

Bulletin



news from the division of mental hygiene

Discharge Planning Services Provided to Inmates with Mental Illness

ON JUNE 3, NEW YORK CITY BEGAN providing comprehensive discharge planning services to inmates with mental illness in City jails. The program, which stems from the settlement agreement in the class-action lawsuit *Brad H. vs. City of New York*, aims to ensure that inmates with mental illness continue to receive treatment after their release. It also provides them with a range of other services they may need, including medications, housing, public benefits such as Medicaid and public assistance, and transportation.

“Through this program, the City is providing a robust set of services to some of its most vulnerable residents,” said Lloyd I. Sederer, M.D., Executive Deputy Commissioner for Mental Hygiene Services. “The program provides a strong link between jail-based and community-based mental health treatment, which will help these consumers function effectively upon their release.”

Each inmate who is eligible for the program will receive a “Comprehensive Treatment and Discharge Plan” while they are still in jail. The plan describes what treatment the person requires, both in jail and upon their release, and it outlines how the person will be connected with treatment and services in the community after release. Other people who know the person well—including spouses, friends, relatives, and social workers or case managers—can be involved in the discharge planning process.

Once they are released, the participants can get further assistance from the SPAN (Service Planning and Assistance Network) office in their borough. SPAN staff can offer a range of assistance—making appointments, or phone calls, or explaining the services available. They also provide services to inmates who have been released from jail before their Comprehensive Treatment and Discharge Plan is completed. SPAN staff will complete the plans and provide direct assistance as long as these individuals visit the office within 30 days of their release.

Because each inmate has different needs, the services they receive will differ. But the services available include help with:

- Treatment appointments
- Medication and/or prescriptions
- Medicaid
- Housing or shelter

People who are diagnosed as being “seriously and persistently mentally ill” can also receive further assistance with:

- Public assistance
- Workfare exemption
- Transportation to their residence or to a shelter

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Quincy Boykin Remembered

THE DEPARTMENT MOURNS THE RECENT DEATH of Quincy Boykin, a dedicated colleague and dear friend to so many across the City. Quincy served the consumer community with remarkable passion, skill and commitment. He joined the Department in 1997 as the founding Director of the Office of Consumer Affairs, a unit created to advise and assist consumers. Quincy fashioned the office into a helping hand—and then did so much more for the people he served.

Among Quincy’s most notable contributions were the consumer conferences he organized twice a year. They attracted hundreds of attendees by covering topics like housing and employment that are relevant and meaningful to consumers. Quincy’s last conference was held June 6 and addressed two topics: tobacco cessation, an issue in which Quincy had developed a keen interest in light of statistics showing that smoking is twice as common among people with mental illness as the general population; and the Personalized Recovery Oriented Services (PROS), a State Office of Mental Health initiative that has important implications for the delivery of mental health services in New York City.

Quincy, a passionate advocate for ending stigma, played a key role in developing the Department’s anti-stigma initiative. Launched in 1999, the initiative’s “Treatment is Working” campaign featured a series of ads that underscored the importance of treatment and the value of work to recovery. Later campaigns addressed depression in seniors and mental illness among children and adolescents. Quincy was also one of the original founders of the Picnic for Parity, the annual gathering that advocates parity in insurance coverage for physical and mental illnesses, and that seeks to mobilize consumers around important issues, like registering to vote. Quincy was a true leader, who spoke forcefully and with conviction on behalf of consumers. But perhaps most important, Quincy’s door was always open to the people he served. He made himself available, to advise, inform, and to just listen.

“Quincy’s work enriched and assisted us in so many ways—through the conferences he organized, his advocacy at important local and national meetings, the direct assistance he gave to countless individuals, and in many other ways known to those he served,” said Lloyd I. Sederer, M.D., Executive Deputy Commissioner for Mental Hygiene. “For me personally, Quincy was the big man who saw to it that I kept consumer interests foremost as I learned my new job and tried to deliver on the goals of our agency.”

Quincy Boykin was indeed a very special man. From his days as an air force paratrooper, to his days as a person who suffered from the ravages of mental illness and chemical dependency, to his recovery, and to his life of contributions to those in need, he touched countless lives. He is deeply missed. ■

Early Intervention Program Initiative Launched

THE DIVISION HAS LAUNCHED an initiative to ensure that the 40,000 children served annually by the Early Intervention (EI) program are receiving the most appropriate services. On July 1, DMH began using several clinical and management tools within the EI program to sharpen its review process at three specific points: 1) at the time of the initial multidisciplinary evaluation to determine eligibility; 2) at the time of the creation of the Individualized Family Service Plan (IFSP); and 3) at the six month and annual reviews when the plan is evaluated to determine how much progress the child has made and whether there is a need to continue or modify the services being provided.

“The EI program, established in New York City a decade ago, has done an outstanding job of identifying children from

birth to age 3 with developmental delays and bringing services to them,” says Lloyd I. Sederer, M.D., Executive Deputy Commissioner for Mental Hygiene. “This program is a precious resource for the City that we are committed to protecting in these difficult financial times. The best way to do this is to ensure that it meets the highest standards for quality and clinical effectiveness.”

The EI program, which is funded equally by the City, the State, and Medicaid, has experienced explosive growth in recent years, at a rate of 10 to 15% annually. The Department is committed to controlling the costs of the program while ensuring the quality of the services provided.

Throughout June, the Division conducted a series of training sessions on the new initiative with EI providers. ■

Discharge Planning Services Provided *(Continued from front page)*

The program is directed by the Department's Office of Forensic Services, led by Assistant Commissioner Patricia Brown. Brochures describing the program and what is offered are being mailed to mental health community and legal organizations. Informational sessions are also being conducted throughout the City. If you would like to receive a copy of the brochure or schedule an informational session, contact the Office of Forensic Services at 212-219-5181.

In conjunction with the launch of this initiative, the Office of Correctional Health was transferred to the Department of Health and Mental Hygiene from its previous location within the Health and Hospitals Corporation. This Office now manages all medical and psychiatric services provided in City jails. ■

New Therapy Developed

DMH IS HEIGHTENING AWARENESS about buprenorphine, the new drug for treating dependence on heroin and other opiate drugs. Buprenorphine is considered a major breakthrough in opiate dependence treatment because it can be prescribed by doctors in their private offices, dispensed in pharmacies, and has a medication profile that shows less likelihood of abuse and greater safety.

It is hoped that buprenorphine, by offering a new avenue to overcome opiate dependence, will increase the ranks of those in treatment. DMH estimates that currently, less than 20% of the City's estimated 200,000 heroin users are in treatment. Until buprenorphine received Food and Drug Administration approval in October 2002, methadone, which can only be dispensed at drug treatment clinics, was the primary medical treatment for heroin addiction.

DMH has taken a series of steps to introduce buprenorphine in New York City. This spring, the Division commissioned and widely disseminated a “white paper” on the issues and challenges surrounding the drug's use. In March, DMH held a forum to discuss the paper at Gracie Mansion, and this summer, DMH established a task force to address specific challenges so that this treatment can be used by people in need.

A DOHMH press release describing these activities helped secure a front page article about buprenorphine in the *New York Times*. ■

Bulletin from the Division of Mental Hygiene

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