OMH News

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

March 2016

March is National Social Work Month!

SOCIAL WORK

FORGING SOLUTIONS

OUT OF CHALLENGES

Honoring New York's Social and Miracle! Workers

Social workers are the foundation of our mental health system. With more than 600,000 people in the profession, social workers are the largest group of mental health care providers in the United States.

In New York State, there are 25,685 Licensed Master Social Workers (LMSWs) and 25,142 Licensed Clinical Social Workers (LCSWs) according to the State Office of the Professions.

What do social workers do? The answer is as complex as the responsibilities they carry out each day:

- They work in client's homes, clinics, schools, community centers, private practices, military bases, correctional facilities, hospitals, nursing homes, and hospices.
- They help people handle their problems, cope with major life changes, and overcome challenges.
- They work with people who are disabled, mentally ill, underprivileged, homeless, struggling with substance abuse, or victims of domestic violence.
- They deal with anxiety, depression, substance abuse, illness, divorce, child abuse, unemployment, and death.
- They listen, build relationships, respond to crises, research, advocate, follow-up, and develop and evaluate services.
- They provide psychotherapy, arrange for referral to community resources, financial assistance, clothing, food stamps, childcare, and healthcare.
- They are called upon to use their own abilities and resources to develop solutions, while managing multiple clients, and handling mounds of paperwork.

In short, social workers are problem solvers and miracle workers.

But it's not an easy job. The level of stress is high. The hours often include evenings, weekends, and holidays. And it can be hard to leave work behind when one gets home.

Above all, being a social worker requires one to have a willingness to improve the lives of people, compassion for the needs of others, and an understanding of the value of every human life.

We've dedicated this edition of *OMH News* to each and every social worker in New York State. We'll share some of their stories and offer the latest news on OMH programs that help them carry out their valuable work.

If you would like to share your own story, please contact us at: omhnews@omh.ny.gov.

Social Workers:

Playing a prominent role in delivering mental health services in New York State

Chris Tosado

Social work is an interdisciplinary profession – drawing from psychology, sociology, criminology, education, health, and law.

"The profession is committed to providing quality, person-centered strength-based services that promote hope, recovery, resiliency, and community integration," said Chris Tosado, LCSW, State Operations Social Work Liaison, and chair of the OMH Directors of Social Work Committee. "Social work is well-represented in local, county, state, schools, hospitals, non-profit and private practice mental health providers throughout the state. OMH is no exception."

Social Work at OMH

OMH employs more than 1,000 social workers, licensed by the State Education Department (SED), who function as primary therapists in its child and adult state-operated psychiatric centers. LMSW and LCSW staff are treatment team leaders, intensive case managers, community service leaders, facility directors, deputy directors, mental health program specialists, and program managers.

"The social work discipline provides clinical, administrative, programmatic and operational leadership in the prevention, rehabilitation, and recovery of children, adolescent and adults in mental health treatment across our continuum of care including inpatient, day treatment, outpatient clinics, ACT, CPEP, crisis respite, mobile integration teams, child and adolescent services and crisis intervention services," Tosado said.

"OMH's social workers develop innovative solutions and strategies in practice that empower lives," Tosado said. "They are agents of positive, community-based change, serving as administrators, policy analysts, researchers, educators, advocates, supervisors, and community service leaders. The knowledge, skills, and abilities of OMH's social work staff continue to meet the challenges of a changing behavioral health system and OMH's statewide transformation efforts."

Licensing and Continuing Education

The practice of social work is influenced by federal and state statutes and regulations. Licensed mental health professionals in New York State must meet the regulatory requirements for licensure and provide services within their scope of practice.

Since January 1, 2015, every practicing LMSW and LCSW is required to complete 36 hours of acceptable, formal continuing education during each three-year registration period to maintain their license. State Civil Service Law also includes occupational and scope of practice requirements for LMSW and LCSW staff to maintain their licenses and employment.

