

August 2010

Medical Updates

Obesity Linked to Poor School Performance

by Lloyd I. Sederer, MD, OMH Medical Director



Dr. Antonio Convit awoke suddenly one night, unable to sleep. His research findings were running through his mind. He had been studying overweight and obese children who were developing pre-diabetes (called insulin resistance) and type 2 (non-insulin dependent) diabetes. It is well known that obesity greatly increases the risk of diabetes in children (and adults). But what relation obesity and diabetes have to the mental functioning of the developing brains of children and adolescents has been uncharted territory -- exactly where a scientist like Dr. Convit and his research team would want to go.

They began their work studying obese adolescents with type 2 diabetes. They wondered if serious weight gain and diabetes reduced intellectual performance in youth. To answer this critical question, they would test the brain's functioning by measuring intelligence, reading, spelling, vocabulary, reasoning, memory, attention, concentration and mental efficiency. They would also do imaging of the brain by MRI (Magnetic Resonance Imaging, a scanning technique where the brain can be safely studied) to see if there were reductions in its size or capacity to function, of course factoring in age, that might be related to lower levels of mental performance.

Their results show that the adolescents with type 2 diabetes did more poorly *across the board* on mental performance tests. In addition, these same youth showed smaller brain volume for the entire brain and the frontal lobes, where much of our reasoning occurs. The frontal lobes are the last part of the brain to mature, making it highly sensitive to change during adolescence. The abnormal findings Dr. Convit found occur more in obese diabetic youth than in (matched) youth who also were obese but did not have diabetes (or pre-diabetes -- in which the body has developed insulin resistance).

Obesity in youth has tripled in the past 30 years, with one in three high school students now overweight or obese in the United States. Minority groups show even more disturbing trends with one in two Hispanic and four in 10 black youths affected. Obesity is the road to insulin resistance and diabetes, with their well known adverse effects on blood vessels and the heart -- which shorten life and erode its quality along the way. What is new, however, is that obese, diabetic youth *also* have their *brains impacted* and appear to have difficulty learning and succeeding in school.

A survey by the New York City Department of Health and Mental Hygiene (*NYC Vital Signs, June 2009, Volume 8, No. 1*) examined public school children from kindergarten through 8th grade and found nearly 40 percent overweight or obese. The epidemic of obesity is greater in NYC than it is nationwide, but not by much. The epidemic has spared no one: Boys and girls of various ethnicities.

The NYC survey focused on Body-Mass-Index (BMI, which is a measure that takes weight and height into account) and physical fitness in this age group; it showed that overweight and obese youth (BMI equal or greater than 30) had lower levels of fitness, *and* that physically fit children did better on tests of English Language Arts (ELA) and Standardized Math tests -- both established measures of school performance. The City Health and Mental Hygiene Department recommended, as a result, that parents, schools and health care providers need to help children be fit by engaging in daily physical activity. In addition, the report stressed healthy eating habits, including healthy meals at home, and "...don't let your children drink their calories" referring to the way that high calorie, sugary beverages cause weight gain in youth.

Dr. Convit has taken his research findings beyond his laboratory and academic work at OMH's Nathan Kline Institute and the New York University Langone Medical Center. He began *The BODY Project: Banishing Obesity and Diabetes in Youth*. This program is working with adolescent students at two NYC schools, in Manhattan and Brooklyn, to medically screen, engage and help minority youth with excess weight and their families change how they eat, become more physically active, and take care of their health and wellbeing - today and for the future. *The BODY Project* aims to *improve health and brain functioning* (and thus school performance) in these youth.

Dr. Convit's work is revealing a gradient where learning difficulties increase as youth go from lean, to obese without insulin resistance, to obese with insulin resistance but not yet diabetic, to those who are obese and have diabetes. It appears that every step beyond being lean means the brain works less well and performance at school can suffer.

This is what I think is waking Dr. Convit up at night. Imagine if there was a way to improve school performance now, not just prevent heart disease years from now? Imagine if success in school, not just a smaller clothing size, awaited adolescents who with direction and support became fitter and shed pounds. Imagine if school test scores increased as BMI scores decreased. I would be restless too if I saw a way by which one third of American high school students, and others

even younger, could become more mentally capable, more competitive and more successful. That would be a real wake up call.

