



Sharing data to improve coordination of care

A statewide electronic health information exchange is providing healthcare professionals greater insight into when patients are admitted, discharged, or transferred (ADT) to, from, or between any of OMH's 10 downstate state-operated psychiatric centers.

This exchange, known as the "State Health Information Network for New York" (SHIN-NY), is now receiving this ADT data from OMH. OMH participation in the SHIN-NY allows providers from different organizations to easily and securely access this data to coordinate and improve patient care.

About the SHIN-NY

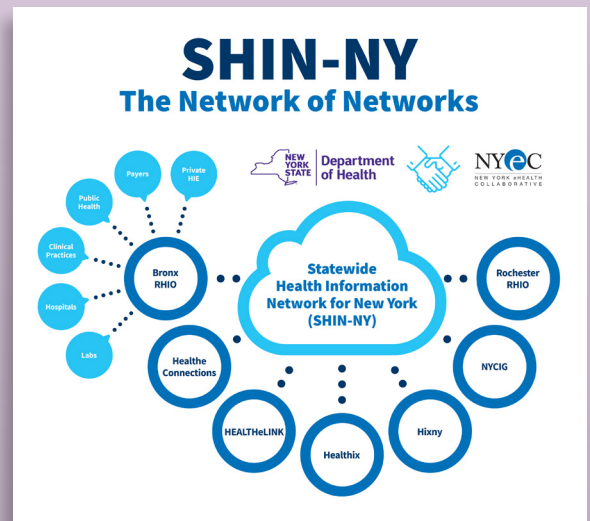
The SHIN-NY is overseen by the New York State Department of Health (DOH) and the New York e-Health Collaborative, to allow the electronic exchange of clinical healthcare information and connect healthcare professionals statewide. It connects seven regional networks, called "Regional Health Information Organizations" or "Qualified Entities," to allow participating healthcare professionals quick access to electronic health information and secure data exchange.

By providing a way for healthcare professionals to easily and securely share electronic health information, patient outcomes can improve, and costs can be reduced.

Strengthening care coordination

This has helped OMH take a significant step forward in the enhancement of care coordination and continuity of care for its patients. "For the first time, OMH is sharing ADT data through the SHIN-NY with healthcare

We welcome your comments
at: omhnews@omh.ny.gov.



SHIN-NY enables the electronic exchange of clinical healthcare information.

providers who are not affiliated with OMH,” said **Eric Weiskopf**, OMH Senior Manager for Health Information Technology/Health Information Exchange. “This technology is a tool that we can use to strengthen the coordination of care among behavioral health, clinical health, and other providers of care to our patients.”

Sharing this ADT data with the SHIN-NY was the result of months of close collaboration between OMH and the New York State Office of Information Technology Services.

Sharing data privately and securely

Once a client is admitted to, discharged from, or transferred between any of the 10 downstate state-operated psychiatric centers, the OMH electronic health record system known as the Mental Health Automated Reporting System (MHARS) sends an ADT message to Healthix, a non-profit, public health information exchange based in New York City that is one of the regional Qualified Entities of the SHIN-NY.

Healthix participants include ambulatory surgery centers, diagnostic and treatment centers, clinics, nursing homes, home care service agencies, hospices, health maintenance organizations that are healthcare providers, and shared healthcare facilities.

After receiving the ADT data, Healthix sends alerts to participants — with patient consent — informing them of patient ADT events so they can more proactively treat those patients during and after ADT events.

The ADT events exchanged by OMH are stored and available through a patient-record look-up within the Healthix portal. Providers who have received patient consent can access patient records through Healthix from any Qualified Entity in New York State.

Patient information in the SHIN-NY is protected under the Health Insurance Portability and Accountability Act, other applicable federal and state laws, and national data exchange standards — ensuring data is safe and secure. Health records in the SHIN-NY are not publicly accessible. Patients decide which providers can see their records by granting consent to the provider.

Benefiting patients and providers

The SHIN-NY enables collaboration and coordination between providers to improve patient care, reduce the total cost of care, improve the health of the patient population, and reduce the burden on providers.

Examples of these benefits include:

- More comprehensive information about patients conditions and prescriptions can reduce the risk of adverse reactions.
- Reduced burden on patients to remember their medical history.
- Providers spend less time trying to gather medical history and more time talking to and treating patients.

