



Office of Mental Health

January 2015 News

2014/15 Budget Implementation

By the OMH Office of Financial Management

The Office of Mental Health (OMH) has and will continue to implement new investments in the 2014/15 budget to preserve and significantly expand community-based services and support the overall transformation of the mental health system. The latest update on these implementation efforts is as follows:

- Funding increases to provide a two percent cost-of-living adjustment (COLA) for salary and salary-related fringe benefit costs for direct support and direct care staff effective January 1, 2015. OMH issued guidance to all providers on the calculations for the funding increases as well as instructions for submitting the attestations required by the legislation. Additionally, OMH is in the process of releasing the funding increases on the County State Aid letters and direct contracts and rates will be updated accordingly.
- \$25M in reinvestment - fully annualizing to \$44M - for the expansion of State and voluntary operated community based services to reduce the need for OMH State inpatient services. OMH is working with the counties and providers to develop a wide range of new services including but not limited to crisis/respite beds, home and community based waiver slots, supported housing, mobile integration teams, first episode psychosis teams, peer-operated recovery centers, family resource centers, evidence-based family support services, suicide prevention services.

The OMH website includes the latest information on the regional plans for reinvestment (<http://wwwdev.omh.ny.gov/omhweb/transformation/>) providing more detailed information on the expansion of services underway throughout New York State.

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- \$13M in reinvestment associated with the closure of Article 28 and 31 inpatient psychiatric services in DOH's budget. OMH is working closely with the counties and providers in the impacted counties to develop alternative community based services with an emphasis on crisis and diversion services.

The OMH website includes the latest information on the regional plans for reinvestment (<http://wwwdev.omh.ny.gov/omhweb/transformation/>) providing more detailed information on the expansion of services underway throughout New York State.

- \$110M in Medicaid investments for the Behavioral Health transformation initiatives including: managed care start-up grants, integration of behavioral and physical health, health home plus expansion, OASAS residential restructuring, home and community based waiver services expansion and targeted funds to preserve critical access to behavioral health services.

The OMH website includes the latest Behavioral Health Transformation Initiatives – Implementation Update December 2014 including the OMH VAP program for freestanding Article 31 clinics.

Enhancing County-State Fiscal Communications

By Bill Baird, Keith DeWitt, and Jill Tibbett of OMH's Central NY Field Office

For many years, the Central New York Field Office (CNYFO) fiscal staff have been invited to attend a meeting with regional County Fiscal Officers each quarter. While the origins of these meetings are shrouded in the mists of hallowed antiquity, they have been hosted in various locations around the region. For a period they were in Norwich, Chenango County, and currently they are held in Oriskany in Oneida County (thanks to current and previous hosts).

Until the meetings were moved from Norwich to Oriskany, many of the more remote County Fiscal Officers were unable to attend due to the long travel distances to the meeting site.

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Moving the meeting to a more central location, combined with the ability to remotely conference in, has driven participation and attendance upward. Now most of the county fiscal officers can arrange to be present or participate by phone.

The increased attendance has fostered more information sharing allowing county fiscal staff to learn best practices from their counterparts. The information exchange at these quarterly meetings has been very helpful to fiscal officers as they attempt to meet the somewhat disparate and complex budget and financial management duties required by the “O” agencies-- Office of Mental Health (OMH), Office of Alcoholism and Substance Abuse (OASAS) and Office for People with Developmental Disabilities (OPWDD).

Agenda and discussion items are brought forth by County Fiscal Officers in the month preceding each meeting. The group’s current organizer, Karolyn Sayles of Madison County, organizes an agenda from these items and then invites the OMH Field Office to propose possible topics. The Field Office fiscal team meets and compiles a list of important correspondence and/or information since the last quarterly meeting and identifies discussion items we think will be of benefit to county fiscal officers. These items can generally be categorized into two main subject areas: fiscal or program. While county fiscal officers nearly always appreciate in-depth discussions of financial topics related to their primary duties (Medicaid billing, Web ALFS, Federal Salary Sharing, etc.) there has been a growing interest in the program updates brought forth by OMH (DSRIP, Health Homes, Program Outcome Monitoring, etc.). Combining important fiscal and program information allows county fiscal officers to be updated on specific OMH fiscal topics and gives them a much better understanding of the changing mental health program landscape in NYS.