This column originally appeared in the July 27, 2010 Huffington Post.

Expanding Services, Increasing Access

NYS OMH and OCFS Announce Plans For Major Mental Health Service Expansion For Youth In Brooklyn

The New York State Office of Mental Health (OMH) and the Office of Children and Family Services (OCFS) today announced a comprehensive solution to address the chronic need for community-based mental health alternatives in Brooklyn for children and their families, and the lack of intensive residential treatment in New York City for court-involved youth with mental health problems. Plans announced today will:

- greatly expand community-based mental health treatment options and services for children in Brooklyn, improve early access to quality mental health care for children and their families, and avoid the disruption to families caused by the overuse of institutional care;
- provide intensive residential treatment in New York City for court-involved youth with mental health problems, thus avoiding the disruption to families caused by their transfer to upstate facilities; and
- expand mental health service capacity in other boroughs of New York City.

This investment is made possible through the reconfiguration of OMH services and the shift of OMH and OCFS resources.

Michael F. Hogan, PhD, OMH Commissioner said, "This is a bold collaboration that will dramatically improve mental health care for children and youth in New York. We will create a first-of-its-kind state run comprehensive mental health center for children and families that will help 600 children annually and the first Residential Treatment Facility (RTF) in New York State dedicated to youth in the juvenile justice system with major mental health needs. Without these efforts, many children would be hospitalized or go without care, and many youth who need treatment would be incarcerated. These programs will serve as a foundation for improved mental health care and for juvenile justice reform."

Gladys Carrión, Esq., OCFS Commissioner, said, "The collaboration between OCFS and OMH is a ground-breaking first step in providing much-needed intensive mental health residential treatment for youth

in New York's juvenile justice system. As we transform the juvenile justice system, we continually look for ways to increase access to mental health care for youth in the juvenile justice system. With this residential treatment facility, youth will at last receive the treatment they sorely need to address their illness and to lead productive lives

The plan announced today consists of three major initiatives. It will:

- Establish a new OMH-operated comprehensive children's mental health center that will serve more than 600 children in Brooklyn. This new center will offer state of the art community mental health programs including clinic services, counseling and family therapy, community-based brief crisis care for youth, intensive day treatment and family and home-based support. Located at Brooklyn Children's Center, these expanded services will be provided by OMH employees who currently provide inpatient hospital services to 36 children at the Center.
- Establish an OMH-licensed Residential Treatment Facility (RTF-JJ) for adolescents from New York City who are involved in the juvenile justice system and have serious mental health problems. Currently, many of these children are far from home in upstate facilities. The new 24-bed RTF-JJ will be located on the current campus of Brooklyn Children's Center, in a distinct space separate from the outpatient mental health programs.
- Expand children's mental health services in other boroughs of New York City. It will create a new State-operated mental health clinic at Bronx Children's Psychiatric Center, serving 250 children; and expand intensive case management services in Queens and in the Bronx. It will also add eight beds at Bronx Children's Psychiatric Center, add two beds at Queens Children's Psychiatric Center, and add two beds at South Beach Psychiatric Center on Staten Island.

Implementation of this plan is expected to begin in Summer 2011 and phase-in will occur over a three-year period.

Jeremy Travis, chair of Governor Paterson's Task Force on Transforming Juvenile Justice, said, "This investment in community-based resources is a welcome component of the state's efforts to overhaul the New York juvenile justice system. Consistent with the recommendations of the Governor's Task Force, these new mental

health treatment services will keep young people closer to their communities, thereby improving public safety and enhancing the chances these youth will lead productive lives.”

Jennifer March-Joly, Executive Director of the Citizens’ Committee for Children of New York, Inc., said, “CCC applauds OMH and OCFS for coming together to expand community based mental health treatment for children and youth. The plan will enable many more children and youth to receive the community based mental health services that they need and will also ensure that youth in the juvenile justice system receive mental health treatment in a facility close to home. This collaboration is a win-win for children, youth, families and New York’s taxpayers.”

