stigma - remain dominant. Now we seek to work directly in settings where mental health skills - both clinical and consultative - are crucial to success. Nowhere is this more important than in high-need urban schools. These schools cannot succeed without exceptional school leaders, school climates that promote social and emotional health and high expectations, and access to treatment and community supports for young people who need them.

"The Promise Zone initiative pulls together three urban communities (the Bronx, Syracuse City Schools and Buffalo schools) that are involved in ground-breaking collaborations. OMH is supporting these efforts and pulling together state agencies dedicated to finding the

‘active ingredients’ of successful school reform. In this project, we hope to define new roles for community mental health in supporting school reform and student success.”

Through these efforts, we envision a New York in which all people are prepared for citizenship, work and continued learning; in which gaps in achievement have closed, and the overall level of knowledge and skill among the people matches or exceeds the best in the world. In spite of progress made over the last decade, we are still far from achieving that vision. The Promise Zones initiative is an opportunity to build the necessary supports and structure around children in their communities to better equip them to be successful in school, work and life.

From the Field



[Enlarge](#)

The Children’s Plan in Action: New York City Roundtable

by Susan Thaler, NYCFO Director of Children’s Services; Bernadine Meeks, Citywide Parent Advisor; & Brian Lombrowski, Youth Involvement Specialist

“It felt great to be included!”

That was the feedback heard by New York City (NYC) field office staff and local city and state representatives, from parents and youth who participated in the NYC Children's Plan Roundtable. "The roundtable was an experience of complete enjoyment... very informative and rewarding to be among professionals who took the time to not only listen but share their knowledge...I felt as though I was finally being heard," said Wanda Martinez from the Manhattan Family Resource Center.

Manuel Garcia and Ewelina Wiecek, two NYC youth advocates described their experience as very "youth friendly, driven and focused, because so many youth participated. Manny stated it was a good feeling to be able to have input in the Plan based on his own experiences, and Evelina marveled at how the facilitators incorporated the youth suggestions.

The NYC Children's Plan December Roundtable was convened to develop NYC-specific cross-systems action plans for two priority populations: children birth-5 years old and young adults ages 16-25 years old. The Children's Plan, developed in response to the Children's Mental Health Act of 2006 and signed by all nine state commissioners of child serving agencies, has been gaining momentum statewide with numerous cross systems initiatives already underway. The Roundtable was NYC's effort to bring together youth, family members, city and local state representatives to begin to work on our collective goal of achieving social and emotional well-being for

all children across community and agency boundaries. In NYC, we are focusing on specific issues of children birth to five and youth 16-25 because these two age groups were identified by families, youth, community providers, and city agency representatives as populations that could really benefit from extensive interagency collaboration and cross system support.

Participants of the Roundtable included senior level city and local state agency representatives, NYC cross-system groups, child and family advocates, families and youth. Participants were organized in groups to facilitate cross-agency collaboration and were tasked to share agency perspectives on a critical issue for these two populations. Identified issues were prioritized and each group was challenged to think of innovative and feasible collaborative cross-system initiatives or practices that could improve service delivery for the two priority populations within a year.

Two needs were selected for transition aged youth:

- 1) A collaborative approach is needed to enable transition age youth to access appropriate housing and develop skills for independent functioning.
- 2) There is a need for youth service plans to be youth-guided and coordinated across all agencies, with shared accountabilities for outcomes.

Promoting Cultural Competence



Center of Excellence for Cultural Competence at NYSPI Releases Report

from Madeline Tavarez, Administrative Assistant at the Center of Excellence for Cultural Competence at NYSPI

The mission of Center of Excellence for Cultural Competence at New York State Psychiatric Institute is to conduct research on the cultural and linguistic competence of mental health services, in order to improve the quality and availability of these services for under-served populations in New York State. Public education and strengthening of networks are core services we aim to provide in achieving these goals.

The Center recently released a report, [Improving the Physical Health of People with Serious Mental Illness: A Systematic Review of Lifestyle Interventions](#). The goals of this report are to:

1. examine the current state of the literature in the U.S. on lifestyle interventions for adults with serious mental illness;
2. summarize lifestyle interventions strategies;
3. examine the physical health outcomes of these interventions;

and

4. evaluate the inclusion of racial and ethnic minority groups in these studies and the cultural and linguistic adaptations used in these interventions.

For more information about the Center, visit the [Center's website](#), and don't hesitate to [contact the Center](#) with any questions, concerns, or relevant information.

Facility Updates



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Rockland Psychiatric Center Community Supports Humanitarian Efforts Underway in Haiti

from staff at Rockland Psychiatric Center

The January 12 earthquake which devastated Haiti and its people also sent anguished shockwaves through the Rockland Psychiatric Center (RPC) community. More than fifty RPC staff report deaths in their extended families, and many more report homelessness and lost contact with loved ones on the Island.

RPC, located adjacent to the diaspora Haitian community in Spring Valley, New York, has for years employed many skilled, professional and dedicated employees with roots and ties to Haiti. Nearly every hospital department – psychiatry, nursing, social work, administration, direct care, nutrition, housekeeping – boasts Haitian-Americans among its staff. Following the disaster, RPC's EAP Coordinator Karen Greene immediately reached out with support to many of these employees.

The hospital's response also brought together a broad coalition of organizations, including the Black Heritage Committee, The Empowerment Center (a non profit consumer organization), CSEA, PEF, NYSCOPBA, and the hospital's cohesive group of SEFA captains. The group decided to raise funds for three organizations: Red Cross, Partners in Health, and UNICEF. The effort includes the entire hospital community (Union members, consumers, management, and volunteers), as well as outreach to the larger community.

The group, chaired by Scienca Torchon, RPC Deputy Director of Nursing, is sponsoring four activities, and has published a newsletter recounting the experiences of affected staff. The fund-raisers are as follows:

- A Walk for Haiti, which will be lead by consumers on each unit;
- A raffle which is supported by local businesses, as well as artists working out of our outpatient centers arts program. The

first ticket was sold to Commissioner Hogan by Sciencia during the Commissioner's recent visit to the RPC campus (see photo);

- A tee shirt sale (with the Haitian flag colors of red and blue). The first tee shirt was purchased by New York State Senator Thomas Morahan (see photo); and
- A lunch (featuring Haitian food) and silent auction will be held on March 10.

These activities have given our entire community an opportunity to stand in support of our fellow staff and friends who have suffered such indescribable losses. It has also given staff, consumers, and volunteers an opportunity to reach out as one and express our common humanity with the people of Haiti.

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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