

November
2014

OMH News

*Wishing you and yours
a happy and healthy
Thanksgiving!*

-Commissioner Ann Marie J. Sullivan



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



The Cognitive Remediation Project

By Alfred M. Volo, Ph.D., OMH Child and Adult State Operations and
Matthew D. Erlich, M.D, Director, OMH Consultation Service

OMH has begun Phase I to provide Cognitive Remediation (Cog Rem) within statewide OMH outpatient services called Cognitive Remediation to Promote Recovery (CR2PR). Phase I involves eight OMH outpatient clinic sites. Central Office leadership for this project is being provided by Matthew Erlich, M.D., Greg Miller, M.D., Alice Medalia, Ph.D. and Al Volo, Ph.D. Executive leadership and active participation and support from Psychology leadership at the OMH facilities are key to the success of the project.

Staff from each of the pilot sites (Pilgrim, Manhattan, Rochester, Buffalo, South Beach, Binghamton, Rockland, and NYSPI/Washington Heights Community Services) received an introductory training at the Cognitive Remediation in Psychiatry conference on June 6, 2014. Training was based on the Neuropsychological Educational Approach to Remediation (NEAR) model developed by Alice Medalia, Ph.D.

In the NEAR model, patients receive one hour group sessions two times per week. Each session consists of 45 minutes of computer based “drill and practice” exercises and a 15 minute Bridging activity. The Bridging activity encourages patients to talk about and explore ways the skills they are using in the computer exercises can be applied to everyday life.

Computer based exercises will be accessed via internet cognitive remediation sites such as Luminosity, Scientific Brain Training or BrainHQ from Posit Science.

Teams have been established that consist of a psychologist and a cognitive remediation therapist. The psychologist will conduct initial cognitive testing (45-minute assessment) using the Brief Assessment of Cognition in Schizophrenia (BACS - Keefe, Goldberg, Harvey, Gold et al., 2004) to identify whether Cognitive Remediation is indicated, recognize what aspects of cognition should be targeted, and align CR interventions with a consumer’s recovery goals. Dr. Keefe will be contracted to provide training on the BACS instrument and quality review of the team members’ assessments.

The therapists are clinicians who are eligible to bill for outpatient services and could be either a psychologist, social worker, or nurse. The therapists will conduct group computer exercise/bridging sessions using the selected Cog Rem software. Group size will ideally consist of 10 patients (with a maximum of 12). Expectation is to eventually expand this, such that at least 50 patients are enrolled at each site.

To date, CR2PR teams have been established at all eight pilot facilities. Each team has conducted an assessment of their site’s infrastructure to support the project. The teams have also had a 30-day trial of the web-based Lumosity Cog Rem software and have evaluated its component tasks. In late October, the teams will begin a similar trial and evaluation of the Scientific Brain Training Pro software, followed by a trial and evaluation of Brain HQ.

Early in 2015, clients will begin to be evaluated, and appropriate candidates enrolled in the CR2PR program. Progress will be tracked and outcomes monitored to assess the success of the program prior to more wide-spread implementation at other OMH facilities. It is our hope CR2PR will provide consumer-friendly, recovery-based interventions for our consumers to bolster their goals and quality of life.

The Transition from Facility to Community – Federation of Organizations Transitional Community Residence By Michael Hoffman , Deputy Director, Long Island Field Office

Early in 2012, OMH made a decision to close the state operated Residential Care Center for Adults (RCCA) in Kings Park. In preparation for the closure, OMH issued a Request for Proposals (RFP) in May 2012 seeking a housing provider to operate a Transition to Community Residential Program (TCR). Federation of Organizations was the successful bidder, and on in October 2012 they opened their three unit, 75 bed TCR program located within Building 81 at Pilgrim Psychiatric Center.

The goals for the TCR were ambitious:

- Move 75 individuals from the RCCA to the TCR;
- Move 25 of the residents in the first year into supported housing (SH) or more community based settings and close one of the units;
- Develop SH units for the individuals who need it;
- Form a Residential Transitional Support (RTS) team, using staff from the closed unit, to assist the individuals who were discharged to adjust to life in the community;
- Transition another 25 residents into the community and close a second unit during year 2;
- Assign additional community support staff to provide services for these individuals;
- Develop additional SH units; overall there would be 75 individuals to be served in SH;
- Evaluate the need for the third unit to remain open beyond the second year.

