



Two studies by OMH look at access to care.

“Mental health research saves lives, relieves significant distress, and improves quality of life,” wrote members of the UK Alliance of Mental Health Research Funders in a 2015 appeal to that government’s leaders. “It also benefits the whole of our society by generating social and economic benefits that contribute to thriving communities built upon resilience, reduced levels of mental ill-health, and less stigma and discrimination.”

New York State has long appreciated the vital role research can play in improving access to and quality of mental health care. OMH operates two research institutes that are among the preeminent sources for psychiatric research in the world — Nathan Kline Institute (NKI) in Rockland County and New York State Psychiatric Institute (NYSPI) in Manhattan. The institutes collaborate with OMH’s Office of Performance Measurement and Evaluation (OPME), whose research scientists provide data reports and analysis to support the operational work of the agency. OPME also conducts research to better understand the needs of individuals with mental health needs in New York State.

OPME and the institutes continue to break new ground in the worlds of research, practice, treatment, and policy. Reports on two recent projects were published this past year in the international journal, *Psychiatric Services*.

Disparities in care for LGB populations

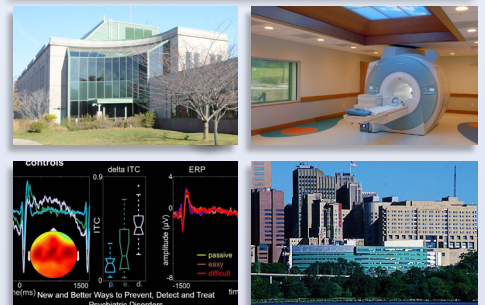
Although several prior studies have examined health and behavioral conditions and access to and use of health care among sexual minority groups, findings haven’t always been consistent because of difficulties in obtaining a representative lesbian, gay, and bisexual (LGB) sample, and appropriate control groups.

“[Health Disparities, Inpatient Stays, and Emergency Room Visits Among Lesbian, Gay, and Bisexual People: Evidence From a Mental Health System](#),” sought to examine whether there were indeed differences in health outcomes and acute service use between LGB individuals and a matched heterosexual control group.

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

Office of Mental Health

Research



For information on OMH’s research programs, visit: <https://omh.ny.gov/omhweb/bootstrap/research.html>.

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Study authors were **Eric Y. Frimpong**, MA, PhD; **Grace A. Rowan**, MS, PhD; **David Williams**, MS; **Mengxuan Li**, MS; **Louis Solano**, MS; **Sahil Chaudhry**, MS; and **Marleen Radigan**, MS, DrPH.

The OPME team wrote that many of the findings of prior studies supported OMH's hypothesis that there are differences in health conditions and service use between LGB and heterosexual individuals.

Individuals ages 18-to-85 whose electronic health records indicated a sexual orientation as LGB and who were included in the *2015 OMH Patient Characteristics Survey* were matched with heterosexuals by sex assigned at birth, age, race, Hispanic ethnicity, and county of residence. Records were compared on health-status indicators, conditions and behaviors, and acute service use. Generalized models were used to estimate the odds and rates of acute service use.

The study found that LGB individuals appeared to have more chronic general medical conditions and physical disabilities and tended to use fewer acute services compared with heterosexuals. Gay men and lesbians were significantly less likely than heterosexuals to have used a mental health–related inpatient service or emergency room (ER) during the previous 12 months. Bisexual men and women were more likely than heterosexuals to have shorter substance use–related inpatient stays and to have fewer substance use–related ER visits.

Researchers said the study provided evidence of disparities in health conditions and use of acute services among sexual-minority populations within a public mental health system. Overall, compared with matched heterosexuals, LGB individuals appeared to have more chronic physical conditions and physical disabilities and tended to use fewer inpatient and emergency services. They suggested increasing access to screening, diagnostic, and preventive services among members of sexual minority groups be a key component of federal, state, and local health reforms.

