

OCTOBER  
2014

# OMH News

Featuring

## Picture: Recovery

An Artistic Celebration of Hope, Recovery, and Resilience  
by OMH Art Therapy Participants



Want to share your own Picture of Recovery?

Share it on Twitter and Facebook by using the hashtag #PictureRecovery!



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The New York State  
Office of Mental Health



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www.flickr.com/photos/omh

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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.



## **Harbingers of Health and Happiness**

*In praise of Mobile Integration Teams and New Residential Programs*

*By Elizabeth J. Chura, OMH Child and Adult State Operations*

Mobile Integration Teams (MIT) provide clinical intervention and support to successfully treat and maintain individuals in their home and community. There are three teams serving the North Country area, including St. Lawrence Psychiatric Center or Claxton Hepburn Medical Center's mental health unit, Ogdensburg Wellness Center, Massena Wellness Center (serving both adults and children), and Ogdensburgh Children and Youth Clinic.

In particular instances, the team's services enrich an individual's life so that he/she is able to remain in their community. The teams commonly:

- Provide health teaching that includes medication self-administration, chronic physical illness symptom management and smoking cessation.
- Works with people to get them to their outpatient appointment.
- Link individuals with community agencies, such as the Dept. of Social Services.
- Help people identify and maintain a physical health provider.

The teams do whatever is needed. For example, a team met with a woman (Meredith, a pseudonym) while she was an inpatient at SLPC and then after discharge at her home where they found medical supplies and medications covering her coffee table. They helped her clean a cupboard so she could store these items safely, and they disposed of outdated medications properly. Together they decorated the walls with artwork to make her house more homelike.

Another team worked with a gentleman who had alcohol issues, had been a chronic "no show" for appointments with his outpatient therapist and psychiatrist, and had not adhered to his medication regimen. One day when the team went to his home to take him to his outpatient appointment, he was not there, so the team looked around town for him and went back to the outpatient clinic where they found him ready for his appointment. He greeted the team saying, "I knew if I didn't come to my appointment you would be coming to pick me up." Shortly thereafter he asked the team to take him to Detox/Rehab where he scheduled an appointment for five days hence. On the day of the appointment, the team picked him up, took him to the site, and he admitted himself.

Children, adolescents and their families in the Central New York area who are experiencing situational crisis and/or substantial problems in functioning due to a serious emotional disturbance will be able to access a new six-bed Crisis Respite program at Hutchings Psychiatric Center in Syracuse. It will provide immediate access to treatment services and a short-term 24 hour temporary therapeutic living environment in a home-like setting for youths ages 10 to 17 as well as critical "breathing space" for the youth and their family. It will provide young people with the help they need, and assist families in dealing with the stressors that precipitated the need for respite. Of vital importance, youths will remain in close contact with their support network of family and friends and avoid inpatient hospitalizations, and other extended out-of-home placements and inappropriate use of Emergency Departments.

Admission to the program is voluntary; both the youth and family must agree to admission. The youth and family meet with the staff and are offered a tour of the program, prior to admission. Admissions will be accepted by direct application to the Hutching Psychiatric Admissions office (315-426-7760) and by referral from any service provider, family member, school, doctor's office, or human service agency.

## **The Cultural Formulation Interview: Building Stronger Partnerships between Clinicians and Consumers**

Oscar Jiménez-Solomon, MPH\*, Chacku Mathai, CPRP\*\*, Neil Aggarwal, MD, MA\*,  
& Roberto Lewis-Fernández, MD\*

Zach has not seen a shrink (as he calls clinicians with distrust) in years, but he is willing to try after a psychiatric relapse and hospitalization that have shaken him. He walks into Dr. P's office and says to him "Before we get started, I want to tell you that I am gay. I grew up Jewish but I consider myself a Christian today. I haven't seen a shrink in a long time because I had a bad experience, and I need to know if talking about all of this is going to be OK with you." Although an already remarkable encounter to this point, what is most important is what follows. Dr. P's training tells him to ask Zach about his symptoms and how he is doing with his new medications. Dr. P. can see that Zach must be heard, so he decides to ask Zach instead to talk about what is bothering him the most. Dr. P. then asks Zach what he thinks is causing this, how other people in his life see what is happening to him, and about his most important life stressors and supports. Dr. P. asks Zach if he could say more about what those identities mean to him, and if these are making matters better or worse. Dr. P. tells Zach to talk about what he has done on his own to cope; his past experiences with clinical care; and the type of supports that would be most helpful to him now. Zach finally feels heard.

Without knowing, Dr. P. has just followed the spirit of the DSM-5 Cultural Formulation Interview (CFI). But, what is CFI? On the surface the CFI is a 16-item interview tool to guide clinicians in having meaningful conversations with mental health consumers about their cultural identities, the way they and others close to them explain what is happening to them (what clinicians may call "diagnosis"), prior experiences of care, and what type of help and clinical relationship they would like. At a deeper level, the goal of the CFI is to lay the foundation for person-centered care and shared decision-making by encouraging clinicians to engage individuals in a dialogue about how their cultural identities, values and prior experiences shape their care expectations and goals; build a stronger clinician-consumer partnership; and transform the therapeutic relationship.

