



**How OMH is:
Leaving
NO ONE
behind!**

Reaching out to eliminate disparities in behavioral health care in New York State

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

“Mental and behavioral health is a critical and frequently unaddressed matter in racial and ethnic minority communities,” according to a paper by the American Psychological Association (APA).

“Blacks, Latinos, American Indians/Alaska Natives, and Asian Americans are over-represented in populations that are particularly at risk for mental health disorders,” the paper added, noting that there is an inadequate provision of culturally and linguistically appropriate mental health care in these communities. As a result, symptoms of individuals in these communities may be “undiagnosed, under-diagnosed, or misdiagnosed for cultural, linguistic, or historical reasons.”

Social factors that influence health

Our physical and mental health and well-being are influenced by the conditions in which we live, learn, work, and play. In its Healthy People 2020 program, the U.S. Office of Disease Prevention and Health Promotion (ODPHP) calls these the “social determinants of health.”

They include a broad range of basic factors such as environment, housing, education, food, economic opportunity, and safety. They also include more complex issues such as access to health care services and insurance, protection from racism and discrimination, and public and private policies and programs that prioritize individual and community health.

These factors can influence health outcomes for entire populations, according to the ODPHP. When a society works to improve these factors and promote justice and equity, it creates conditions for health at the personal and community levels.

Continued on the **next page**

But when any factor is lacking, the process breaks down, resulting in health inequities and disparities in outcomes. This has been the situation in many racial and ethnic minority communities.

The APA says federal government has a critical role to play in addressing these issues, its recommendations include:

- Facilitate partnerships among physicians, mental and behavioral health providers, educators, community leaders, government agencies, and families to ensure development and implementation of culturally and linguistically competent and evidence-based prevention, early intervention, and treatment.
- Increase the availability of culturally and linguistically competent mental and behavioral health services accessible to racial and ethnic minorities.
- Increase research examining the complexities and intersections of multiple statuses/identities (e.g., socioeconomic status, disability, and immigrant status) and how these may contribute to psychological health.
- Foster positive relationships and programs within racial and ethnic minority communities to increase awareness of mental health issues and prevent environmental factors that may place individuals at risk.
- Increase funding for training mental and behavioral health professionals and to train these professionals to become culturally and linguistically competent.
- Develop and implement policy and programs based on psychological and behavioral research ensuring that racial and ethnic minorities are empowered through culturally and linguistically informed and evidence-based strategies.
- Advocate for local, state and national funding agencies to incorporate culturally and linguistically competent guidelines into proposals for programs for racial and ethnic minority children, youth, and families.
- Increase collaboration across federal funding organizations involved in racial and ethnic minority resiliency research.

OMH is addressing cultural issues in New York

New York State has a vital role, as well.

Because of our state's diverse history and population, the bar is high for services and supports in New York State to be delivered in a culturally competent way. In 1989, OMH created its **Statewide Multicultural Advisory Committee (SMAC)**, a diverse group of stakeholders tasked with informing OMH on how to improve care in a culturally competent way.

OMH's **Bureau of Cultural Competence (BCC)** is dedicated to promoting effective changes in policy, procedure, and practices by the infusion of cultural and linguistic competency throughout New York State's mental health system. The bureau works to overcome culturally based disparities — the obstacles of racial and ethnic stereotyping, common language, lack of education, religious differences, and income inequality — in the delivery of mental health services.

The Bureau provides free education and training to OMH-licensed programs. Working in collaboration with OMH facilities, other governmental agencies, and not-for-profits, it tailors training based on a cultural and linguistic evaluation of a program's operations. The Bureau works to maintain a diversified and inclusive workforce and ensure these values are reflected in agency's policies, initiatives, staff training, clinical practices, programs, and service-delivery systems.

A multi-year strategic plan developed by SMAC is guiding the BCC and OMH's efforts around cultural competence in the immediate future. The plan is a "living and breathing" document, able to be amended as time progresses.

The BCC is working alongside a diverse group of internal and external stakeholders, the SMAC, New York's two Centers of Excellence in Cultural Competence, and OMH's Office of Diversity Management to increase OMH's efforts to culturally diversify the leadership, management, and state-operated direct care service providers in the state. These efforts will include looking at policies and procedures both inside and outside OMH with the goal of increasing diversity to improve recovery outcomes for the people we serve and ensuring that **no one is left behind.**sm



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

For information, visit: <https://www.apa.org/advocacy/health-disparities/health-care-reform>.