“SHIN-NY participants — our partner agencies — consider this achievement to be a critical first step,” Weiskopf said. “We’ve already initiated plans to build on this effort.”

The next steps for OMH include sharing ADT data from the remaining 13 upstate state-operated psychiatric centers with the SHIN-NY, as well as expanding to share OMH behavioral and clinical health data from MHARS with the SHIN-NY.¹⁰

What is the SHIN-NY?
The SHIN-NY is a statewide network that facilitates secure and confidential sharing of patient data across the healthcare system to improve outcomes.
The SHIN-NY is comprised of Qualified Entities (GEs) that are regional health information exchanges.
Participating healthcare professionals can seamlessly exchange health information, with patient consent, to increase collaboration, better coordinate care, and lower costs.

The SHIN-NY is used by:
100% Hospitals
100,000+ Healthcare Professionals
representing millions of people who live in or receive care in New York.

How it Works

- 1 Patient Receives Care
- 2 Records are Created and Shared with the SHIN-NY
- 3 Patient Seeks Additional Care and Provides Consent
- 4 Records are Accessed from the SHIN-NY
- 5 Improved, Coordinated Patient Care

What Information Can Be Shared?*

- Clinical History
- Medication Information
- Lab Results
- Images
- Care Plans
- Hospital Admissions

*Data listed serve as examples. Other data may be available.

Bottom Line: Patient Records, Sharable Statewide
SHIN-NY participants have access to their consented patients' health information, helping to identify life-threatening allergies or critical medication interactions, avoid unnecessary and duplicative tests, and share treatment plans across care teams to better coordinate care. Through the SHIN-NY, participants can also sign up to receive real-time alerts when their patients end up in the ER or are admitted to the hospital.
The SHIN-NY helps facilitate patient-centered care and supports New York State in achieving better care for patients, lower costs, and healthier communities.

For more information about the SHIN-NY, visit: <https://www.nyehealth.org/shin-ny/what-is-the-shin-ny>.



For more information on the SHIN-NY, Regional Health Information Organizations, and Qualified Entities, visit the New York e-Health Collaborative at: www.nyehealth.org.



For information about Healthix, visit: <https://healthix.org>.

Tobacco summit: Recognizing success, restoring urgency, discussing strategies to quit



People with behavioral health disorders are far more likely to use tobacco than the general population, and are more vulnerable to the diseases caused by smoking — including stroke, heart disease and cancer.

To help address this crisis, several state agencies have organized the first-ever New York State Behavioral Health Tobacco Summit.

Held in Albany on May 16, 2019, the day-long summit brought together healthcare and tobacco-control experts to dispel myths and assumptions, and develop strategies to reduce smoking prevalence among people receiving mental health or addiction services.

OMH played host to the summit, partnering with DOH, the Office of Alcoholism and Substance Abuse Services, New York City Department of Health and Mental Hygiene, and the New York State Center for Practice Innovation at Columbia University.

“In the United States, 44.3 percent of all cigarettes are consumed by individuals who live with mental illness or substance abuse disorders,” said OMH Commissioner **Dr. Ann Sullivan**. “People with schizophrenia are three to four times as likely to smoke as the general population.”

New approaches

The summit focused on strategies for reducing smoking in clinical setting as well as in supportive housing and community residences for people with mental illness. Other topics included the important role that peers play in reinforcing an anti-smoking message and the new challenges presented by e-cigarettes.

“The summit brought together a diverse set of stakeholders from across the state to redouble our efforts around the treatment of tobacco use disorder among individuals with mental illnesses,” said **Michael T.**

Compton, MD, MPH, OMH Medical Director for Adult Services. “It began the process of creating a roadmap for practical, clinical, and policy next directions in this area. This past decade has witnessed progress, but much more work remains ahead.”

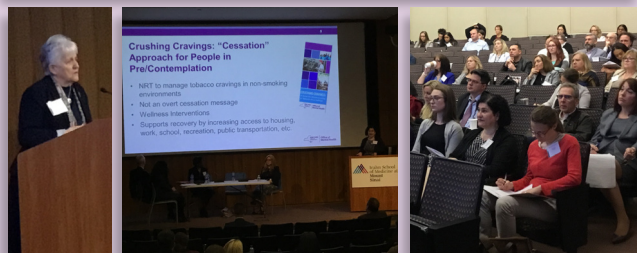
“It was great hearing from each of the presenters at the summit and the progress made to-date,” said OMH Chief Executive Nursing Officer **Maxine M. Smalling**, MS, BS(N), RN. “In particular, about how OMH is implementing tobacco free campus-wide policies on 20 of 22 state-operated campuses and how DOH is removing the limit on the Medicaid tobacco benefit.”