After many years of work, an international field trial of the CFI has shown that people receiving mental health services and clinicians find the CFI feasible, acceptable, and useful. But because not every man and woman who walks into a first clinical encounter is as fortunate as Zach, the New York State Center of Excellence of Cultural Competence (CECC) at New York State Psychiatric Institute (NYSPI), in partnership with the NYSPI Center for Practice Innovations, is preparing to launch the first CFI online training module for mental health providers in the winter of 2014-15. The CECC is also developing a consumer empowerment initiative to ensure that mental health consumers in New York State know about the CFI and how to access it.

To learn more about the work of the NYSPI CECC, visit: <http://nyculturalcompetence.org/>.

The CFI can be accessed for free at the American Psychiatric Association webpage: <http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures>.

\* New York State Center of Excellence for Cultural Competence at New York State Psychiatric Institute

\*\* National Alliance on Mental Illness (NAMI) STAR Center

## THE EAP CORNER

By EAP Coordinator Thomas O'Clair



October is a very busy month in the advocacy and awareness worlds. In fact, it is arguably the busiest of the entire year. In our day-to-day activities, we often need gentle reminders to take care of ourselves, along with taking care of our loved ones.

The EAP office is here for all OMH employees, to remind and “nudge” you to care for yourself. If we don’t care for ourselves first, we can’t care for those who depend on us. If you or someone you know or love is in crisis or difficulty, please feel free to utilize your EAP office coordinator in Central office, Tom O’Clair, at 518-486-3124 or 518-474-4888.

Some awareness programs happening this month include:

-**National Domestic Violence Awareness Month**- For details, visit their [website](#).

-**National Bullying Prevention Month**- For details, visit their [website](#).

-**National Disability Employment Awareness Month**- For details, visit their [website](#).

-**Down Syndrome Awareness Month**- For details, visit their [website](#).

## DID YOU KNOW...

*THE NEW YORK STATE OFFICE OF MENTAL HEALTH AND THE HUFFINGTON POST PARTNERED LAST MONTH TO RAISE AWARENESS FOR SUICIDE PREVENTION?*

**#StrongerTogether** for Suicide Prevention is a campaign designed to educate the public, increase awareness, and provide help to those at-risk of suicide.

Read the press release announcing the partnership [here](#).

Check out the **#StrongerTogether** website [here](#).

# Governor Cuomo Signs Executive Order Establishing Commission to Create Employment First Policy for New York

Governor Andrew M. Cuomo signed an executive order to establish the Employment First Commission, tasked with creating an Employment First policy for New York, which makes competitive, integrated employment the first option when considering supports and services for people with disabilities. The initiative aims to increase the employment rate, and decrease the poverty rate, for New Yorkers who are receiving services from the State, as well as register 100 businesses as having formal policies to hire people with disabilities as part of their workforce strategy.

“Equality and inclusiveness play a central role in the history of New York State, and today we are continuing that legacy by standing up for the employment needs of people with disabilities,” Governor Cuomo said. “This Executive Order relays what we stand for as New Yorkers—it will help provide fair opportunities to all people, and I am proud to move our state forward by signing it.”

The Employment First policy is part of a national movement to support the employment of people with disabilities. The employment rate for a New Yorker with a disability (aged 18-64) is 31.2% compared to 72% for a person without a disability, resulting in a gap of 40.8 percentage points. In addition, the poverty rate for New Yorkers with disabilities aged 18-64 living in the community is 28.6%, which is more than twice that of people in New York State without disabilities (12.3%). The Governor has set a tentative goal of a 5% increase in the employment rate and a 5% decrease in the poverty rate among this population.

Click [here](#) to read the full press release.

Click [here](#) to read the executive order.



*New Creature*  
Ricardo Rey Santos  
[Jibaro]  
Acrylic on Canvas



*Bald Eagle*  
Anthony  
DiGiovannantonio  
2014  
Oil Color



*My Lovely Little Ego*  
Rev. Gretta Dahl Hans-  
ing, M.S./M.Ed.  
2014  
Mixed Media

## **An Introduction to Critical Time Intervention (CTI)**

By Salvatore J. Cerniglia and David Robinson, OMH Division of Child and Adult State Operations

The New York State Office of Mental Health has begun implementation of a new initiative called Critical Time Intervention (CTI). CTI was designed to prevent homelessness among people suffering from severe mental illness. For these individuals, the transition from institutional to community living is an extremely vulnerable period during which increased support is vital. At present, there is a shortage of mental health programs for homeless people, whether they are residing in shelters, the street, or the criminal justice system. Those that do exist, like inpatient units, often fail to provide continuity of care once the patient moves into housing. The lack of support during this crucial period often results in recurrent homelessness. CTI aims to redress this problem by providing a specialized intervention for this critical transitional period, designed to bridge the gap between services for the homeless and community services. The model is specifically designed to complement rather than to parallel the existing service system for mentally ill people in the community, so that services are not duplicated.