As of this writing, the program has been in operation for a little over two years. Despite many challenges, they have fully committed themselves to the program's goals as stated above. The first unit closed on 10/28/13, and 25 residents were placed in community settings, with supports by the RTS team. The second unit closed on 9/22/14 – over one month ahead of schedule. Although there have been some brief hospital stays of individuals in the community, none have required longer term hospitalization.

The RTS team is led by the Program Supervisor who works in conjunction with the Supported Housing Program. The team is comprised of a Behavior Specialist, Dual Recovery Specialist, Community Integration Specialist, RN, LPN, Community Rehabilitative Associate, two Rehabilitative Associates and two Peer Specialists. RTS staff works seven days a week from 8:00 AM –9:00 PM. RTS staff completed extensive trainings on Individual Placement and Support, employment, Assertive Community Treatment, Harm Reduction, Wellness Self-Management, and Motivational Interviewing.

Once in the community, individuals are visited at least once a day by the RTS to ensure their successful transition, to work on their connection to treatment/rehabilitation and community services and supports, to work on skills development, life skills, medications, transportation needs, money management, etc. The team also provides weekly skills building group experiences in the community. Nursing staff are available to provide the level of medication assistance is needed. Daily dose packaging has helped in this area. At present 10 RTS staff are working with the 50 individuals who have moved from the TCR into community settings.

Lessons Learned

The population in the RCCA presented many challenges, including long term treatment in inpatient and other institutional settings, histories of aggressive, self-injurious and other high risk behaviors; many had poor self-care and community living skills, and multiple healthcare needs. Many individuals were skeptical of their ability to integrate into the community and to function more independently.

The TCR and RTS staff members have provided a welcoming environment, support through multiple transitions, intensive work on skills acquisition and development, and a great deal of support and a belief in the individuals' ability to be successful in their adjustment to community living. In the process, a great deal has been learned about what is required to maintain this population in a community placement.

First and foremost, it is evident that enabling this population move into more independent settings is possible, but requires staff-intensive supports. The program has learned many practical lessons about staff hiring and training, choice of roommates, trial visits to allay fears and anxiety, the importance of access to a 24/7 warm line, daily skills development, community "acculturation", linkage to treatment services, social skills development, medication organization and health and wellness management, budgeting and financial supports, transportation needs, and safety skills training including smoking safety.

The program has also done extensive data collection and follow up for those who have moved into the community, and is closely working with the remaining population to assess their readiness for community placement. As such they have fulfilled the promise of the RFP and fidelity to its principles.

Questions about the program can be addressed to [Karen Gorman](#), Director of Strategic Partnerships & Resource Development, Federation of Organizations.



On Veteran's Day, Governor Cuomo announced the launch of a statewide "Strike Force" to expedite federal disability claims for New York State Veterans and their family members.

The Strike Force – discussed as part of the Summit on Veterans and Military Families – was established in response to statistics that show on average, Veterans in New York wait close to 500 days for a decision on their VA disability claims, and many of the more than 10,000 pending VA disability claims cases are more than two years old.

“Veterans Day is an important opportunity for us to pause and recognize the sacrifices made by the men and women of our armed forces. By answering the call of duty, our Veterans put the needs of others before their own and built this state and nation into the land of liberty and opportunity that we know today.”

The launch of the Strike Force to help clear out the backlog of disability claims continues four years of dedication to those brave New Yorkers who have served our state and our nation with honor.

Click [here](#) to read the press release in its entirety.

**Quality Management Review Committee:
A New Initiative of the NYC Field Office**
By Dr. Marisa Derman, M.D., Director of Clinical Services,
NYC Field Office

The New York City field office has a new initiative: a Quality Management Review Committee, which will meet on a monthly basis. The purpose of this new committee will be to support the high standards of quality care and management that we strive for at the Office of Mental Health. The goals of this new committee include strengthening communication and collaboration between all subsections of the office, creating good systems for follow through and closing loops on quality issues, observing data and trends on important issues for the office, and purposefully creating action steps to maintain accountability.

The New York City Field Office serves a very large population on a daily basis. A great deal of information is gathered, reported and disseminated within the office every day. Ensuring adequate and timely follow up to pertinent issues, as well as making sure important information is communicated in an effective way will be of central importance to this new committee. The monthly meeting will help with streamlining and adding structure with reporting issues to each other. The focus of the meeting will primarily be on a systems perspective instead of being simply a clinical case review forum, though important incidents will be reviewed.

