

CLMHD News

April 6, 2012
Volume 5 Issue 11
April is Autism
Awareness Month

NYS Conference of Local Mental Hygiene Directors – An Affiliate of the NYS Association of Counties
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WHAT HAPPENS IF THE AFFORDABLE CARE ACT IS UNCONSTITUTIONAL?

Jed B. Wolkenbeit,
Counsel

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Last week the news was full of reports and analysis about the arguments before the Supreme Court regarding the constitutionality of the Affordable Care Act. Prior to the argument most constitutional scholars, and even President Reagan's solicitor general, seemed to believe that the act was constitutional. However after hearing the justices' questions and statements, from a court which has not otherwise resisted making what some believe to be essentially political decisions, that question looms large and it is important that we understand what this can mean for behavioural health care clients in New York.

The Four Questions that the Court considered

1. Does the 1867 Anti-Injunction Act, which bars pre-enforcement litigation over a tax, prevent the Court from hearing the challenge to the insurance mandate?
2. Can Congress compel individuals to buy insurance or pay a penalty (the "individual mandate")?
3. Can the rest of the ACA survive if the individual mandate is struck down ("severability")?
4. Can Congress pressure states to expand Medicaid coverage by threatening to withhold funds?

Anti-Injunction Act

The Anti-Injunction Act essentially prevents the court from hearing questions about a challenge to a tax until a person actually is subject to the tax. The issue was therefore whether the penalty that a person would have to pay for not having insurance is a tax. If so, since this part of the law will not become effective until after 2014, the issue is premature for the Court to consider. Although one lower court had come to this conclusion, none of the Supreme Court Justices seemed to consider it very seriously.

The Individual Mandate

This argument raises the issue of whether the provision in the law requiring everyone to buy health insurance (Individual Mandate) is constitutional and it is of critical importance because much of the financial basis of the ACA depends on increasing the number of insured lives. There are two provisions in the constitution that the court considered. The Commerce Clause which provides that Congress shall have the power "to regulate Commerce among the several States and the Necessary and Proper Clause, which enables Congress "to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers...." The question before the Court is whether health care or health insurance is a market that can be regulated. The opponents of the law argue that a compulsory purchase of a private product such as an insurance policy is unprecedented. The Obama Administration contended that everyone at some point must enter the market for healthcare services and that by not buying insurance the uninsured would shift the cost of their healthcare to others. Ironically, the concept of the individual mandate first surfaced in the late 1980's as a conservative think tank alternative to calls for government-sponsored universal health coverage.

Severability: Can the ACA Survive Without the Individual Mandate?

The opponents of the law argued that without the Individual mandate the Court would have to overturn the entire ACA. They contend that if the court overturned the mandate and still allowed the requirement that health plans could not deny coverage to people with pre-existing conditions or allowed a limitation on the premiums they could charge for such people many insurance companies would likely go out of business because they would not be able to spread the economic risk among a large enough pool of insured's including healthy low-utilizers.

The Government argued that this is not the case since ACA premium subsidies would encourage a significant number of individuals to buy coverage and thus temper the economic effects on Insurance companies even if the mandate was declared unconstitutional. Medicare Part B was cited as an example is an example of a voluntary system in which nearly all eligible persons participate because it is affordable. Some laws include severability clauses. Congress specifically did not include such a provision in the ACA.

Medicaid Expansion

The opponents argued that the ACA's expansion of the Medicaid program unfairly coerces State participation in Medicaid because it requires them to spend more of their own money to cover more individuals or else forfeit all of the federal Medicaid money they now receive. The Government maintained that most of the cost of the expansion would be borne by the federal government.

The Potential Impact of Declaring the ACA Unconstitutional

If the Court holds the mandate unconstitutional and also non-severable:

- The 30 million Americans lacking insurance who are projected to obtain coverage under the ACA will remain uninsured.
- Groups that have benefited from ACA changes that are already effective, such as young adults who can remain on their parent's health plan until age 26, may lose coverage.
- The expansion of Medicaid eligibility and the increase of federal participation to 90% for 2 years may be terminated and the entire health home movement, premised on this increased federal participation, could be threatened.

