

INSIDE THIS EDITION:

- News from the Division of Integrated Community Services for Children & Families

- Jobs at OMH

-Announcement from Governor Cuomo on LGBT Disparities

-News from the OMH Bureau of Cultural Competency

-News for Military personnel & families

-Facilities Spotlight: Summer time at OMH



August 2014

Managing and Adapting Practice (MAP) Training Program

Susan Albamont, Division of Integrated Community Services
for Children and Families

The face of the behavioral health system in New York State is changing. Multiple concurrent efforts are underway to change how services are delivered, managed, evaluated and reimbursed. In order for agencies, organizations, and individual clinicians to be poised and ready for these changes, they must be able to ensure effective treatment and quality outcomes. By using evidence-based practices, providers are more likely to demonstrate positive outcomes.

The Evidence Based Treatment and Dissemination Center (EBTDC) is very excited to offer mental health clinicians serving children, working in either community clinics or state operated children's services, an opportunity to improve clinical outcomes, enhance accountability and increase the knowledge and skills of the workforce. As everyone prepares to meet the challenges of the changing behavioral healthcare system, being able to provide effective practices that demonstrate measurable outcomes will become increasingly critical. The focus of this year's EBTDC project is to offer organizations access to on-line resources designed to provide practitioners with information and state of the art decision support tools to guide and improve practice.

An online decision support system called Managing and Adapting Practice (MAP) is currently being implemented in a number of mental health organizations in the United States. These decision support tools and on-line resources have been developed to address the need for more reliable and easily accessible resources to support clinical decisions.

The MAP system was developed by Drs. Bruce Chorpita & Eric Daleiden. MAP is an online resource that assists practitioners to coordinate and supplement the use of evidence-based practice for children's mental health.

(Cont'd on page 2)

OMH News is published monthly for people served by, working, involved or interested in New York State's mental health programs.

The MAP system is designed to improve the quality, efficiency, and outcomes of children's mental health services by giving administrators and practitioners easy access to the most current scientific information and by providing user-friendly monitoring tools and clinical protocols. Using an online database, the system can suggest formal evidence-based programs or, alternatively, can provide detailed recommendations about discrete components of evidence-based treatments relevant to a specific youth's characteristics. Whether services are delivered through existing evidence-based programs or assembled from components, the MAP system also adds a unifying evaluation framework to track outcomes and practices.

MAP consists of three online tools:

1. Practice Wise Evidence-Based Service: online database that can make recommendations about formal evidence-based programs OR about specific components of evidence-based treatments based on the clinical problem and client characteristics
2. Practitioner Guides: Provides practitioners with a description of a broad range of evidence informed clinical interventions and their components in a user friendly way. The majority of these practice guidelines refer to cognitive-behavioral and psycho-educational approaches.
3. Clinical Dashboard: A graphic display that tracks and monitors outcomes and associated practices on a graphical clinical dashboard

EBTDC MAP

- Offers NYS OMH Clinician and Supervisor Certification upon successful completion
- EBTDC provides intensive clinical training and consultation on a broad range of evidence-based treatments for children and adolescents
- Follows NYS MAP Training Protocol modeled from the PracticeWise MAP developers training model
- Supervisor, Administrative and Milieu support for settings as they implement
- Resources and Supports offered free of charge to participants
- Offers training in Anxiety, Depression, Disruptive Behavior and Trauma among other content areas

For more information, visit [OMH's Evidence Based Treatment Dissemination Center](#).



SafeTALK stands for : Safe: “Suicide Alertness for Everyone” and TALK: “Tell, Ask, Listen, KeepSafe”. This training was developed by LivingsWorks and is considered a best practice by the American Foundation for Suicide Prevention.

SafeTALK is offered for OMH and OPWDD Central Office employees by Certified SafeTALK trainer, and OMH Employee, Susan M. Klemme, LMSW. **These trainings can also be provided to community organizations and agencies, free of charge, by Susan Klemme or by other trainers statewide.** *

Participants learn dispel common myths about suicide and the suicidal, as well as how to identify the signs of personal distress, and how to ask someone open, and honestly about suicide.

*Training information can be found on [OMH's Suicide Prevention page](#) or at the [Suicide Prevent Center of NYS website](#).

WEBINAR SERIES

The Use of Peer Support in State Correctional Facilities

Part 1: Wednesday, August 27, 2014 • 3:00–4:30 p.m., EDT
Part 2: Wednesday, September 3, 2014 • 3:00–4:30 p.m., EDT

SAMHSA and the Association of State Correctional Administrators are pleased to announce a two-part webinar series focusing on the successful and innovative use of peers in state correctional facilities. Attendees will learn about the use of peers in Special Needs Units and in Reentry Planning. The first session will highlight several exemplary programs and the second session will focus on how to fund, develop, implement, sustain and expand these programs in correctional facilities. We hope that you will join us.

Save the Date!

More information will be coming soon.