The NYC Field Office Director of Clinical Services and Central Office Quality Management Specialist will co-facilitate the meeting jointly. Participants in the meeting will be senior leadership from the Field Office along with those responsible for the licensing, suicide prevention and quality management units.

Quality management staff will help by analyzing data, and work on trending with emphasis on the following areas: Complaints, Suicide Attempts, Deaths, ACT, AOT and any issues that come from licensing recertification visits. Quality management staff will also run an in-service training on how to run NIMRS reports. Another task of the committee will be to ensure timely follow-up with providers on complaints and serious incidents.

Each meeting will involve a report on important recent trends and incidents. A standard form will be used to track both trends and single incidents, and these forms will be reviewed at each meeting to make sure that adequate follow up occurs and issues are resolved in a timely manner.

The monthly meeting will thus serve as a time for information sharing. It will provide a forum for informing the licensing team of any issues that may need some further examination. It also will be a place where brainstorming can take place within the group on appropriate action steps to address the quality issues and trends we discover.

November is
National
Homeless Youth
Awareness
Month

Each year, as many as
1.6 million youth
per year may experience
homelessness.

Along with losing their home, community, friends, and routines, many homeless youth are victims of trauma. While trying to survive on the streets, youth are exposed to countless dangers, with increased likelihood of substance abuse, early parenthood, posttraumatic stress disorder, and a vulnerability to being trafficked.

In support of this awareness campaign, the National Child Traumatic Stress Network (NCTSN) is providing resources to help communities, families, educators, mental health and child welfare professionals, and policy makers and advocates better understand and address the plight of homeless youth.

Visit the
[NCTSN website](#) for
more information.

THE EAP CORNER

By EAP Coordinator Thomas O'Clair

November is upon us. As we prepare for the busy Holiday Season, it is easy for us to get “caught up” in the fuss of the holidays and let important issues fall to the wayside. For those of you familiar with the “in-flight safety” speech given before a jet leaves the terminal, “If you’re traveling with a little one, in the instance of a drop in cabin pressure, please place the oxygen mask on yourself first...” Self-care is paramount in not only providing the care we need ourselves but if we’re not healthy, we cannot provide health and well-being to those we love and care for.

Your EAP office is here to help in not only your wellness but your families as well. You can contact your EAP coordinator, Tom O'Clair at 474-4888, 486-3124 or thomas.oclair@omh.ny.gov
All contact is confidential within the guidelines of safety.

December 1st is OMH/OPWDD Health Insurance Benefits Day. Check your coverage, see what’s available and talk to Health Insurance representatives. Changes must be made by Dec. 31st to your health insurance plan. Representatives will be available at 44 Holland in the elevator foyer on multiple floors.



DID YOU KNOW...

International Survivors of Suicide Loss Day is November 22, 2014

Survivor Day is the one day a year when people affected by suicide loss gather around the world at events in their local communities to find comfort and gain understanding as they share stories of healing and hope.

To find an event in your area, visit their [website](#).

GOVERNOR CUOMO ANNOUNCES \$165 MILLION REVITALIZATION OF CENTRAL BROOKLYN HOSPITAL CORRIDOR WITH AFFORDABLE AND SUPPORTIVE HOUSING

With State Resources, Including Those from Medicaid Redesign Team Savings, CAMBA Gardens in East Flatbush Will Have 502 State-of-the-Art Housing Units

Governor Andrew M. Cuomo announced the start of construction of CAMBA Gardens Apartments Phase II, following the completion and occupancy of Phase I on the Kings County Hospital campus, revitalizing the Brooklyn hospital corridor. When Phase II is completed, the \$165 million development will include a mix of 502 affordable and supportive housing units, providing housing to low-income residents and advancing better health outcomes for high-need Medicaid clients.

“All New Yorkers deserve a safe and affordable place to live, and today we’re taking an important step toward making that goal a reality,” Governor Cuomo said. “This project is creating more than 500 housing units for people who face both financial and medical challenges. A quality home can be one of the most important components to a healthy lifestyle, and I am proud that the State has joined our local government and private sector partners to move this project forward and strengthen the East Flatbush community.”