The OMH social work discipline is presented with a new challenge as the social work workforce is required to collectively complete more than 36,000 hours of continuing education hours within the next three years. OMH has been designated by SED as an approved provider of continuing education to LMSWs and LCSWs. The agency's continuing education programs support OMH social

NASW, NEW YORK CITY CHAPTER
National Association of Social Workers

I am a

basic agent for positive change - a client advocating, injustice fighting, therapy providing, systems testing, family preserving, social conscious raising, data collecting, rights protecting, child defending, staff developing, human assisting, strengths focused, social rights championing, ego lending, and crisis intervening teacher, facilitator, listener, encourager, supporter, and leader with professionalism, integrity, concern, empathy, values, love, trust, honesty, and warmth -

Social Worker

Thanks to the Arkansas Chapter of NASW for inspiring this affirmation.

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workers with compliance to education and Civil Service laws while enhancing professional development opportunities for the profession.

OMH Directors of Social Work Committee

The practice of social work practice is continuing to evolve, so OMH's Directors of Social Work Committee, made up of social work directors from agency facilities, provides guidance and planning for delivery of social work services. It collaborates and works in a discipline liaison role with the agency's Bureau of Education Workforce Development in assessing professional development needs and developing continuing education programs to meet them.

The committee collaborates on developing continuing education with:

- The New York State Chapter of the National Association of Social workers (NASW-NYS). The chapter is made up of more than 8,000 social workers throughout the state. The NASW is the largest professional social work association in the United States with more than 140,000 members and 56 chapters throughout the world. For more information, visit: https://naswnys.org/.
- The Public Service Workshop Program – a partnership between the Governor's Office of Employee Relations, the Public Employees Federation, and the Professional Development Program of Rockefeller College – and NASW-NYS.

The committee is continuing to develop cross-disciplinary collaborations with nursing, psychiatry and psychology that enhance the practice of all professions. Recent examples are the sessions offered at the 39th OMH Chief Nursing Officers Annual Educational Conference, continuing medical education programs, and by the OMH Bureau of Cultural Competence.

OMH Social Workers: Directly Involved!

- OMH social workers directly provide biopsychosocial assessments, treatment planning, family support, psycho-education, case-management, advocacy, discharge planning and psychotherapy (individual, family and group).
- Clinical interventions and evidence-based models of social work practice include, but are not limited to: cognitive behavioral therapy, dialectical behavioral therapy, motivational interviewing, aggression replacement treatment, cognitive remediation treatment, wellness-self management, Knowledge Empowers You (KEY), focused integrated treatment, critical time intervention, assertive community treatment, integrated dual disorder treatment, teen intervention, collaborative problem-solving, strength-based practice, cultural and linguistic competence, person-centered treatment and trauma-informed care.
- Continuity of care is also an important role of social work, and is demonstrated through case management, discharge planning, coordination, and facilitation of warm hand-offs.

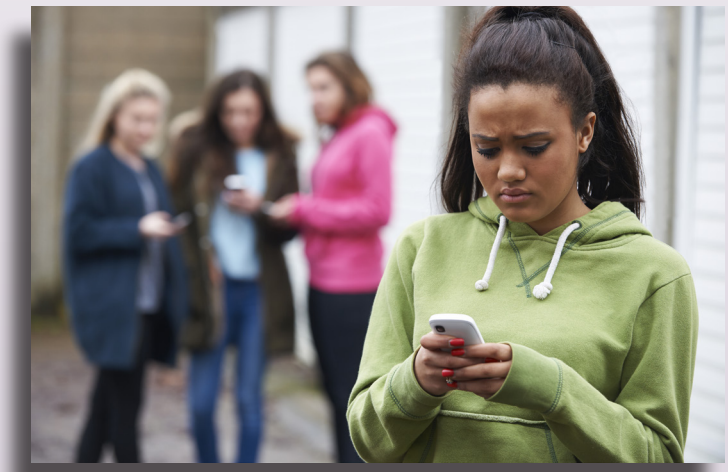
Focus on the Community

The committee is also aligning training and education with a shift from hospital-based to community-based integrated care. OMH provides training opportunities that enhance therapeutic skills and interventions for professional growth. The Directors of Social Work Committee is working to ensure that community services are of a high professional standard and effectively apply empirically-supported treatments and evidence-based practices.

