What's Happening?

Trainings:

May Excellus Trainings were sent out in an email to supervisors on 4/22/26.

June Excellus Trainings were sent out in an email to supervisors on 5/18/26

Aids institute continues to offer a variety of trainings. You must have an account on www.hivtrainingny.org to register for the modules. When sending training certificates be sure to indicate the number of hours for each course.

Please continue to send in all training certificates to Bridget to receive credit for the annual training requirement of 40 hours training annually.

Announcements:

DOH Redesignation will be occurring during the month of June.

Diagnosis Spotlight

May is Mental Health Awareness Month

Mental Health Awareness Month in New York State

Crisis Services by County;

988 Suicide and Crisis Lifeline is available in all counties

Broome 607-762-2302
Chenango 844-732-6228
Delaware 315-732-6228 or 844-732-6228
Fulton 988
Herkimer 315-732-6228
Madison 315-366-2327 ext 1
Montgomery 518-842-9111
Oneida 800-678-0888 or 315-732-6228 or 844-732-6228
Otsego 844-732-6228
Schenectady 988
Schoharie 844-732-6228

There are several GAPS associated with Mental Health including;

- Adherence to Antipsychotic Medications for Individuals with Schizophrenia- According to NCQA

  WHY IT MATTERS: Nonadherence to treatment with antipsychotics is common among people with schizophrenia or schizoaffective disorder and medication nonadherence is a significant cause of relapse.

  Patients with schizophrenia require the long-term use of medication to manage symptoms and to improve psychosocial functioning. Medication adherence is necessary to improve symptoms and relapse. Non-adherence increases risk of re-hospitalization, emergency psychiatric treatment, functional decline and death. Medication non-adherence rates for schizophrenic patients ranges between 56%-60%.

Measuring antipsychotic medication adherence may encourage efforts aimed at reducing medication nonadherence and, in turn, lead to lower relapse rates and fewer hospitalizations. This may help close the gap in care between people with schizophrenia or schizoaffective disorder and the general population.

- Antidepressant Medication Management- According to NCQA

WHY IT MATTERS: Major depression can lead to serious impairment in daily functioning, including change in sleep patterns, appetite, concentration, energy and self-esteem, and can lead to suicide, the 10th leading cause of death in the United States each year. Clinical guidelines for depression emphasize the importance of effective clinical management in increasing patients' medication compliance, monitoring treatment effectiveness and identifying and managing side effects.

Effective medication treatment of major depression can improve a person's daily functioning and well-being and can reduce the risk of suicide. With proper management of depression, the overall economic burden on society can be alleviated, as well.

- Depression Screening and Follow Up- According to NCQA

WHY IT MATTERS: Depressive disorders are common mental disorders that occur in people of all ages. Major depressive disorder (MDD) is the second leading cause of disability worldwide, affecting an estimated 120 million people. The lifelong prevalence is estimated to range from 10%–15%. In the United States, the 12-month prevalence of major depressive disorder (MDD) is 10.4%, with a lifetime prevalence of 20.6%.

In adolescents, depression can also result in serious long-term morbidities such as generalized anxiety disorder and panic disorder, or lead to engagement in risky behaviors such as substance use. Adolescent-onset depression increases the risk of attempted suicide five-fold in comparison with nondepressed adolescents. Most adolescents who commit suicide, the third leading cause of death among 15–24 year-olds, have a history of depression [5]. The onset of depression prior to adulthood is often associated with greater prevalence and severity in adulthood.

- Follow Up After Emergency Department Visit for Mental Illness 7 days and 30 days- According to NCQA

WHY IT MATTERS: An estimated 1 in 5 adults live with a mental illness, which translates to about 57.8 million people. Recent research estimates that 1 in 6 children experience a mental health disorder each year.

A substantial number of ED visits are related to mental health crises, including psychiatric emergencies, suicidal ideation, self-harm, and acute exacerbations of mental health disorders. Between 2017 and 2019, 52.9 of every 1,000 ED visits were due to mental illness. The ED serves as an initial point of contact for individuals experiencing a mental health crisis, especially when other resources such as outpatient mental health services, may not be readily accessible or available outside of regular office hours.

Timely follow-up care is associated with remaining in the community for a longer period of time and avoidance of future emergency visits. Evidence suggests that patients who fail to receive aftercare following their emergency psychiatric visit have 6 times higher odds of returning to the ED within 2 months, compared with patients who received aftercare. Follow-up visits not only provide the opportunity for coordination of care, but also allow opportunities for providers to identify any changing or emerging issues, address treatment barriers, and intervene promptly.

- Follow Up After Hospitalization for Mental Illness 7 days and 30 days- According to NCQA

WHY IT MATTERS: Mental health disorders are common in the U.S; an estimated 1 in 5 adults live with a mental illness, which translates to about 57.8 million people. Recent research estimates that 1 in 6 children experience a mental health disorder each year.

Ensuring coordination of care for individuals leaving the inpatient setting is critical. Individuals discharged from these settings may face health risks, including potential medication non-compliance, social isolation, substance use, suicidal ideation or self-harm, as well as financial or practical challenges, such as stable housing. Follow-up services can act as a critical link between the inpatient setting and transition into the community, ensuring coordination of care and ongoing support. During follow-up, providers have the opportunity to evaluate progress, address emerging symptoms and concerns, and adjust the treatment plan as needed. Early interventions and proactive management of potential challenges can reduce risk of readmission and promote sustained well-being. Additionally, studies have shown that timely follow-up after psychiatric hospitalization can increase the likelihood of adherence to medication and outpatient treatment, and reduce risk of suicide.

- Prenatal Depression Screening and Follow Up & Postpartum Depression Screening and Follow Up

WHY IT MATTERS: Depression is an overwhelming feeling of sadness and hopelessness that can last for months or years. Maternal depression is an all-encompassing term for the spectrum of depressive conditions that can affect people when they are pregnant and after giving birth. Perinatal depression refers to minor and major depression episodes during pregnancy and/or the first 12 months after childbirth. Perinatal depression rates among women range from 12%–15%, with postpartum depression rates alone estimated to be as high as 20% in some parts of the United States.
Depression has significant consequences for birthing people, their infants and their families. Women with untreated depression during pregnancy are at risk of developing severe postpartum depression and suicidality, and of delivering premature or low-birthweight babies. Postpartum depression hinders infant attachment, bonding and can lead to developmental disorders that last into adolescence. During infancy, important caregiving activities such as breastfeeding, sleep, adherence to well-child visits and vaccine schedules can be compromised in depressed mothers.

Be sure to note all completed screenings in the GAPS in Care section of NetSmart.

Resources

Fidelis Virtual Benefits- Virtual Benefits

Fidelis members have access and support from virtual healthcare providers.

Athena- https://athenapsych.com/en/

Find compassionate care at Athena, a community mental health clinic in the Bronx offering therapy and support for stress, trauma, anxiety, and more.

Other Updates

The Bassett Community Health Navigation Partner Portal is in under construction; several updates have been made including policies, meeting minutes and directories.

Main Page- Bassett Community Health Navigation | Bassett Healthcare Network

Once on the Main Page Navigate to the Partner Portal as follows;

If you or anyone on your team are unable to login to the Partner Portal please reach out to BassettHealthHome@Bassett.org for further assistance.

Updated Policies and Resources are posted on the Bassett Community Health Navigation Website.

Other resources are being added so check back regularly to stay as up to date as possible.