Hope is on the horizon

More of us are receiving COVID-19 vaccinations, the number of cases in several communities is starting to decline, and many of the restaurants, stores, and recreation venues we enjoy are starting to reopen.

The pandemic has made this past year a most difficult one for all of us. According to surveys, New Yorkers reported that they’ve struggled with an unprecedented level of physical, personal, and economic challenges. The crisis may be ending, but the scars remain and there’s still a lot of healing to be done.

May is Mental Health Awareness Month, a fitting time for the mental health community to focus on the considerable work ahead of us. We need to remind the public that mental illness is real. We need to be vigilant in fighting stigma. And we must continue to show that recovery is indeed possible.

Reimagining mental health care

OMH is doing its part by engaging in a new awareness campaign and partnership with non-profit organizations and advocacy groups to help New Yorkers better understand mental health issues and the services available. The awareness campaign was among the recommendations of Governor Andrew Cuomo’s Reimagine New York Commission, which is exploring ways to make New York stronger and more resilient in the wake of the COVID-19 pandemic.

The awareness campaign encourages partner organizations to reach out to their constituents, employees, and others in their network with educational materials developed by OMH, including fliers, posters, infographics, and social media con-
Continued from the previous page

Supporting mental health services after COVID

Governor Cuomo created the Reimagine New York Commission this past year to develop real solutions to build back better in the wake of the COVID-19 pandemic.

The Commission is partnering with OMH to reimagine how we meet the mental health needs of all New Yorkers. As part of this effort, OMH created the “Mental Health Pledge.”

The pledge celebrates private organizations that commit to promoting and supporting mental health services in the wake of COVID-19. By taking the pledge, these organizations are making a significant impact on the health of their constituents and customers.

Some of the educational materials available are targeted to specific vulnerable groups that have been hit particularly hard by the COVID-19 virus, including Black and Hispanic communities, older New Yorkers, and those who live in rural regions of the state. The agencies serving these groups can make a significant impact on their health by reaching out and helping to spread the word about mental health issues and services.

Changing the dialogue on stigma

OMH’s community partners will explore other ways to serve their members and community by:

• Committing to engaging the community in positive conversations on mental health through newsletters, guest speakers, advertising space, webinars, discussion forums, and the promotion of mental health resources.
• Educating client-facing employees on available mental health resources and how to identify signs of potential mental health needs so they can assist individuals in-need and refer them to care.
• Encouraging all client-facing employees to be trained in mental health first aid.
• Engaging employees in open, non-judgmental discussions to share experiences and information on mental health.
• Committing to increasing education and visibility of mental health issues in their office or workplace.
• Offering behavioral health benefits to their employees, and ensuring they understand and are aware of these benefits.
• Allowing employees to take time off work for mental health reasons, including travel to mental health appointments.

“By working with not-for-profit partners in the community, we hope to reach people who have been particularly hard-hit and overwhelmed by the COVID-19 pandemic and the anxiety and stress it has caused,” said OMH Commissioner Dr. Ann Sullivan. “We also hope to change the dialogue about mental health, to fight the outdated stigmas, and educate people that mental health is as important as physical health, and that there is absolutely no shame or weakness in seeking mental health services.”
Earlier this year, the New York State Office of Mental Health (OMH) launched a program to bring vaccine doses to mental health patients, as many have trouble navigating the internet or don’t have smartphones and need help facilitating appointments.

The OMH program was designed for patients to come to state psychiatric centers, but they were also eager to expand their reach and offered to set up vaccine pods at all OMH licensed clinics across the state. Michelle Izmirly, DO, Medical Director of Ambulatory Psychiatry at The Mount Sinai Hospital, reached out to OMH so that The Mount Sinai Hospital’s clinic could be included as a site.