"Our OMH workforce of social workers continue to demonstrate remarkable tenacity, skills and expertise in behavioral health services," Tosado said. "They confront some of the most challenging issues while forging solutions that help individuals, families and communities lead safe, healthy and fulfilling lives."

Working With Youth: Challenges in the Community

Mental illness can be especially difficult for youth, because it affects their ability to learn and mature into independent adults. Even though adults can – and do – respond to care, studies have shown that individuals will respond much more effectively if care is given before the age of 18.



"Caring for a child with mental illness or emotional problems is challenging for any family," said Susan LaGraves, LCSW-R, a Children and Youth Services Treatment Team Leader at the Western New York Children's Psychiatric Center. "Many families we serve struggle with social isolation, poverty, or single parenting – which can make caring for a child with mental illness more difficult.

Social workers in New York State face all of this on the front lines, collaborating with various resources to give these children, youth, and families opportunities for better lives.

Shortening or Avoiding Hospital Stay

The National Alliance on Mental Illness estimates that one of five youth nationally have a mental illness, but less than one of that five receives treatment. Many children, youth and families in need of treatment do not seek it due to apprehension secondary to stigma. Many youth who are in need of mental health services are living in neighborhood communities of high exposure to trauma due to gang violence, extreme poverty, drug abuse or sex trafficking. Others may have broken families or live in communities in which cultural attitudes toward mental health care are poor.

Susan LaGraves

Even though the number of children in foster care in New York State has been dropping in recent years because of the work of social workers and social services professionals in keeping families together, many young people are still confronted with making the transition out of foster care without permanent family. Leaving care with limited life skills and support, they're more likely to have difficult lives afterward.

"It's vital to work with youth in their own environment," said Katherine Alonge-Coons, LCSW-R, Rensselaer County Commissioner of Mental Health. A social worker herself for more than 30 years, Coons said, "An institutional setting is an artificial environment, and it isn't the best situation for recovery. There's a much greater opportunity for success if services can be provided in their communities in collaboration with their families."

Katherine Alonge-Coons

"Youth services have changed and grown – particularly in outpatient care," LaGraves said "Longer-term, inpatient psychiatric hospitalizations are no longer considered most beneficial. The best practice is considered to be helping youth remain in their natural environments and wrapping services around them."

"When I began working at the facility 15 years ago, the first patient transferred to my care had been a patient for three years," LaGraves said. "Leaving the facility to live in the community was very difficult for this young person. Today, we're using community supports more than ever to shorten length of stay or avoid inpatient hospitalization altogether. The average inpatient length of stay at our facility continues to decline to fewer than 90 days."

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LaGraves credited advancements in psychotherapy approaches, such as dialectical behavior therapy and trauma-focused cognitive behavior therapy, for teaching youth and their families the skills they need to leave the hospital sooner.

“Discharge planning focuses on helping families obtain the in-home supports they need through home and community-based wavier services or care coordination,” LaGraves added. “In some of the rural and poorer counties we serve, there are fewer services of this nature. Within the past year with the development of the Mobile Integration Team (MIT), we have been able to fill this gap in service while youth remain on their county’s wavier wait lists.”

Sean Erreger

Bridging the Gap

“Coordination is crucial because children and teens might pass through the mental health system at many different points during their lifetimes – whether its care in the community, at school, or in a health care or mental health facility,” Coons said. “Each child or teen requires attention, assessment, and recommendations for success.”

“It’s most successful when you can bridge the gap between what’s happening at home and at school,” said Sean Erreger, LCSW, an Intensive Case Manager for youth in Rensselaer County. Erreger works with youth who are at risk of inpatient psychiatric admission, working to reduce their risk of being hospitalized.

“It’s vital that a social worker solve problems using the resources a family has available in their community,” Erreger said. “Trying to make use of the strengths they have, and helping them discover resources they may not have realized they had.”