At the quarterly meetings, the Field Office fiscal team also records any County questions and/or concerns that the group indicates warrant action or attention by OMH. These topics are sent to subject matter experts either at the Field Office or at OMH Central Office for follow up. This free-flowing component of the meeting affords the County Fiscal Officers the ability to interact with field office Fiscal Staff in a less formal, more personal basis that is refreshing for all.



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Innovations in Practice- Yoga in the Community

By Susan Seidman, PhD, Director of Community Services,
Rockland Children's Psychiatric Center

In June of 2014, Gail Walsh and her team from Yoga Mountain and the community, gave staff at Rockland Children's Psychiatric Center (RCPC) a unique gift. Entitled the "Therapeutic Yoga Clinic Enhancement Program", the goal of this 5 day immersion was to give RCPC outpatient staff a firm and practical knowledge of yoga asana, exercises, breathing techniques, self-regulation techniques, the language of yoga, and yoga for age-specific groups so that they could use it in their groups with children and families. The training was very practical and covered Grounding and Centering on day one, Breathing on day two, Mindfulness on day three, and Communication on day four. The group worked on the fifth day to integrate all the skills learned to be able to use yoga in work with children and families.



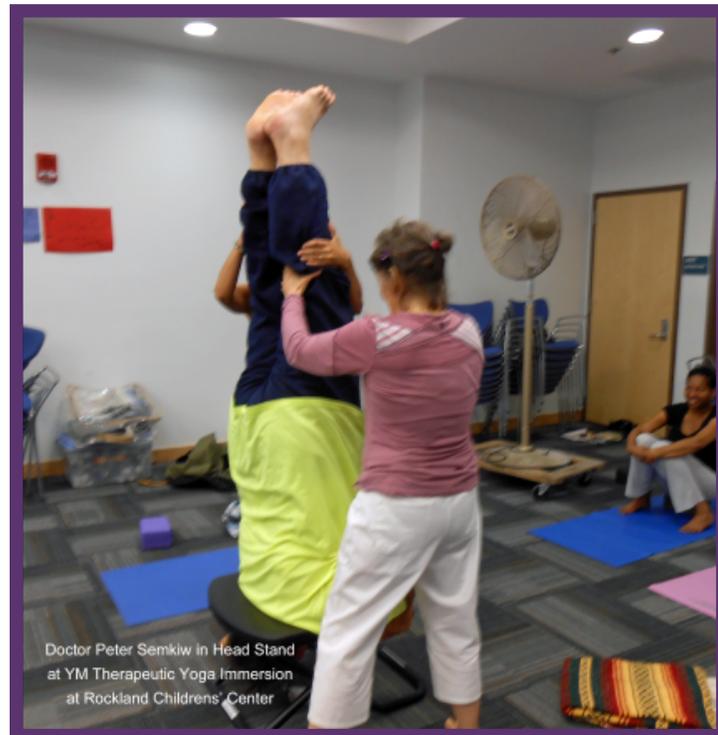
Feedback from the ten participants, which included Child Psychiatrists, Psychologists and Social Workers, was very positive.

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One of the participants echoed the universal sentiment of the group in stating, “This experience was amazing! The techniques and lessons learned during this training will help me both professionally and personally. I am very excited to try out the techniques with the children I work with.”



I am happy to report that the therapists have brought back their yoga work to students in Orange, Sullivan, Westchester and Rockland counties.

In our Yonkers Day Treatment program, the class really looks forward to their weekly yoga session. In morning group, a boy asked his therapist, “Are we doing yoga today? It really helps me calm down.”

