

# CLMHD News

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NYS Conference of Local Mental Hygiene Directors – *An Affiliate of the NYS Association of Counties*  
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## Better meeting the mental health needs of children and adolescents through engagement with primary care: CAP PC

*“Pediatricians have long been an important first resource for parents who are worried about their children’s behavioral problems, and today psychosocial problems are the most common chronic condition for pediatric visits, eclipsing asthma and heart disease.”*

--AAP Task force on Mental Health

***We all know the problem, but what can we do about it?*** The New York state Office of Mental Health, in coordination with **CLMHD**, District II of AAP, and the New York state AAFP now has a response that can help. Child and Adolescent Psychiatry for Primary Care (**CAP PC**) is a New York state Office of Mental Health funded program that is collaboration between the Departments of Psychiatry at the University at Buffalo, University of Rochester, Columbia University, SUNY Upstate, and North Shore University/Long Island Jewish along with the REACH Institute [www.thereachinstitute.org](http://www.thereachinstitute.org). CAP PC is part of OMH’s Project TEACH and covers 46 counties in the state. The intent of the CAP PC program is to increase the capacity of primary care providers (PCPs) to meet the needs of children and adolescents with *mild to moderate mental health problems*. The program is not intended or able to provide services for severely disturbed children or those requiring emergency services. Each site has a team of two faculty child psychiatrists and one Liaison Coordinator and provides education and consultation support to PCPs across the state by offering:

*Real time access for primary care providers to CAP PC child and adolescent psychiatrists for toll free phone consultation support 5 days a week (excluding holidays) from 9:00 AM to 5:00 PM. Please note that the toll free line cannot accept calls from parents, although parents are encouraged to tell their PCPs about the program which can assist their PCP in helping their child.*

*Access to CAP PC Liaison Coordinators to assist with linkage and referral to specialty child mental health services. The Liaison Coordinators are all mental health professionals with extensive experience working with children and adolescents in their respective regions. The linkage and referral system that the CAP PC has developed is designed to help physicians make the best outpatient referrals for patients and families in their care. The involvement of the County DCS is integral to ensuring the linkage and referral system meets its intended purpose of a smooth transition to community-based services. A key component of the linkage and referral system will be the development of a comprehensive directory of behavioral health providers in 46 counties.*

## Senate Mental Health Committee Moves Chargeback Bill

Jeremy Darman, Director of Governmental Relations

This week, the Senate Mental Health and Developmental Disabilities Committee, Chaired by Senator Roy McDonald, took up legislation limiting the amount that New York State can charge back to localities for the custody of patients who are being held pursuant to a court order. The bill, S.3883/A.6147 is sponsored by Senator Roy McDonald and Assembly Mental Health Committee Chair, Felix Ortiz. Senator McDonald moved the bill from the Mental Health Committee this Monday the 23<sup>rd</sup> and it will now be sent to the Senate Finance Committee.

Known to members of the Conference as “The Chargeback Bill,” this legislation would limit county chargebacks for persons committed to OMH or OPWDD hospitals to be restored to competency before they are able to stand trial; the chargeback period would be limited to the first thirty days after a person is admitted to the state facility. Previous analyses of county chargebacks have shown localities paying over \$10 million per year to cover their 50% share in the cost of state forensic beds- even though localities have no involvement in or discretion over the treatment or when a person is deemed to be restored to competency.

This bill was introduced by the sponsors on behalf of the Conference last year. We would like to extend our greatest appreciation to Senator McDonald for his leadership, to all of the members of the Senate Mental Health Committee, and to the Senate staff who worked to move this legislation.

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(CAP PC cont.)

CME training designed by the REACH Institute ([www.thereachinstitute.org](http://www.thereachinstitute.org)) in recognizing, assessing, and managing mild-moderate mental health problems in children and adolescents. The program was developed by Peter Jensen MD and a team of internationally renowned medical educators from child psychiatry and primary care. The program is at no cost to participating PCPs and consists of a three day dynamic workshop, involving interactive learning methods. The program also includes twice monthly case-based phone conferences for 6 months. Although not scheduled yet, look on our website for information about the next dates for trainings.