We have no way to know what the Court may decide until their decision actually is made public which is anticipated to be sometime in June. This could also affect the course of the election both with regard to the Presidential race and the various Congressional races around the country. It has been said that this could be the most far reaching decision that the Court has made since the New Deal. We can only wait to see what that effect will be.

OASAS Clinic Updates:

Reprocessing Delays and Ancillary Withdrawal Guidance

Jeremy Darman,
Director of Governmental Relations



This week OASAS issued updates impacting Part 822 licensed providers relating to the expected delay in claims reprocessing for interim billing, and also on the opportunity for clinics to provide ancillary withdrawal services which can be billed under APGs under a medication management code.

Claims Reprocessing

As with OMH, OASAS has also delayed the start date for the reprocessing of claims for services provided between the inception of the new 822 regulations, and the beginning of APG billing – this time period differs based on provider type so a table is provided below. Originally slated for April 1, 2012; OASAS has announced that reprocessing will begin *no earlier than, but not necessarily by* July 1, 2012. This delay should not impact ultimate revenue enhancements or recoveries, but will just push back until the summer the reprocessing of interim claims. It is anticipated that the Department of Health still plans to reprocess two weeks of interim billing claims for every week of prospective APG billing, however the specific details of payment schedules for reprocessed claims have not yet been released. Detailed guidance is currently under development.

All OASAS licensed providers have already received notification of this delay through the OASAS provider distribution list. The text of this message from OASAS, including the interim billing period table, is below.

Original APG Claim reprocess begin date April 1, 2012

- Previously, freestanding OASAS Certified: Part 822-4 Outpatient Clinic; 822-4.10 Outpatient Rehabilitation; and Part 822-5 Opioid Programs received notification that effective April 1, 2012 the New York State Department of Health (DOH) would begin reprocessing of the previously submitted interim period claims from: the threshold rate codes and reimbursement amounts; to the APG rate codes and reimbursement amounts.
- That information was communicated via “Item Two” of the original announcement to the field, see following link: <http://www.oasas.ny.gov/admin/hcf/APG/documents/APGFINALImplementation.pdf>

Revised APG claim reprocess begin date is moved to a summer 2012 date that will not be before July 1, 2012

- The APG reprocess begin date is being moved from begin date April 1, 2012 to a summer 2012 date that will not be before July 1, 2012. This is necessary to ensure that all aspects to the 3M grouper pricer are correct; and, to allow the DOH the lead time necessary to establish a process sequence sufficient to accommodate the anticipated volume of claims that will require reprocess.
- The specific staging / timing of the reprocess e.g. how many cycles; and, to what degree the reprocess will be batched is currently under development and once final will be released to the field.
- When the reprocessing begins, the APG dates of services that will be handled during the reprocess continue to be those claims submitted during the APG interim billing period. Specifically:

Program Type	Dates of Service that will be handled during the APG Reprocess
Freestanding Part 882-4 Clinic	7/1/11-12/31/11 APG dates of service
Freestanding Part 882-4 Outpatient Rehabilitation	7/1/11-12/31/11 APG dates of service
Freestanding Part 822-5 Opioid Clinic	7/4/11-1/2/12 APG dates of service

Ancillary Withdrawal Services in 822 Clinics

Also this week, OASAS posted guidance on their website regarding the provision of mild to moderate withdrawal services in Part 822.4 and 822.5 programs (which may be billed as medication management) upon approval of a clinic protocol from the OASAS Medical Director. Provision of these services is voluntary, and the guidance recommends referral of severe withdrawal or recent significant use to higher level withdrawal, stabilization, or emergency services.

OASAS will be following up the posting of this guidance with a more direct announcement, and should be holding a webinar in the near future to educate providers on this potential service protocol. You can access the guidance on OASAS's website [here](#).

April is Autism Awareness Month

Every year April is recognized as the National Autism Awareness Month, which provides a special opportunity to educate the public about autism and issues that affect people suffering from this disorder.

Outgrowing autism? Study looks at why some kids 'bloom'.

By Linda Carroll/MSNBC Vitals



When Danny Melville, shown with his mom Karen, was diagnosed at the age of 2 as being severely autistic, his parents were told he might not ever talk. Now the 7-year is eager to share his interests with his family and will enter a mainstream classroom next year.