Giselle Stolper, President and Chief Executive Officer of the Mental Health Association of New York City, said, “This expansion of community based mental health alternatives in Brooklyn brings the city and state closer to realizing the Children’s Plan goal of being able to make sure that children and youth have access to the right service, at the right time and in the right amount. The planned intensive residential treatment services for court involved youth will fill a particularly large service gap.”

Euphemia Strauch, FDC, MSW, Chief Executive Officer of Families on the Move in New York City, said “This is a perfect example of the systems change that we have been talking about for many years. Families have long advocated for movement in this direction - the need for quicker and better access to community based mental health services, services that are provided closer to our homes and communities, while at the same time developing a truly integrated system of care. This change presents a wonderful opportunity for youth and families to work with our government partners to create a service system that can really make a difference in our lives.”

The expansion announced today is responsive to the goals of New York State’s [The Children’s Plan](#)¹. Published in October 2008, [The Children’s Plan](#)¹ was developed with input from thousands of New Yorkers and endorsed by all of New York’s child-serving agencies. It recommends the proactive involvement of all stakeholders to intervene earlier, improve access to care, shift resources toward community-based services and improve the quality of service provision and delivery.

Supporting Competitive Employment

An Update on *New York Makes Work Pay* – Employment for People with Disabilities

by Michael Seereiter, Medicaid Infrastructure Grant Administrator

In 2008, New York State (NYS) was awarded funding under a Medicaid Infrastructure Grant from the Center for Medicare and Medicaid Services (CMS) to develop infrastructure to support competitive employment opportunities and outcomes for people with disabilities. These funds support the [New York Makes Work Pay](#)[☐] (NY-MWP) program, a series of initiatives spearheaded by OMH, in partnership with Cornell University's Employment and Disability Institute and Syracuse University's Burton Blatt Institute, on behalf of 12 state agencies that come into contact with individuals with disabilities seeking employment opportunities or employment-related supports.

In July, NYS submitted a grant proposal to continue the NY-MWP program through December 2011, focusing on several areas outlined in NY-MWP's five-year strategic plan:

1. Improve coordination across public and private agencies and constituencies.
2. Enable employment services providers to increase employment outcomes (supply side).
3. Enable employers to increase employment outcomes (demand side).
4. Develop process to transition from sheltered/segregated to competitive/integrated employment.
5. Increase entrepreneurship outcomes.
6. Increase access to work incentives planning, health care, and asset accumulation.
7. Help education and career services to increase employment outcomes for youth.

Amongst the most exciting NY-MWP initiatives for New York's mental health system is the development of a comprehensive employment services data system, whereby access to job seekers, employment opportunities, asset accumulation and employment-related services and supports is available and organized to be responsive to individual business and job seeker needs. Utilizing the current Department of Labor *One-Stop Operating System* as a platform for re-designing New York's comprehensive employment system, this will eventually

replace the various current silos of employment-related information and fragmented approaches to assist New Yorkers with disabilities find employment. It is widely anticipated that this re-designed system will prove beneficial not only for job seekers, but employers, service providers, state agencies, and others.

- Specifically for individual job seekers, it is envisioned that the re-designed employment system should provide assistance in identifying individual job seeker's skills and providing immediate notification of matching job opportunities. In addition, the new system should serve as a tool to assist in providing access to and helping coordinate individualized employment supports. Additionally, the system should provide job seekers with access to entitlements screening and assistance with documentation.
- Importantly, this system should also provide considerable benefits to employers, affording them the opportunity to actively seek out job seekers with disabilities – if those applicants choose to disclose that they have a disability. This will prove very helpful in identifying employers potentially willing to customize jobs to meet individual job seeker abilities. In addition, the re-designed system should assist employers in completing documentation for tax incentives and other benefits associated with hiring individuals with disabilities.
- Of benefit to service providers and state agencies, the re-designed system should centralize all employment service information for individuals with disabilities, providing the opportunity to coordinate supports and eliminating certain reporting requirements. Of particular interest to service providers, this new system should have the capacity to automatically generate Employment Network claiming documentation necessary for receiving milestone payments associated with assisting Ticket To Work holders achieve certain employment outcomes.