For more information contact these CAP PC child psychiatrists or Liaison Coordinators in your area:

PCPs in the **Albany and Northern Region** are not part of the CAP PC catchment area, but may participate in the CAPES program. Please contact Jeff Daly MD at 518-584-3600

<http://www.capesprogram.org/> [www.cappcny.org](http://www.cappcny.org) 1-855-CAP-PC72 (1-855-227-7272)

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## News&Notes

- OPWDD recently launched monthly videoconference updates on the proposed 1115 waiver with regional discussion boards, and will be posting videos of these presentations each month. I hope you will check out the first edition, which is now live. They have also made available their nine-part series of short videos. The final video, *Why the Waiver is Necessary*, discusses the need for a significant change in how we operate, because we cannot sustain the current system as we continue to grow. We also explain what a DISCO is and how care coordination will occur under the new system, among other topics <http://www.opwdd.ny.gov/>
- CDC Releases New Binge Drinking Data. Binge drinking accounts for more than half of the 80,000 annual deaths and over 75% of the \$223.5 billion in economic costs associated with excessive alcohol consumption. That is why CDC has made it a surveillance focus. In the January 13 Morbidity and Mortality Weekly Report, CDC issued its latest surveillance report: *Vital Signs, Binge Drinking Prevalence, Frequency, and Intensity among Adults, United States 2010*. The report notes that 1 in 6 US adults reports binge drinking and that those who engage in this behavior tend to do so both frequently and with high intensity. Overall prevalence of binge drinking was 17.1%. Among binge drinkers, the frequency of binge drinking was 4.4 episodes per month, and the intensity was 7.9 drinks on occasion. Both prevalence (28.2%) and intensity (9.3 drinks) were highest among persons aged 18–24 years. The report urges more widespread implementation of Community Guide–recommended interventions (e.g., measures controlling access to alcohol and increasing prices) could reduce the frequency, intensity, and ultimately the prevalence of binge drinking, as well as the health and social costs related to it. For more, go to: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6101a4.htm?s\\_cid=mm6101a4\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6101a4.htm?s_cid=mm6101a4_w)
- The Early Innovators in Information Technology Infrastructure Collaborative. Maryland, New York and Oregon, and a consortium of New England states, Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. These states have received grants from the U.S. Department of Health and Human Services to design and implement the information technology infrastructure needed to operate health insurance exchanges. These Early Innovator states will partner with CMS to rapidly establish insurance exchanges on an accelerated timeframe while sharing what they have learned with other states. For more information about the learning collaboratives, visit [www.Medicaid.gov](http://www.Medicaid.gov)
- SAMHSA is accepting applications for up to \$15.6 million to fund Sober Truth on Preventing Underage Drinking Act (STOP Act) grants. Requests for a complete application package for SP-12-003 can be made from SAMHSA at 1-877-SAMHSA7 [TDD: 1-800-487-4889]. The required documents may also be downloaded from the SAMHSA Web site <http://www.samhsa.gov/grants/>. APPLICATION DUE DATE: March 6, 2012
- Karen Carpenter Palumbo, Former NYS Commissioner of OASAS was recently named President/CEO of Vanderhyden Hall in Rensselaer County. Karen’s leadership roles in nonprofit and health organizations and public service have included President and CEO of the National Association of Addiction Treatment Providers; Vice President overseeing regional operations for the American Center Society; Executive VP for Government Programs of Capital District Physician’s Health Plan; and Director of Children and Families of the NYS Office of Mental Health. Vanderhyden Hall is a nonprofit human service agency that has supervised community and supportive living programs, residential treatment, community service and crisis respite with clients coming from more than 30 counties in New York State.

## Grief Could Join List of Disorders

Edited from an article by Benedict Carey/New York Times published January 24, 2012

**W**hen does a broken heart become a diagnosis? In a bitter skirmish over the definition of depression, a new report contends that a proposed change to the diagnosis would characterize grieving as a disorder and greatly increase the number of people treated for it. The criteria for depression are being reviewed by the American Psychiatric Association, which is finishing work on the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders, or D.S.M., the first since 1994. In coming months, as the manual is finalized, outside experts will intensify scrutiny of its finer points, many of which are deeply contentious in the field. A controversy erupted last week over the proposed tightening of the definition of autism, possibly sharply reducing the number of people who receive the diagnosis. Psychiatrists say current efforts to revise the manual are shaping up as the most contentious ever.

The new report, by psychiatric researchers from Columbia and New York Universities, argues that the current definition of depression — which excludes bereavement, the usual grieving after the loss of a loved one — is far more accurate. If the “bereavement exclusion” is eliminated, they say, “there is the potential for considerable false-positive diagnosis and unnecessary treatment of grief-stricken persons.” Drugs for depression can have side effects, including low sex drive and sleeping problems. But experts who support the new definition say sometimes grieving people need help. “Depression can and does occur in the wake of bereavement, it can be severe and debilitating, and calling it by any other name is doing a disservice to people who may require more careful attention,” said Dr. Sidney Zisook, a psychiatrist at the University of California, San Diego.

