NEW YORK STATE | Office of Mental Health

OMH News

June 2017

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Commissioner

Strategic Planning:

Guiding the Delivery of OMH's Services

The process of strategic planning is essential for managing an organization, enabling it to thoroughly assess its current status and focus on its priorities for the future.

This edition of *OMH News* will show how the processes of planning works to help the agency carry out its mission of providing mental health care services to the people of New York state.

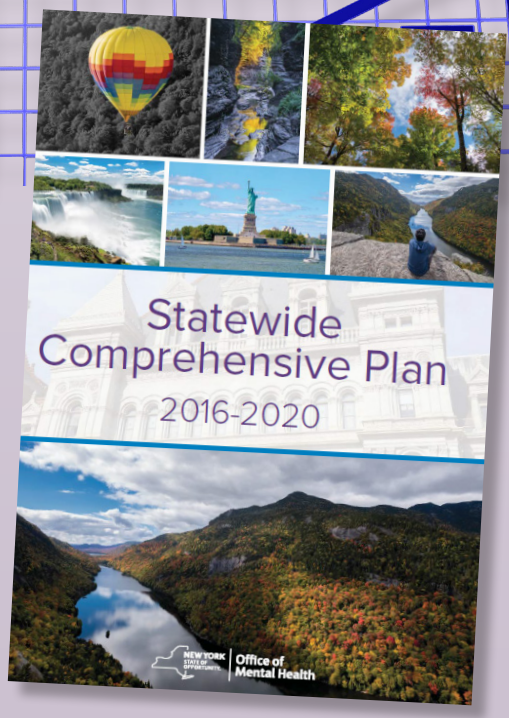
OMH is currently in the second year of its *Statewide Comprehensive Plan for 2016-2020.*

The plan offers an analysis of the current state of the public mental health system in New York and describes the forces shaping its change. It describes who is receiving OMH services, the services they receive, and the physical diagnoses that can also affect their mental health.

It discusses how OMH works with officials on the local level to determine community needs, and how these needs become the basis for a statewide plan of action.

The plan examines the environment in which OMH programs operate, and provides a long-term vision for expanding access to quality prevention, support, and treatment services for the 21st century.

We welcome your comments at omh-news@omh.ny.gov.



For information on the plan, visit: https://www.omh.ny.gov/omhweb/planning.

Building a Plan:
Assessing Needs on the State and Local Levels

New York State Mental Hygiene Law requires OMH to develop a statewide Comprehensive Plan for providing state and local services to individuals with mental illness.

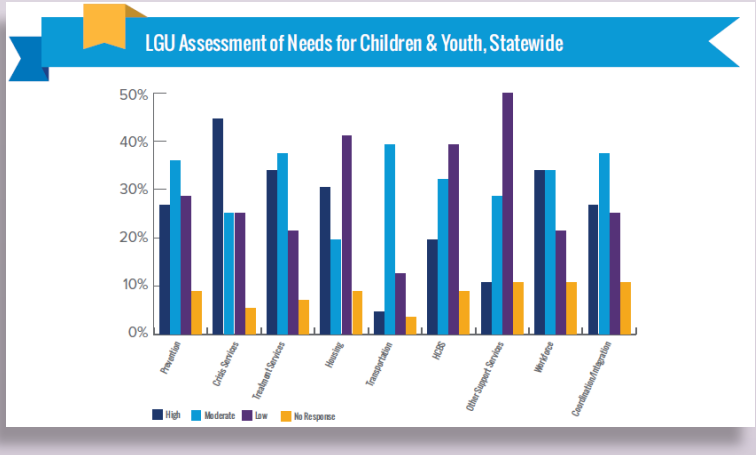
The plan is intended to identify statewide priorities and measurable goals, propose strategies to obtain those goals, identify specific services and supports, analyze service utilization trends across levels of care, and promote recovery-oriented services.