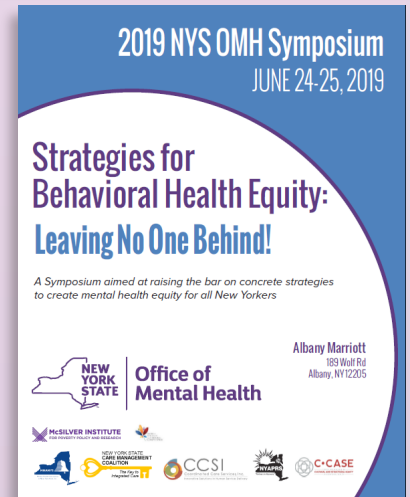
For information, visit: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.

Symposium: Examining strategies to move toward equity in behavioral health

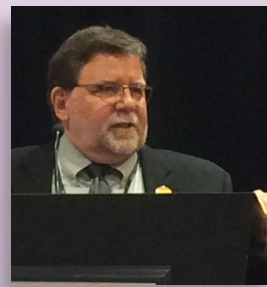


A June symposium sponsored by OMH brought mental health practitioners to Albany to focus on developing concrete steps to ensure behavioral health equity for all New Yorkers. Speakers encouraged discussions on the effect of the social determinants of mental health on people's mental wellness, including the role of racism and discrimination; the role everyone plays in the reduction of disparities; the belief that everyone deserves an equal opportunity for mental health and wellness; and the use of data to drive mental health equity. "As we all work toward the common goal of mental health equity," said OMH Commissioner **Ann Sullivan**, MD, "OMH actively collaborates with agencies, organizations, professionals, and community members toward ensuring that everyone has access to mental health care."

"The Office of Mental Health is excited to build upon the diversity found in our workforce," added **Christopher Tavella**, PhD, OMH Executive Deputy Director, "and is dedicated to increasing that diversity and ensuring the inclusivity of our workplaces."



Setting the event in motion



Offering greetings and delivering opening remarks, from left: **Matthew Canuteson**, MA; Director, OMH Bureau of Cultural Competence; **Anita Daniels**, RN-BC, MS, OMH Associate Commissioner, Division of State-Operated Children's and Adult Services; and Dr. **Tavella**.

2019 Journey Awards

The centerpiece of the Symposium's first day was the presentation of OMH's Journey Awards. Since 2009, the awards have recognized behavioral health providers who have exemplified the importance of providing services that are tailored toward the diverse communities they serve and who have instilled a sense of promoting excellence in cultural and linguistic competence within their practices, programs, and service delivery. Commissioner Sullivan presented the 2019 awards, on behalf of the OMH Bureau of Cultural Competence and the Office of Diversity Management.



Commissioner Sullivan (second from right) with representatives from **Elmira Psychiatric Center**, recipient of the State-Operated Program/Facility Award. Elmira PC has been a leader among state facilities in providing culturally competent educational programs for staff and clients throughout the year. Its Cultural Competence Diversity and Respect Committee has built a reputation for developing useful and informative events and programs with the goal of reducing and eliminating cultural disparities.

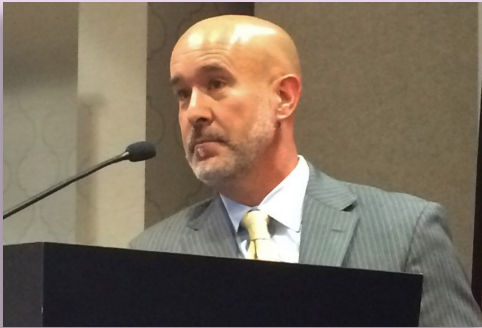


Recipients of Individual Hero awards, holding plaques, from left: **Elvia Westerdahl**, Community Mental Health Nurse at Creedmoor Psychiatric Center, where she has dedicated more than 30 years of service to the Latino population. **Hun-Ju Luu**, psychologist at Creedmoor, who initiated new culturally relevant programs for disadvantaged Asian adults. **Pete Hill**, director of the "All Our Relations" Project, which has provided cultural competency training to hundreds across the state.

Presentations and panels



Keynote speaker **Dior Vargas**, Latina feminist and mental health activist, spoke about her family's experiences with mental illness and about the "People of Color and Mental Illness Photo Project," which she started to increase visibility of people of color in the media's representation of mental illness.



Michael T. Compton, MD, MPH, OMH Medical Director for Adult Services; discussed the social determinants of mental health, through which an individual's mental health is shaped by social, economic, and physical environments at different stages of life.



Presenters during concurrent educational sessions on both days addressed a variety of vital concerns.