Many doctors and therapists approve of efforts to eliminate vague, catch-all diagnostic labels like “eating disorder-not otherwise specified” and “pervasive development disorder-not otherwise specified,” which is related to autism. But a swarm of critics, including two psychiatrists who oversaw revisions of earlier editions, has descended on many other proposals. “What I worry about most is that the revisions will medicalize normality and that millions of people will get psychiatric labels unnecessarily,” said Dr. Allen Frances, who was chairman of the task force that revised the last edition. The proposed diagnosis of depression has no such exclusion, and in the new study, Jerome C. Wakefield of New York University and Dr. Michael First of Columbia concluded that the evidence was not strong enough to support the change.

“An estimated 8 to 10 million people lose a loved one every year, and something like a third to a half of them suffer depressive symptoms for up to month afterward,” said Dr. Wakefield, author of “The Loss of Sadness.” “This would pathologize them for behavior previously thought to be normal.” Some outside experts say the same is true of other proposed additions, like premenstrual dysphoric disorder (lethargy and other depressive symptoms in the week before menses, among other things) and binge-eating disorder (out-of-control bingeing, complete with self-loathing). Getting the diagnosis increases the likelihood of being treated for what is normal behavior, or close enough. Task force members argue differently: if a person is in distress and seeking help, then treatment ought to be offered — and covered by insurance. For now, these revisions are still in play; the completed manuscript is due to the printer in December. *To read the complete NY Times article:*

<http://www.nytimes.com/2012/01/25/health/depressions-criteria-may-be-changed-to-include-grieving.html?scp=1&sq=grief%20and%20depression&st=cse>

(New and Notes Continued)

- Twenty five to thirty percent of the veterans of the wars in Iraq and Afghanistan report symptoms of a mental disorder or cognitive condition. Increasingly, these men and women and their families are seeking treatment and support in our communities. As civilian behavioral health providers, it is important to remain informed and invested in providing culturally sensitive and clinically competent services to these individuals — especially at a time when so many need our services. The *Serving Our Veterans: Behavioral Health Certificate* program is offered by the U.S. Department of Defense Center for Deployment Psychology, National Council, and Essential Learning to prepare community behavioral healthcare providers to better serve those who have served our country. Designed to train civilian behavioral health and primary care providers on military orientation and issues affecting veterans and their families, the program offers 14 self-directed, self-paced courses, offering 20+ hours of CE credit, for \$350. To earn the certificate, you must complete the entire suite of courses and pass a post-test on each course.

<http://www.thenationalcouncil.org/cs/veterans>
- The New York State Office of Temporary Disability Assistance has made \$19 million in awards to 88 organizations across the State for supportive housing programs to help individuals with behavioral disorders and other chronic illnesses such as HIV/AIDS maintain independence and economic security in community-living situations.

<http://otda.ny.gov/news/2011/2011-12-22.asp>

## Meeting Calendar

### February

**Officers and Chairs Conference Call-2/8/12**

8:00 – 9:00 a.m. 317.713.0120 passcode: 53372

**Mental Hygiene Planning-2/9/12**

11:30 a.m. – 2:00 p.m., 41 State St., Suite 505

**Executive Committee-2/28/12**

9:30 a.m. – 11:30 a.m., 41 State St., Suite 505

**Agency Meeting OMH-2/28/12**

12:30 – 2:00 p.m., 44 Holland Avenue, Rm TBD

**Agency Meeting OPWDD-2/28/12**

2:30 – 4:00 p.m., 44 Holland Ave. Rm. 4B

### March

**Officers and Chairs Conference Call-3/7/12**

8:00 – 9:00 a.m. 317.713.0120 passcode: 53372

**Mental Hygiene Planning-3/8/12**

11:30 a.m. – 2:00 p.m., 41 State St., Suite 505

**Children and Families-3/26/12**

2:00 p.m. – 4:00 p.m., 41 State St., Suite 505

**BHI Committee-3/27/12**

9:30 a.m. – 11:00 a.m., 41 State St., Suite 505

**Executive Committee-3/26/12**

11:00 a.m. – 1:00 p.m., 41 State St., Suite 505

**Agency Meeting OASAS-3/27/12**

2:30 – 4:00 p.m., 1450 Western Ave. Albany Rm 4B

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