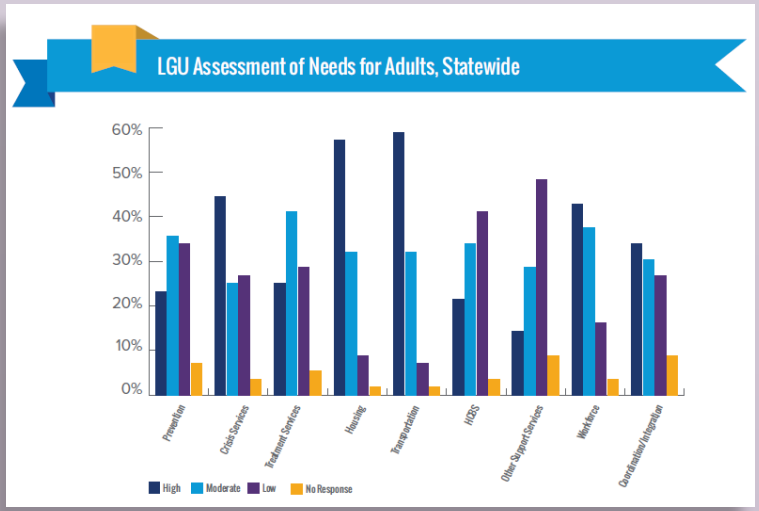
OMH develops its Comprehensive Plan in part from the service plans submitted by local governmental units (LGU) in 57 counties and New York City. It also reaches out to other stakeholders across the state – such as consumers, families, providers, and state, local, and federal agencies.

A considerable amount of help in this process comes from the New York State Conference of Local Mental Hygiene Directors, Mental Hygiene Planning Committee, which brings LGUs together with OMH, the Office of Alcoholism and Substance Abuse Services (OASAS), and the Office for People With Developmental Disabilities.

Definition: Public Mental Health System

The term "public mental health system" refers to all mental health programs that are licensed, regulated, operated, funded, or approved by OMH. This definition excludes programs and services operated outside of OMH authority, including federally-operated programs, private practices, and primary care settings that provide mental health services, such as Federally Qualified Health Centers and New York State Department of Health (DOH)-licensed primary care clinics. While many such programs provide mental health services, they do not fall within the direct purview of OMH unless they are otherwise jointly authorized or funded by OMH. [OMH]





Local Priorities

The planning process starts in March of each year, when planning guidelines are issued by the joint Local Services Plan (LSP) Guidelines project team. LGUs develop their local service plans in consultation with their local Community Services Board and other local advisory bodies.

Local priorities can change from year to year, reflecting the rapidly changing landscape of healthcare reform. Yet they most often reflect statewide initiatives to improve population health, transform health care delivery through service integration and care coordination, and eliminate healthcare disparities.

LGUs submit their final LSPs in June. At this time, the state can begin analysis and incorporate content into its statewide plans. Many of the county plans incorporate strategies to address needs and gaps through broader population health initiatives, such as the Delivery System Reform Incentive Payment (DSRIP) Program, the State Health Innovation Plan (SHIP), and the Prevention Agenda 2013-2018.

Plans are available to the public through the New York State Conference of Local Mental Hygiene Directors website at: http://www.clmhd.org/contact_local_mental_hygiene_ departments.

Priority Outcome Analysis

OMH then conducts an analysis of the LSPs to identify common mental health service priorities in local communities, in addition to county and regional needs. Priorities often address cross-system collaboration, service integration, care coordination, and expansion of services.

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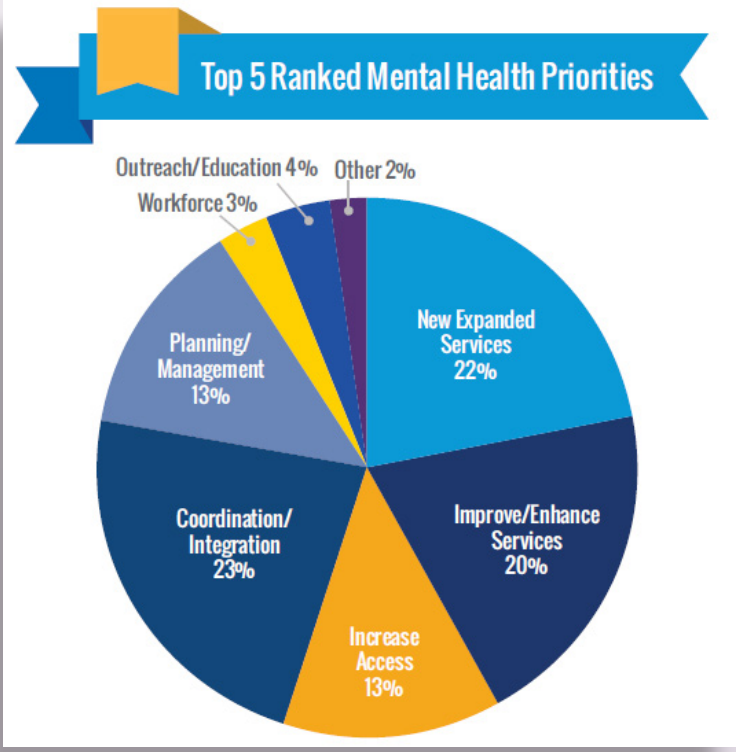

