



# Office of Mental Health

## March 2015 News

### Local Mental Hygiene Services Planning Cycle Begins

By Jeremy Darman, Director, Office of Planning

In early March 2015, The Office of Mental Health (OMH), the Office of Alcoholism and Substance Abuse Services (OASAS), and the Office for People With Developmental Disabilities (OPWDD) issued the joint 2016 Local Services Plan Guidelines to local governmental units (LGUs) and providers. This formally kicks off the local mental hygiene services planning process for the 2016 plan year. The Local Services Plan (LSP) Guidelines review each agency's key policy developments and strategic direction, in addition to providing technical survey tools and guidance for the submission of local plans. Using the County Planning System (CPS) as an entry portal, LGUs develop and submit their local services plans in consultation with their local Community Services Board, and other local and regional stakeholders.

It goes without saying that there is a great deal to plan for in the present healthcare reform environment; and this makes the local planning process – and the content of those plans – all the more critical for the State as we aim to support local and regional service and support systems. Some of the major forces in the healthcare reform arena making their way into local plan consideration include the Delivery System Reform Incentive Payment (DSRIP) program, integrated Medicaid Managed Care, the OMH Transformation Plan, and the New York State Health Innovation Plan (NYSHIP). Understanding the priorities, needs, and strategies that LGUs identify in their local services plans helps the State agencies advance policy and system reforms, and make investments that align with local and regional needs.

This year, in order to identify some common regional themes among the 58 LGUs in New York State (57 counties and New York City), the LSP guidelines includes a regional needs assessment survey, in which we have asked each the local governmental units to identify needs for a broader geographical area, using the multi-county Population Health Improvement Plan regions. This 11 region breakdown is also consistent with much of the DSRIP data available through the [DSRIP Data Dashboard](#). We hope that this initial effort to identify needs and priorities across common areas will support planning in several areas, such as those major statewide reform efforts noted above.

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Another area that OMH will be focusing its attention in the local services plans is the ongoing work on the Prevention Agenda 2013-2017, which includes a priority area to “Promote Mental Health and Prevent Substance Abuse.” This same Prevention Agenda priority also falls within Domain 4 of DSRIP, and is a major opportunity for traditionally mental hygiene-oriented entities to leverage public health strategies with the partnership of State DOH, local health departments, and local hospitals (the latter two which also submit local/regional plans to the State on a regular basis). As we get closer to the 2017 goals, there is a promising increase in attention to specific areas identified in the Prevention Agenda in both the LGUs’ local services plans and the community health assessments (CHAs) and improvement plans (CHIPs) developed by local health departments. The LSP guidelines this year highlight a few areas of previous and current public health-mental hygiene plan alignment on Prevention Agenda priorities including suicide prevention, smoking cessation for individuals with serious mental illness, and an overall recognition of need for a better infrastructure to advance common public health and behavioral health system priorities.

Some of the general areas that local service plans inform in the State’s ongoing planning efforts include:

- Level of integrated planning and strategies for addressing the needs of individuals with multiple disabilities;
- Specific demographic groups with emerging or evolving needs;
- The types of stakeholders and community partners LGUs are engaging to address needs and strategies outlined in their plans;
- Local innovations that may be adopted in other localities and statewide ;
- New and continuing funding priorities for each state agency/disability area.

Once all local services plans are submitted and certified by the local governmental units, OMH will begin its analysis to inform our own statewide planning efforts. The general public also has the opportunity to review any LSP statewide as they are posted on the New York State Conference of Local Mental Hygiene Directors website; LSPs for the past two years are already available. As the year progresses, the Office of Planning will continue its engagement of all stakeholders to ensure an inclusive and ongoing process to greater support all New Yorkers, so stay tuned for more opportunities to hear about what is happening in the State and local planning cycle- and as importantly – to have your voice heard!

# Cultural Competency Journey Awards

NYS Office of Mental Health Bureau of Cultural Competence (BCC) Celebrated its 4th Bi-Annual Journey Award Winners for 2014-2015 on Monday, March 16th, 2015.