Karen Melville remembers when her son Danny was diagnosed with autism so severe that his doctor feared he might never even talk, much less go to school. “It was like a freight train hit,” said Melville, a 39-year-old mother of two. Five years of intensive therapy have paid off. Danny, now age 7, is OK’d to go to school next year in a mostly mainstream class that will have a total of three “high functioning” kids with autism. “Now when he finds something he thinks is really cool on the computer -- like a humpback whale swimming -- he wants to show me,” Melville said. **Read the article:**

[Outgrowing autism? Study looks at why some kids 'bloom'](#)

Diagnoses of Autism on the Rise, Report Says

NYT: By [BENEDICT CAREY](#) Published: March 29, 2012

The likelihood of a child’s being given a diagnosis of [autism](#), [Asperger syndrome](#) or a related disorder increased more than 20 percent from 2006 to 2008, according to [a report](#) released on Thursday by the [Centers for Disease Control and Prevention](#).

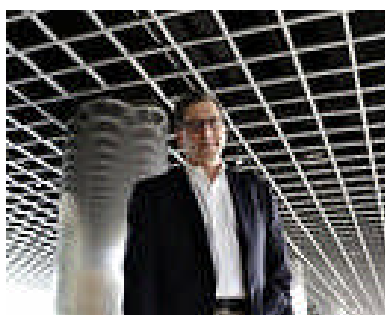
The new report estimates that in 2008 one child in 88 received one of these diagnoses, known as autism spectrum disorders, by age 8, compared with about one in 110 two years earlier. The estimated rate in 2002 was about one in 155. The frequency of autism spectrum diagnoses has been increasing for decades, but researchers cannot agree on whether the trend is a result of heightened awareness, an expanding definition of the spectrum, an actual increase in incidence or some combination of those factors. Diagnosing the condition is not an exact science. Children “on the spectrum” vary widely in their abilities and symptoms, from mute and intellectually limited at one extreme to socially awkward at the other.

Children with such diagnoses often receive extensive state-financed support services — which some experts believe may have contributed to an increase in the numbers. **Read the article:** http://www.nytimes.com/2012/03/30/health/rate-of-autism-diagnoses-has-climbed-study-finds.html?_r=1&ref=health

National Institute of Mental Health/[Director's Blog](#)/April 4, 2012/[Thomas Insel](#)

The New Genetics of Autism – Why Environment Matters

[Last week's autism news](#) was about prevalence. The CDC reported a 78 percent increase in autism prevalence since 2002. This week's autism news is about genetics—[three papers in Nature](#) describe new genes associated with autism. For many people, these two stories seem contradictory or, at best, unrelated. Increasing prevalence suggests environmental factors like chemicals and microbes changing over the past decade, whereas genes change over generations. Why is anyone looking for genetic causes when there is such a rapid increase in prevalence? Shouldn't every research dollar be invested in finding the environmental culprit rather than searching for rare gene variants? The simple answer is that *some* autism is genetic. Autism, like [schizophrenia](#) and [mood disorders](#), includes many syndromes. Indeed, we should probably speak of the “autisms.” Some of these autisms are single gene disorders, such as [Fragile X](#), [tuberous sclerosis](#), and [Rett syndrome](#). While these rare genetic disorders account for less than 5 percent of children within the autism spectrum, children with any of these disorders are at high risk for autism, roughly a 30-fold higher risk than the general population and higher than any of the other known risk factors. Recent genomics research has discovered that many children diagnosed within the autism spectrum have other genetic mutations that have not yet been designated as named syndromes. Each of these mutations is rare, but in aggregate they may account for 10 - 20 percent or more of what we have been calling the autisms.¹ **Read it all:** [Blog Post » The New Genetics of Autism – Why Environment Matters](#)



Dr. Matthew W. State, a professor of genetics and child psychiatry at Yale led a team that looked for de novo mutations in 200 people who had been given an autism diagnosis.

Gene Studies of Autism Point to Mutations and Parents' Age

By [BENEDICT CAREY](#), NYT: Published: April 4, 2012

Three teams of scientists working independently to understand the biology of [autism](#) have for the first time homed in on several gene mutations that they agree sharply increase the chances that a child will develop the disorder, and have found further evidence that the risk increases with the age of the parents, particularly the father.