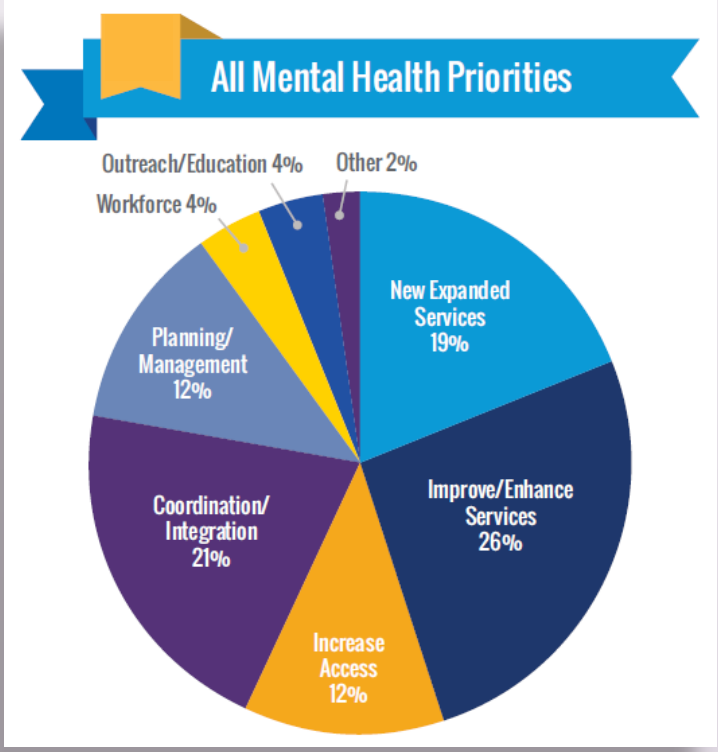

In recent years, LSPs have identified an increasing need for specialty mental health providers. There is concern that many providers need more support to keep up with the changes and requirements of the healthcare delivery and payment systems of the future in order to sustain themselves in the new health care financing environment.

Some counties' priorities focus on "keeping up" with what is happening locally, now that other large health care systems are moving into the behavioral health arena and changing the dynamic in mental health planning and local service development.

These plans and the priorities identified in county plans, particularly the cross-system priorities, help to develop each state agency's policy, programming and budgeting decisions.

Needs Assessment Analysis

OMH also included a subjective needs assessment survey in the 2016 LSP Guidelines to identify unmet needs in several areas. LGUs were asked to assess the level of need in several areas related to service access, workforce, and transportation.

The results of the 2016 needs assessment have, in part, validated many of the areas that are already priority areas for the state – such as more housing and transportation for people with mental illness, and a serious need for more staff.

But they also identified less visible themes, related to difficulties in navigating Medicaid transportation services and the need for a more comprehensive and organized crisis-response system within counties – including crisis capacity for people with developmental disabilities and the dually diagnosed.

Many needs assessment narratives also focused on the need to better align and coordinate service delivery systems to better support individuals and families with complex needs.

Given the richness of the data provided through the 2016 plans, OMH developed a series of summary briefs that provide an overview of areas identified by counties as "high need" and top five priority areas for their population and local region.

Client Characteristics:
A Look at Who Receives Mental Health Services

To assemble a profile of the populations under OMH's care and the programs available to serve them, OMH analyzed data from 200,000 submissions to its 2015 Patient Characteristics Survey (PCS).

The PCS is conducted during a one-week period every two years to gather clinical and demographic information for people who receive mental health services from programs the agency operates, funds or licenses.

Annual estimates were prepared using a statistical methodology developed at the Nathan Kline Institute for Psychiatric Research in Rockland County.

Demographics

In 2015, an estimated 772,000 individuals were served in New York State's public mental health system. This is a significant increase from prior surveys of 717,000 in 2011 and 729,000 in 2013.

- Males were served at a rate of 39.1 per 1,000 in the general population, and females at a similar rate of 39.0.
- The highest annual rate of service utilization was among individuals 25 to 64 years of age (42.3 per 1,000).
- The rate of service utilization was lowest for adults ages 65 and older (19.6 per 1,000). This may be related to older individuals receiving services in primary care and long-term care settings, rather than in primary mental health settings.
- By race, the highest annual rate of service utilization was among Black/African Americans (52.8 per 1,000), followed by Pacific Islanders (51.6 per 1,000), Multi-Racial (36.0 per 1,000), Whites (29.5 per 1,000), Native American/Alaskan (22.2 per 1,000), and Asians (9.1 per 1,000).
- Service utilization for people of Hispanic/Latino ethnicity was 47.8 per 1,000.