Parents should always be a part of planning. “Social workers must respect the fact that the parents are the experts on matters that involve their own family,” Coons said. “It’s essential that they first gain an understanding of the family. Every family has its own culture, belief system, traditions, and outlook on the world. The process works best when parents are helping to develop the plan of care.”

All work should be done in the context of growth and development. Providers and families should think about what needs to be done to enhance each child’s development.

Peer support and family advocacy are also playing a greater role in helping families deal with these challenges and care for their children.

“We have been fortunate for many years to have a family support group co-lead by a LCSW and a family advocate, which meets monthly and is open to all families, not just those enrolled in a WNY CPC program,” LaGraves said. Child care is provided to these families as needed. They also provide families with gas cards or bus tokens for transportation so they can participate in their child’s treatment while hospitalized.

It’s essential that they first gain an understanding of the family. Every family has its own culture, belief system, traditions, and outlook on the world.

Most recently, LaGraves’ team worked with a parent who was on public assistance and unable to provide food for her child for a therapeutic home pass. They were able to identify local food pantry services to assist this family so the child could go home on pass and have food.

“As social workers, we continue to meet the youth and families ‘where they are at,’” LaGraves said. “We help them navigate the systems in place to obtain the services they need to support their children.”

“Overall, a social worker should keep in perspective that nobody is in a bubble,” Erreger said. “Nobody is in isolation. People may feel as though they are, but they’re not. There are always resources and connections that can build on and give hope.” OMH

Disaster Response: Calm in a Time of Crisis

After Superstorm Sandy, while communities struggled to comprehend the extent of the storm's damage, social workers from OMH's Disaster Mental Health (DMH) response teams were among the mental health professionals on the scene to help survivors cope with the shock of the 2012 event.

DMH responders helped survivors understand their current situations, provided emotional support, and assisted families in reviewing their disaster recovery options. At one point during the aftermath, there were nearly 50 assistance sites throughout the region, each staffed with personnel from OMH, working 12-hour shifts, seven days a week, to provide a wide range of services, from counseling to referral.

FEMA Disaster Recovery Center after Superstorm Sandy.

"Under federal and state emergency management plans, OMH is responsible for addressing the mental health needs of communities after disasters," said Steven Moskowitz, LMSW, director of the OMH Bureau of Emergency Preparedness and Response. "DMH response team members work to support federal and state agencies to meet survivors' immediate needs, such as shelter and immediate housing assistance, and applying for Federal Emergency Management Agency (FEMA) assistance."

Preparing for the Unexpected

DMH response personnel are based throughout the state at OMH facilities. "DMH teams are made up of professionals from many disciplines," said Jennifer May, Ph.D. a psychologist at Buffalo Psychiatric Center and a DMH responder and trainer. "Not only are there social workers, there are psychiatrists, psychologists, rehabilitation counselors, and nurses. Regardless of their job title, with the work we do in responding to a disaster, their duties are the same. Everyone's skills are needed."

Steven Moskowitz

Sometimes they provide direct crisis counseling, other times they're needed just to listen. But a calm presence in a time of crisis is a necessity. They may be called upon to help a person who is stressed because family members are hospitalized, reassure someone who has lost their home, find help for people who may not be physically up to the task of clearing their property, or supporting bewildered and fatigued homeowners while they file insurance claims. Other times, the job is as simple as keeping children occupied while their parents are learning about sources of assistance.

Team members are trained under a curriculum that's designed to prepare them for the conditions they will encounter in the field. Created in response to the terrorist attacks of September 11, 2001, the program is being updated, with plans for release of a revised edition this spring.

Another DMH responder, Richard King, Field Office Licensing Director in OMH's Central New York Office, conducts such training for new recruits. He discusses his disaster-response experiences to help trainees prepare for their first deployment. "I can't stress enough that that you need to be flexible," King said. "You sometimes won't know what you will find until you arrive at the deployment site." Responders may experience unusual sights, sounds and smells. Communities may be flooded or snowbound. Properties will be ruined and, in extreme situations, lives may be lost.