The Governor created the Medicaid Redesign Team to identify better protocols in managing the chronic conditions of more than 4,000 Medicaid clients. The MRT was able to rein in runaway spending on costly Medicaid expenditures such as expensive emergency-room visits, and ultimately located \$34.3 billion in taxpayer savings. Through the MRT, the state has invested \$260 million of Medicaid savings in supportive housing over the last three years.

Darryl C. Towns, Commissioner and CEO of Homes and Community Renewal, said, “Both phases of CAMBA Gardens are transforming this corner of East Flatbush, creating home and haven for hundreds of New Yorkers. Under the leadership of this Governor, who has spent so much of his career addressing the challenges facing high-needs and homeless populations, we have arrived at workable and effective solutions here in Brooklyn. Through public and private partnerships we have shown that hope can be restored to individuals, families, and whole communities with affordable and supportive housing, which will change lives by improving health while at the same time bringing clients greater independence.”

CAMBA Gardens Phase II was one of the first affordable housing deals financed under Mayor Bill de Blasio’s Housing New York: A Five-Borough, 10-Year Housing Plan. The plan aims to create and preserve 200,000 units of affordable housing. The most comprehensive affordable housing plan in the City’s history and largest municipal housing plan in the nation, its goal is to help address New York City’s affordability crisis by reaching more than half a million New Yorkers ranging from those with very low incomes to those in the middle class, all of whom face ever-rising rents.

CAMBA Gardens Phase II will provide housing for those exiting the HHC Public Hospital System, who would otherwise be homeless. The studio, one, two and three-bedroom units in the developments are affordable to households earning no more than 50 and 60 percent of the area median income.

Click [here](#) to read the press release in its entirety.



The NYS Office of Mental Health Children's Division would like to announce our partnership with **CHRISTMAS PAJAMA PROMISE** **for this year's holiday charity**

Christmas Pajamas Promise is a cause that was started in 2013 to collect pajamas for children to wear on Christmas Eve. Not only should children have gifts to unwrap under the tree, but also clothes to wear to bed. Our mission is to make sure each child in New York State has something special to wear while dreaming of what's to come on Christmas morning.

What is being collected?

We are collecting *new* pajamas in every shape, size and color. Everything from infant sleepers to teen/adult sizes. We are also collecting new books to go with the pajamas.

Where will the donations go?

This year, we are partnering with the Children's Division at the Office of Mental Health to collect pajamas for children in need, including those in residential or inpatient programs.

In addition to these children, we will also be donating pajamas to local charities throughout New York State who are in need of donations. These will include Unity House, Joseph's House, the Children's Hospital at Albany Medical Center, YWCA, St. Catherine's, Things of My Very Own, Northeast Parent & Child Society, and any others that are in need.

When do I bring in my donation?

Donations are being collected at 44 Holland Avenue on Floors 1, 2, 6-8 and the basement. You can also mail your donation to 44 Holland or check out the [Christmas Pajama Promise Facebook Page](#) for a list of donation drop-off locations.

We will be collecting from Wednesday, November 5-
Friday, December 12. **PLEASE DO NOT WRAP YOUR DONATION.**



Picture: Recovery Art Exhibit

The New York State Office of Mental Health (OMH) hosted an art show, titled Picture:Recovery, on October 27 at the Empire State Plaza. Aimed at promoting the hope, recovery and resilience of individuals experiencing mental illness, Picture:Recovery showcased over 100 artworks created by individuals involved in OMH-sponsored programs throughout New York State.

At the exhibit, Picture:Recovery artists discussed their artwork, did a meet-and-greet with the public and two of the participants, who are authors, signed their books.

If you were unable to visit Albany to view Picture:Recovery in person, you may view the exhibit, along with past OMH exhibits, on the [OMH Flickr page](#). Check out the pictures from the event!



OMH Commissioner Dr. Ann Marie T. Sullivan, M.D., addressing the audience.



Bill Dickson, Executive Director of Capital District Psychiatric Center, viewing the artwork.



Musicians from Capital District Psychiatric Center performing at the event.



One of the artists discussing his artwork.