Rates of service by race should be read with some caution due to the small size of some groups in the general population and fluctuations in these rates identified through analyses of past PCS populations. However, since rates for most racial and ethnic groups have been relatively stable across multiple PCS collection years, there do appear to be real differences in rates of service between groups.

Services by Program

State-operated programs accounted for about one-tenth of individuals served in the public mental health system, while voluntary programs, including county-run, accounted for the vast majority of utilization of public mental health services statewide. There is a small degree of overlap, indicating individuals received services in both state and voluntary programs.

- While the state and voluntary service sectors have similar percentages of people accessing emergency and residential program services, there are substantial differences in the utilization of inpatient, outpatient, and

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Definitions: Categories of Care

Inpatient — Provide stabilization, intensive treatment and rehabilitation with 24-hour care in a controlled environment. Includes State PCs, inpatient psych unit of a general hospital, private psychiatric hospitals, and residential treatment facilities (RTF)

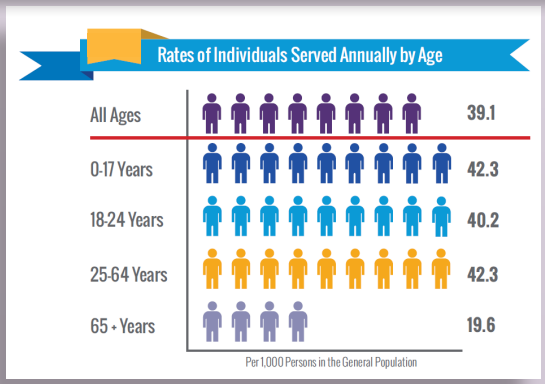
Emergency — Provide rapid psychiatric and/or medical stabilization, and ensure the safety of persons who present a risk to themselves or others. Some examples are crisis counseling, crisis residences, and Comprehensive Psychiatric Emergency Programs (CPEP).

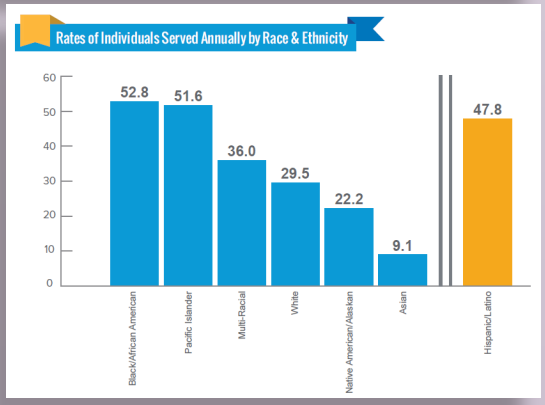
Outpatient — Provide treatment and rehabilitation in settings such as clinics, partial hospital programs, day treatment, Assertive Community Treatment (ACT), and Personalized Recovery-Oriented Services (PROS).

Residential Services — Services provided to increase housing opportunities, particularly for persons with histories of repeated psychiatric hospitalizations, homelessness, involvement with the criminal justice system, and co-occurring substance abuse. Some examples are supported housing, community residences and apartment treatment.

Support — Community based programs that help adults diagnosed with serious mental illnesses to live as independently as possible and help children with serious emotional challenges to remain with their families. Examples are care coordination, self-help and general support programs.

For a full list of each program described above, visit the Mental Health Program Directory on the OMH website at: https://my.omh.ny.gov/bi/pd/saw.dll?PortalPages.





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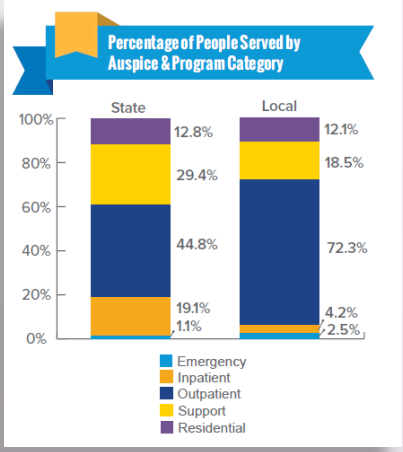
support services. Nearly three-quarters (72.3 percent) of people utilizing voluntary programs are in outpatient programs such as clinic, PROS, and ACT, compared to less than half (44.8 percent) of persons utilizing state programs.

- The percentage of people in state inpatient programs (19.1 percent) is far greater than the percentage of persons in voluntary sector programs (4.2 percent). In addition, 29.4 percent of people served in the state sector receive support services compared to 18.5 percent of persons utilizing services in the voluntary sector.