“We see a very vulnerable patient population, and I knew a lot of our patients weren’t comfortable going to places like the Javits Center,” said Dr. Izmirly. “Some were even crying because they were so scared and so frustrated; often, they lacked internet access or cellular service to navigate the New York State vaccine eligibility website. We’re the ones they know. They know our setting and our staff, and they’re more comfortable getting the vaccine with us. They were so grateful that they had this option.”

It was a true team effort to pull it off. OMH scheduled a site visit to make sure the clinic had the appropriate setup: strong Wi-Fi, a comfortable area for injections, and supportive staff. Rajvee Vora, MD, Vice Chair of Clinical Affairs for the Department of Psychiatry, collaborated with Ania Wajnberg, MD, Medical Director of Ambulato-

Continued on the next page
Continued from the previous page

ry Care at The Mount Sinai Hospital and Site Lead for Vaccine Operations. They engaged the pharmacy and engineering departments to ensure the clinic had the appropriate equipment to safely store the vaccine.

Due to special efforts by Patricia Lamb, Chief of Ancillary and Support Services; Sue Mashni, PharmD, Chief Pharmacy Officer; and Michael Roche, PE, Senior Director of Engineering, the clinic space was converted to a safe and effective vaccine pod in one week. Eva Bayon, Administrative Manager, and Joan Bell, LCSW, Clinical Director of Ambulatory Psychiatry Services, handled the logistics of confirming and scheduling patients. Alicia Hurtado, MD, Associate Dean for Medical Student Wellness and Student Affairs, arranged for medical students to volunteer to monitor the patients for 15 minutes after they received the vaccination.

On April 8, the team vaccinated 72 patients – 10 every 30 minutes starting at 9:30 a.m. And this might only be the beginning. The vaccine pod was such a success that OMH will return May 6 to reach the patients who were unable to attend their appointment that day. If OMH continues to provide the doses, the clinic could continue to offer it to their patients moving forward.

Cassidy Leverett, a care coordinator at the clinic, believes that the stability for these patients is key. “A lot of people find it really difficult to schedule the vaccine because it can be far from where they live or work, so it’s really great that people can go to a place they’re familiar with and see faces that they know. It’s been a very crazy time so it’s nice to have one stable place where you can go get your vaccine."

Dr. Izmirly hopes this spreads beyond her clinic to other mental health clinics and practices. “You see so many news stories and research studies about people with mental illness contracting and dying from COVID-19 at higher rates than those who don’t suffer from mental illness,” she said. “We’ve even lost some of our own patients, which was completely devastating. This is an opportunity to help our own patients in our own settings, where we know they’ll feel comfortable.”

This story originally ran on Mount Sinai Today: https://health.mountsinai.org/blog/a-vaccine-pod-dedicated-to-mental-health-patients/.
The COVID-19 pandemic has underscored the importance of having scientifically sound evidence available when making strategic decisions about public health care.

Such evaluation of scientific evidence is at the core of “evidence-based treatment” (EBT), also known as “evidence-based practice.”

The U.S. Agency for Healthcare Research and Quality, describes EBT as “A way of providing health care that is guided by a thoughtful integration of the best available scientific knowledge with clinical expertise,” adding: “This approach allows the practitioner to critically assess research data, clinical guidelines, and other information resources in order to correctly identify the clinical problem, apply the most high-quality intervention, and re-evaluate the outcome for future improvement.”

OMH is taking steps to promote the use of EBT through its funding of the Evidence Based Treatment Dissemination Center (EBTDC), a partnership with the IDEAS Center at NYU Langone Health. The center provides clinical training and consultation to mental health professionals on evidence-based treatment protocols. Staff at OMH-licensed, public, child-serving agencies are eligible to participate. Its goal is to enhance the quality of life for children and families by increasing clinician access to treatments that are shown to be effective, and improving the quality of care that is delivered.

“The EBTDC takes into account contributions from scientific evidence, clinical expertise, and the choices of individual patients to respond to changing clinical needs of children and families,” said Kimberly Hoagwood, PhD, the center’s director. “Health care practices that are not derived from scientific evidence can mislead or – even worse – cause harm. Since the 1970s, academic researchers in partnership with clinicians and families have tested the effectiveness of hundreds of specific health care strategies, using the scientific method, and now a strong body of evidence exists on effective clinical practices.”