It is anticipated that the implementation of New York's re-designed employment services data system will take place in a number of phases over the next few years. However, we expect that by June of 2011, this system will be available throughout much of the OMH system, as well as OPWDD, CBVH, VESID, OASAS and SOFA.

Helping Children to Succeed



OMH Connects with Early Childhood Systems of Care

by Mary McHugh and Britt Myrhol-Clarke

Children develop in the context of their relationships.

In order to support young children, we need to support the relationships in which they grow and develop. "Healthy development depends on the quality and reliability of a young child's relationships with the important people in his or her life, both within and outside the family." -- National Scientific Council on the Developing Child.

In an effort to support the social and emotional well being of all New York's children and families, the Division of Children and Families at OMH is actively involved in strengthening its relationships with primary care physicians, child care providers, early intervention providers, Early Head Start and Head Start programs, Universal Prekindergarten programs, infant toddler specialists, local county departments of health and mental health and leaders in the development of an early childhood comprehensive system of care.

Since October 2008, the Division has jumped into the sandbox of systems and onto the playground of programs working with our youngest children and their families to:

- 1) promote social emotional development and learning across all child service systems and communities;
- 2) prevent problems by identifying concerns early; and
- 3) provide treatments and train the workforce on effective evidence-based parent-child psychotherapy.

In 2009, New York State made a crucial investment in its children and its future by creating the [Early Childhood Advisory Council](#) [☐] (ECAC). Formed in response to federal legislation, the ECAC is actively guiding and monitoring a range of strategies to help New York build a comprehensive, sustainable early childhood system. Drawing on leaders in early care and education, health care, mental health, child welfare, advocacy organizations, foundations, higher education, unions, and others involved in the provision of services to young children and their families, the goal is simple: *create the path for every child to achieve success*. OMH Division of Children and Family Services senior management is actively involved on the ECAC steering committee as well as co-chairing the Healthy Development

Workgroup.

As a result of [The Children's Plan](#)[☐], the social emotional development consultation initiative has flourished. In early 2009, this initiative reviewed and researched social emotional development consultation models throughout New York State. This led to the Office of Children and Family Services (OCFS) contracting with the Early Care & Learning Council with ARRA funding to establish a cross system collaborative workgroup to promote the importance of social emotional development and implement a one year demonstration project bringing mental health and child care together as partners focusing on social emotional consultation in early child care settings as well as clinical training for the workforce in 2010-2011.

Community forums promoting the importance of social emotional development occurred in Rochester, Albany and New York City during the month of May, 2010. All forums were well attended and provided an opportunity for collaboration and networking across all systems that impact young children and their families; which was a key requirement for the demonstration project.

The four demonstration sites selected to implement Social Emotional Consultation for Infant and Toddler Child Care are:

- 1) Association to Benefit Children- located in East Harlem serving 272 children in 17 programs and partnering with Fast Break Mobile Mental Health Clinic for Children, Mount Sinai Department of Psychiatry and Northside Center for Child Development.
- 2) Child Care Council of Westchester- located in Peekskill, Port Chester and Yonkers serving 48 children in 7 programs and partnering with four mental health programs as part of their Early Step Forward Collaborative.
- 3) Mid-State Early Childhood Development Center at Syracuse University serving 32 children in 4 programs partnering with PEACE, Inc.
- 4) Putnam Family and Community Services- located throughout the county serving 138 children in 13 programs partnering with Putnam County Department of Mental Health.

Each demonstration project has tailored the consultation based on their partnerships not only with mental health but the child care resource and referral agency, regional infant and toddler resource center and the early intervention agency within their community. Evaluation of the effectiveness of the consultation will be on-going

throughout the project. Lastly, to support this effort, a one year clinical training and consultation program was awarded to the New York Center for Child Development (NYCCD). NYCCD will offer an initial 2-day training for all consultants working in the demonstration projects, including relevant staff from the lead agencies and community partners. There will also be a mid-year 1-day training along with monthly clinical consultation.