This enthusiasm continues with the students in their yoga sessions. One little girl best sums up the children’s reaction as she leads the group in the closing mantra “yoga wakes me up, yoga calms me down, yoga lets me be.”



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Assessing the Financial Capability of People with Psychiatric Conditions to Develop a Peer-Supported Economic Empowerment Intervention

By Oscar Jimenez-Solomon, MPH, Peggy Swarbrick, PhD, OTR, CPRP, FAOTA, Maura Kelley, CPRP, Steve Duke, MSW, CPRP, & Len Statham, MS, CBP

On December 22, 2014, President Obama signed the ABLE (Achieving a Better Life Experience) Act of 2014. This new law will enable New York State to create ABLE accounts so that eligible individuals with significant disabilities, such as those receiving SSI or SSDI, can save up to \$14,000 per year and \$100,000 in total without affecting their eligibility for SSI, Medicaid, and other government programs. ABLE Accounts, which will be tax exempt and excluded from the current \$2,000 resource limit under SSI and Medicaid, will allow eligible individuals to save contributions from their own income, families, or friends for qualified expenses related to living with a disability. These expenses include those related to education, housing, transportation, employment training and support, assistive technologies, personal support services, health care expenses, and financial management. This is great news for New Yorkers with psychiatric disabilities because ABLE may help many of them achieve their dream of going back to school, live more independently, work, and even retire with a decent income.

However, a major question remains on the table for New Yorkers with psychiatric disabilities: What supports will they receive to access this exciting new program, as well as other financial services that have been long available and unfortunately seriously underutilized by individuals with psychiatric conditions? We refer to services such as the Volunteer Income Tax Assistance (VITA) (free tax preparation assistance); Earned Income Tax Credit (EITC); PASS (Plans to Achieve Self-Support); and Individual Development Accounts (matched-savings programs to support post-secondary education, small-businesses, and home ownership).

The New York State Psychiatric Institute Center of Excellence for Cultural Competence (NYSPI-CECC) -- in partnership with Network Plus of Baltic Street, AEH., the Mental Health Peer Connection of Western New York Independent Living, the New York Association of Psychiatric Rehabilitation Services, and other organizations -- are currently gearing up to conduct a survey and qualitative interviews to assess the financial capability of mental health consumers engaged in peer employment services.

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This project aims to better understand the financial capability of mental health recipients in New York State, its key barriers and facilitators, and to ultimately develop and pilot a Peer-Supported Economic Empowerment intervention to improve their access to asset-building resources (e.g., mainstream financial services, tax credits, saving programs, work incentives, and other asset-building instruments like the one being created by the [ABLE Act of 2014](#)).

This project builds on the findings of a very recent [national study](#) by the National Disability Institute which finds that people with disabilities have lower financial capability than non-disabled individuals, that is, have less financial knowledge and skills; struggle “making ends meet;” are less able to plan their financial future; have poorer access to mainstream financial services and supports (e.g., bank accounts); and are more likely to rely on informal and costly financial services (e.g., check-cashing places, payday loans, and pawn shops) (Morris et al, 2014). This study seems to confirm that financial capability requires not only financial literacy, but also access to appropriate financial products and services (Sherraden, 2010).

But, why should economic empowerment be of concern to the New York State public mental health system? The answer is simple and yet sobering: in our experience, poverty and economic dependency have a devastating impact on the ability of individuals with psychiatric diagnoses to achieve employment, rehabilitation, recovery, and overall quality of life. Often, poverty and economic dependency limit the ability of individuals to work to a greater extent than their own psychiatric diagnoses (Draine et al, 2002).

For instance, poverty and economic dependency prevent individuals from pursuing post-secondary education or training, limit those with skills from seeking jobs where transportation is required, and prevent individuals from taking jobs for which investment in clothing or work equipment is necessary (Cook, 2006).

