



## OMH Celebrates Nurses Week

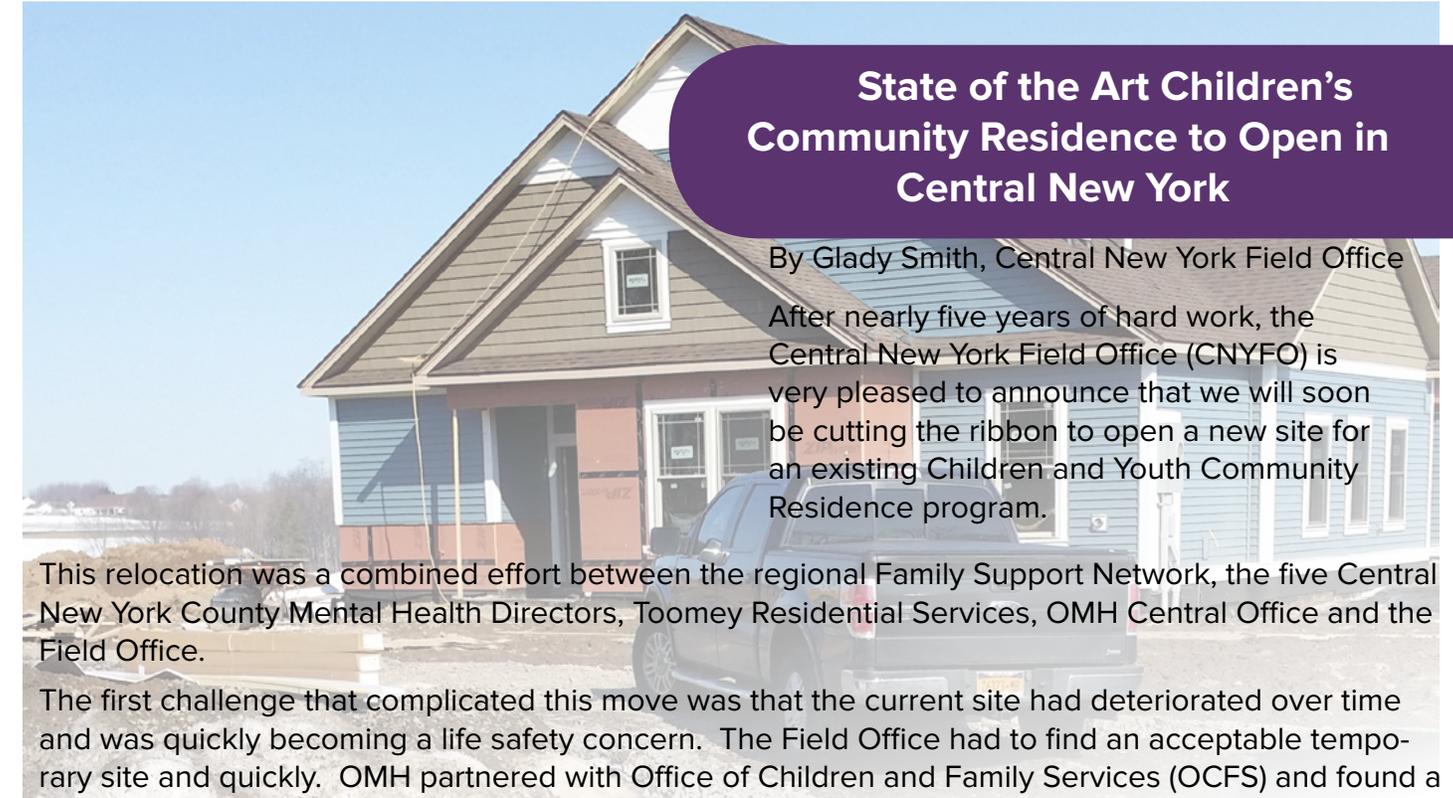
See Page 9

### OMH and OASAS to Develop Grant Application for the Design of Certified Community Behavioral Health Centers

The Office of Mental Health and the Office of Alcoholism and Substance Abuse Services, in collaboration with the Department of Health, will be developing and submitting an application to the Federal Substance Abuse and Mental Health Services Administration and the Center for Medicare and Medicaid Services (CMS) in response to a request for proposals for a one year planning grant to design a pilot project for Certified Community Behavioral Health Centers. This application will be designed to be consistent with New York State's overall Medicaid Redesign initiative and the Value Based Payment roadmap which is being developed in collaboration with CMS.

If New York State is awarded a planning grant there will be a competitive process after the planning year to determine which states will participate in an eight state pilot program which will operate for two years. The Planning Grant must be submitted by August 5, 2015.