CTI targets repeat and high cost users of inpatient services. CTI is a well researched and evidence based practice. The plans are to implement this model at all OMH Facilities. Critical Time Intervention is focused on strengthening community linkages as well as coordinating the treatment needed to sustain recovery. CTI also promotes the gradual transfer of care of individuals to the community incorporating alternatives to traditional approaches.

CTI is a time-limited intervention, lasting nine months. The phases of CTI, Transition to Community, Try-Out, and Transfer of Care, are each roughly three months. In the Transition to Community phase, the client and CTI case manager formulate a treatment plan, focusing on selected areas identified as crucial in facilitating the client's stability and community assimilation. These might include: psychiatric treatment and medication management, money management, substance abuse treatment, housing crisis management, and family interventions. The main task of this phase is for clients to become linked to appropriate community resources.

The second phase, Try-Out, is devoted to testing and adjusting the systems of support that have been established in the community. In this phase, the CTI case manager can make a thorough in vivo needs assessment; since the basics should already be in place, she can observe where there are holes in the system, and where the client needs more or less support and services. In the final phase, Transfer of Care, any necessary fine-tunings are made in the network of support. Long-term, community-based linkages should be established and functioning smoothly; the client, CTI case manager, and other key treatment providers should meet to go over transfer-of-care issues and long-term goals.

CTI is designed to facilitate affiliation with social supports and community resources for people who have moved from a shelter, the streets, a psychiatric hospital, or the criminal justice system to the community. The CTI model assumes that individual client characteristics, which can be improved through the intervention, such as a commitment to mental health care, or good money management skills, have an impact on the client's ability to retain housing.

# Picture:Recovery

An Artistic Celebration of Hope, Recovery, and Resilience  
by OMH Art Therapy Participants



The New York State Office of Mental Health (OMH) is hosting an art show, titled Picture:Recovery, viewable throughout the month of October on the South Concourse of the Empire State Plaza in Albany and on [Flickr](#). Aimed at promoting the hope, recovery and resilience of individuals experiencing mental illness, Picture:Recovery showcases over 100 artworks created by individuals involved in OMH-sponsored programs throughout New York State. Along with the show, OMH is asking New Yorkers to share their own “Pictures of Recovery” via Twitter and Facebook, using the hashtag #PictureRecovery.

On October 27, 2014 at 1:00 p.m., Picture:Recovery artists will host a guided gallery tour at the South Concourse show location featuring presentations and discussions of the artwork. This event is open to the public and will include music, refreshments, and an opportunity to meet and greet the artists.

Individuals associated with the following programs graciously contributed their artwork for Picture:Recovery:

**Bronx Psychiatric Center’s Art Therapy Program**

**Buffalo Psychiatric Center**

**Capital District Psychiatric Center’s ART for LIFE**

**Capital District Psychiatric Center’s Albany County Clinic**

**Capital District Psychiatric Center’s Schenectady County Clinic**

**Greater Binghamton Health Center**

**Manhattan Psychiatric Center**

**Mohawk Valley Psychiatric Center’s Collage Connections**

**New York City Children’s Center Queens Campus**

**Pilgrim Psychiatric Center’s Western Suffolk Center Creative Expression Through Art**

**Rochester Psychiatric Center**

**Rockland Psychiatric Center’s Mount Vernon Service Center**

**Rockland Psychiatric Center’s Poughkeepsie Wellness Center**

**Rockland Psychiatric Center’s Pine Grove Center**

**Rockland Psychiatric Center’s Middletown Clinic**

**Rockland Psychiatric Center’s Nyack Service Center**

If you are 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](#).



# Upcoming Events



***Monday, October 27, 2014, 1 p.m.***

**Picture: Recovery Art Exhibit at the South Concourse, Empire State Plaza, Albany, NY.**  
For more information, contact [Julie Burton](#) or [Kristin Salvi](#).

***Wednesday, November 5, 2014- Friday, November 7, 2014***

**NYSOMH Chief Nursing Officers Organization's 38th Annual Educational Conference in Callicoon, NY.** "Meeting the Challenge of the Triple Aim: Engaging and Effective Approaches to Hospital and Community Care". For more information, visit their [website](#) or contact [Colleen Garrahan](#), NYS OMH Nursing Associate.

***Friday, November 14, 2014, 8:30 a.m.***

**C.A.P.E.S. 8th Annual Conference, Saratoga Springs, NY.** "Navigating Planet Teen: Exploring Development and Improving Treatment". This event is sponsored by the Child and Adolescent Psychiatry Education and Support (C.A.P.E.S.) Program for Primary Care Physicians, a program funded by the Four Winds Foundation through a grant from OMH's Project T.E.A.C.H. Initiative. For more information, visit their [website](#) or contact Jennifer at (518) 581-5015 ext. 3115.

***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](#).

**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!