DMH responders should also assess whether they're ready for deployment. "Response personnel have lives, too," May said. "They have spouses, children, elderly parents, and pets. Sometimes because of circumstances in their own lives at the time, they might not be able to deploy. Once they're in the field, they might find they're overwhelmed. While deployed, they're working 12 hours a day, seven days a week. It's a very stressful environment and it can be exhausting. One needs to know one's limits."

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Leaning People's Needs

"You'll encounter a wide range of emotions," King said. "You see people experiencing significant loss. They may come in covered in mud, looking for cleaning supplies. They may be terrified or in shock because they've lost a family member or their home. They may be angry that they can't get what they need. Or glad to see that there are availabe resources, and that we're there to help."

Jennifer May

"Expect the settings to be non-traditional," said May. "There won't be privacy as one would have in an office. And the needs of the people we see are different. They're much more immediate. Some have visible trauma that we'll address right away. Other times we'll need to refer someone to a provider in the community for care over a longer term, because we're there for only a short time."

Disaster Recovery Centers (DRCs) serve as their base of operation. DRCs are set up in local schools, hospitals, courthouses, libraries, or even vacant storefronts, with services offered by FEMA, OMH, and other state and local agencies and assistance organizations.

"DRCs act as one-stop shops, providing referral for resources to help families and communities start on the road back," Moskowitz said. In addition to crisis counseling, DMH responders in DRCs can help direct survivors to emergency food and shelter, information on the status of a FEMA application, long-term housing and rental information, disaster legal services, help for small businesses that need to rebuild, and sources for help in purchasing or renting a generator for medical purposes. DRCs can also help people who have lost their jobs as a result of major disaster apply for unemployment insurance. Special disaster unemployment assistance is available people who might not be eligible for state unemployment.

Richard King

It takes strategy to determine who needs help, in part because of stigma. "If, for example, you sit at a table with a sign that says 'OMH,' people will tend to swing a wide berth," King said. "Instead, I'll hand out bottles of water to people waiting in line and start with some small talk. Some people will open up, having wanted an opportunity to talk about what's happened to them."

"By moving around and talking to people, you quickly learn to develop a sense of what people need," May added. "Some just might not want to talk. Not everyone is traumatized after a disaster. If they don't need help, we just let it go and focus more attention on those who do. Not only the people in the affected community, but the response workers. FEMA and Small Business Administration responders, for example, might be assigned to be there for weeks on end. They're stressed out, too."

Needed: A Larger Pool of Responders

There is always a need for new DMH responders. Over time, initial responders will need relief. Or sometimes, a responder isn't able to deploy, and others are needed who go instead. Many times they have to travel to other parts of the state, which adds considerable time to their assignments.

The bureau is currently working to recruit and train responders in all areas of the state to increase the logistical efficiency. The revised curriculum will also reduce the time needed for training from two days to one, which will make it easier to participate in the training and increase the number of trained responders.

Most important, the bureau is looking for applicants who feel they have a personal mission to help people. "It makes an impression on you. This work changes your life," King said. "It makes you realize the things you take for granted could be gone in a second."

FEMA Disaster Recovery Center after Superstorm Sandy.

For more information on OMH's Disaster Mental Health response program, visit: http://www.omh.ny.gov/omhweb/disaster_resources/.

A Relationship Built on Trust:
How One Social Worker Made A Difference

Pam Fortino

Pam Fortino, LCSW-R, came to Hutchings Psychiatric Center in Syracuse from Transitional Living Services, where she helped establish the Hutchings Community Residence program. Working in the outpatient clinic, Fortino took a two-year Dialectical Behavior Therapy (DBT) intensive training course. Since then, Fortino has been assigned treating Hutchings' most challenging patients, many of whom were diagnosed with Borderline Personality Disorder. This story is about one of her cases.

A Deep Despair

Abused as child, this individual had a long history of inpatient and Comprehensive Psychiatric Emergency Program (CPEP) admissions due to a chaotic living situation, self-harming behaviors, and attempts at suicide.

At times expressing a deep despair, believing that family, professionals, and the system had given up, the youth would often commit acts of self-harm to get some sense of relief from the emotional pain.

