

# Bulletin



news from the division of mental hygiene

## Letter from Dr. Lloyd Sederer, Executive Deputy Commissioner



**T**HIS SUMMER marks the two-year anniversary of the Division of Mental Hygiene (DMH) in the merged New York City Department of Health and Mental Hygiene (DOHMH). On this occasion, I would like to both share DMH's recent accomplishments and outline the critical tasks we face ahead. I would also like to thank the strong network of providers, advocates, consumers, families and other agencies that have guided and supported DOHMH's efforts to serve New Yorkers with mental hygiene needs.

First, consider what the Division—in partnership with the greater mental hygiene community of New York City—has achieved in the past two years:

### **We restructured the division and its programs.**

We combined forces with the Department of Health; embarked on a progressive course towards data-driven planning, purchasing and monitoring; and are leading a quality improvement ethos for mental hygiene services in New York City. At the same time, we took a leadership role in statewide mental health planning and in the Medicaid conversion of community rehabilitation services called Personalized Recovery Oriented Services (PROS). DMH has also been an unrelenting voice in countering the discriminatory state cap on Medicaid payments for outpatient mental health services.

### **We made important innovations.**

We opened an Office of Housing Services to provide safe and secure housing for those living with a mental hygiene disorder or disability. We also opened an Office of Mental Health Disaster Preparedness and Response to better meet the mental hygiene needs of New Yorkers should a disaster occur.

### **We showed the ability to withstand multiple budget cuts with only minimal service reductions.**

We identified and are implementing various measures to fully expend state and federal money, thereby adding real additional dollars to our fiscally-strained mental hygiene provider community. We carefully concluded some Project Liberty programs and have sustained others (especially the NYC Fire Department and the NYC Department of

Education programs) throughout various grant reductions and would-be expirations. We demonstrated that DMH could implement substantial purchasing and management control measures to deliver accessible, high quality Early Intervention and mental health services.

### **We are improving the ability of existing community programs both to identify illness and to reduce suffering.**

We are extending our reach into primary care, to educate physicians about how to better detect and treat depression and alcoholism among their patients. We introduced processes to better detect the all-too-frequent presence of mental illness in persons with mental retardation/developmental disabilities. We have undertaken the challenge of providing a new treatment, buprenorphine, to people dependent on heroin and other opiates.

We have built important and strong alliances with consumers, families, providers and advocates. I like to think of our efforts as fashioning a government organization to conform and respond to the needs of persons in need and to the organizational needs of providers—instead of vice versa. To that end, we recruited a new Director of the Office of Consumer Affairs and will collaborate to make this office all the more responsive to its constituents.

Although there are many other achievements that have gone unacknowledged in this letter, I believe that this list is representative of the hard work of our staff and of our partners.

At the same time, I know that you are, like me, still dissatisfied. Every day in this city, people with disorders and disabilities, as well as their families and communities, suffer greatly. Tragically, many die of suicide and drug overdose. In economic terms, the demand of this suffering is tremendous. We must continue to work together to do more for those with mental hygiene needs in New York City.

As I recently shared with my staff, I have identified ten top priorities for our Division for this next year. I would like to call upon all of our partners for their continued support to help DMH achieve our goals:

1) Implement and expand Quality IMPACT (Improving Mental Hygiene Program and Communities Together), DMH's new quality improvement initiative.

2) Further the quality management controls in the Early Intervention program.

3) Implement the policies and practices that pertain to mental health and chemical dependency in Take Care New York (TCNY)—the City's comprehensive health policy initiative.

4) Improve the administrative and business processes that underlie our contracting functions for nearly 1000 programs.

5) Promote buprenorphine throughout New York City, and depression detection and management in primary care.

6) Find new and better ways to collaborate and gain from the strengths of other Divisions in DOHMH.

7) Find new and better ways to collaborate and gain from the strengths of other City agencies.

8) Enhance the service capacity and quality of child and adolescent services.

9) Develop a strategic plan for Medicaid financing (built on our successes with PROS) because Medicaid is becoming the overwhelmingly dominant payer for all mental hygiene services.