Panelists for an interagency policy discussion on addressing the social determinants of health from left: **Denard Cummings**, MPH, Director, DOH Bureau of Social Determinants of Health; **Loretta Santilli**, MPH, Director, DOH Division of Nutrition; **Priti Irani**, MS, DOH Research Scientist; **Danielle Olsen**, MA, LMHC, OASAS Manager, Clinical Integration; and **Merrill R. Rotter**, MD, Director of the Division of Forensic Services at Bronx Psychiatric Center.

SMAC: Providing guidance to OMH's on policies and programs

The OMH Statewide Multicultural Advisory Committee (SMAC) advises the Commissioner and OMH on policy, programs, procedures, and activities addressing the reduction of disparities in access, quality, and outcomes for members of historically underserved, disadvantaged, and marginalized populations.

These populations include people of color, members of the LGBTQ community, older adults, rural New Yorkers, veterans, immigrants, people with disabilities (including physical), and people who have limited English proficiency.

The Advisory Committee was established in April 1989 by then-Commissioner, **Richard C. Surles**, PhD. It started with a membership of 18 volunteers who represented the diversity of New York State.

Current members are: **Richard Byamugishsa**, **Robert Coffman**, **Rossana Coto-Batres**, **Antoine Craigwell**, **Angela Turner Dougherty**, **Wilfred Farquharson IV**, **Aleisha Garvin**, **Cecilia Gentilli**, **Pete Hill**, **Oscar Jimenez-Solomon**, **Tina Yun Lee**, **Helen-Maria Lekas**, **Jason Masker**, **Haileigh Nelson**, **Suzanne Stoute**, **Laverne Swinton**, **Tamarra Taylor-Statham**, and **Cynthia Timms**.SM



Symposium participants discussing the issues, reviewing concurrent sessions, and listening to speakers.

Pride:

Celebration observes Stonewall anniversary, victories in the fight for LGBTQ rights

Leaving
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behind!



Participants in the 2019 Pride Month Celebration.

New York State Department of Civil Service Office of Diversity & Inclusion Management proudly presents



Cosponsors: Office of Mental Health, Office of Temporary and Disability Assistance, Office of Children and Family Services, Department of Health, Department of Financial Services, Office of Information Technology Services

OMH was one of the sponsors of the 2019 Pride Month Celebration in June at the New York State Museum — an afternoon to commemorate the 50th anniversary of the Stonewall riots and subsequent victories in the fight for LGBTQ rights. It also served as an opportunity for OMH and its fellow state agencies to reassert their commitment for access to quality care for LGBTQ individuals.

Attitudes are changing about the stigma associated with mental illness and the prejudice over sexual orientation, gender identity, and inequities in care for LGBTQ clients are starting to be addressed, as is training for providers to meet their unique needs. A factor in this recognition is the increase in visibility through OMH **Patient Characteristics Survey (PCS)**. OMH was the first state agency in the nation to compile data in its PCS specifically addressing sexual orientation and gender identity in mental health care. This data is helping OMH to document LGBTQ patient outcomes, understand disparities in the delivery of mental health care, and determine the next steps for developing programs to address these disparities.

In New York State, **conversion therapy is now unlawful** at any mental health facility or agency that is licensed, funded, or operated by OMH. Failure to comply with these new regulations could result in the revocation of their license, funding, or both. The Department of Financial Services issued regulations barring insurers in New York State from providing coverage for conversion therapy given to an individual under the age of 18, while the Department of Health now prohibits conversion therapy under New York's Medicaid program.

“Project AFFIRM” conducted by OMH's New York State Psychiatric Institute, has been an innovative study that is seeking to learn more about how people who identify as LGBTQ develop their identity and track their health and well-being through the course of their lives. Another NYSPI study, “Social Convoys and Successful Aging among Lesbian and Gay Older Adults,” is examining the stigma-related challenges and needs of openly identifying LGBTQ people entering later life, establishing friendships, choosing families, and finding social support.



Keynote speaker:
Tandra R. LaGrone,
Executive Director,
In Our Own Voices.



Lola W. Brabham,
Acting Commissioner,
Department of Civil
Service.



Owen Gilbo, Health
Program Administra-
tor, Department of
Health.



**David Contreras
Turley**, Director of
Constituency Affairs,
Office of Gov. Cuomo.



Community:

Syracuse perinatal clinic is providing vital mental health care to new mothers



One in seven mothers experience a perinatal mood disorder, according to research, and one to two out of every 1,000 mothers experience postpartum psychosis. A clinic in Syracuse, run by OMH's Hutchings Psychiatric Center, is reaching out to the community to offer both psychiatry and therapy to clients focusing on perinatal mental health.