JOB OPPORTUNITIES WITH NYS OFFICE OF MENTAL HEALTH

OMH operates psychiatric centers across the state, and also regulates, certifies and oversees more than 2,500 programs. Employment opportunities exist at many locations throughout the State. Openings are currently available in the following positions:



- Nurses
- Psychiatrists
- Psychologists
- Social Workers
- Teachers
- Pharmacists
- Clerical

**Visit the OMH employment page at:
<https://www.omh.ny.gov/omhweb/employment/>**



Governor Cuomo Announces Multi-Agency State Effort to Address LGBT Disparities

New York becomes first state in the nation with coordinated statewide strategy to improve LGBT data collection

ALBANY, NY (July 23, 2014) Governor Andrew M. Cuomo today announced that New York State is undertaking a coordinated, multi-agency effort to strengthen data collection for lesbian, gay, bi-sexual and transgender (LGBT) New Yorkers.

Outlined in the first report by the State's Interagency LGBT Task Force, this statewide effort to include sexual orientation and gender identity information in data collections will allow the state to better tailor services to meet LGBT needs, ultimately improving the health and lives of thousands of New Yorkers. This effort makes New York the first state in the nation to employ a coordinated strategy to develop its data collection procedures for the LGBT community.

“New York State has a long history of advancing progressive ideals, and today we are continuing to lead the nation by identifying new ways to improve services and better meet the needs of the LGBT community,” Governor Cuomo said. “By being more inclusive with how state agencies monitor the demographics of those they serve, we can address health and financial disparities, safety concerns, and a myriad of other issues that impact LGBT New Yorkers. This is another step forward for an important community in New York, and our administration will continue standing up for all New Yorkers, regardless of their sexual orientation or gender identity.”

The Institute of Medicine in its March 2011 report, *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*, emphasized the need for collection of gender identity and sexual orientation data. Due to current limited data collection, it can be difficult to identify the specific nature of health and other disparities in the LGBT community and formulate effective means of addressing them.

Eight state agencies currently collect or are updating their systems to collect LGBT demographic information in their clinical and survey instruments: the Department of Corrections and Community Supervision, the Department of Health, the Office for the Aging, the Office of Mental Health, the Office of Alcohol and Substance Abuse Services, the Office of Temporary and Disability Assistance, the Office of Children and Family Services, and the Office for People with Developmental Disabilities. The Taskforce is working with all agencies to identify additional appropriate systems to update in 2015, and will ensure agencies are sharing resources and best practices in training and implementing these changes.

Michele McClave, Executive Director of the AIDS Council of Northeastern New York, said, “Changing our system to collect sexual orientation and gender identity information is critical to providing the best patient-centered AIDS prevention and treatment services we can and continuing New York’s tradition of having the premier treatment system in the country.”

Lisa Alford, Executive Director Onondaga County Office of the Aging, said, “Including information on the LGBT community in our intake process has been important to ensuring we are providing vital services to seniors in Onondaga County. We commend Governor Cuomo’s leadership to coordinate a statewide strategy with more state agencies to improve programs and services for all New Yorkers.”



Military Personnel & Their Families

There have been extensive changes in the Transition Assistance Program (TAP) for those Servicemembers leaving the military. Replacing the old program is an interagency (Department of Defense (DoD), Department of Veterans Affairs (VA), Department of Labor (DOL), Small Business Administration (SBA)) Transition GPS (Goals, Plans, Success) program. This five to seven day event, generally within 180 days of separation, has established Career Readiness Standards for every transitioning Servicemember regardless of Service. For those of you who have already separated, we'll tell you how you can see the new program and what you may have missed.

This mandatory interagency Transition GPS program is broken down into several different segments:

An overview. A military occupational codes crosswalk, resilient transition overview, and financial planning seminar conducted by the Services (Army, Navy, Air Force, Marines, and Coast Guard). This training provides the foundational pieces for a successful transition.

Employment Workshop. A three-day Employment Workshop conducted by DOL addresses factors that contribute to successful employment transition, as well as challenges that may interfere with work performance. The intent is to provide transitioning Servicemembers with the skills needed to find and maintain a private or public sector civilian job.

VA Benefits Brief. A two-segment Benefits Brief by VA informs transitioning Servicemembers of their Veterans benefits options to include information on education, health care, life insurance, home loans, VA disability compensation, and the eBenefits portal. In addition, VA provides individual assistance to address specific questions about benefits, help with filing claims, and establish a profile on the Veteran's Employment Center. A Capstone event, conducted before a Servicemembers' transition from military service and sponsored by the Services, confirms all objectives of the Career Readiness Standards have been met and a viable plan to successfully achieve transition goals has been established. Representatives from DOL, VA, SBA, and other community organizations attend the CAPSTONE event to ensure Servicemembers connect with the proper resources as they become Veterans.

For more information, visit the [Department of Veteran's Affairs website](#).