The gene mutations are extremely rare and together account for a tiny fraction of autism cases, suggesting that the search for therapies will be a long one, and that what is loosely known as autism may represent a broad category of related but biologically distinct conditions. There are likely hundreds, perhaps thousands, of rare mutations that could disrupt brain development enough to result in social and developmental delays. But experts said that the overlapping results — reported in three papers posted online Wednesday in the journal [Nature](#) — give scientists working on the [genetics](#) of autism something they have not had: a clear strategy for building a real understanding of the disease's biological basis. Researchers hope to find more similar, rare mutations in the next year or so that they estimate could account for 10 percent to 20 percent of all cases.

Biologists have been groping in vain for a reliable, verifiable foothold from which to investigate the underlying genetics of so-called autism spectrum disorders, including [Asperger syndrome](#) and related social difficulties that are being diagnosed at alarmingly high rates — on average, in one of 88 children, according to a government estimate released last week. **Read the article:** [Gene Studies of Autism Point to Mutations and Parents' Age](#)

National Institute of Mental Health/[Director's Blog](#)/March 30, 2012

Brain's Wiring Revealed in HD

[Thomas Insel](#)



In the years after Francis Crick and James Watson described the double helical structure of DNA, both men became interested in the brain. While Watson searched for the genetics of schizophrenia, Crick became intrigued by consciousness and brain structure. In contrast to genetics, their adopted field of neuroscience proved far more challenging. In 1993, Crick and his colleague Ted Jones wrote of their frustration in an essay for *Nature* entitled "[The Backwardness of Human Neuroanatomy.](#)" They noted that the rodent brain and monkey brain had been mapped, but "it is intolerable that we do not have this information for the human brain.

Without it there is little hope of understanding how our brains work except in the crudest way.”

What a shame that neither Crick nor Jones lived to see the [paper](#) by Wedeen and colleagues in the current issue of *Science* – and the striking images coming from the new “Connectom” scanner! For the first time, we are seeing the connections of the human brain with the kind of detail and breadth that have been sorely lacking. The connectome, as this wiring diagram is called, provides a roadmap of the human brain.

To be sure, there are few surprises in this new report – post-mortem studies of the human brain gave us most of the major pathways a century ago. What is new is a technology that will allow studies of the living, developing, adapting brain. And, importantly, the connectome will be based on lots of different brains. Just as the genome project taught us about the unexpected variation in human genetic sequence, the connectome project promises to reveal individual differences in brain wiring that may be markers for vulnerability or resilience for mental disorders. **Read the blog:** [Brain’s Wiring Revealed in HD](#)



Suffolk County Program Supports Vets With PTSD

By Paul Larocco/Newsday April 1, 2012

As they battled post-traumatic stress disorder, Army veterans Joseph Dwyer and John Jennings had plenty of concerned family and friends. Still, there were few people the Long Island natives could actually talk to -- few fellow war-scarred service members

able to break through.

(more)

(P.T.S. Continued) Both died from accidental drug overdoses, and Sunday, their loved ones gathered at a Sayville American Legion post to back a new program creating support groups for veterans with PTSD. "Hopefully people won't have to go through what Joe did," said Brian Dwyer, whose brother, originally of Mount Sinai, died in North Carolina in 2008. "The whole system has just been overwhelmed." ***As part of the state budget approved last week, Suffolk is one of four counties getting \$200,000 to set up the Pfc. Joseph Dwyer Program, in which eight to 10 veterans diagnosed with PTSD or traumatic brain injury -- under a professional's supervision -- will help each other cope.***

The idea for the program grew out of a series of meetings of the John P. Jennings Veterans' Advisory Panel, convened last year by State Senator. Lee Zeldin (R-Shirley), an Iraq War veteran. Jennings, 34, an Army National Guard lieutenant, returned from Iraq in 2005 and died at his Calverton home in January 2011. "A lot of veterans who suffer from PTSD have an added challenge of not knowing where to go for help," Zeldin said.