First-episode diagnosis

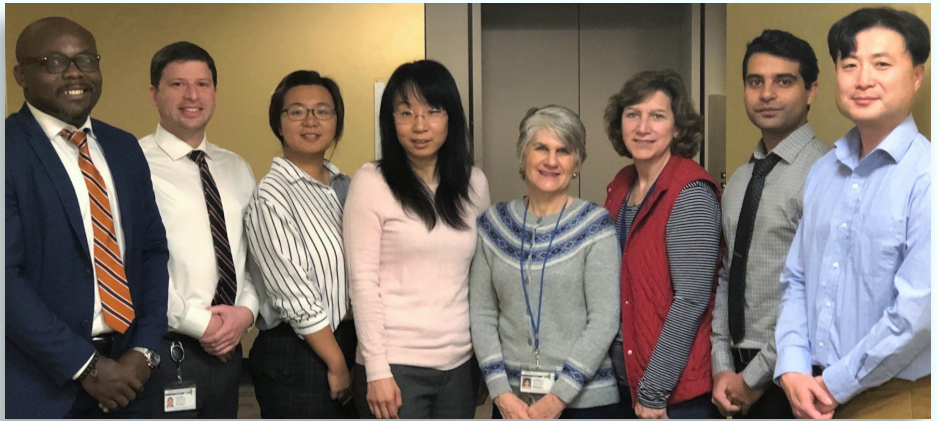
In an effort to improve early detection, intervention, and outcomes of psychotic disorders, OPME and NYSPI conducted a study of first-occurrence of psychotic diagnosis among people ages 15-to-35 over a four-year period.

This study — "[A New Method for Estimating Incidence of First Psychotic Diagnosis in a Medicaid Population](#)," by **Marleen Radigan**, MS, DrPH; **Gyojeong Gu**, MPP; **Eric Y. Frimpong**, MA, PhD; **Rui Wang**, MS; **Steven Huz**, PhD, MPA; **Mengxuan Li**, MS; **Ilana Nossel**, MD; and **Lisa Dixon**, MD, MPH — is intended to be a first step in the development of an algorithm to offer a method of identifying a high-risk population before individuals accumulate significant disability.

The team estimated that they would find higher incidence rates (IRs) of first-psychosis diagnosis in a Medicaid population, compared with previous research using a majority privately insured population or using clinical case identification methods. They conducted a review of New York State Medicaid data and used charts from OMH's OnTrackNY program and Medicaid managed care organizations to confirm cases. Initial incidence and confirmation rates were used to estimate adjusted IRs.

The team found that incidence of first psychotic diagnosis in this population was indeed higher than previously found in insured populations. They said this implies that the public mental health system must focus on a high-risk population as early as possible before they accumulate significant psychosis-related disability.

Researchers said these estimates can be used to help develop a comprehensive system for outreach, assessment, and treatment for first-episode psychosis. Additional research is needed to fine-tune the algorithm for use as a basis for communication and active outreach by early intervention programs. They added that this suggests a need for expansion of the eligibility criteria for current early intervention programs to the population in-need.■



OPME researchers, from left: **Eric Frimpong**, **Louis Solano**, **Mengxuan Li**, **Rui Wang**, **Marleen Radigan**, **Grace Rowan**, **Sahil Chaudhry**, and **Gyojeong Gu**.

**Psychiatric
Services**

For information on Psychiatric Services, visit: <https://ps.psychiatryonline.org/journal/ps>.

Transition: New MHANYS CarePath™ program to help individuals and families in care planning

Family members are typically the “first responders” for many people living with mental health and substance-use disorders. Frustrated, they often call 911 because they don’t have the skills to deescalate situations that lead to crisis. They end up going to the emergency room, which can often result in repeat hospitalizations.

“Families need to be equipped with the tools and resources that acknowledge their shared contributions in care planning and after-care,” said **Glenn Liebman**, CEO of the Mental Health Association in New York State, Inc. (MHANYS). “At the same time, it’s crucial to preserve and respect the integrity of each member’s own health.”

This is why MHANYS has introduced “CarePath™” – an innovative program to help families with care planning after a family member leaves a facility. The program was developed by MHANYS to supplement facility discharge planning and aftercare, while providing education on health and well-being for the whole family.

A comprehensive strategy

The program helps individuals and their families, or identified supporters, develop a comprehensive strategy called a “care path.” It emphasizes the role that culture plays in a family’s experience of mental and substance-use disorders. It works with the family within the context of their own cultural understandings of physical, mental, and spiritual health and well-being. The family’s values, beliefs, language, and faith all influence the path they take.

“This program strengthens the overall health and well-being of individuals and families when making the transition from any type of treatment facility,” said **Deborah Faust**, MHANYS Director of Family Engagement and Support. “It supports healthy reconnections among family, friends, and within the community — be it job, school, or other association.”

“It provides guidance and support and helps a family create a climate of well-being and connectedness in which the mental health of everyone is valued and supported,” she added. “Participants come to understand that their health and well-being is not in isolation of each other.”

Engaging family and supporters in an individual’s recovery helps to make sure everyone is on the same path and that the individual is no longer singled out as “ill.”

Focus on wellness, instead of illness

The program’s focus is on improving one’s ability to recover by developing a mindset of wellness rather than a perspective of illness.

It suggests that recovery is a process that may be undertaken by the whole family, and achieving and maintaining better overall health may require a cultural shift away from an individual to a relational-recovery focus.