“Yet, the data presentations outlining the continued high prevalence of smoking among individuals with serious mental illness,” Smalling added. “The low uptake on the benefits available through Medicaid clearly identified that there is much work to be done and there needs to be a greater urgency and attention to driving uptake on treatment as one area of focus.”

“It’s critical to review the current status of our efforts to sustain a wellness agenda with particular attention to helping individuals reduce or stop smoking,” said **May Lum**, OMH Associate Commissioner, Division of State Operated Children’s and Adult Services. “We’re not where we want to be, and all of OMH needs to strategize how we can make a greater impact.”

“The ‘ah-ha’ moment for me was the reframing of the problem as ‘tobacco treatment’ rather than ‘smoking cessation,’” said **Martha Carlin**, PsyD, Director of OMH’s Long Island Field Office. “Viewing smoking as an addiction that one recovers from — as opposed to a behavior that needs to stop because we have ‘no smoking’ policies — is a more-therapeutic approach that promotes recovery.”

“Language matters,” Carlin added. “By using messaging like ‘quitting for six hours’ or reducing the amount smoked through nicotine replacement treatments, it takes a more collaborative approach and increases the chance of people embracing treatment in the future. Ultimately, we as behavioral health providers are the ones that need to change our approach and develop more engaging strategies to help people recover from tobacco addiction.”



Photos by **Suzanne Cook/OMH**

Suicide prevention: Task force recommends building community coalitions and supporting local efforts



The New York State Suicide Prevention Task Force issued its initial report in April, offering a series of recommendations to strengthen the capacity of suicide prevention programs at the local level and build more connected, resilient communities.

The Task Force was established by **Governor Andrew M. Cuomo** in November 2017 with a goal of increasing awareness of and access to supportive services, with a special focus on high-risk groups — including veterans, Latina adolescents, and members of the LGBTQ community. At the Governor's direction, the Task Force examined current programs, services, and statewide suicide prevention policies to identify gaps in resources and strengthen coordination between state and local partners.

A personal mission

The group is co-chaired by OMH Executive Deputy Commissioner **Christopher Tavella**, PhD, and **Peter Wyman**, PhD, Professor of Psychiatry, University of Rochester School of Medicine and Dentistry. It includes leaders from state agencies, local governments, not-for-profit organizations, and other experts in suicide prevention.

“A profound moment in the work of the Task Force occurred during initial introductions, when it became clear that virtually every member, if not all, had been personally impacted by the suicide of a family member or close affiliate,” according to the report's executive summary. “This moment served to underscore the broad impact of suicide across our communities (despite relatively low frequency) and forged a shared commitment to the Task Force mission and work.”

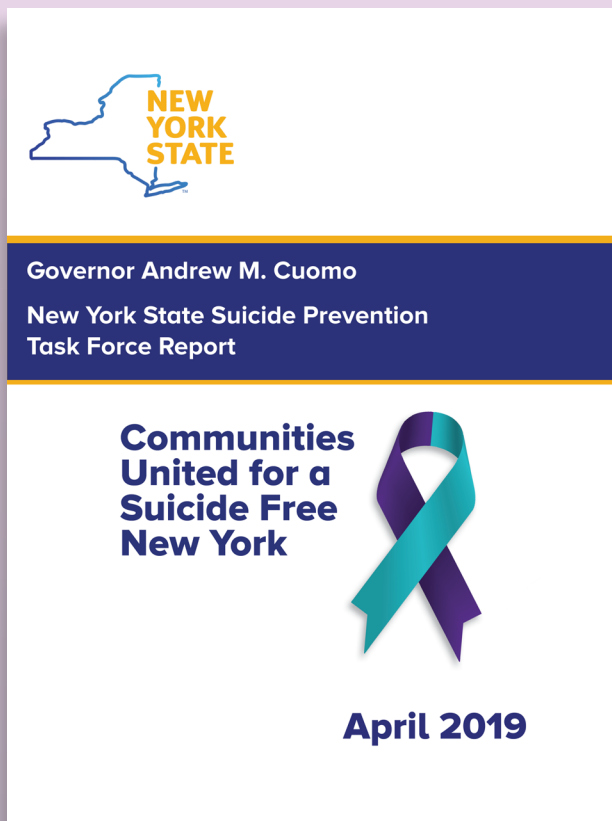
Involvement of informed communities is essential for addressing the powerful differences in local risk factors and for tailoring programming to address local needs and populations at-risk. This includes supporting families and individuals experiencing specific economic adversity — such as upstate dairy farmers and displaced city cab drivers.