Jennings' fiancée, Hatty Baldwin, said he would have appreciated such a program. "It's very isolating to be a returning veteran," she said. "They go from a situation where there's nothing but brotherhood and camaraderie, and then they go home and that group is gone." ***Zeldin said Suffolk's \$200,000 would go to logistic and administrative costs. Jefferson, Rensselaer and Saratoga counties will also start programs.***

Joseph Dwyer, who returned from Iraq in 2003, became a worldwide face of the war when his rescue of a child in the early days of combat was captured in a famous photograph. His PTSD-fueled troubles, including shooting up a Texas apartment in 2005, were later well documented. With the launch of support groups in his name, friends hope his legacy will again be connected with helping people. "As a nation and state, we all let him down," said Chris Delaney, 38, a Lindenhurst resident and family friend of Dwyer's. "Hopefully this can help us turn his story back into a heroic tale." **Link to the article:**

<http://www.newsday.com/long-island/suffolk/suffolk-program-supports-vets-with-ptsd-1.3636931>

Homeless Veterans Reintegration Program

The U.S. Department of Labor will be offering \$15 million to fund up to 50 grants through the Homeless Veterans Reintegration Program to provide job training services to help homeless veterans succeed in civilian careers. Eligible applicants include for-profit and not-for-profit agencies. Applications will be accepted until April 30. **Get more information [here](#).**

Army program aims to predict soldiers' resiliency: In the weeks since Army Staff Sgt. Robert Bales was first accused of going on a shooting rampage in an Afghanistan village, military officials and the media have combed through his life for warning signs or anything that could have predicted what may have been to come. **Read it: [Army program aims to predict soldiers' resiliency](#)**

VA Sees Shortfall of mental health specialists. As thousands of additional veterans seek mental health care every month, the [Department of Veterans Affairs](#) is short of psychiatrists, with 20% vacancy rates in much of the country served by VA hospitals, according to department data. <http://www.usatoday.com/news/military/story/2012-04-04/military-veteran-mental-health-psychiatrists/54009974/1#.T32xpBTWqFk.email>

National Institute of Mental Health



Pattern Recognition Technology May Help Predict Future Mental Illness in Teens

A technique combining computer-based pattern recognition and brain imaging data accurately distinguished teens at risk for mental disorders from those with low risk and may someday be useful in predicting risk in individuals, according to an NIMH-funded study published February 15, 2012, in the journal PLoS One. Research on risk for mental disorders generally describes risk factors that apply to groups. To date, no biological measures can accurately predict an individual's risk of future mental disorders.

Mary Phillips, M.D., of the University of Pittsburgh School of Medicine, and colleagues evaluated the use of computer-based techniques that automatically find patterns in data—these techniques are collectively called machine learning—with functional magnetic resonance imaging (fMRI) data. The researchers obtained fMRI data from 32 teens, half of whom had at least one biological parent diagnosed with bipolar disorder and were therefore at genetic risk for future psychiatric disorders. The other half of teens had no history of mental disorders either personally or in their immediate families. **Read it all:** [Pattern Recognition Technology May Help Predict Future Mental Illness in Teens](#)

The Developing Brain: What It Means For Treating Adolescents

Join us in person or online
May 10, 2012
2-4 pm

More ►



NIMH: Are you a clinician working with teens? Join this May 10th videocast and learn how research informs our understanding of the developing brain, which translates into better treatment for teens. The Developing Brain: What it means for treating adolescents. For more information and to register: <http://1.usa.gov/HnjVPP>

How Healthy is Your County?

Putnam is state's healthiest county, study finds; Rockland's fourth and Westchester seventh:



[2012 County Health Rankings Highlight Healthiest and Least Healthy Counties in Every State:](#)

More than 3,000 counties and the District of Columbia can compare how healthy their residents are and how long they live with the 2012 *County Health Rankings*, an annual check-up that highlights the healthiest and least healthy counties in every state.

Released today at www.countyhealthrankings.org by the

University of Wisconsin Population Health Institute and the

Robert Wood Johnson Foundation, the *Rankings* assess the overall health of nearly every county in all 50 states based on key factors that influence health, such as education rates, income levels, and access to healthy foods and medical care. This year's *Rankings* include several new measures, such as how many fast-food restaurants are in a county and levels of physical inactivity among residents. Graphs illustrating premature death trends over 10 years are new as well. (more)

Also new this year, the [County Health Roadmaps](#) will help counties to mobilize and take action to create healthier places to live, learn, work and play. Finally, today marks the release of the call for applications for the *Roadmaps to Health* Prize that [recognizes](#) the efforts and accomplishments of communities in the U.S. working at the forefront of better health for all residents.