When they started working together, the individual was weary of yet another professional to tell the story to, Fortino said. The client believed that the relationship would only last until the professional went away. So Fortino's first task was to establish a relationship based upon trust, respect, and a sense of hope.

Early in treatment, Fortino responded to the question of whether she, too, would leave. "My plan," Fortino said, "is for **you** to leave me. I know that you will build your life, learn the skills, and develop your own supports so that you will no longer need me."

"I was so scared Pam would throw in the towel and hand me off to the next willing worker," the youth later wrote. "But Pam kept her word. She told me from day one that she wouldn't leave me."

Building on Skills

With this trust, the individual was able to continue on. But the journey held many dark and tormented days and nights, with flashbacks to the abuse, depression, and anxiety. The youth learned to call Fortino for coaching on how to get through the emotional pain and to develop distress-tolerance skills, Fortino said, adding the person "was starting to build on the skills we'd practiced in sessions together."

Although there were times when the client needed brief CPEP or inpatient admissions, "we would look for the exceptions to the pain." Fortino encouraged the client to think about an enjoyable activity or spending time with someone. Seeing that these moments did happen, the individual was able to make changes.

Moving Forward

The youth eventually moved into an apartment. "We discussed the challenges, needing to do things independently," Fortino said. The youth saw it as finally being able to be in control of one's own life.

Struggling with occasional loneliness and intrusive memories, the individual adopted pets, which helped to provide calm. The pets were also motivation to stay out of the hospital, since no one could care for them if the client was gone.

Along the way, the youth obtained a driver's license, which provided even more freedom and control. Finding work brought about excitement over the ability to make money.

Upon entering the dating world, the individual at first found partners who were emotionally abusive. By trial and error, the youth was able to learn and develop a sense of healthy relationships. The client went back to school and earned a high-school diploma. Now married with children, the individual is continuing to build a new life.

After the wedding last year, the youth wrote to Fortino. "I am alive today, thank you. I really enjoy life now and can't believe how much I used to just want to die. I used to pray to God to just take me in my sleep. Now I pray I live so long to meet my great grandkids. Thank you!" OMH

Partnership Prepares Students for the Future of Social Work

The world of social work is changing and Master's Social Work (MSW) students will need help preparing for it. This is the role of the OMH-Schools of Social Work Deans' Consortium Project for Evidence-Based Practice (EBP) in Mental Health.

In operation since 2001, the Consortium Project is a partnership between OMH and social work graduate school programs across the state. It focuses on strengthening the role of social workers in providing quality, effective care for people with a diagnosis of serious mental illness.

"The project provides participating second-year MSW students with access to the most current training available about evidence-based treatments and recovery-oriented practice," said Project Manager Lucy J. Newman, LMSW, PhD.

It gives students an opportunity to participate in an educational experience consisting of:

- A specialized, semester-long mental health seminar, which is a three-credit social work practice course developed by the faculty at the participating schools, many of whom are leading scholars in mental health for the profession.
- A year-long internship in an OMH-approved program offering opportunities for learning evidence-based treatment approaches, such as assertive community treatment, supported employment, family psycho-education, integrated dual disorders treatment, and wellness self-management.
- A series of academic conferences that are designed and coordinated by the faculty directors at each school. The conferences provide an opportunity for students to build a connection between the course content and their field experience.

Lucy J. Newman

Growth and Progress

The project has grown and evolved.

- The number of universities participating has increased from five to 13 – Adelphi University, Binghamton University, Columbia University, Fordham University, Greater Rochester Collaborative: SUNY Brockport and Nazareth College, Hunter College, New York University, Stony Brook University, Syracuse University, Touro College, University at Albany, University at Buffalo, and Yeshiva University.
- The roster of faculty members has grown and now includes field education directors.
- Since the course's inception in 2003, more than 2,200 students have taken the basic EBP course. Eleven of the 13 currently participating schools report having institutionalized the course into their MSW curriculum.
- More than 400 students have gone on to take the additional coursework, academic conferences, training, and internship to earn a certificate issued by OMH and a financial award.