Every two years, the Office of Mental Health (OMH) recognizes behavioral health providers that promote excellence in cultural and linguistic competence within their practices, programs, and service delivery with the Journey Award. On Monday, March 16th, 2015, we had the honor and pleasure of saluting these champions, who take the initiative to provide meaningful access to services for the traditionally underserved and underrepresented populations.

Martha Schaefer, Executive Deputy Commissioner of OMH, and Jayne Van Bramer, Senior Associate Commissioner for Child and Adult State Operations, in concert with the Bureau of Cultural Competence and the Multicultural Advisory Committee, presented plaques to the winners to commemorate their outstanding work.

## Individual Award Winner:

*Irene Kim – New York City Children’s Center*



## Provider Award Winner:

*Cultural Equality Taskforce (CET) Orange County*



OMH Facility Winner(s):

*Creedmoor Psychiatric Center – OMH Facility*  
*Sagamore Children’s Psychiatric Center – OMH Facility*



Martha Schaefer thanked all of the winners and gave voice to the infusion of cultural and linguistic competence in the everyday work that is undertaken by OMH and the recipients of service throughout New York State. Jayne Van Bramer solidified the comments by thanking all winners for taking that extra step, going beyond the job description, and ensuring that culture and language are not barriers that leave any recipients of psychiatric services behind.

We were also moved by the winners’ stories about their journey to cultural and linguistic competence. Dr. Kim, from New York City Children’s Center, spoke about the Asian experience and the need for more research on Korean youth and the high incidence of suicide within this community. Dr. Kim has dedicated all of her professional life to making a difference within this community. Nadia Allen, Executive Director of the Mental Health Association and Chair of the Cultural Equity Taskforce (CET) in Orange County, along with other CET Members gave voice to the fight for a just and equitable solution to disparities in service delivery and the ongoing work of the CET.

Creedmoor Psychiatric Center, a two time winner of this award, spoke about the award winning work of the 9A Admissions Unit at Creedmoor and the results of “Winnie’s” work in organizing a team that provides service in seven different languages as needed on any given day whether it be a recipient, a family member, staff, or other stakeholder. Sagamore Children’s Psychiatric Center’s Cultural Competence - Diversity Respect Committee had the children sharing Cinderella stories from around the world and asking why Cinderella is so different in each culture they spent reading and talking about.

Each of the winners has demonstrated excellence in cultural and linguistic competence in the service that they deliver to the recipients and their family members. We salute all of you!

## **Case Study of the Adaptation of Cognitive Behavioral Therapy (CBT) for Korean Americans**

By Jennifer C. Hernandez, MPA, Administrative Director of the NKI Center of Excellence in Culturally Competent Mental Health

The Nathan Kline Institute Center of Excellence in Culturally Competent Mental Health (NKICECC) has completed a case study of the adaptation of Cognitive Behavioral Therapy (CBT) for Korean Americans. The adaptation was guided by the Toolkit for Modifying Evidence-Based Practices to Increase Cultural Competence. The Toolkit, a tool created by NKICECC, provides a comprehensive step-by-step method for agencies, programs and practitioners to select and modify evidence-based practices to meet the needs of their clients across cultural groups.

The adaptation took place at the Hamilton Madison House (HMH) Korean Clinic, a non-profit outpatient mental health clinic that provides services to meet the mental health needs of adolescent and adult clients in the local Queens, New York community. Most of their clientele are Korean immigrants, 1.5 generation or second generation Korean Americans. Anxiety was one of the most prevalent and significant problems for the Korean American community at HMH. Thus, CBT for Generalized Anxiety Disorder was chosen as the treatment that was likely to be the most useful and helpful for Korean Americans. The adaptation was overseen by NYU Medical Center psychiatric residents Dawn Sung and Esther Kim.

The case study highlights that the adaptation of CBT for Anxiety treatment modifications helped the treatment to meet the clinical and cultural needs of the Korean-American clients in this clinic by providing an evidence-based treatment that was more culturally appropriate for the community.

The selection of CBT was culturally appropriate for this group as it helped clients address their problems by providing significant education about Generalized Anxiety Disorder and the link between their symptoms and their patterns of thinking that became recognized to be maladaptive. It also directly addressed the strong stigma against mental illness, the family-oriented culture, and culturally influenced negative core beliefs.