According to the report, “The Task Force suggests that this initiative be launched to inspire state and local groups and convey the necessity of comprehensive, unified prevention activities to make progress toward the aspirational goal of a suicide-free New York.”

Four areas of focus

The Task Force focused on vulnerable populations at greater risk for suicide, with special sub-committees created to examine how to better serve them. Areas of focus are:

- **Strengthening public health prevention efforts** — The report calls for forging stronger partnerships with local communities, providing resources and expertise to assess local needs, and implementing research-informed prevention programs. Several recommendations are designed to jump-start state and community actions to expand the number of communities with prevention expertise to implement comprehensive public health prevention, using best practices.
- **Integrating suicide prevention in healthcare** — Helping healthcare providers adopt a systematic approach to suicide prevention, which includes helping them promote access to services, more effectively identifying those at risk, and utilizing the most effective treatments.
- **Timely sharing of data** — Gathering and tracking data on regional trends in suicide rates and related behaviors is critically important to implement a high-quality public health prevention approach. By improving the availability of data, gaps in services can be addressed and local planning and prevention efforts can be enhanced.
- **Infusing cultural competence** — Considering a community's unique cultural and societal factors to develop effective programs and resources needed to create a suicide-free New York.



For information on the report visit: <https://www.governor.ny.gov/news/governor-cuomo-announces-release-first-suicide-prevention-task-force-report>.

Competence to address the needs of New York State's diverse population is required across the full range of suicide prevention activities. Recommendations specific to three at-risk populations — Latina adolescents, LGBTQ, and veterans — are included in this section.

In addition to tailoring services to address differences in race, gender, sexuality, and nationality, cultural competence includes the capacity for state agencies to differentiate programming needs of more rural and urban communities; competence within local coalitions to engage representatives of their diverse communities; recognition of the methods needed to reach each generation; and selection and tailoring of programming to suit the needs of each group at elevated risk for suicide.

Taking action

Work has already started on these initiatives. In 2017, Governor Cuomo signed legislation requiring that the unique needs of all demographic groups and populations — including a special focus on Latina adolescents, veterans, and the LGBTQ community — be taken into consideration when developing suicide prevention plans, programs and services.

Other recommendations that have been implemented include:

- Passing the Gender Expression Non-Discrimination Act.
- Increasing access to data to help support suicide prevention at the local level.
- Increasing collaboration at events designed for individuals transitioning from active military to veteran status, as this has been identified as a time of high-risk.
- Helping communities conduct in-depth reviews of local suicide deaths in order to more effectively target prevention efforts.

Continuing prevention efforts

In addition to the Task Force's work, OMH is holding a two-day **symposium** in Albany (see link at right) on June 24 and 25 on "Strategies for Behavioral Health Equity: Leaving No One Behind." The conference will bring together researchers, policy decision makers, mental health clinicians, and front-line workers to discuss how to best bring mental health services to marginalized and vulnerable populations to create mental health equity for all New Yorkers.

OMH and its **Suicide Prevention Office (SPO)** are working to enhance programs and outreach methods to better serve high-risk groups. On September 18 and 19, the SPO will host its fourth annual **New York State Suicide Prevention Conference** (see link at right), at which keynote speakers and 30 breakout sessions will focus on strengthening suicide prevention through state and local partnerships and targeting diverse, at-risk groups.

The SPO provides funding to suicide prevention coalitions and local governments across the state to bring resources and programs to inner city and rural schools and communities to help raise awareness and reach at-risk groups.