Furthermore, individuals with psychiatric conditions who are also beneficiaries of social security (e.g., SSI, SSDI) often feel stuck in the poverty trap: without sufficient income or assets to have a decent living, wanting to work and improve their financial situation, and yet feeling unable to increase earnings or accumulate assets due to the means-testing requirements of those programs and because they lack access to helpful necessary services or supports.

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Too frequently, the demoralizing impact of poverty and dependency shatters one's hope and sense that personal goals can be achieved (self-efficacy), and contribute to a cycle of shame, isolation, economic disengagement and disability that can become hard to break once established (Marrone et al, 2010). The disabling effect of poverty is only likely to be greater among racial-ethnic minorities with psychiatric conditions, who are already vulnerable to experience the compounded effects of disability and higher poverty rates.

The good news is that economic empowerment interventions, such as those that help individuals and families to build assets (e.g., save to purchase a home, pursue postsecondary education, start a business, and retire) can improve the economic security of vulnerable populations (Sherraden, 2008). These interventions can help people with psychiatric disabilities achieve their recovery goals and economic integration. Nevertheless, individuals with psychiatric disabilities often not only lack the necessary knowledge and skills but also the access to the financial services and supports that can help. Our model proposes that economic empowerment for people with psychiatric conditions includes: gaining control over personal finances; increasing income by leveraging (often underutilized and complex) social security social work incentives; building assets (e.g., savings, property, retirement accounts); and becoming more independent from public benefits.

Building on lessons from prior research (Jiménez et al, 2009), the NYSPI-CECC project will also explore the feasibility and acceptability of culturally competent peer-supported model to facilitate economic empowerment, such as engaging individuals conversations about life and financial goals, sharing stories of economic success to build hope and help change self-defeating narratives, developing and activating economic empowerment plans, building the necessary financial knowledge and skills, supporting individuals to expand and diversity social networks for economic advancement, and assisting individuals to access and navigate financial and asset-building services. This model will also build upon lessons from the implementation of the “We Can Save” consumer and provider curricula developed by the New York Association of Psychiatric Rehabilitation Services (Jiménez et al, 2011; Mathai et al, 2012).

For several years now, the New York State Office of Mental Health has implemented New York Makes Work Pay, a multi-year effort to improve the workforce and economic integration of people with psychiatric disabilities. Our hope is that our project will contribute to the State's ongoing efforts by offering a peer-supported economic empowerment model to assist individuals on their path out of poverty and improved quality of life.



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Upcoming OMH Civil Service Examinations

The New York State Department of Civil Service (DCS) announced open-competitive examinations (open to the public) for Mental Health Program Specialist 2, Grade 23 and Mental Health Program Specialist 2 (Clinical), Grade 23, and Mental Health Program Specialist 3 (Clinical), M-1.

DCS will also be holding a transition examination for OMH employees meeting certain minimum qualifications and serving in the titles of Nurse 3 (Psych), LMSW 2, Psychologist 1, Rehab Counselor 2, for the Mental Health Program Specialist 2 (Clinical), Grade 23. DCS will also be holding promotional examinations for all qualified OMH employees for the Mental Health Program Specialist 2, Grade 23, and Mental Health Program Specialist 3, Grade 25/M-1.

The examinations will be held on March 28, 2015.

Applications must be submitted or postmarked by February 11, 2015.

For more information, announcements are available on the [New York State Department of Civil Service website](#).



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January Calendar of Events

Wednesday, February 4, 2:00 P.M.

Webinar- ACMHA Peer Services Toolkit: *A Guide to Advancing and Implementing Peer-run Behavioral Health Services*. For more information on this event, visit the [ACMHA website](#).

Tuesday, April 14 – Wednesday, April 15th, 2015

11th Annual NYAPRS Executive Seminar on Systems Transformation: *What Lies Ahead...And What Really Matters*. For more information on this event, visit the [NYAPRS website](#).

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