New State of the Art Children's Community Residence.....	2
Role of Culture in Recovery: A Peer-Perspective.....	3
OMH Announces the Implementation of New Mobile Integration Teams.....	4
Update: Medicaid Managed Care and Children's Health Homes.....	5
OMH Staff Participate in the CDPHP Corporate Challenge.....	6
Public Forums on Behavioral Health Service Agency Integration.....	7
Health Advisories.....	8



## State of the Art Children's Community Residence to Open in Central New York

By Glady Smith, Central New York Field Office

After nearly five years of hard work, the Central New York Field Office (CNYFO) is very pleased to announce that we will soon be cutting the ribbon to open a new site for an existing Children and Youth Community Residence program.

This relocation was a combined effort between the regional Family Support Network, the five Central New York County Mental Health Directors, Toomey Residential Services, OMH Central Office and the Field Office.

The first challenge that complicated this move was that the current site had deteriorated over time and was quickly becoming a life safety concern. The Field Office had to find an acceptable temporary site and quickly. OMH partnered with Office of Children and Family Services (OCFS) and found a site in a cottage on the grounds of a Residential Treatment Center. While not ideal, the site would be acceptable for a short period of time.

The biggest challenge facing the relocation project was to find the best location. The Toomey Residential program serves 7 to 14-year-old boys, primarily from rural areas. The physical location and school district would be key elements, not only in the success of the youth, but in the confidence families would have in agreeing to place their youth in the program.

The Central New York Field Office worked in close partnership with all stakeholders. Meetings were held to discuss potential sites and the group worked with realtors to identify all possible sites. Nothing was overlooked. Once sites were identified, select stakeholder members went on field trips to check out the neighborhoods and schools. Finally, a location in Onondaga County in the Baldwinsville School District was satisfactory to all stakeholders. We were on our way!

As the project moved forward, all the appropriate contacts were made. Legal protocols were followed, papers filed, and we crossed our fingers. No responses were given by the local town board, so we continued to move ahead. Unfortunately, the project was met with resistance by other residents on the rural road. This sparked a campaign fueled with misinformation. Local media coverage did their best to provide a fair and balanced representation of the facts. Levelheadedness prevailed, and building was able to commence.

Happily, this state of the art physical plant will open this summer. This will allow for a strong transition for the families and youth into a great school district. The house has eight single rooms, several full bathrooms and wonderful space for families to gather both inside and outside the home. It is located close to a delightful park for families to enjoy as well.

In addition to being an excellent physical space, this Toomey Residential program is also state of the art in its delivery of services. It will be nice to have a physical plant that "mirrors" its exceptional expertise in working with these beautiful children and their families.

## **Role of Culture in Recovery: A Peer Perspective**

By Jennifer C. Hernandez, MPA, NKICECC; Adriana M. Joseph, MPH, NKICECC;  
and Sara Goodman, CPRP, Baltic Street, AEH, Inc.

The definition of culture is the behaviors, beliefs, values and symbols that a group of people accept and that are passed along by communication and imitation from one generation to the next. By understanding an individual's culture, we can better understand that person's patterns of behavior, interactions and various socializations (for example, homelessness, incarceration, poverty, etc.) and we discover how culture can positively or negatively impact a person's recovery process. When we can better understand where a person is coming from we can better help them get to where they want to go. Peer Specialists can help the people they serve to understand how their various cultural ties can be of value to their recovery process and how sharing those ties with providers can inform the developing plans of action to help the person move forward.

In May 2015, Baltic Street AEH, Inc. was awarded a subcontract from Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) and is partnering with the Nathan Kline Institute Center of Excellence in Culturally Competent Mental Health (NKICECC) to develop cultural competency training curricula for Peer Specialists. The goal is twofold: First is to help peers identify the various cultural groups they are a part of and how these parts of their identities impact their worldviews and pathways to recovery. Secondly, is to impart the importance of peer specialists supporting service users to actively represent themselves from a cultural perspective and advocate that their cultural values be incorporated in their care.

Baltic Street has convened two focus groups to explore these topics with peers, led by Sara Goodman and Angela Hebner, both whom are directors at Baltic Street. The individuals who participated represented a wide range of roles and experiences in the delivery of peer services. In the first group, the roles peer specialists have in various settings, how they are trained, how they interact, engage, sustain and support service users in their recovery were discussed. In the second group, the emphasis was on the role culture plays in peer-to-peer relationships, treatment and recovery.

NKICECC staff attended both focus groups and provided the synthesis of group discussions. Main findings include: peers perform a wide variety of support functions, they learn via on-the-job training, peer culture is seen as a major component of cultural identity, and peer-to-peer cultural dissonances are handled by seeking common ground. Lastly, focus group discussions explored the use of peers as cultural brokers for service users between the medical and peer cultures.