Follow the EBTDC’s LinkedIn page for updates: https://www.linkedin.com/showcase/ebtdc/.

Kimberly Hoagwood, PhD
The concept for the program began during the aftermath of the attacks of September 11, 2001, when programs were developed to address the increasing training needs of clinicians working with children and families. It was so well-received that OMH decided to expand it into a more-comprehensive training program.

Since 2006, the center has provided training in trauma-focused cognitive behavioral therapy (TF-CBT), depression, anxiety, parent management training, and trauma-informed care.

The center’s current training focus is Managing and Adapting Practice (MAP), which is a clinical framework and decision-support system created by PracticeWise, LLC, and designed to help improve the quality of mental healthcare delivered to children and adolescents. This training has been specifically tailored to providers working with children and families in New York State and involves a four-day training session followed by four months of consultation.

Clinicians and supervisors who complete the program can earn New York State MAP certification and 32 continuing education units. Psychologists can earn 28 continuing education units.

In addition to the MAP program, EBTDC also runs three other types of trainings: Mini MAP trainings, Focused Clinical Webinars, and One Day Intensives.

**Mini MAP Training** covers portions of the MAP system in a modular format to teach clinicians and supervisors how to use the online resources available through MAP. Each Mini MAP module is two to four hours long and provides trainees with a year-long subscription to PracticeWise.com. Current modules offered include:

- Introduction to Mini MAP
- Anxiety Treatment Pathway
- Depression Treatment Pathway
- Trauma Treatment Pathway
- Disruptive Behavior Disorders Treatment Pathway
- Using Dashboards to Track Client Progress.

**Focused Clinical Webinars** meet provider demand for shorter, more focused training content. These one-hour webinars cover timely topics such as pandemic-related anxiety, as well as common strategies used across different evidence-based interventions. Recent Focused Clinical Webinars include:

- “Anxious about Social Anxiety: Helping Kids, Caregivers, and Ourselves Manage Changing (and Unchanging) Social Distancing Guidelines” and
- “Preparing for Racism Like We Do Plane Crashes: Moving ‘The Talk’ to ‘The Walk’” with Guest Trainer Dr. Riana Anderson.

**One Day Intensives** offer the opportunity to take a deeper dive into specific clinical topics. Trainings are typically five to six hours long and cover topics such as “OCD in the Time of COVID-19” and “Overcoming School Refusal and Avoidance.”

Most webinars are recorded and posted on the EBTDC website for on-demand viewing at: [https://www.ideas4kidsmentalhealth.org/focused-clinical-webinars.html](https://www.ideas4kidsmentalhealth.org/focused-clinical-webinars.html). CEUs for all trainings are available for a $25 processing fee. Contact Nicole.Wang@nyulangone.org with questions.
A centralized, electronic record system is an organized collection of patient health information entered and stored in digital form. The entry and storage of patient information, as well as the ability to easily access this information for care, is an essential part of documenting assessment and service provision today.

Healthcare organizations require, at a minimum, a basic, centralized documentation system in which patient care information is comprehensive, timely and accurate. Once documentation is consistent and complete, baseline performance can be assessed, and quality improvement efforts can take shape.

For the past 20 years, the **Mental Health Automated Record System (MHARS)** has been the vital OMH documentation system for the operation of the state’s mental health network, a network that cares for both adults and for children in a variety of different program types. Its use varied among the psychiatric centers and wasn’t always linked to clinical policy or discipline specific workflows.

“As with any data system, MHARS requires regular maintenance, attention and upgrades”, said **Suzanne B. Feeney**, MBA, Deputy Commissioner of the OMH Division of Quality Management. “In this case, we found that MHARS had evolved into a variety of PC-specific versions. We needed to streamline and standardize forms and shells to better meet agency needs. We’d never attempted this level of alignment among documentation requirements, clinical policy and operational workflow before, and there was a lot to figure out.”