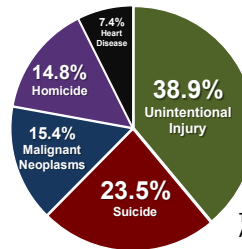
Focus on Latina adolescents

New York's Latina adolescent population (ages 10 to 19) is comprised of more than 265,000 individuals (CDC Wonder 2016).

While much of the population resides within the five boroughs of New York City, there are 23 counties outside the City with populations greater than 500, including populations that number approximately 5,000 or greater in Suffolk, Nassau, Westchester, Orange, Monroe, and Erie Counties.

In addition to geographic diversity, there is significant subethnic heterogeneity among the New York State Latino population, reflecting broad immigration patterns from the Caribbean, Central and South America.

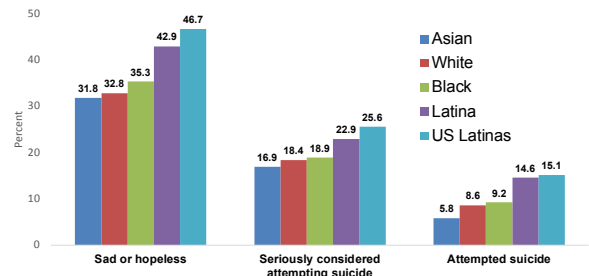
Latina adolescent suicide deaths



- Suicide is the **2nd leading cause** of death among Latina adolescents in New York State.
- There were **35 deaths** of Latina adolescents over the **past 10 years**.
- Rate of **2.6 per 100,000** population.

Top 5 Leading Causes of Death, Latinas, Ages 15-19, 2006-2015

Latina adolescents attempt suicide at a higher rate than any other youth group.



For information about the **June symposium**, visit: <https://www.nyaprs.org/e-newsbulletins/2019/5/14/june-24-5-omh-behavior-health-equity-conference-planning-team-registration-for-conference-tms9g>.

For information about the **September Suicide Prevention Conference**, visit: <https://nyssuicidepreventionconference.org>.

Strategies for Behavioral Health Equity: Leaving No One Behind!

2019 NYS OMH Symposium
JUNE 24-25, 2019
Albany Marriott, 189 Wolf Rd, Albany, NY 12205

A Symposium aimed at raising the bar on concrete strategies to create mental health equity for all New Yorkers.

Keynote Speaker

Event Information

The New York State Office of Mental Health is hosting a two-day Symposium bringing together researchers, policy decision makers, mental health clinicians and front-line workers. The goal is to raise the bar on concrete strategies to create mental health equity for all New Yorkers. The NYS Office of Mental Health believes everyone should have an equal opportunity for mental wellness. This requires removing obstacles and implementing services and policies aimed at reducing disparities.

DIOR VARGAS is the creator of the People of Color and Mental Illness Photo Project, a response to the invisibility of people of color in the media representation of mental illness. She is also the editor of *The Color of My Mind*, a photo essay book based on the photo project. She tours the country giving keynotes, hosting workshops, and speaking on panels. Her work and insight has been covered in media outlets such as *The New York Times*, *Forbes*, *Newsweek*, and *NBC News Latino*. Dior is the recipient of numerous awards including The White House Champion of Change for Disability Advocacy Across Generations. She holds a Master of Public Health from NYU's College of Global Public Health.



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4th Annual NYS Suicide Prevention Conference

SEPTEMBER 18 & 19, 2019
DESMOND HOTEL AND CONFERENCE CENTER, ALBANY, NY

STRONGER TOGETHER:
Embracing Diversity and State/Local Partnerships in Suicide Prevention

Sponsored by:



The 2019 New York State Suicide Prevention Conference will showcase the work being done across the state in a variety of settings, including community, schools, clinical, and academic.

The event will feature presentations highlighting recent developments in suicide prevention, including working with diverse populations, community coalitions, schools and college campuses, health systems, and advancements in surveillance data.

Other highlights include remarks by **OMH Commissioner Dr. Ann Sullivan**, presentations by the **New York State Suicide Prevention Council** and the **Governor's Suicide Prevention Task Force**, a networking reception, a poster session, and display of the **American Foundation for Suicide Prevention** quilt.

For information, visit: www.nyssuicidepreventionconference.org

Housing:

Opening new affordable and supportive apartments in the Bronx



Having a stable place to live can play a vital role in the process of recovery. A new development in the Bronx will provide affordable, quality housing options for young people and families, ensuring they have the support services needed to live securely and independently in their community.