It was revealed through the focus groups that cultural competency of peers will entail more than an awareness of different types of cultures but also promote skill sets on how to talk about culture. Baltic Street and NKICECC's cultural competency training strategy will utilize a novel group process that centers on conversations and exchanges of experiences to recognize cultural identity and world views: one's own and others, the role of culture in recovery, how to navigate cultural differences, and support the activation of service users to share cultural information about themselves with their providers.

NKICECC will continue to explore this cultural competency training strategy and its applicability to other behavioral health professions.

## OMH Announces the Implementation of New Mobile Integration Teams

The New York State Office of Mental Health announced the implementation of four Mobile Integration Teams that will provide an array of services, including behavioral and mental health needs statewide.

As part of Governor Cuomo's initiative to expand community based services to children and families in New York State, \$59 million from pre-investment funding over the last two years has allowed for the creation of the Mobile Integration Teams, which are now fully operational in Western NY, Long Island, the Southern Tier, and the North Country. These teams are designed to enhance the existing system of care, provide technical support, fill in service gaps, and/or related activities that are preventative of an individual requiring psychiatric hospitalization.

The North Country Mobile Integration Team:



The Western NY Children's Mobile Integration Team:



According to the United States Department of Health and Human Services, one in five children has a mental health disorder, and the onset for fifty percent of adult mental health disorders occurs by age 14. Research has shown that early identification and intervention of mental health issues, starting pre-natally and continuing throughout the lifespan, is an essential component of the health and well-being of children and adults.

For more information on the Mobile Integration Teams or other programs funded through the OMH Transformation Plan, visit the [OMH website](#).



## **Update: Medicaid Managed Care and Children’s Health Homes**

By Maryann Braithwaite, Associate Director for Children and Adolescent Services

### **Children’s Health Homes**

OMH Targeted Case Management providers and “legacy” clients – those being currently served- will transition into health homes beginning on January 1, 2016. The State Department of Health received a total of 22 applications. On June 15, 2015 the State Agency Review Team completed its review of applications submitted by existing Health Homes and other entities seeking to become a Designated Health Home Serving Children, and the Department of Health issued a letter to each applicant regarding the outcome of the review process. Of 16 applicants designated in New York State, three will serve the two Long Island counties: Hudson River HealthCare, North Shore LIJ, and Collaborative for Children and Families.

### **Medicaid Managed Care**

The timeline for the implementation of the Children’s Behavioral Health Medicaid Managed Care has been postponed to January 1, 2017 for Long Island and New York City. The rest of the state will transition on July 1, 2017. Children in foster care and Medicaid behavioral health services that have historically been carved out will also move into Medicaid Managed Care.

The existing Home and Community Based Services (HCBS) that are in the six 1915c Children’s Waivers (OMH Waiver for children with Serious Emotional Disturbances, DOH Care At Home Waivers I/II, and three Office of Children and Family Services – Bridges to Health [B2H] programs) will be aligned into one array of services, pending approval by Centers for Medicare and Medicaid Services. The care coordination for the Waiver programs will also be moved to Managed Care at that time.

Additional resources/webinars can be found on the DOH-Behavioral Health Transition to Managed Care [website](#).

*A previous version of this article had the Children’s Health Homes implementation date as October 1, 2015.*

## OMH Staff Participate in the CDPHP Corporate Challenge



On May 21st, staff from various divisions of the Office of Mental Health's Central Office in Albany participated in the CDPHP Corporate Challenge.

The CDPHP Corporate Challenge is a 3.5-mile road race open to teams of employees from corporations, businesses, government agencies, educational institutions, not-for-profit corporations, and financial institutions.

Participating companies, organizations, and agencies use the event as a platform to provide health and fitness opportunities in the workplace while promoting goodwill and camaraderie among their employees.

Three charities of choice were designated to receive a portion of the 2015 race proceeds, including:

[Brave Will Foundation](#), which provides services and support for children with life-threatening illnesses, and their families.

[CEO](#), which creates partnerships and develops opportunities for social and economic growth and empowerment in individuals, families and communities.

[The Food Pantries for the Capital District](#), which is a coalition of 53 food pantries in Albany, Rensselaer, and Saratoga Counties, all working together to feed the hungry.

## Public Forums on Behavioral Health Service Agency Integration

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) and the New York State Office of Mental Health (OMH) will host a series of fact-finding forums to consider the appropriateness of consolidating the missions of OASAS and OMH into an integrated and unified behavioral health services agency.