10) Expand housing opportunities for people with mental illness and play a leading role, in collaboration with the NYC Department of Homeless Services, to change the nature of street outreach – our contribution to achieving the Mayor's goal of reducing street homelessness by two-thirds in the next five years.

To achieve these goals, we will work harder, work smarter and most importantly, work together. When we do, people and communities will feel the results. I hope that you join the DMH staff in taking pride in our accomplishments these past two years and dedicating ourselves to even greater success in the years ahead. ■

## Early Intervention Implements New Contract Guidelines

**T**HIS FALL, the Division of Mental Hygiene's Early Intervention Program will implement new contracting criteria to continue to improve the quality of the provider network for the City's Early Intervention services. Currently, more than 170 agencies maintain agreements with the City to provide these services.

Dr. Lloyd Sederer, Executive Deputy Commissioner, said, "We are dedicated to ensuring that the young children who use Early

Intervention services receive the highest standard of care. These new guidelines will provide an objective means for the Division to evaluate existing and future contracts to determine which agencies will best meet the special needs of these children."

Early Intervention is a national program that offers a range of therapeutic and supportive services to infants and toddlers with developmental disabilities and delays and their families, regardless of the family's ability to pay.

DOHMH is responsible for all early intervention services in New York City. Last year, more than 50,000 children in the City used these services, including speech/language therapy, family training and support, and occupational and physical therapy.

Under the new contracting criteria, agencies will be evaluated separately in three areas: service coordination, evaluations, and service provision. Agencies that achieve a minimum score will be offered the opportunity to contract with DOHMH in the area(s) in which they qualify. Agencies will have the option to appeal the review.

For each of the three areas, the contracting criteria include the agency's demonstrated ability to meet certain standards. For example, service provision standards include a rating of the provider's willingness and ability to offer family support groups, and their ability to provide services in various languages. Problematic practices will also be assessed, including the use of non-qualified personnel and billing without documentation.

"We have consistently worked with the provider community to develop fair and reasonable criteria for our contracting agencies," said Anne Oppenheimer, Assistant Commissioner for Early Intervention. "In the coming months, we will be contacting our contract agencies to discuss these new guidelines and to help agencies respond to them. We hope that these guidelines will act as a model for Early Intervention programs throughout the state, and that they will improve the quality of care to children with special needs."

## Division Steps Up Emergency Preparedness

DOHMH's Office of Mental Health Disaster Preparedness and Response (MHDPR) recently finalized a comprehensive internal emergency preparedness plan to maintain critical mental hygiene services in the case of a disaster.

A new Mental Hygiene Incident Response Team, consisting of staff from throughout the Division of Mental Hygiene, is the central component of the preparedness plan. In coordination with providers, mobile crisis teams, hospitals, and government partners, the Team is designed to develop and implement a response to mental health emergencies. If a disaster occurred, the Team would:

- Assess mental health needs;
- Coordinate responder care services;
- Deploy provider staff; and
- Provide information to impacted communities

Gail Wolsk, Director of MHDPR, said,

"With our emergency preparedness plan in place, we are confident that we can respond quickly and efficiently to meet New York City's mental health needs in case of an emergency. However, we will continue to refine our mental health disaster preparedness infrastructure by investigating best practices in disaster response and seeking input from other mental health agencies."

MHDPR was created in 2002 to oversee a comprehensive, citywide mental health disaster response. Since then, the Office has built an extensive network of relationships with community-based and disaster response mental health agencies, as well as local, state and federal governmental partners. In 2003, the Office recruited additional staff to improve the quality of planning efforts; to train mental health providers on best practices in disaster response; and to conduct outreach to targeted communities. ■

### Bulletin from the Division of Mental Hygiene

Office of Communications  
NYC Department of Health & Mental Hygiene  
125 Worth Street, Room 342, CN-33  
New York, NY 10013



Michael R. Bloomberg, *Mayor*  
Thomas R. Frieden, MD, MPH, *Commissioner of Health and Mental Hygiene*  
Lloyd I. Sederer, MD, *Executive Deputy Commissioner for Mental Hygiene*  
Sandra Mullin, *Associate Commissioner, Communications*  
Monique Duwell, *Writer, Communications*