- [Learn how your county ranks and watch videos about efforts to improve health in San Bernardino, Calif., and Hernando, Miss.](#)
- [Read the news release.](#)
- [Apply for the Roadmaps to Health Prize.](#)
- [Learn about the Roadmaps to Health Community Grants funding opportunity.](#)
- [Learn what other communities are doing to improve the health of their residents and how your county can develop plans to address health challenges.](#)
- [Find out how factors like education and income influence diabetes rates in your county with the County Health Calculator.](#)

News & Notes:

Depression Linked With Sleep Breathing Problems, Study Finds

MyHealthNewsDaily March 30, 2012: Experiencing breathing problems during sleep may raise your risk of depression, a new study suggests that women with [sleep apnea](#), in which breathing becomes shallow or pauses briefly during sleep, were 5.2 times as likely to have depression compared with women without the condition. Men with sleep apnea were 2.4 times as likely to have depression as men without the condition, according to the study from researchers at the [Centers for Disease Control and Prevention](#) (CDC). Participants in the study who had other [breathing problems during sleep](#) also had an increased risk of depression. However, the researchers found no increased likelihood of depression among people who snore. **Read it all:** <http://www.foxnews.com/health/2012/03/30/depression-linked-with-sleep-breathing-problems-study-finds/#ixzz1qso5qUok>

From Patienthood to Personhood/May 3, 2012 · 2:00pm-3:30pm EST

Presenter: **Susan Wehry, MD**/Commissioner, Vermont Department of Disabilities, Aging and Independent Living Older adults in long-term care settings can sometimes behave in ways that are challenging for caregivers to manage, and there is growing concern that providers are too quick to respond with antipsychotic medications. Dr. Wehry will present a different perspective: One where distressing behavior isn't a "symptom" but an expression of deep human needs that aren't being met. Join us to learn how addressing these needs can improve patients' health and quality of life. [Learn More and Register](#)

Introduction to Therapeutic Work with Transgender Clients (OMH): April 30, 2012, 10-12pm edt. The presentation will provide the participants with a general overview of the current clinical perspective in working with transgender clients, including a basic transgender 101 education, identification of a person's unique experience of transgenderism, issues related to diagnosis, the unique comorbid of mental health issues, contraindications of the presence of gender variance, assisting the client in actualizing their transgenderism, basic medical intervention issues for transsexual clients, and a brief overview of cross-sex hormone treatment and reconstructive sex reassignment surgeries. Reserve your Webinar seat now at: <https://www1.gotomeeting.com/register/421978952>

Peer-led Education Increases Self-esteem and Assertiveness

A study of 428 adults with mental illness diagnoses were randomly assigned to the Building Recovery of Individual Dreams and Goals (BRIDGES) peer-led education intervention or a service as usual wait-list control group found that BRIDGES participants experienced significant increases in overall empowerment, self-esteem, and self-advocacy assertiveness, and maintained these improved outcomes over time. Research will be published in *Community Mental Health Journal*. **Read it:** [Article →](#)

United States Sees Downward Trend in Cocaine Use (SAMHSA): Levels of cocaine use have dropped significantly in the past few years. Read it here: [United States Sees Downward Trend in Cocaine Use](#)

Fetal Alcohol Spectrum Disorder (FASD) videoconference training (OMH):

May 24 9:00-12:00 p.m. Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term for those birth defects caused by maternal consumption of alcohol during pregnancy. This training will provide an overview on FASD, including: terminology, myths, causes of FASD, effects of alcohol on the developing fetus, brain research, statistics, the importance of early diagnosis and FAS diagnostic criteria. Strategies and interventions to help children and adults living with an FASD will be discussed, along with alcohol screening tools that are helpful in working with at-risk women in different settings. **Pre-Registration by May 17th is required** for all sessions. OASAS credentialing hours are available. Interested persons should register directly on the OPWDD website: http://www.opwdd.ny.gov/wp/wp_catalogg1426.jsp



REGISTRATION NOW OPEN

Join us in Albany on June 5 & 6 to meet the experts, share research and best practices and gain new knowledge and skills. **Register before May 9 and take advantage of the early-bird rate!**

Trending Topics

Get answers to your questions:

- What does Medicaid Redesign mean to aging organizations?
- Should aging organizations contract with managed care organizations?
- What is the Uniform Assessment System being implemented by DOH?
- Why does my agency need a disaster preparedness plan?
....and much more!