**Mapping out a project plan**

An Optimization Project team released the first form set targeted for improvement in December of 2019. Over the course of just one year, the project team reviewed, standardized, and released 28 forms, six data-entry screens, and 34 standardized, statewide shells for use by the 23 adult and children’s civil and forensic psychiatric centers in the state-operated system. The last form was released the end of December of 2020 and the project was completed on time.
Given the project’s size and scope, the team needed project management resources and tools. Mapping out a clear project plan, tracking important milestones, and coordinating the roles and responsibilities of the many different stakeholders was key to its success. Also important was monitoring the system’s ability to tolerate increased volume, as numbers of users in the system at one time increased. The team reported that, overall, the system has been able to handle additional staff actively documenting in MHARS.

**Streamlining and standardizing**

“A clear communication strategy was important, particularly around the standardization process so all stakeholders were aware of the approach, the demands on the system, and stakeholder contributions to the work”, said Karin Wagner, PhD, Project Manager. “Often a form was relevant to one particular discipline, however some forms involved multiple disciplines and we needed everyone at the table.”

To initially prepare, the team identified a core set of forms and associated shells and tackled those first.

Then, it identified a realistic standardization method and recruited subject matter experts from the clinical disciplines across the OMH system to participate. This included clinical content experts from the psychiatric centers, including psychiatry, rehab, social work, nursing, and psychology discipline leads, as well as State Operations administrative staff, Health Information Management, Quality Management Directors, and input from External Review teams, knowledgeable about survey and regulatory compliance requirements.

This diverse group of stakeholders collaborated during the year to review and standardize each of the system’s forms, shells, and data entry screens, where information such as allergies and diagnoses were captured. Each shell moved through the same standardization process, and then the Medical Records Oversight Review Committee reviewed them and advanced changes or offered approval. Once approved by that committee, the shell was considered cleared for release.

Finally, the team established a schedule for each form’s expected release, beginning in December 2019. Releases were organized by form set and each form set was released through a scheduled virtual staff training that was also recorded for future access. Recorded trainings were e-mailed to staff after each training, and posted in a centralized training library. This enables staff to easily access the trainings when needed and for new staff orientation regarding the correct way to document care for their discipline.

**Bringing diverse groups together**

“This optimization project brought a lot of diverse groups together to come up with a core set of forms and associated shells standardized for statewide use,” said Kelly Shook, HIMA III, who was a lead of the project. “We were also able to conduct a wholistic review of the system and remove redundancies. This standardization will benefit us in the years to come as we continue to improve our record system. In addition, a formal process for any future required changes was put in place that leverages the role of the Medical Records Oversight Committee to approve moving forward.”

---

**Project participants**

Many diverse stakeholders in the state-operated service system and throughout OMH contributed to this project:

- **Subject Matter Experts** at the psychiatric centers and Central Office provided reviews and extensive feedback.
- **Medical Informatics staff** assisted in coordinating shell reviews.
- **Clinical discipline heads** kept patient care at the forefront of this project.
- **Health Information Management, Quality and External Review teams** focused on regulatory compliance.
- The **OMH Medical Record Oversight Committee**, which collaborated and sponsored each form set:
  - Anita Daniels, RN
  - Gerald Engel, RPh, MBA
  - Matthew Erlich, MD
  - Suzanne B. Feeney, MBA
  - Abhishek Jain, MD
  - Grace Lee, MD
  - Matthew Perkins, MD
  - Kelly Shook, HIMA III
  - Daniel Silverman, MD
  - Maxine Smalling, RN
  - Josephine Vincent, RN

To access the full MHARS training library, visit: [https://web.microsoftstream.com/group/c80728a5-60e4-49c8-99f6-bd4d271f0089?view=channels](https://web.microsoftstream.com/group/c80728a5-60e4-49c8-99f6-bd4d271f0089?view=channels).
OMH’s “What’s Great in our State” celebration recognized the work that New York programs, schools, providers, and individuals do every day to improve the lives of our children. Even though the event was held online again this year due to the COVID-19 pandemic, a total of 196 participants attended the awards presentation via Zoom on May 4, with 52 and 49 taking part in the two morning workshops respectively.