The "Healthy Moms, Healthy Babies Maternal Mental Health Clinic" is the first clinic-based perinatal practice in the state. It started on a small-scale in March 2017, collaborating with two local agencies in an effort to treat women either pregnant, postpartum, or with young children. It's expanded and, in June 2018, was formally launched under **Governor Andrew M. Cuomo's** initiative to develop "cutting-edge specialty programs to treat maternal depression."

"Perinatal mood disorders can affect anyone. The number of moms impacted in our community is staggering and the resources had been limited," said Hutchings Psychiatrist **Dr. Seetha Ramanathan**. "Many women never get treatment for postpartum mood disorders. There are often barriers to treatment such as stigma, access to treatment, financial costs, child care, and transportation."

"We offer services to women from all walks of life," Dr. Ramanathan added. "In a clinic setting, we have some flexibility in meeting clients where they are at — helping them break through these barriers. Because we're a state-operated clinic, we don't turn anyone away based on ability to pay. We also have greater flexibility to address common barriers that prevent women from getting treatment."

Expansion and training

Recognizing the need locally for such a program, Dr. Ramanathan worked with Social Worker II **Mary Carlisle**, LCSW, to open the clinic. "We saw it as a 'win-win,' situation," Carlisle said. "If the mom is doing well emotionally, she's going to respond better to her child's emotional needs. This means better outcomes for both mom and child."

With the help of Hutchings administration — Executive Director **Mark Cattalani**, Facility Director of Operations **Christine Harrington**, and Outpatient Services Program Manager **Danielle Cadden** — the clinic expanded during the next two years, and referrals to hospitals, OBGYNs, and community agencies increased. Staff took specialized training so they could provide cutting-edge care.

Space is always a logistical barrier, and the program is currently housed in Hutchings' adult outpatient clinic. "Our vision is to have a clinic that's fully equipped and baby- and child-friendly," Carlisle said. A grant from the Health Foundation of Western and Central New York funded some of the training.

Besides Dr. Ramanathan and Carlisle, the staff includes **Sarah Osgood**, LCSW, who assists with groups, and provides coverage to clinic when needed. All three have a maternal mental health training through Post-Partum Support International. Therapists are trained in a variety of evidenced-based practices, including cognitive behavioral, therapy and dialectical behavior therapy.



From left: Hutchings Psychiatric Center Social Workers **Mary Carlisle** and **Sarah Osgood**, providing information on services offered by the Healthy Moms, Healthy Babies Maternal Mental Health Clinic during a recent educational event at Crouse Hospital in Syracuse.



Healthy Moms, Healthy Babies Maternal Mental Health Clinic, on the campus of Hutchings Psychiatric Center.

They have experience working with women with prior mental health diagnoses, co-occurring substance disorders, and significant trauma. All three are trained Circle of Security International Parenting Facilitators and have been trained in mindfulness.

Also at the clinic are two psychiatry residents from SUNY Upstate, specializing in reproductive psychiatry — **Dr. Michelle Dick** and **Dr. Caitlin Gardiner**. The clinic has also had Masters in Social Work graduate students placed in the program in an effort to train upcoming professionals in the field.

Education and awareness are key

Between June 2018 and June 2019, the clinic has had 76 referrals. Referrals can come from community providers or from women directly. Clients are referred directly through Carlisle. This circumvents the traditional clinic process and provides faster, more-personal care.

“We’ve found that many moms feel ashamed and alone, when in fact post-partum mood disorders impact a great number of women,” Carlisle said. “Moms often do not self-disclose symptoms to primary care or OBGYNs, for fear of judgement or repercussions. Moms’ often fear that they’ll be perceived as ‘bad moms.’” Mothers are allowed to bring children to most appointments with them, if needed. Although not always ideal, the clinic staff would rather have the mother come in with the child than not come in at all. “This does allow us to observe how the mom is interacting with the child and allow for skill building and encourage healthy attachment,” she added.

Services depend on clients’ need. Some women may only need a few sessions to resolve an initial, presenting problem, while others may need longer-term medication management or ongoing therapy. “It varies greatly,” Carlisle said. “It’s not uncommon for a mother to present with a perinatal mood disorder, and then with treatment, it’s discovered she has had an untreated trauma or has a co-occurring disorder.” If a client needs only medication management and the initial issue is resolved, the goal would be to discharge the mom back to a lower level of care, such as a primary care physician or other community provider.

Individual therapy, psychiatry, group therapy are just some of the services offered. The clinic runs a group focusing on mindfulness skills for moms. They’ve also started a Circle of Security Parenting Class that focuses on caregivers developing healthy attachments with their child. “One of the great things about Hutchings is that clients open to services in our perinatal clinic also have access to our other services offered on campus,” Carlisle said. “We can refer to a nutritionist, our mobile integration team to address logistical barriers, or our member-support-services program.”