OFFICE OF MENTAL HEALTH ANNOUNCES REBUILDING AT SOUTH BEACH PSYCHIATRIC CENTER IN STATEN ISLAND

Designed and Built in Less Than 21 Months, New Central Services Building Replaces Infrastructure Destroyed by Superstorm Sandy

(Albany, New York)- The New York State Office of Mental Health announced the opening of a new \$42 million Central Services Building on the campus of South Beach Psychiatric Center in Staten Island, New York City. The Central Services Building replaces infrastructure destroyed by the nearly 15 foot storm surge which came ashore on Staten Island on October 29, 2012 during Superstorm Sandy.

“Not only did we rebuild quicker than many thought possible, we built back better. With critical infrastructure now relocated 20 feet above sea level, this building is designed to resist the future floods faced by this neighborhood. Despite all that the South Beach community went through during Superstorm Sandy, the people of Staten Island came together to rebuild, and I am proud that the Office of Mental Health can stand shoulder to shoulder with them in their recovery,” said Office of Mental Health Commissioner Dr. Ann Marie T. Sullivan, M.D.

Executive Order 55 enabled the New York State Office of General Services (OGS) to fast track this construction via an expedited “design-build” process. Design-build provides the authority for OGS to quickly repair and restore severely damaged facilities without the conventional design-bid-build process, which typically takes between 36 and 48 months to complete. It is estimated that this design-build project saved New York State more than \$2 million in project management costs and shortened the project duration by two years.

Earlier this month, New York State announced the Build NY Program, which would authorize state agencies to use the design-build system for all construction projects and all acquisition projects. To date, New York has awarded ten design-build contracts across the State, saving taxpayers \$1.575 billion and 258 months of time.

“The people who receive and provide treatment services at South Beach benefited greatly when Governor Cuomo authorized OGS to use the streamlined design-build process in the wake of Superstorm Sandy,” OGS Commissioner RoAnn M. Destito said. “Private industry regularly uses design-build to save money and get projects done more quickly. By using design-build instead of the normal design-bid-build process, our client, OMH, has its building roughly two years ahead of schedule, and New York’s taxpayers were spared millions of dollars in potential project costs.”

“The story of South Beach Psychiatric Center during Superstorm Sandy is a story of hope and recovery. Although we safely and securely evacuated our facility in advance of the storm, many of our neighbors fared far worse. South Beach became a temporary station for the National Guard as helicopters flew in with supplies and evacuated people in need of assistance. Yet despite the record flooding, the debris spread across our grounds, and the damage sustained to our buildings, we were able to move our patients back into the facility in less than three weeks. With the completion of this construction, we prove that we are truly stronger than ever,” said South Beach Psychiatric Center Executive Director Dr. Rosanne Gaylor, M.D.

Construction of the Central Services Building began in February 2013 and reached significant completion in October 2014, with the Office of Mental Health bringing the building online in late October 2014. The project, managed by STV, Inc. of New York City, constructed an entirely new 46,608 square-foot Central Services Building, housing a centralized kitchen and food service area, heating and cooling infrastructure, emergency power equipment, and maintenance shops.

Included in this \$42 million project was the rehabilitation of Buildings 8 and 9 on the grounds of South Beach Psychiatric Center. Both buildings were severely damaged during Superstorm Sandy and required reengineering to accommodate the new building and various repairs to both the subfloors and the rooftops. These buildings will continue their usage as administrative offices, a rehabilitation center for outpatients, and the headquarters of the South Beach Psychiatric Center OMH Safety Staff.



NOVEMBER 2014

CALENDAR OF EVENTS

Thursday, November 20, 2014 - Friday, November 21, 2014

NYSOMH and the NYAPRS Collective 5th Annual PROS Implementation Academy, Albany, NY. “Building the Recovery Platform for Tomorrow”. For more information, visit their website.

Saturday, November 22, 2014, 12:00 p.m.

2014 International Survivors of Suicide Loss Day, Buffalo, NY. Join with a community of suicide loss survivors to find comfort and gain understanding as we share stories of healing and hope. For more information, visit their [website](#) or contact [Buffalo Psychiatric Center](#).

Monday, January 12, 2015 - Tuesday, January 13, 2015

2015 Statewide Infant & Toddler Conference in Poughkeepsie, NY. “Early Relationships Are Key: Examination of Prevention Measures & Factors that Disrupt Development”. For more information, contact [Susan Perkins](#).

**Do you have an upcoming event that you would
like us to share in the OMH News?**

Contact the [OMH Public Information Office](#)
with the details of your event!