Called the “Morris Avenue Apartments,” the 11-story, 94-unit mixed-income affordable housing development is located in the University Heights neighborhood.

“These apartments will help people with mental illness make their way on the road to recovery with greater independence and dignity,” said OMH Commissioner **Dr. Ann Sullivan**. “This beautiful apartment building is another example of Governor Cuomo’s commitment to helping vulnerable New Yorkers, and we at OMH are proud to have played a role in its construction.”

The new building, at 2264 Morris Avenue, between East 182nd and East 183rd streets, features 63 affordable apartments and 31 supportive apartments — 17 reserved for young adults with mental illness who are aging-out of foster care and 14 for homeless adults with mental illness

The complex has 31 studio apartments, 23 one-bedroom apartments, 25 two-bedroom apartments, and 14 three-bedroom apartments. The development also has community rooms with computers, on-site laundry facilities, multiple outdoor recreation areas, and on-site parking.

On-site supportive services

Rents for most of the apartments are set to be affordable for households earning at or below 60 percent of the area median income, with 14 apartments affordable to households earning at or below 100 percent of the area median income.

Tenants have access to on-site supportive services through Services for the UnderServed, one of the largest social service and housing organizations in New York. SUS staff will provide a wide range of supports aimed at guiding tenants toward their personal goals, long-term stability, and health. Services include personalized support tailored to each tenants’ needs, daily life skills training, job placement, financial planning, and support in healthy living and wellness.

The Morris Avenue Apartments are part of the Governor’s unprecedented \$20 billion, five-year plan to make housing accessible and combat homelessness by building or preserving more than 100,000 affordable homes and 6,000 with supportive services. Since 2011, New York State Homes and Community Renewal has invested more than \$1 billion in the Bronx that has created or preserved affordable housing for more than 39,000 people.^{OMH}



Participating in the opening of the Morris Avenue Apartments are, from left: **Samantha Magistro**, Co-Developer, Bronx Pro; OMH Commissioner **Ann Sullivan, MD**; **Budd Isaacson**, Project Manager, NYC Field Office; **Nancy Hollander, PsyD**, OMH Assistant Commissioner; **German Espitia**, Architect; **Robert Santoriello**, Architect; and **Elizabeth Sieger, PhD**, Deputy Director, Children’s Services New York City Field Office.



The Morris Avenue Apartments include green roof and a community garden.

Dialogue:

Commissioner Sullivan discusses mental health issues at a pair of regional forums



In May, OMH Commissioner **Dr. Ann Sullivan** took part in the third-annual Facebook Global Safety and Well-Being Summit. The event, presented in-person in New York City and online, featured 120 experts from 40 nations discussing social media, suicide prevention, bullying, and child safety.

She was part of a 40-minute panel discussion titled: “Pushing the Boundaries: Amidst the Rising Tide of Suicide, Can Tech Help Move the Needle?” Commissioner Sullivan said she is encouraged by efforts in recent years to work with youth and help them become more open about the crises they face, including mandatory mental health education, which started this year in schools throughout New York State.

“These kinds of things mean that we are beginning to push into another generation a way of thinking about well-being, health, suicide, depression, isolation, loneliness, helplessness — all the things that they may be feeling but not willing to talk about,” she said. “Working with youth through early prevention is really exciting and will have an impact for generations to come.”

“The important thing is to get entire communities together to talk about mental health and mental wellness, and to talk about suicide and the things that can lead to that. We need to pull communities together. When we’ve done that, it seems to be one of the most effective ways to move the needle.”

Mental health and social media



Joining Commissioner Sullivan (center) in the panel discussion were, from left: moderator **Barbara Van Dahlen**, President and Founder of Give an Hour; **Daniel J. Reidenberg**, PsyD, Executive Director of Save.org; **Jo Robinson**, Head of Suicide Prevention Research at Orygen: the National Center of Excellence in Youth Mental Health; and **Aparna Joshi**, Project Director, ICALL, Tata Institute of Social Sciences.

To watch a video of the panel discussion, visit: <https://newsroom.fb.com/news/2019/05/2019-global-safety-well-being-summit>.