A community resource

Clinic staff focus on educating not only the public, but other professionals in the community who come into contact with parents and children. Education about signs, symptoms, and breaking through stigma and other barriers is important. Clinic staff routinely work along other community partners to increase access to services from all venues and create awareness.

This spring, staff conducted presentations at the Central New York Regional Perinatal Educational Miniseries symposium on Perinatal Mood and Anxiety Disorders on access to treatment and overcoming stigma. They have also been distributing information at local healthcare provider events on perinatal mood disorders and networking with other professionals.

“It’s important for communities to have multiple service providers,” Dr. Ramanathan said. “This allows for greater access to services depending on women’s comfort level and needs. Our clinic is unique because a majority of our clients are women living in poverty, having complex mental health needs and history, who may not have private insurance. Women seeking services for maternal mental health at our clinic would likely otherwise fall through the cracks if we weren’t here.”

Healthy **Moms**
Healthy **babies**

**Hutchings PC Madison Street
Perinatal Mental Health Clinic**

Serving pregnant and postpartum women in Central New York.



**Improving Lives . . .
One day at a time.**



**Office of
Mental Health**

We have the
EXPERIENCE.

We have the
EXPERTISE.

We know our
COMMUNITIES
and our **CLIENTS.**

For information or referral, call **Mary Carlisle, LCSW**, at **315-426-7783** to set up an intake appointment.

From the clinic's informational brochure.

Suicide Prevention: Diversity vital to developing community partnerships

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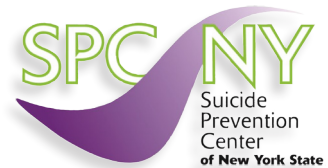
4th Annual NYS Suicide Prevention Conference

SEPTEMBER 18 & 19, 2019

DESMOND HOTEL AND CONFERENCE
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**STRONGER TOGETHER:
EMBRACING DIVERSITY AND STATE/LOCAL
PARTNERSHIPS IN SUICIDE PREVENTION**

For information on the conference,
visit: [https://nyssuicideprevention-
conference.org](https://nyssuicideprevention-conference.org).



For information on SPCNY, visit:
<https://www.preventsuicideny.org>

The 4th Annual New York State Suicide Prevention Conference, “Stronger Together: Embracing Diversity and State/Local Partnerships in Suicide Prevention,” will highlight the importance of strong partnerships and the recognition that everyone has a role to play in preventing suicide.

Scheduled for September 18 and 19 in Albany, the conference will feature presentations on working with diverse populations, community coalitions, health systems, schools and college campuses; and advancements in observation data.

The conference is one of several activities to prevent suicide attempts and deaths among New Yorkers of all races, ethnicities, ages, genders, and cultures conducted by the OMH’s **Suicide Prevention Office (SPO)**. The SPO was created in 2014 to coordinate all OMH-sponsored suicide prevention activities. SPO also funds the **Suicide Prevention Center of New York (SPCNY)** and partners with the **Suicide Prevention–Training, Implementation, and Evaluation (SP-TIE)** program of the Center for Practice Innovations at the New York State Psychiatric Institute/Columbia University Medical Center.

Assisting the SPO and SPCNY in their efforts is the **New York State Suicide Prevention Council**. Formed in 2016, its members include researchers, clinicians, community agencies, individuals and family members with lived experience, advocacy groups and organizations, and representatives from diverse racial, ethnic, and cultural backgrounds.

Reaching out

Recent projects through these organizations are targeted toward reducing suicide among diverse groups and high-risk populations:

- Working with higher-risk groups for suicide that includes **Latina** and **African-American youth, veterans**, members of the **LGBTQ** community, and residents of **rural New York**. Current population-based suicide prevention efforts are focused on developing strategies based on epidemiological data, consultation with field experts, and counties with a suicide rate that is higher than the state rate of 8.11 per 100,000. Prevention efforts in rural communities focus on grassroots efforts, coalition work, and engaging partners who are part of the fabric of those communities.
- Working with a provider in the Bronx to engage a predominantly **Latino community** in which Spanish is often the primary language. This work is being conducted through a Substance Abuse and Mental Health Services Administration (SAMHSA) Zero Suicide grant. The Zero Suicide model calls for the integration of suicide prevention across New York health care systems by focusing on screening, detection, evidence-based interventions, and follow-up monitoring for all those at-risk.
- Conducting focus groups on the availability and utilization of mental health services and resources at the State University of New York at Albany, specifically for **LGBTQ students** and **student athletes**.
- Building coalitions in **rural communities** through SPCNY to engage with partners and devise strategies to address outreach, education, and awareness that includes middle-aged white men; a population for which resources are thin and isolation factors into risk.