As we move forward with this exciting project, we will continue our efforts to promote social emotional consultation and identify strategies for sustainability. The importance of identifying problems early, improving access to care and providing effective treatments remains central to our core vision of a public health approach to children's health and mental health needs.

Promoting Cultural Competence

Racial and Ethnic Disparities in Children's Unmet Mental Health Needs: Problems and Strategies

from the Center of Excellence for Cultural Competence, NYSPI

Problem:

One in five children in the United States has a mental illness. Although effective treatments exist, many children do not receive mental health care. Left untreated, childhood mental disorders are associated with poorer academic performance and social functioning and increased family stress. Early and adequate treatment of mental disorders can promote healthy functioning into adulthood.

Racial and ethnic disparities exist in children's mental health service use. Even after taking into account the effect of lower income, lack of insurance, and other predisposing social factors, African American and Asian/Pacific Islander (API) high-risk youth are about half as likely as Whites to receive any mental health services. Similarly, among youth who contemplated or attempted suicide, African American and Hispanic youth are significantly less likely than White youth to use mental health services in the year of their suicidal ideation or attempt. In addition, API and Latino youth who engage in mental health services begin to receive these services at an older age than non-Hispanic White youth.

A variety of factors contribute to racial and ethnic disparities in children's unmet mental health needs. Barriers such as inadequate insurance and lack of transportation reduce children's use of mental health services. However, even when such barriers are taken into account, racial and ethnic disparities persist. One reason is that families' help-seeking behavior is influenced by cultural norms and preferences. Non-Hispanic White families are more likely to pursue

formal avenues of support, such as specialty mental health services, while African American and Latino families are more likely to use informal supports, such as extended family or clergy. Similarly, parents' interpretations about the cause of their child's mental health problems vary culturally and influence help-seeking behavior. Stigma also negatively impacts engagement in mental health care by leading parents to feel guilty or ashamed about their child's mental illness and causing families to avoid or delay accessing services. Cultural mistrust of health professionals due to experiences of discrimination and legacies of racism also acts as a barrier to engagement. Finally, limited English proficiency (LEP) and restricted availability of bilingual, bicultural mental health professionals can impede LEP parents' use of mental health services for their children.

Numerous strategies may help decrease racial and ethnic disparities in children's mental health care. Clinicians should explore families' treatment preferences, perceived barriers, and causal attributions and use this information to respond to the unique needs of the child and family to increase knowledge about mental illness, reduce stigma, and enhance engagement. Information about mental health must incorporate culturally relevant content and be presented at an appropriate literacy level. Bilingual, bicultural mental health providers should be available to meet with LEP children and families. When such providers are not available, trained interpreters should be used.

When working with racial and ethnic minority youth, mental health providers should use evidence-based treatments (EBTs), particularly those that have been demonstrated to be effective with racial and ethnic minority youth. More EBTs must be tested in racially and ethnically diverse youth, including when developing new EBTs. Additional research is necessary to understand the relative efficacy of culturally adapted interventions as compared to standard EBTs. The Center of Excellence for Cultural Competence is collaborating with state and local agencies to improve access to care for children with mental illness.

From the Field

Status Report on the NYS Clinical Record Initiative

by Michael Hoffman, Deputy Director, Long Island Field Office



[Enlarge](#)

In our article in the March, 2010 edition of the OMH Newsletter, we provided the background information regarding the development of the NYS Clinical Record Initiative (NYSCRI). This project will lead to the development of a standardized set of clinical record forms that can be used by outpatient, day and residential programs for both adults and children, providing services under either an OMH or OASAS license. We are nearing the end of the first phase of the

project- development of the forms and manuals that will provide instructions in their use.

Since March, the six week pilot phase of the project was completed, in which more than 80 programs took part. Over 1800 comments were received from staff using the forms in the pilot. Staff of the Standardized Documentation Team (SDT) reviewed and characterized all comments and recommendations and revised the forms as appropriate. Then staff of the Compliance Review Team (CRT) made sure that all forms continued to comply with all applicable standards and regulations. This process has continued to the present time and almost all of the 44 forms have been finalized.