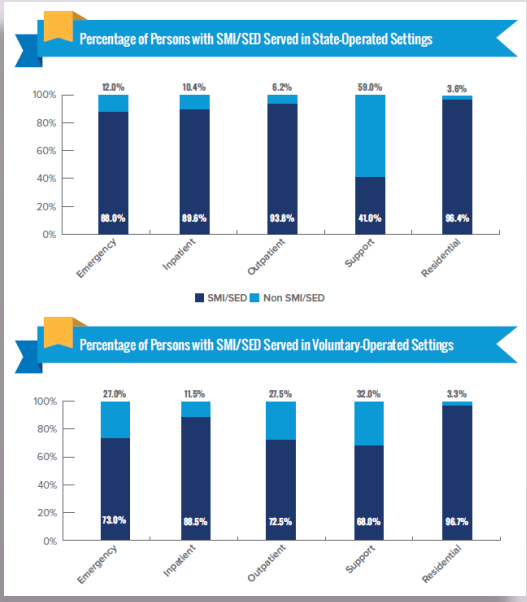
This indicates growth in state support programs since the last PCS survey, and appears to be largely due to increases in state forensic transition services and Mobile Integration Teams – which have both served thousands of new individuals in 2015.



Serious Emotional Disturbance and Serious Mental Illness

OMH estimated that there are about 264,000 children and youth (ages nine to 17) with serious emotional disturbance (SED) and 865,000 adults with serious mental illnesses (SMI) in New York state.

- An estimated 71 percent of individuals receiving services have SMI or SED. This number may be underestimated because not all individuals receiving care would be captured during the PCS survey period and individuals who receive mental health services in primary care or other settings were not considered part of the public mental health system, and so were not included in this analysis.
- The majority of clients served in state settings are part of the SMI/SED population, with the exception of those served by support programs (41 percent).
- In voluntary-operated settings, the percentages of persons with SMI/SED served in inpatient and residential programs are similar to those served in these program types in state-operated settings.
- Voluntary emergency and outpatient programs tend to serve a lower percentage of SMI/SED individuals, compared to state settings – while voluntary support programs serve a significantly higher percentage of persons with SMI/SED (68 percent) than do state support programs (41 percent).



Co-Occurring Diagnoses

About 28 percent of individuals have a co-occurring diagnosis of mental health and substance use disorders or a dual diagnosis of mental health and developmental disability.

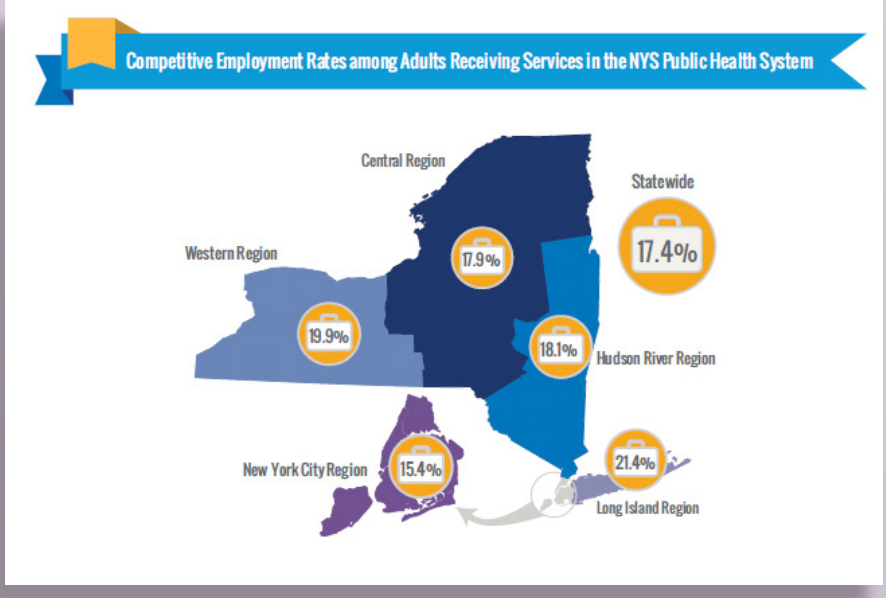
- The percentage of people in the voluntary sector with a co-occurring diagnosis of mental health and substance use disorder (36.8 percent) is more than twice the percentage in the state sector (17.1 percent).
- In contrast, the percentage of service recipients in the state sector with a mental health diagnosis only is substantially larger (73.9 percent) than the percentage in the voluntary sector (55.1 percent).