For more information on the new MHANYS CarePath™ program, visit: <https://mhanys.org/products/carepath>.

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Understanding the process in recovery helps to eliminate unrealistic expectations and projections and build on success, rather than the experiences in the past.

CarePath™ coaches

Each family works with a CarePath™ coach. Coaches are professionals and para-professionals, who partner with families and support the principles of recovery and resiliency. The coach offers support by working with the family for the first 90 days after discharge, offering support in:

- Understanding the continuum of wellness.
- Learning about the process and principles of recovery.
- Developing realistic expectations and effective communication skills.
- Determining specific goals and key elements of care for the 90 days.
- Helping each person identify health and well-being.
- Building on successes that influence the health of the whole family, including the children.
- Building skills to encourage connectedness and supportive relationships.
- Promoting responsible decision-making and healthy lifestyle choices.

“The role of a CarePath™ coach is similar to that of a travel agent,” Faust said. “Participants identify their immediate needs and desired outcomes, and the CarePath™ coach provides resources that support them in developing their own path.”

MHANYS offers certification training for those who want to become a coach. Training includes 21 hours of in-person classroom training and 20 New York State Office of Addiction Services and Supports (OASAS)-credit hours toward accreditation as a Credentialed Alcoholism and Substance Abuse Counselor, Credentialed Prevention Specialist, and Credentialed Prevention Professional.

Coaches receive:

- Access to the family–psychoeducational curriculum, developed for a 90-minute workshop or support group for on-going engagement for CarePath™ participants.
- Access to all programming materials, spreadsheets, marketing slides, support forms, and group exercises
- Attendance to three webinars a year specific to the needs of CarePath™ participants and coaches.
- Attendance at the MHANYS annual conference with workshops designated for CarePath™ coaches

“Managing or recovering from any chronic mental or substance use disorders often goes beyond what traditional treatment and discharge planning can do,” Liebman said.

“Through CarePath™, participants develop realistic expectations about the process involved in achieving and maintaining health and wellness,” he added. “This shared experience allows family members and supporters to better support their loved one. Each are engaged in choices that direct and promote a sense of well-being for themselves, making it easier to support each other.”



CarePath™ Testimonials

“When my husband and I agreed to participate in MHANYS CarePath™ Program, we were interested in supporting our son in his recovery. We had no idea how CarePath™ would support our own health and our other children. Our family is grateful for the CarePath™ Program.”



To become to be a CarePath™ coach, contact **Deborah Faust** at MHANYS at **518-434-0439, ext. 221**, or at dfaust@mhany.org.

Housing: Opening of two new affordable and supportive housing projects



Supportive housing has been shown to provide stability, safety, and the opportunity for individuals and families to live in their own homes and communities as they make their way on the road to recovery. Housing with support services also reduces the need for costly emergency department visits and inpatient hospital stays.

This past fall, OMH partnered with other New York State agencies and local organizations to open two affordable and supportive housing projects.

111 East 172nd Street Apartments, Bronx

A new state-of-the-art affordable and supportive housing complex at 111 East 172nd Street in the Bronx's Mount Eden neighborhood will provide 126 apartments for low-income New Yorkers, including formerly homeless individuals. The building includes on-site support services for 60 people living with mental illness, allowing them to live independently.

The newly constructed 14-story building is just a half-block from the Grand Concourse in the Bronx and was developed by Community Access, Inc., which will also manage the property and provide on-site supportive services for the building's 60 supportive housing units. All of the units will be affordable to households with incomes at or below 60 percent of the area median income.

The building has ample residential amenities, including a community room with a commercial kitchen, exercise room, computer room and library, and laundry room. It also has "green" features, including solar panels, and a co-generation system with a back-up generator. The building will include an "urban farm" with a greenhouse and raised planting beds. The building is Leadership in Energy and Environmental Design-certified and complies with the Enterprise Green Communities standard.

Community Access will have six full-time on-site program staff to provide services to 60 supportive housing tenants. There will be 24-hour front desk service at the building, as well as consulting psychiatrist, who will be at the building four hours per week. Services will include individual counseling, self-help groups, structured group activities, harm-reduction services, linkages with community mental health and health care providers, medication management assistance, crisis intervention and management, assistance with budgeting and money management, as well as educational, vocational and employment referrals and support.

OMH Commissioner Ann Sullivan, MD (holding the scissors), taking part in the November ribbon-cutting of the 111 East 172nd Street Apartments.