The Center for Practice Innovation at Columbia University Medical Center has partnered with the program to provide faculty and student access to its state-of–the-art online training system for wellness self-management, co-occurring disorders, supported employment, and EBP. "These online training programs give new MSW graduates a head start by offering the specific skills and knowledge that mental health providers have expressed they value in new employees," Newman said.

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Enthusiastic Response from Students

Course evaluations reported high levels of student satisfaction with the project course, and confidence in their ability to research and use evidence-based interventions in future practice.

Evaluations also indicate that seminar has positively affected student attitudes toward working with adults diagnosed with serious mental illness (SMI). After taking the class, 192 students, or 92% of respondents, reported that they planned to work with either adults or children with SMI when they graduate, which is an increase of 61 students or 27% of respondents.

Unsolicited comments by students on course evaluations included:

> "I am glad that I took the course and feel strongly that this should be a mandatory course for [social workers]. The information I gained thoroughout this course will impact my practice even if I never work with clients with SMI. Being informed of all aspects of [social work] practice is vital. The course covers all aspects of EBP and I feel I can now effectively research programs and literature to find appropriate programs and interventions for any population and especially clients with SMI."
>
> "I feel lucky to have been able to take this course and learn about ACT teams, supported employment, motivational interviewing, and family psychoeducation. Great course. I would definitely recommend others to take it, particularly those not in the clinical track."

For more information about the Consortium Project, please visit the OMH webpage: http://www.omh.ny.gov/omhweb/adults/swebp/.

OMH's Masters of Social Work
Psychiatric Center Internship Program

OMH Phychiatric Centers offer Master's-level internship opportunities for first- and second-year social work students, or advanced-standing students completing a Master's of Social Work.

Students can work in clinical or administrative roles at child and adult inpatient units, child and adult outpatient clinics, ontrack early intervention clinics, healthcare finance services, and assertive community treatment.

"Students are engaged with a diverse population such as medically frail, deaf, bilingual, homeless, forensic, child and adolescent, geriatric, illegal immigrants, and transgender individuals," said Ann Marie Higgins, LCSW-R, Director of Social Work at Rockland Psychiatric Center.

Participating schools of social work include Adelphi University, Binghamton University, Columbia University, Dominican College, Fordham University, Hunter College, Long Island University, Marywood University, New York University, Rutgers University, Stony Brook University, Syracuse University, Touro College, University at Albany, and University at Buffalo.

Interns develop individual learning contracts based on their skill levels, areas of expertise, and identified learning goals. A placement coordinator, with guidance from the facility's director of social work, identifies placements in the hospital or community. Interviews are arranged to ensure the supervisor and student are a good fit. Assignments are based on student interest and available openings.

"We view our student learning contracts as living documents that continually reflect the growth of each student and are revised as new skills and strengths are achieved," said Patricia Moore, LCSW-R, Director of Social Work at Hutchings Psychiatric Center. "Students are encouraged to assess their growth and reflect on their impact."

MSW learning activities include comprehensive psycho-social evaluations and treatment plans; individual, family and group therapy; discharge plans; referrals to appropriate community services; multi-disciplinary treatment teams; individual and group supervision; monthly seminars and case presentations; and training and professional development programs, such as OMH teleconferences and evidence-based practices through CPI.

MSW interns have opportunities to experience a variety of roles in community-based social work, such as working with rehabilitation, vocational and residential programs; with adults, children and youth, the elderly, or those with involvement in the criminal justice system; and working on a micro, mezzo, or macro level to help individuals, or community groups within complex systems.

Internships are coordinated by each individual facility. For contact information, visit OMH's website at http://www.omh.ny.gov/omhweb/aboutomh/omh_facility.html.

Managed Care:
Familiar Roles for Social Workers

Although the transition to managed care for behavioral health in New York State will mean restructuring services, social workers will find their many of their roles to be familiar.