Employment Status

About 535,000 individuals age 18 to 64 receive services in the public mental health system, and 93,000 of them (17.4 percent) are employed.

- This employment rate has remained relatively steady over the years, with only small amounts of growth over time.
- Employment rates range from a low of 15.4 percent in New York City to a high of 21.4 percent in the Long Island region.

By continuing to expand recovery-oriented services and confronting stigma, OMH is optimistic that more progress will be made in coming years to increase rates of employment among adults with mental illness.



Continuing Transformation:
Toward a Progressive Behavioral Health System

As the market for health care services becomes more consumer-directed, integrated, and community-oriented, OMH is continuing to work toward the mental health system that New York needs for the 21st century — a system focused on prevention, early identification and intervention, and evidence-based clinical services and recovery supports.

Through its Transformation Plan, OMH continues its work of re-balancing the agency's institutional resources by further developing and enhancing community-based mental health services throughout New York state.

Since its start during the 2014-15 state fiscal year, the plan has "pre-invested" $81 million annualized from state-operated inpatient savings into priority community services and supports, with the goals of reducing state and community operated facilities' inpatient psychiatric admissions and lengths of stay. Nearly $19 million in additional Article 28 reinvestment funds have been directed across the state to community services as the result of reductions in unnecessary inpatient beds during the past several years.

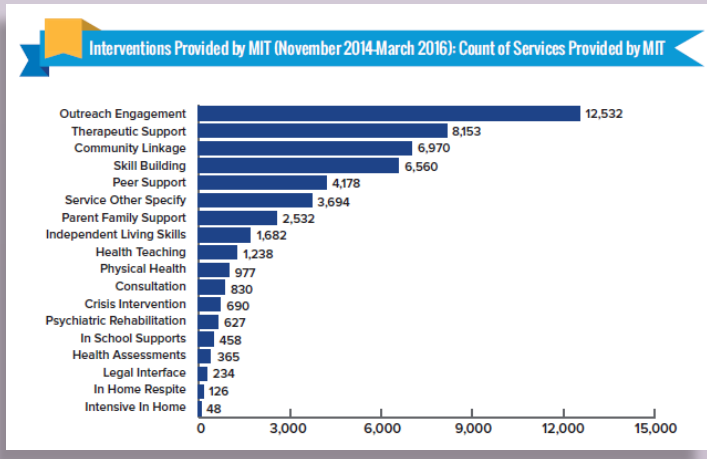
OMH is dedicating a share of pre-investment funding to support transitions for state long-stay inpatients to the community through Managed Long Term Care and Skilled Nursing Facility bridging. This frees up inpatient capacity that has otherwise been unavailable for admissions from the community and effectively increases our capacity to provide intermediate care.

In addition to financial resources, the Transformation Plan has convened groups consisting of local governmental units, OMH Field Offices and psychiatric centers, providers, and other stakeholders to engineer other changes in order to better serve individuals in communities and hospital settings. These system-level planning efforts have worked to improve pathways through levels of housing, increase engagement in clinic and other outpatient services, and expand access to existing and new children's Home and Community Based Services (HCBS) waiver programs.

Regional Reinvestments

OMH has made significant investments in every region of the state during past three fiscal years to strengthen community mental health services and reduce the need for unnecessary stays at state psychiatric centers. Investments were made with input from a broad set of community stakeholders and advisory bodies in every region of the state. Some of the investments made to date include:

- 1,105 units of **Supported Housing** with appropriate wrap-around services to ensure individuals can be served safely in the community, and avoid potential future homelessness.
- 246 additional **HCBS Waiver** slots that provide children and their families with respite services, skill building, crisis response, family support, intensive home support, and care coordination.
- 12 state-operated **Mobile Integration Teams (MIT)** that provide services and supports for youth and adults, including on-site crisis assessment, skill building, family support, and respite. Current state-operated community support services are also being converted to a MIT model. To date, MITs have provided critical supports to more than 4,500 individuals statewide. Most MITs have been funded with reinvestment resources, while some teams are conversions of earlier state-operated community support teams.
- Four new state-operated, **child and adolescent crisis/respite** houses.
- Expansion of **state and voluntary-operated clinic** programs, state-operated school-based clinic satellites, and extended clinic hours to provide services that would be otherwise unavailable or inaccessible.
- Staffing support for two of the **First Episode Psychosis** programs being implemented statewide under the nationally-recognized OnTrackNY initiative.
- 16 new and **expanded crisis intervention** programs, many with extended hour coverage, mobile capacity, and peer-support components in order to best meet the needs of individuals in times of crisis.