Because the clinical record will lend itself to an electronic health record (EHR) format, a “data mapping” of all completed forms will be done, so that EHR vendors can apply to develop an electronic record which is certified as compliant with NYSCRI requirements. This process should be completed in September 2010. While we are pleased that the work of this first phase is coming to a close, we are aware that a new set of tasks is just beginning.

Preparations are underway for the second phase of the project- dissemination of the record throughout the state, providing training on the use of the clinical record to providers statewide. Finally, a third phase of the project will be to bring together stakeholders across the state to maintain and update the clinical record as standards and regulations are revised over the course of time.

Along with Robin Krajewski, Director of the LI Field Office, OASAS Leadership, and MTM Services, our Consultant, Jayne Van Bramer, Division Director of the Office of Quality Management, has provided direction in development of an implementation plan which will “roll out” the record to providers. This process will begin in November 2010 and proceed throughout the Spring of 2011. There will be one or more two-day training sessions in each region to help the OMH and OASAS providers to become familiar with the purpose of the project and to become familiar with the clinical record forms and how to navigate through the record throughout a recipient’s service trajectory.

In the third phase of this process, a statewide group with representatives of providers, advocacy organizations, county-level representatives, recipients, families and others will provide guidance for maintaining the integrity of the record over time. As new or revised OMH or OASAS regulations are promulgated, this group will oversee the process of making any needed revisions to the clinical record forms to ensure continued compliance. In addition, the group will be a

central repository for comments and suggestions for improvements to the clinical record in order to keep it relevant, user-friendly, and “alive”.

There has been great interest in the NYSCRI among providers, and county representatives across New York State. Many have indicated that they are eager for this kind of standardized record to provide more uniformity for their staff, to improve documentation, to facilitate movement between various levels of care and to reduce the investment in maintaining their records over time. The Long Island teams look forward to sharing our work with the rest of the state.

From the Facilities

A Young Person’s Story of Hope and Success in Our State.....

by Diana Sanderson, MD and Susan LaGraves, LCSW-R, at Western NY Children’s Psychiatric Center

In the past year, we have been receiving mail and periodic phone calls from a young woman we treated at the Western New York Children’s Psychiatric Center (WNY CPC). It has been a joy for us to read her mail and continue to hear about the wonderful progress she has made.

Only two years ago, we had feared that this young woman was headed for jail. For almost four years she had been in and out of various inpatient psychiatric centers and residential programs. Her parents kept her bedroom intact during this time but had little hope that she would be able to live at home. During her years in treatment, she needed frequent physical interventions to maintain safety towards herself and others. When she was admitted to our facility, she had legal charges pending for assaulting staff members at her previous placement. She had exhausted a long list of antipsychotic medications, and her prognosis was extremely poor.

While at WNY CPC, we engaged her and her family in various integrated treatments to identify the social and emotional challenges she faces, the techniques that would help to calm and soothe her, the medications she may need and their side effects, and how to gain a better understanding of her behaviors and develop more skills. During this time, we also focused on helping her to choose and use tools to re-gain emotional and behavioral control without physical interventions. Using a weighted vest and blanket worked well for her when she was frustrated or anxious. She had an extensive collection of CDs to help her self-soothe and enjoyed dancing. Throughout her entire stay of approximately 10 months, she required only two physical interventions for safety which occurred during the first month.

Over those ten months, not only did we learn much about her, but she learned much about herself. In the past, she had been viewed by others as being willful and had been diagnosed with Conduct Disorder. However, we clarified her diagnosis as Schizoaffective Disorder and within the first month of care, she responded favorably to a combination of medications. As a result, she began to take greater pride in her appearance and daily life. We also discovered that she responded well to consistency and predictability, so she began using an alarm clock and carrying a daily schedule to help keep her focused. She began weekly home passes on Sundays, chosen for predictability and something to look forward to, which were enjoyable for both her and her family members. Soon she began to express hope that she really would return home to live.