**Celebrating the honorees**

The host for the event, Donna Bradbury, Associate Commissioner, OMH Division of Integrated Community Services for Children and Families, introduced the award recipients, who expressed their appreciation via video.

- **Bethany Morgan**, a Family Peer Advocate in Western New York, was honored for using her lived experience to provide unwavering support for children, youth and their families. She is passionate about Family Driven Care and has been an active member of its implementation at her organization’s children’s clinic program.

- **Jeremiah Farduchi**, a young adult who has proven advocacy knows no bounds, was recognized for using his personal experience as a resident at the Ottilie Residential Treatment Facility to shape the mental health system. He inspires others with his warm energy, passion for positive change and persistent mindset.

- **Katherine G. Alonge-Coons**, Commissioner of the Rensselaer County Department of Mental Health, was recognized for her career-long dedication to direct care, advocacy, and the oversight of programs for youth struggling with mental health issues. Her passion for helping children and families in New York State has helped influence policy, programming and funding for children’s mental health.

- **The Otsego County System of Care** was recognized for its significant achievements partnering with schools and multidisciplinary organizations to care for the youth and families in its community. Its goal is to bridge the gap between education and healthcare and creates linkages...
through its Behavioral Health Resource Center to increase early identification of behavioral health struggles.

• The School Based Mental Health Clinics Team at Henry Street Settlement in Manhattan was recognized for its tireless efforts to eliminate barriers for the children and families it serves. Onsite school-based mental health services are available in eight Lower East Side public schools, helping students and their families address behavioral challenges, grief, food insecurity, and other obstacles that can interfere with learning. This multilingual, ethnically diverse, and culturally responsive team reflects the population it serves.

• Great Neck North High School on Long Island was recognized for its partnership with students, families, teachers, school administrators, and other professionals to create safe, healthy, and supportive learning environments. It prioritizes wellness in the school culture and organizes an annual Mental Health & Wellness Week with presentations, student workshops, and mindfulness activities.

Educational sessions
This year’s celebration included a keynote speaker and two workshops.

• Author Holly Elissa Bruno, MA, JD, gave a presentation titled “Happiness is running through the streets to find you even during a pandemic,” discussing hopeful everyday leadership practices to serve as a personal lighthouse during this pandemic storm. Bruno served as Maine’s Assistant Attorney General and Academic Dean at University of Maine-Augusta, where she was named Outstanding Journaling as a Self-Care Strategy for Improved Mental Health in High Schools and College Settings.

• “Journaling as a Self-Care Strategy for Improved Mental Health in High Schools and College Settings,” discussed how the “Fifty-Fifty Peer Counseling” program at Hartwick College incorporated journaling and the use of peers into their program. Presenters were Gary Robinson, EdS, LMHC, co-author, of The Daily Brew: A 365-Day Guided Journal; Morgan DeSimone, BA, co-author, of The Daily Brew: A 365-Day Guided Journal; and Desiree Belonge, a student intern at Hartwick. “PAX Good Behavior Game in Support of Children’s Mental Health,” discussed the role that this evidence-based, trauma informed program can play in mental health education in New York State. Presenters were PAX Program Managers Alisha Ladd and Vikki Striffler.

Watch a recording of the event at: https://youtu.be/yuixhazkqS4.

NY Project Hope
Coping with COVID

The NY Project Hope COVID-19 Emotional Support Helpline is available for people who are experiencing anxiety, stress and depression during the Coronavirus emergency. Call 1-844-863-9314 for free and confidential support.