The Cultural Formulation Interview: Building Stronger Partnerships between Clinicians and Consumers

By Oscar Jiménez-Solomon, MPH*, Chacku Mathai, CPRP**, Neil Aggarwal, MD, MA*,
& Roberto Lewis-Fernández, MD*

Zach has not seen a shrink (as he calls clinicians with distrust) in years, but he is willing to try after a psychiatric relapse and hospitalization that have shaken him. He walks into Dr. P's office and says to him "Before we get started, I want to tell you that I am gay. I grew up Jewish but I consider myself a Christian today. I haven't seen a shrink in a long time because I had a bad experience, and I need to know if talking about all of this is going to be OK with you." Although an already remarkable encounter to this point, what is most important is what follows. Dr. P's training tells him to ask Zach about his symptoms and how he is doing with his new medications. But Dr. P. can see that Zach must be heard, so he decides to ask Zach instead to talk about what is bothering him the most. Dr. P. then asks Zach what he thinks is causing this, how other people in his life see what is happening to him, and about his most important life stressors and supports. Dr. P. asks Zach if he could say more about what those identities mean to him, and if these are making matters better or worse. Dr. P. tells Zach to talk about what he has done on his own done to cope; his past experiences with clinical care; and the type of supports that would be most helpful to him now. Zach feels finally heard.

Without knowing, Dr. P. has just followed the spirit of the DSM-5 Cultural Formulation Interview (CFI). But, what is CFI? On the surface the CFI is a 16-item interview tool to guide clinicians in having meaningful conversations with mental health consumers about their cultural identities, the way they and others close to them explain what is happening to them (what clinicians may call "diagnosis"), prior experiences of care, and what type of help and clinical relationship they would like. At a deeper level, the goal of the CFI is to lay the foundation for person-centered care and shared decision-making by encouraging clinicians to engage individuals in a dialogue about how their cultural identities, values and prior experiences shape their care expectations and goals; build a stronger clinician-consumer partnership; and transform the therapeutic relationship.

After many years of work, an international field trial of the CFI has shown that people receiving mental health services and clinicians find the CFI feasible, acceptable, and useful. But because not every man and woman who walks into a first clinical encounter is as fortunate as Zach, the New York State Center of Excellence of Cultural Competence (CECC) at New York State Psychiatric Institute (NYSPI), in partnership with the NYSPI Center for Practice Innovations, is preparing to launch the first CFI online training module for mental health providers in the winter of 2014-15. The CECC is also developing a consumer empowerment initiative to ensure that mental health consumers in New York State know about the CFI and how to access it.

To learn more about the work of the NYSPI CECC, visit: <http://nyculturalcompetence.org/>.

The CFI can be accessed for free at the American Psychiatric Association webpage: <http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures>.

* New York State Center of Excellence for Cultural Competence at New York State Psychiatric Institute

** National Alliance on Mental Illness (NAMI) STAR Center



Social Security Myths, Tips and Tricks Launches Utilizing WebEx Technology **By Elizabeth Patience, Regional Advocacy Specialist for the CNY Region**

I would like to challenge all stakeholders of the system to seek knowledge of Social Security benefits as applied to work.

There are so many myths out there about people's ability to work while on Social Security benefits. Many people do not understand that persons with disabilities can maintain Social Security benefits, including Medicaid while working. The people we serve, their families and persons in our workforce should seek at least some basic understanding of the truth that people can work and keep the necessary safety net of Social Security benefits in place. For example as stated on the New York State Department Of Health website, through the Medicaid Buy-In program, a person on SSI can have a gross income that may be as high as \$59,388 for an individual and \$79,692 for a couple while still being eligible for Medicaid. Plans to Achieve Self Support can assist an individual in launching their own business while maintaining benefits. Impairment Related Work Expenses also help reduce a person's countable income thus allowing them to keep Social Security eligibility in place. Persons on Social Security Disability Insurance with a large spend down for Medicaid eligibility can work a few hours a month and receive Medicaid.

You might ask, where can I get this knowledge so I can help myself, my loved one or the person I serve. The New York State Office of Mental Health under the Office of Consumer Affairs, has been traveling throughout the state presenting the Social Security Myths, Tips and Tricks training for several years. Due to high demand and requests for availability of the training, the Office of Consumer Affairs is going to host this training state-wide utilizing state of the art WebEx technology at several site locations around the state. On August 21st and 22nd from 8:30-4, we will present this training in a live broadcast.

I encourage people to seek out this knowledge as the more we know the better we can help people to recover meaningful lives and end the cycles of poverty and despair that comes with living on extremely low incomes.

For more information contact your local Office of Mental Health Field Office:

Western Region: 716-319-7105
Central NYS Region: 315-426-3942
Hudson River Region: 845-454-8637
NYC Region: 212-330-6386
Long Island Region: 631-761-2508

FACILITY SPOTLIGHT

Check out what summertime looks like at our facilities across the state!



View of the bridge to Canada from St. Lawrence Psychiatric Center



Bronx Psychiatric Center



Patient garden at Capital District Psychiatric Center



Buffalo Psychiatric Center



Rockland Psychiatric Center



Rockland Psychiatric Center