- Partnering with New York State Office of Alcoholism and Substance Abuse Services (OASAS) to provide suicide-safer care services to individuals with **substance use disorders** — including workforce training, piloting suicide-safer care, identifying opportunities for collaboration, and developing postvention for clinicians who have lost patients to suicide or overdose.
- Working through the **Garrett Lee Smith Youth Suicide Prevention** grant to develop comprehensive program for all youth ages 10 to 24. SPO has partnered with clinical settings, schools, higher education, and community organizations to work specifically with organizations that serve diverse populations, underserved youth, and LGBTQ youth.
- **Using data to help refine a formal in-depth suicide review process** in Erie, Onondaga, Suffolk, and Westchester counties, which have been greatly impacted by suicide. Funded through a grant from the New York State Health Foundation, the project is designed to ensure accurate and complete data collection from investigations by coroners and medical examiners of suicide deaths and to conduct in-depth community reviews of suicide deaths, looking for systemic patterns.

Incorporating families and communities

The SPO believes it is crucial to provide families with education about suicidal behavior, skills to help with their own distress about their loved ones' difficulties, and support programs to decrease isolation. People often turn to family and other natural supports for help, even when they don't seek help from professional caregivers. A strong support network can be a safety net in times of crisis and a trusted resource during recovery. Patient and family-centered care is an approach to the planning, delivery, and evaluation of behavioral health care that is grounded in mutually beneficial partnerships among professional caregivers, patients, and families.

While it can help to bring the kinds of training and professional development to a school community that improves competencies in suicide prevention, this model also depends on caring relationships on the local level and on the ability of individuals to communicate effectively about suicide risk. It works with school leaders to develop initiatives that raise a diversity of staff, student, and parent voices. SPO takes a competent and caring community approach, which means that everyone in a community is challenged to care, and everyone needs to know how, when, and where to get help.

Information and training

Awareness of suicide prevention is critical in reducing suicide deaths and attempts. SPCNY provides written materials, awareness campaigns and hosts the NYS Suicide Prevention website, which provides free-of-charge comprehensive information and resources relating to health systems, schools, colleges and universities, community prevention, postvention, high-risk groups, risk and protective factors, and lived experience.

In collaboration with field experts, SPO coordinates the development of clinical training for clinicians and healthcare workers, including webinars, video demonstrations, and modules for adults and youth about screening, risk assessment, interventions and transition-of-care follow-up. Training includes clinical protocols for CPEP, and inpatient and outpatient mental health. In development are protocols for primary care, substance use disorder treatment, and school-based settings, ensuring that all professionals in healthcare have access to suicide-specific training.

Professional caregivers

Lastly, while agencies, lawmakers, families, and communities contend with rising rates of suicide, behavioral health professionals are facing another growing issue: How to respond to the emotional and psychological toll that a suicide of a client has on professional caregivers. *The Impact of Suicide on Professional Caregivers: A Guide for Managers and Supervisors* was developed in 2019 as a collaboration between SPO and OASAS, addressing grief, debriefing staff and clients, supporting those affected by the death, and connecting with family and other survivors of the suicide loss.¹⁰⁸

Governor's Task Force develops recommendations

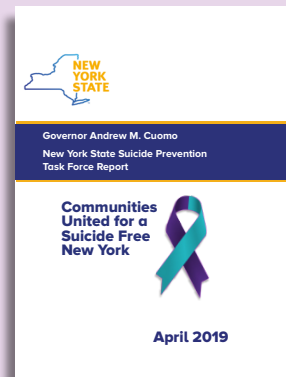
In his 2017 State of the State address, **Governor Andrew Cuomo** spoke of the importance of suicide prevention activities in New York State.

The **Governor's New York State Suicide Prevention Task Force** — a diverse taskforce of leaders in the field, attempt and loss survivors, mental hygiene directors, public health, and others — worked for more than a year to develop a series of recommendations, releasing the report in April.

A team has begun working on addressing the various recommendations in the report, which include suicide prevention in healthcare settings, on the community level, and by addressing certain high-risk populations in the state, including Latina youth, LGBTQ youth, and veterans.

These recommendations and the work to follow with existing efforts and will strengthen the fabric of suicide prevention activities across the state.

For information, visit: <https://omh.ny.gov/omhweb/resources/publications/suicide-prevention-task-force-report.pdf>.



Suicide Prevention Office

The Impact of Suicide on Professional Caregivers: A Guide for Managers and Supervisors

January 2019

For information, visit: https://www.omh.ny.gov/omhweb/suicide-prevention/omh_postventionguide.pdf.