The transition started on October 1, 2015, for mental health services for Medicaid-eligible people in New York City. The rest of the state will make the transition in July 2016, pending federal approval. Home and Community Based Services began in New York City on January 1, 2016, and will start in the rest of the state on October 1, 2016.

The goal of managed care is to improve health by improving access, coordination, and quality of care, which is why the New York State Medicaid Redesign Team made it the focal point of its initiatives.

Under Medicaid managed care, the state will pay health plans a preset rate for services, instead of paying providers directly for each service. Plans then negotiate payment with providers in their network. Mental health benefits are also included in managed care plans, although many plans subcontract these services.

Douglas Rudermann

A Patient-Centered Approach

"Social workers are already providing mental health services under programs such as Personalized Recovery Oriented Services, Assertive Community Treatment, Continuing Day Treatment, Health Homes, and Health and Recovery Plans," said Douglas Ruderman, LCSW-R, OMH Managed Care Behavioral Health Technical Assistance Specialist. "These programs emphasize integrating physical and mental health and substance abuse services, provided by interdisciplinary teams – which are components of managed care."

"Behavioral health reforms under managed care are designed to make the system more user-friendly," said Bob Moon, Director of OMH's New York City Field Office. "Social work has always been about working with a person in their environment. Social workers are familiar with approaching care from a holistic, evidence-based view."

Under managed care, providers will need to have experience in a variety of different areas – coordination of care, work in the community, outreach and support. "These are all roles that social workers have historically played," Moon added.

Lisa Gilbert and **Bob Moon**

Training to Address New Roles

"Despite the already wide scope of their education and practice," said Lisa Gilbert, Deputy Director of OMH's New York City Field Office, "in a managed care environment, social workers may find that they are playing different roles than in the past and that they need additional training to develop skills in areas such as payment systems, documentation, and authorization."

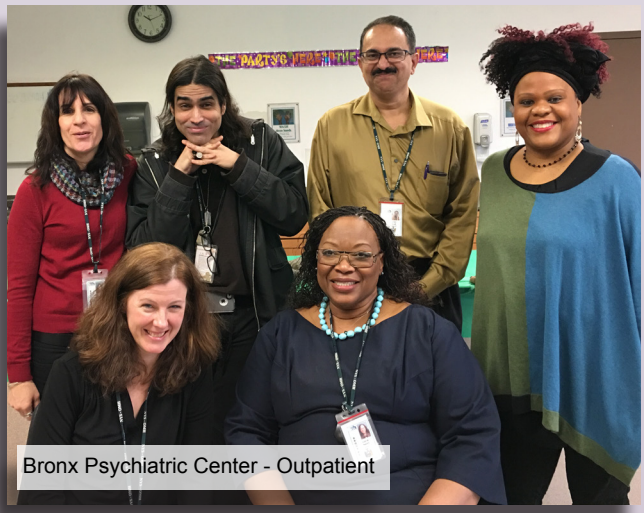
Social workers in many settings are already handling supervisory responsibilities, as peer advocates are called upon to handle more direct-care responsibilities. This is a trend that will also increase.

Perhaps the most vital role for social workers will be to reduce the barriers to collaborative care. "Managed care is designed to be patient-centered and engaged around the entire person," Ruderman said. "This means breaking down any silos that may have existed among professions and agencies and recognizing the value of everyone on the care team. It's all about who has the right skills to help." OMH

Celebrating OMH's Social Workers!

Please join the OMH Directors of Social Work Committee in celebrating and honoring the contributions of all social workers during National Social Work Month.

Bronx Psychiatric Center - Inpatient



Bronx Psychiatric Center - Outpatient

Western New York Children's Psychiatric Center

New York State Psychiatric Institute

Rochester Psychiatric Center

Rockland Psychiatric Center - Inpatient

Rockland Psychiatric Center - Outpatient

Greater Binghamton Health Center

Central New York Forensic Psychiatric Center - Outpatient

Central New York Forensic Psychiatric Center - Inpatient

Hutchings Psychiatric Center

Capital District Psychiatric Center

Mid-Hudson Forensic Psychiatric Center

Creedmoor Psychiatric Center