Eventually, she was able to be discharged to a lower level of care. During the transition process she was able to continue her weekly home passes, which helped her remain connected to her family. She continued to do well and even became involved in tutoring younger children with social and emotional challenges. During our last planned phone conversation with her and her therapist, she reported that she was to be discharged home when school ended for the summer and that she was working on getting her driver's permit. In her last letter to us she wrote, "...I really miss all of you guys. You all helped me a lot. So thank you for all you guys did for me." We thank her, for reminding us that what we do matters.



[Photo Gallery](#)

Hutchings Psychiatric Center Completes Renovations of Children and Youth Services Inpatient Building

from Hutchings Psychiatric Center staff

On August 2nd OMH Commissioner Michael Hogan joined the patients and staff at Hutchings Psychiatric Center in opening the newly renovated building for their Children and Youth Services (CYS) inpatient program.

Joining Dr. Hogan at the opening ceremony were Bruce Feig, Executive Deputy Commissioner for OMH, Kristin Riley, Deputy Commissioner for Children and Family Services, Robert Long, Onondaga County Commissioner of Mental Health, Assemblyman Bill Magnarelli, Assemblywoman Joan Christensen, representatives of Senator Valesky, Senator DeFrancisco, and Congressman Maffa, and Syracuse Chief of Police Fowler.

Hutchings Psychiatric Center was established in 1972 and its Children's Services were first established in 1978. In 2007, after the only other inpatient psychiatric program for children in the area suddenly closed, creating an intense need for increased capacity in

Central New York, Hutchings was glad to assist and responded by expanding the number of CYS beds from 16 to 30 within the original building. In the last year, HPC has served over 220 children and adolescents while the average length of stay for this service has decreased from over 80 days in 2008 to less than 27 days in 2009. Hutchings has remained the only inpatient program for children in the Greater Syracuse area.

The Office of Mental Health has had a firm commitment to comprehensive services for the children and adolescents of this state for decades. While Hutchings has long offered excellent inpatient treatment services for children, the physical plant in which these services were provided was in need of updating. This new site is a state-of-the-art hospital setting where children can receive the acute inpatient care they rightly deserve and at times critically need.

This building represents the culmination of efforts over the last two years by the Office of Mental Health, Hutchings staff, and advocacy by parents, local mental health providers, legislators, Board of Visitors members, and countless other local individuals. In a very real way it represents what can be achieved when a community works together for a noble cause.

As a result, Children and Youth Services will have more program space, safer room and hallway design, and a much brighter, open environment overall. Hutchings Psychiatric Center looks forward to being an important part of the comprehensive service system for children in New York and to continuing to provide the five counties of the greater Syracuse and Central New York area with exceptional quality services for years to come.



[Photo Gallery](#)

OMH Commissioner Hogan Convenes Housing Policy Forum at NYSPI

from NYSPI's InPsych e-newsletter

On June 28th the Division of Mental Health Services & Policy Research and its Center for Practice Innovations (CPI) hosted a Symposium on Housing Issues Facing Persons with Severe Mental Illness. Organized on behalf of New York State Office of Mental Health Commissioner Michael F. Hogan, the meeting brought together local, state, and national policy officials, as well as experts on community housing, development, and homelessness. The goal of the meeting was to develop strategies to address the growing problem of insufficient affordable housing for people with psychiatric disabilities.

The current economic downturn has greatly affected housing opportunities across the country and throughout New York State, thus necessitating policy discussions regarding the need for innovative approaches to improve housing accessibility. Because of its extremely high rents and large population, Downstate New York is the epicenter of the nation's housing crisis. The problem has recently worsened because of lost private affordable housing units and the economic downturn. Further, people with severe mental illness are often at a disadvantage when competing with other groups for subsidized housing due to stigma and poor understanding of available support services.

Although new funds are desirable these were recognized as highly unlikely during the current fiscal crisis. Suggestions included collaboration with other agencies that incur high costs because of homelessness and which could achieve savings with improved housing stability. Targeting high users of medical services who are homeless or at risk of homelessness is also likely to be cost effective. Other long-term solutions may require simplifying financing processes and other policy changes.

Several times each year, the CPI assembles experts in a given policy or treatment area to aid the New York State Office of Mental Health in developing its policies. Scott Stroup, MD, MPH, leads the CPI policy forum group.

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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