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- More than a dozen new **advocacy, outreach and bridger** programs, to guide individuals through transitions from inpatient settings into integrated, clinically-supported, community living, and linking them to various community based supports.
- Ten new or expanded **Assertive Community Treatment (ACT)** teams, accounting for a capacity expansion of 572 slots.
- **Forensic programs** for both adult and juvenile offenders, developed to link individuals with mental health services, provide specialized assessments for probation and courts, and reduce future recidivism and hospitalization.

Vital Access Provider Program

OMH and DOH have coordinated a targeted investment strategy to maintain critical access to care in areas in which Medicaid providers of community mental health services that are at risk of closing or reducing services.

Through the Vital Access Provider (VAP) program, funds have been available to Article 28 inpatient and ambulatory providers, and more recently to Article 31 licensed outpatient clinics, in recognition of the critical role of outpatient treatment and of the fiscal issues facing many clinics throughout the state. VAP funds are used to strengthen community care and to help providers achieve defined financial, operational, and quality improvement goals related to integration or reconfiguration of services offered by the facility.

In the 2014-15 budget, OMH awarded grants totaling over $30 million over four years to the United Health Services Hospitals, Inc. (Binghamton General Hospital), St Joseph's Hospital Health Center (Syracuse), Mary Imogene Basset Hospital, Oswego Hospital, Claxton Hepburn Medical Center and St. Joseph's Hospital (Arnot). Grants are being used to stabilize the inpatient mental health services available in areas of minimal geographic capacity, and set these hospitals on a more sustainable footing by the completion of the grant period.

Fiscal year 2015-16 expanded the VAP program for preservation of critical access Article 31 mental health clinic services, with a wide distribution of awards across the state to 40 voluntary and county-operated mental clinics that met the VAP eligibility criteria.

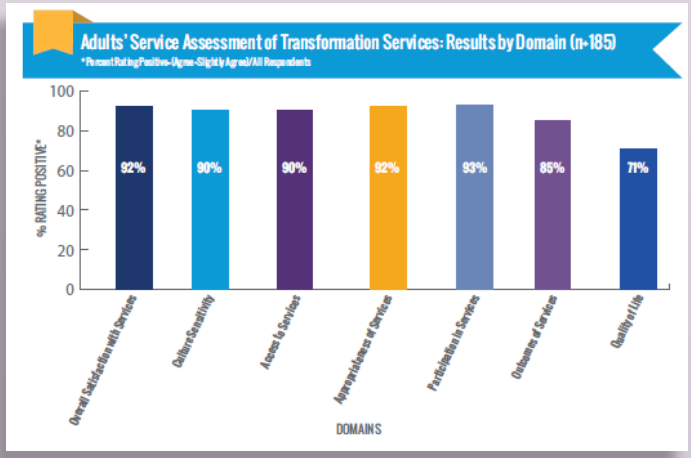
Consumer Feedback

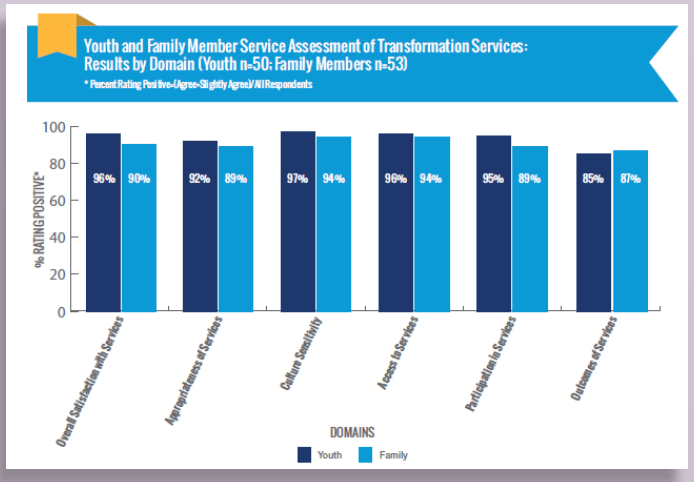
From September 14, 2015, through October 9, 2015, OMH assessed consumer satisfaction with OMH Transformation Plan services by directly surveying adults, youth and their families in targeted programs and counties. Overall, adult respondents reported a positive assessment of care they received. Like adult consumers, youth and family members of youth served reported a positive assessment of care they received. A similar pattern is seen for the Family Assessment of Services

Results from our community pre-investments during the past two years have been very promising. The average daily inpatient census in OMH civil adult and children's Psychiatric Centers was reduced by 166 (5.7 percent) during calendar year 2015.