Research:

Centers of Excellence for Cultural Competence breaking ground in removing barriers



In addition to the Bureau of Cultural Competence's programs, staff at OMH's Centers of Excellence for Cultural Competence are investigating and disseminating best practices for the delivery of culturally competent mental health services to underserved populations who are affected by cultural and linguistic barriers.

The centers are located in OMH's two research facilities — **New York State Psychiatric Institute** (NYSPI) in Manhattan and the **Nathan S. Kline Institute** (NKI) for Psychiatric Research in Rockland County.

Their mission is to conduct research on best practices for delivering culturally and linguistically competent mental health services to underserved populations in New York State.

Improving access to care

In 2005, New York State Assemblyman **Peter Rivera** of the Bronx, and chair of the Committee on Mental Health, led an investigation into the mental health status of New Yorkers. The investigation determined that millions of New Yorkers face cultural and linguistic barriers when trying to access mental health care, particularly in urban areas.

The investigation found that these barriers resulted from shortages of trained bilingual and bicultural mental health providers, lack of access to care resulting from poverty or lack of insurance, status as an undocumented immigrant, low health literacy, and difficulty in navigating the fragmented health delivery system.

In response, the Assembly in January 2007 passed a bill sponsored by Rivera to direct OMH to establish the two Centers of Excellence.

The **Center at NYSPI** focuses on six research initiatives: physical and mental health integration, language interpreting and cultural brokering, culturally effective diagnosis and engagement, suicide prevention, mental health policy and social determinants of mental health, and first-episode psychosis.

Some of its current projects include:

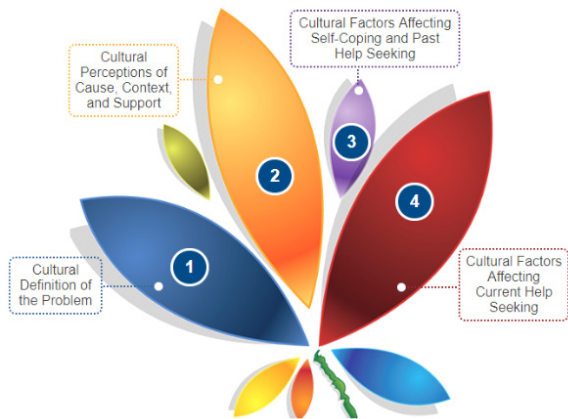
- Developing and testing a brief intervention to enhance patient engagement in mental health services, based on the Cultural Formulation Interview, a standardized approach for patient cultural evaluation developed for DSM-5 by the Center and its international collaborators.
- Testing a peer-led lifestyle-change intervention to reduce risk of diabetes and cardiovascular disease among culturally diverse individuals with serious mental illness in supportive housing.
- An efficacy trial of a community-developed suicide prevention program for Latina girls at high-risk for suicidal ideation and behavior.
- Developing a peer-facilitated intervention to enhance the financial capability of individuals with psychiatric conditions, and in turn, improve their employment outcomes, and reduce their risk of suicide and rehospitalization.
- Collaborating with OMH to examine determinants of and disparities in perceived need for support services (including employment services) among New Yorkers with serious mental illness served by the public mental health system.



New York State Psychiatric Institute in Manhattan.



Nathan S. Kline Institute for Psychiatric Research in Rockland County.



Using the DSM-5 Cultural Formulation Interview Online Training Module

If you are a provider in New York State, you may be able to access the module at no cost. Contact the CPI Help Desk at (646) 774-8422 or cpihelp@nyspi.columbia.edu, to request access. For more information on the module, visit: <http://nyculturalcompetence.org/cfionlinemodule>.

Helping providers understand the role of culture and improve engagement

The Center of Excellence and the Center for Practice Innovations at Columbia Psychiatry (CPI) at the New York State Psychiatric Institute, Columbia University Irving Medical Center, have partnered to develop a 50-minute online training module to provide behavioral health providers with an overview of how to use the Cultural Formulation Interview (CFI) in multiple inpatient and outpatient settings.

The CFI is a 16-question interview guide to help behavioral health providers better understand the way service users and their social networks see what is happening to them and why, their prior experiences with care, and the types of supports they feel would be helpful. Thousands of behavioral health providers around the world are utilizing the CFI to have open, empathic, and judgment-free conversations with service users about their views and experiences, with the goal of improving their engagement in services, the quality of treatment and service delivery, and recovery outcomes.