General Sessions

Tuesday June 5

The New Landscape: Opportunities for the Aging Network

Learn how the Affordable Care Act (ACA) and Medicaid Redesign in New York will affect the delivery of long term care services.

We'll open with the federal perspective on ACA from **Dr. Jaye Weisman**, CMS Regional Administrator; and the latest developments in Medicaid Redesign from **Jason Helgerson**, Medicaid Director, NYS Department of Health. Plus a panel discussion with **Kathleen Otte**, Administration on Aging Regional Administrator; and **Greg Olsen**, Acting Director, NYS Office for the Aging.

Wednesday June 6

Innovative Programs in New York

Discover a rural camp for seniors that proves you're never too old to go to summer camp and a remarkable new Senior Center in Rochester located within an urban YMCA. Plus highlights from the Albany Guardian Society/WCNY Public Television series, Design for a Lifetime. See how seniors across the state are using universal design features to make their housing -- homes for a lifetime. Hosted by **Rick Iannello**, Albany Guardian Society.

[Click here for the agenda and registration](#)

Contact:
New York State Association of Area Agencies on Aging
(518) 449-7080 ext. 11
www.nysaaaa.org/acuu

Improving the Use of Psychotropic Medication among Children and Youth in Foster Care: A Quality Improvement Collaborative

Center for Health Care Strategies, Inc: Use of psychotropic medications among children and adolescents in the child welfare system is a high-priority, public sector concern. Rates of psychotropic medication use are especially high among children and youth in child welfare, who typically rely on Medicaid to cover their physical and mental health service needs. Recent legislation requires that plans for the oversight and coordination of health care services for children in foster care -- to be developed jointly by child welfare and state Medicaid agencies -- include protocols for the appropriate use and monitoring of psychotropic medications.

To help states address this complex issue, the Center for Health Care Strategies, through support from the Annie E. Casey Foundation, is launching [*Improving the Use of Psychotropic Medication among Children and Youth in Foster Care: A Quality Improvement Collaborative*](#). Through this three-year initiative, five states -- **Illinois, New Jersey, New York, Oregon, and Vermont** -- will work together to improve the appropriate prescribing and effective monitoring and oversight of psychotropic medications for children and youth in foster care.

A cross-agency team from each state -- composed of state Medicaid, child welfare, and behavioral health agencies -- as well as families, youth, and providers, will develop and implement new approaches to improving psychotropic medication use for children in foster care. The state teams will work to strengthen: (1) inter-agency partnerships; (2) appropriate data-sharing among agencies; (3) coordination of oversight and quality assurance processes; and (4) care coordination. Lessons identified will be disseminated broadly to guide other states in improving services for children in foster care with behavioral health needs. [Learn More>>](#)

CLMHD Meeting Calendar

APRIL

Mental Hygiene Planning Committee 4/12/12

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

MAY

Spring Full Membership Meeting April 30th-May 1st, 2012

Longfellow Conference Center, Saratoga Springs, NY

Officers and Chairs Conference Call: 5/9/12

8:00-9:00 a.m.: Call CLMHD for passcode

Mental Hygiene Planning: 5/10/12

11:30-2:00 p.m. 41 State St., Suite 505 Albany, NY

Children & Families: 5/21/12: this is "Go To" Meeting

2:00-4:00 p.m. Call CLMHD for info.

BHI Committee: 5/22/12

9:30-11:00 a.m. 41 State St., Suite 505 Albany, NY

Executive Committee: 5/22/12

11:00-1:00 p.m. 41 State St., Suite 505 Albany, NY

Agency Meeting@ OASAS: 5/22/12

2:00-4:00 p.m. 1450 Western Ave., Rm 2B Albany, NY

NYS Conference of Local Mental Hygiene Directors Staff

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