OASAS Commissioner Arlene Gonzalez-Sanchez and OMH Commissioner Ann Sullivan, MD, and Paul Samuels, Esq., Chair of the New York State Behavioral Health Services Advisory Council (BHSAC), are jointly chairing a Steering Committee which will assess and report its findings on the value of creating an integrated behavioral health services agency to improve service delivery, streamline the transition to Medicaid Managed Care, and enhance the treatment outcomes for people currently receiving behavioral health services in New York State. The Steering Committee is comprised of key OMH and OASAS stakeholders.

The Chairs seek public input into the question of whether a new behavioral health agency should be created and whether the creation would improve the care for populations currently served by both agency funded/licensed programs. Input from stakeholders including providers, consumers, families, local government units (LGUs), trade associations, and state and local legislators is sought and will be considered in making any forthcoming recommendations by the Steering Committee.

The public is invited to attend the following forums to be held throughout New York State this summer:

- **July 13th (3:00-5:00 pm; 5:30-7:30 pm) – OASAS NYC Field Office, 501 7th Avenue, Conference Room A, 8th Floor, Manhattan, NY**
- **July 14th (3:00-5:00 pm; 5:30-7:30 pm) – OASAS Central Office, 1450 Western Avenue, 4th Floor Conference Room, Albany, NY**
- **July 22nd (3:00-5:00 pm; 5:30-7:30 pm) – OCM BOCES Henry Center, CNYRIC, Rodax #8 Commercial Park Building, 6075 E. Molloy Road, Syracuse, NY**
- **August 18th (3:00-5:00 pm; 5:30-7:30 pm) – Molloy College, Suffolk Center, 7180 Republic Airport, Farmingdale, NY**
- **August 20th (3:00-5:00 pm; 5:30-7:30 pm) – Buffalo & Erie County Public Library, The Mason O. Damon Auditorium, 1 Lafayette Square, Buffalo, NY**

Pre-registration is encouraged, as seating is limited, and a registration page will be available through the OMH and OASAS websites shortly. Interested parties may also view video of a recorded public forum after the initial meeting on July 13th.

In addition to the public forums, comments and recommendations from the public will be accepted via web links that will be posted on both agency websites. All comments will be considered in the deliberations of the Steering Committee, and a final report will be issued by December 31, 2015.

If you require any special accommodations to participate in this process, or have questions about the format, you may contact [OMH and OASAS representatives](#).

## Health Advisories

### **Increase in Synthetic Cannabinoid-Related Adverse Events and ER Visits**

There has been an increase in the use of synthetic marijuana, which has resulted in severe adverse events and increased emergency room department visits. The following geographic areas are particularly affected and require special attention: Long Island, Brooklyn, Upper Manhattan and Syracuse. OMH is also aware of individual cases in other areas of the state. Please distribute this information to staff in all mental health programs including clinics, other outpatient programs, and residential programs.

Please note: For additional information, see the [referenced advisories](#) from NYS Department of Health and [NYC Department of Health](#) as well as [Governor Cuomo's health alert](#).

### **Increased Risk Of Heat Illness To Persons Taking Antipsychotic Medications**

Hot summer temperatures have been associated with an increase in heat-related symptoms and even deaths. Pattern and trend reviews of OMH incident reports have confirmed these findings. Individuals receiving antipsychotic medications are at particular risk of heat stroke and neuroleptic malignant syndrome (NMS) during periods of extreme heat, which is more likely in poorly ventilated rooms. Children and the elderly are at increased risk. In addition to monitoring individuals at risk, including any people placed in seclusion or restraints during and after such episodes, prevention is paramount.

These conditions may best be prevented by:

- Heightened attention to the state of hydration of patients, particularly those at high risk (those on antipsychotic medications, the elderly, children and those with poor fluid intake);
- Helping high risk patients remain in cooler areas;
- Monitoring patients for temperature elevations;
- Avoiding direct exposure to sunlight or minimizing exposure;
- Wearing protective clothing and using sunscreen;
- Minimizing anticholinergic medications which may interfere with sweating; this includes switching to antipsychotics with less intrinsic anticholinergic activity and/or treating extrapyramidal side effects with amantadine instead of anticholinergics (such as benztropine or trihexypenidyl).

For patients experiencing significant temperature elevations, where heat stroke or NMS are a consideration, antipsychotic medications should be held until the diagnosis is clear. If the diagnosis of NMS is confirmed, the antipsychotic medication must then be discontinued.

Please use the handouts to assist you and your staff in preventing and treating heat-related problems. Please ensure that these materials are widely circulated in your facilities.

# OMH Celebrates National Nurses Week!



NYC  
Children's  
Center Nurses



Rockland  
Psychiatric  
Center Nurses

## We Want to Hear from You!

Send us your story ideas, events, pictures and artwork for the chance to be featured in the OMH News. Mail to: Public Information Office, NYS Office of Mental Health- 44 Holland Avenue, Albany, NY 12229 or you can [email us](#).

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