The online training module includes video-taped interviews with individuals in recovery who offered their personal stories to demonstrate the use of the CFI in multiple settings, interactive features for active learning, and tools to plan the CFI implementation in practice, programs, or services.

In a recent evaluation of module users in New York State, a large majority rated it positively, feeling that it not only improved their understanding of how to conduct a CFI-based interview, but that it would result in practice changes.

Continued from the [previous page](#)

Community-driven research

The Center at NKI (Center for Research on Cultural and Structural Equity in Behavioral Health or “C-CASE”) conducts research and evaluation that is community-driven and directly attends to the social, cultural and structural factors that deter or promote access and engagement in prevention and treatment services for populations heavily burdened with behavioral health conditions.

C-CASE recognizes that structural factors (or determinants) such as housing instability, transportation, and criminal justice involvement are often intertwined with individual behavioral and social statuses, such as race and ethnicity, income, immigration status, substance abuse, and mental illness.

These statuses **intersect** creating differential experiences of bias, stigma and discrimination – typically the most challenging barrier to address and a key focus for our Center. C-CASE aims to directly impact mental health and substance use services access and engagement in populations experiencing longstanding disparities by designing and testing innovative approaches that can be scaled up and sustained.

Current projects include:

- Development and implementation of a Cultural and Structural Humility (CSH) curriculum, which uses the theoretical concept of Health Habits as framework and supported by SAMHSA-funded New York State SOC (led by the **Division of Integrated Community Services for Children and Families**). The objective of the CSH training is to assist providers in addressing disparities by recognizing the role of the social and structural environment. CSC’s goal is to increase self-awareness around implicit and explicit bias that could surface during the care interaction. CSH has been delivered to care managers, youth advocates and family advocates serving youth/families across 24 counties in New York State receiving consistent positive feedback on utility and impact on practice.
- Using a quasi-experimental design, CCASE is evaluating the implementation and impact of an innovative strategy – High Fidelity Wrap Around – to reduce length of stay and increase successful community integration among youth in OMH-licensed Residential Treatment Facilities. Service providers are being trained in HFW –

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an evidence-based approach to service delivery led by the **Division of Integrated Community Services for Children and Families**. CCASE is comparing youth/family outcomes in two HFW facilities vs. four control facilities.

- In partnership with the **Institute for Police, Mental Health and Community Collaboration**, CCASE is evaluating knowledge, attitudes and perceptions of law enforcement who undergo Crisis Intervention Team (CIT) training (pre-/post-training survey). Impact of CIT training on law enforcement practice as it relates to mental health crises in the community is being evaluated over time (six-month post-training survey). Process evaluation of county-specific mapping, which precedes CIT training in each county is also underway.
- Evaluation of implementation activities of the statewide OUD A31 Clinic Capacity Initiative targeting over 400 A31 clinics/facilities. In depth interviews are being conducted to assess uptake and practice of opioid use disorder (OUD) screening and treatment activities. This research is being conducted in partnership with the **Bureau of Evidence Based Services and Implementation Science**.
- **Rockland Psychiatric Center – Community Integration Study** is an investigation of the behavioral, social, structural and system factors that relate to the successes and challenges of hospital discharge and community integration of our OMH patient population. This study includes multilevel qualitative data collection, and enrollment of patients discharged overtime (12-months) to obtain community outcome data.
- Examination of inpatient behavioral, psychosocial, and institutional/system factors that relate to successes and challenges experienced by forensic patients during their stay and upon discharge into the community. This pilot project is currently being developed in partnership with the **Division of Forensic Services**.
- Evaluating a two-year Naloxone Training Initiative (lead by Team Newburgh and Catholic Charities of Orange and Sullivan counties) using a web-based or computer-assisted survey to (1) characterize residents trained to administer Naloxone with respect to residents' knowledge, attitudes and experiences surrounding opioid use and related overdose events, and (2) identify salient factors associated actual use of Naloxone kits and subsequent Naloxone kit acquisition post-training.
- Conduct of a pilot study to assess the social/structural barriers to mental health and substance use treatment and care engagement among a chronically homeless population (e.g., living on the street, under bridges and highways) using qualitative data collection in Syracuse, with the goal of designing more amenable access to treatment and care. This pilot is being conducted in partnership with community-based organization, **In My Father's Kitchen**.
- Ecologic and multilevel data analysis using the New York Statewide Planning and Research Cooperative Systems (SPARCS) data linked with vital records to identify suicide, mental illness, and substance use trends (diagnoses, events, and services engagement) across the state and linking these data to social determinant archival datasets to contextualize and reveal socially-driven disparities in morbidity and mortality trends. These analytic efforts provide a foundation as well as direction for CCASE projects.^{omh}