Protecting our most vulnerable



Accompanying the Commissioner (center) on the panel were, from left: moderator **Amanda Eisenberg**, Health Care Reporter, Politico-New York; **Gary Belkin**, Chief, Policy and Strategy, Office of ThriveNYC; **Ronald Richter**, CEO, JCCA; and **Sylvia Rowlands**, Senior Vice President, Evidence-based Programs, The New York Foundling.

The Commissioner also spoke in a panel discussion titled “The Next Steps for Mental Health Care and Vulnerable Populations in New York” at City & State’s Healthy New York Summit, held in April at Baruch College in Manhattan.

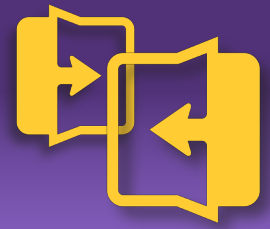
The session examined the commitments to improving programs for mental health care and providing services for vulnerable New Yorkers made by Governor Cuomo, Mayor Bill de Blasio, and private organizations, asking how budget dollars can best be spent, which issues should be prioritized, and what is the best way to tackle them.

The panel also discussed into programs that are being offered by private and non-profit organizations in New York.

The full-day event brought insights and perspectives from all sectors of New York’s health care decision-making together to identify challenges and discuss solutions to improve the system.”

Transitions:

Dr. Sederer takes on new role at OMH, Dr. Smith is new Chief Medical Officer



After nearly 12 successful years in the role of OMH's Chief Medical Officer (CMO), **Lloyd Sederer**, MD, stepped down from this role on April 1, 2019.

"Dr. Sederer has been greatly instrumental in the development of our agency during his time as CMO," said OMH Commissioner **Ann Sullivan**, MD. "I thank him for his numerous contributions during his tenure."

Notable examples include advancing novel collaborative care models for treatment of depression in primary care; creating standards for screening and management of co-occurring substance use disorders in mental health settings; transforming OMH clinic licensing to clinically scorable standards; and implementing regional suicide prevention models.

"Dr. Sederer has strengthened and invigorated the Office of the Chief Medical Officer by recruiting a group of accomplished physicians into OMH policy and clinical roles at a time when medical leadership is critically needed to shape state and federal healthcare transformation goals," the Commissioner added.

Dr. Sederer has not retired — Commissioner Sullivan asked him to continue with in the capacity of Distinguished Psychiatrist Advisor to OMH, lending his expertise to a number of projects underway, and his counsel to OMH senior staff and trainees.

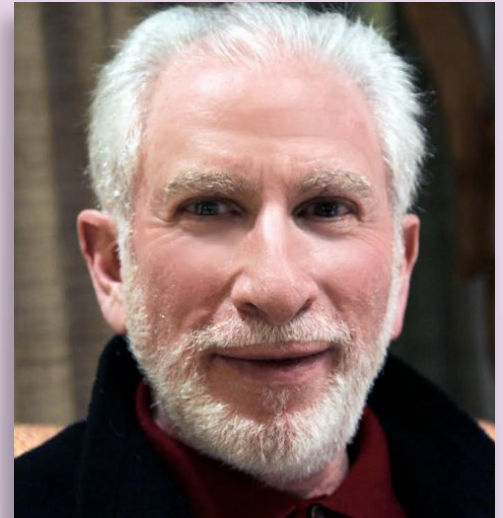
Assuming the duties of CMO is **Thomas Smith**, MD. Dr. Smith earned his MD at Wayne State University School of Medicine in Detroit and completed his psychiatry residency at the University of Chicago before coming to New York, where he gained extensive experience as a clinician, hospital administrator, and researcher.

In 2008, he joined the behavioral health services research division at the New York State Psychiatric Institute/Columbia University, and also accepted a joint appointment with OMH.

Dr. Smith participated in the design and implementation of New York State's behavioral health Medicaid Managed Care redesign and has played a lead role in OMH programs that support population health monitoring for engagement in care and adverse events.

He has also played a major role in developing novel approaches to system-level quality and performance measurement to support the state Medicaid program's transition to value-based payment models.

"Dr. Smith's unique combination of clinical, research, policymaking skills, and experience makes him an ideal choice to assume the responsibilities as OMH's Chief Medical Officer," Sullivan said. "Please join me in congratulating Doctors Sederer and Smith, and in looking forward to working with them in their new roles."



Dr. Lloyd Sederer



Dr. Thomas Smith