Resources are generally limited in community mental health settings, both financially and in the ability of these clinical workers to dedicate their time to nonclinical work. By identifying ways to eliminate barriers to participation, attempts were made to address these constraints.

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For example, the project meeting times and location were chosen to be the most convenient to clinic staff and the least disruptive to the staff's clinical demands. In addition, by having a dedicated staff member 'champion' for this project, it provided encouragement and motivation to other members of the working group and allowed the project to progress both positively and seamlessly.

The clinicians have reported that the treatment has been helpful in reducing their clients' symptoms. They anticipate that length of care may be reduced as they are utilizing a more regimented and structured modality of therapy that also enhances targeting clearer goals for treatment. The clinicians planned to utilize this treatment for more patients and have also considered expanding CBT for other illnesses such as depression.

We hope to replicate similar successes in community-based programs serving diverse cultural populations. For more information about the Toolkit or how you can use the Toolkit to adapt services please visit the [NKICECC website](#).

## 39th Annual OMH Chief Nursing Officers Organization Fall Educational Conference

The Chief Nursing Officers of the NYS Office of Mental Health are actively planning the details of this Fall's Educational Conference being held on November 4-6, 2015 at the Villa Roma Conference Center in Callicoon, NY.

As speakers and presenters are confirmed, information will be posted here and on the [website](#). If you have questions about the conference, please contact [Colleen Garrahan](#) at (518) 473-3570.

We anticipate another exciting and engaging event full of the latest news and information!



Office of  
Mental Health



## **Office of Mental Health Opens Renovated Inpatient Services Building at Hutchings Psychiatric Center**

The New York State Office of Mental Health announced the opening of the renovated 50-bed Inpatient Services Building on the campus of Hutchings Psychiatric Center. Located in downtown Syracuse, the new building will enhance the high-quality psychiatric services available to Central New York residents.

“This building represents a continued investment of mental health services into the Syracuse community and the entire Central New York region,” said Office of Mental Health Commissioner Dr. Ann Marie T. Sullivan, M.D. “Since 1930, New York State’s psychiatric hospitals in Syracuse have been on the cutting edge of treatment and research. The renovation of Hutchings to increase access to treatment, and thus recovery from mental illness, ensures that this legacy continues well into the future.”

This three-phase project, the first major renovations to Building 8 since the 1970s, helped transform this building into a “green building.” In addition, this project has been submitted to United States Green Building Council for “LEED Silver Certification” and has qualified for \$50,000 in New York State Energy Research and Development Authority energy savings rebates. The New York State Office of Mental Health is a state leader in energy usage reductions, lowering energy consumption statewide by 7.4% in Fiscal Year 2011-2012.

The \$55 million three-phase renovation project will eventually integrate all inpatient services into one consolidated and secure campus. Through the interconnection of two inpatient and two program buildings, the renovations and construction will enable secure indoor access by inpatients to all programming needs, including two secure activity yards.

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“We are very excited about moving our inpatient care environment fully into the 21st Century,” said Hutchings Psychiatric Center Executive Director Dr. Mark Cattalani, M.D. “For those individuals and families that we serve, this renovated facility will enable greater access to care, increased supervision and safety, and an overall environment more conducive to recovery.”

Renovation of Building 8 began in February 2013. The third and final phase of this renovation project is scheduled to break ground in Spring 2016. Phase 2 of this project, managed by Dormitory Authority of the State of New York, employed approximately 70 workers in the renovation of the approximately 43,000-square-foot building.



Outside the new inpatient unit.



Commissioner Ann Marie T. Sullivan speaks at the Grand Opening.



Inside the renovated inpatient unit.

# Upcoming Calendar of Events

## **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](#).

## **Friday, May 29, 2015**

APNA & NYSOMH Chief Nurses Organization 7th Annual Educational Conference: *Innovating Mental Health Care: Nurses and Consumers Working Together to Lead Mental Health Reform*. For more information, visit the [APNA website](#).

### **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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