111 East 172nd Street Apartments

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Joining OMH on the project are New York Homes and Community Renewal (HCR), New York State Energy Research and Development Authority (NYSERDA), New York City Department of Housing Preservation and Development's Supportive Housing Loan Program, the NYC Acquisition Fund, the Corporation for Supportive Housing, Citi, and Richman Housing Resources.

Knitting Mill Apartments, Perry

Knitting Mill Apartments is a 48-apartment, affordable housing development in the village of Perry in Wyoming County. The apartments are located in the historic Perry Knitting Company building, which was built in 1882. After the Perry Knitting Company closed in 1914, the mill later became a manufacturing plant for the Champion sportswear apparel company.

More than half of the apartments are reserved for individuals who are eligible for onsite supportive services, offering job training, and promoting stability, health, and independent living. The apartments are available to households with incomes at or below 60 percent of the area median income. Thirty-four of the apartments are available to tenants with a history of homelessness. They will have access to supportive services and rent subsidies through the Empire State Supportive Housing Initiative (ESSHI). Amenities include a community room, lounges, computer labs, laundry rooms, shared outdoor space, and office areas.

Partners include OMH, HCR, NYSERDA, DePaul Properties, SWBR Architects, LECESE Construction, Five Star Bank, and Red Stone Equity Partners.

The Knitting Mill Apartments are part of the Finger Lakes Forward initiative, a program to generate economic growth and community development. The state has already invested more than \$6.1 billion in the region since 2012 to lay the groundwork for the plan — investing in key industries including photonics, agriculture and food production, and advanced manufacturing.



Knitting Mill Apartments

Developing supportive housing

These projects are part of Governor Andrew M. Cuomo's \$20 billion, five-year plan to make housing accessible and combat homelessness by building or preserving more than 100,000 affordable homes — 6,000 with supportive services. Since 2016, more than 5,000 supportive housing units have been funded, including nearly 3,200 under ESSHI.

In November, the Governor announced the fourth round of ESSHI funding. This round includes 163 conditional awards totaling \$30 million to agencies in 43 counties. The funding will provide support services and operating funds for at least 1,200 units of supportive housing. The awards will allow applicants to secure separate capital funding to finance the development and construction of their housing projects.

Meanwhile, OMH has issued a Request for Proposals to provide \$50 million to develop licensed residential-crisis programs across the state for children and adults. The awards will help develop at least 250 new crisis residential units in Central New York, Western New York, New York City, Long Island, and the Mid-Hudson River Region.

"Crisis residence programs help people to stay safely in their community while they address and resolve their crisis situations," said OMH Commissioner **Ann Sullivan**, MD. "Besides helping to avoid unnecessary emergency room visits and hospitalizations, such programs offer transitional services and help to reduce the risk of future crises."

Networking: SHIN-NY continues to improve coordination of care throughout New York

OMH is now exchanging behavioral and clinical health data from its 10 downstate state-operated psychiatric centers with the State Health Information Network for New York (SHIN-NY).

Since November 2019, patient diagnosis and allergy data have been flowing from OMH healthcare systems to Healthix, a New York City-based Qualified Entity (QE) of the SHIN-NY. QEs are also known as “Regional Health Information Organizations” (RHIOs).

Sharing this clinical 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 (ITS). Contribution of this data, combined with the existing exchange of patient demographic data, will allow participating healthcare organizations of Healthix to access this information — with patient consent — to improve care coordination and treatment decisions.

OMH’s next step for this effort is to exchange data from its 13 upstate state-operated psychiatric centers with the SHIN-NY, as well as to contribute other behavioral and clinical health data types, such as lab, medication and procedure data.

Maximizing the benefit of SHIN-NY

In addition to data contribution initiatives, OMH is obtaining access for its state-operated psychiatric centers to the services offered by the SHIN-NY.

By using their local QE, state-operated psychiatric center providers will have quick and easy access to a 360-degree view of patients’ medical history, with patient consent, as well as receive real-time alerts for important patient events. Accessing this information will improve the quality of care provided to the OMH-patient population.

To date, seven psychiatric centers are actively using SHIN-NY services and six are in the process of obtaining access. The goal is for all 23 state-operated psychiatric centers to access services from their local QE by the end of 2020.

The SHIN-NY is overseen by DOH and the New York e-Health Collaborative (NYeC) to allow the electronic exchange of clinical healthcare information and connect healthcare professionals statewide. It connects RHIOs or QEs 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.

Patient information in the SHIN-NY is protected under the Health Insurance Portability and Accountability Act (HIPAA), 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. The patient decides which providers can see their records by granting consent to the provider.



For more information about the SHIN-NY and all seven RHIOs/QEs, please visit the New York e-Health Collaborative at www.nyehealth.org.