Meanwhile, new and expanded Transformation Plan services have served more than 25,000 new people as of April 2017. These efforts will help put New York State firmly on the path toward balancing our institutional resources more equitably in order to serve more people in more appropriate, effective, and modern community treatment and support programs.

More comprehensive survey results, along with additional impact measures associated with the OMH Transformation Plan are available in the most recent plan annual report, which is available at: http://www.omh.ny.gov/omhweb/transformation.



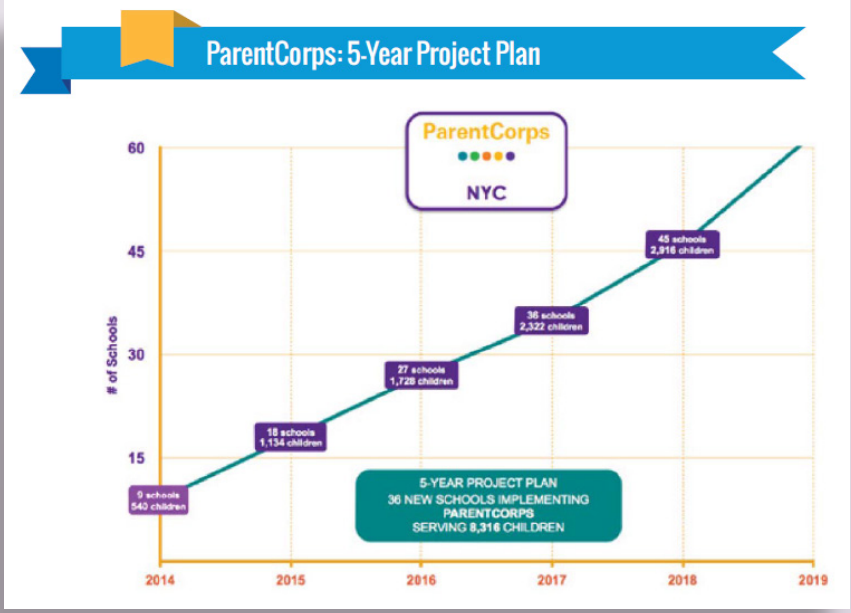


Prevention and Intervention:
Strategies to Promote Wellness and Address Needs Earlier

In 2010, the U.S. Surgeon General issued recommendations for a National Prevention Strategy to promote early identification of mental health needs, positive early childhood development, community engagement, and access to quality services. These recommendations are guiding OMH's efforts to reach out to larger populations to identify and treat behavioral health conditions using an integrated approach.

Early Childhood Prevention

Parent Corps – This program helps to identify communities in which children are disproportionately exposed to factors that can compromise their development, so that OMH can mobilize resources from various service systems to intervene early. Parent Corps combines multiple approaches to strengthen parenting, classroom quality, and child self-regulation – such as a behavioral parenting intervention and concurrent group for children, professional development for early childhood educators, and consultation for school leaders.



Two controlled trials with children entering schools in New York City indicated the program helped to substantially alter the negative developmental trajectory for high-risk boys, lowered rates of obesity in both girls and boys, and substantially increased each child's quality-adjusted life expectancy.

In 2015, OMH awarded Parent Corps a grant to expand the program in disadvantaged neighborhoods throughout New York City. Parent Corps used the grant to leverage additional funding from local foundations. The program now has a five-year contract to expand partnerships with policymakers and practitioners. By the end of the contract, 45 schools will have the capacity to serve nearly 3,000 pre-kindergarten students and nearly 1,800 families each year.

For information, visit: https://med.nyu.edu/pophealth/divisions/cehd/parentcorps.

Project TEACH – In 2010, OMH created a statewide child and adolescent psychiatric consultation called Project TEACH. This program uses pediatric primary care visits to offer families information and support on their children's social-emotional well-being and growth. Primary care providers (PCPs) are trained to offer mental health support and can prescribe medication.

A 2012 evaluation of the program indicated an improvement in trained PCPs' perception of their ability to address mental health issues, initiate and select appropriate psychotropic medications and adjust doses, and identify children diagnosed with mental or behavioral health issues. The evaluation also found a reduction in the use of psychiatric emergency services by children who were taking part in Project TEACH.

So far, Project TEACH has provided nearly 10,300 consultations with more than 2,300 primary care providers; more than 3,100 linkage and referral services; and more than 110 trainings to pediatric PCP providers. In 2015, OMH granted Project TEACH additional funding to expand the program statewide through 2020 and increase child and adolescent program staffing. Upon full implementation of the expansion, OMH estimates the program will enroll an additional 3,800 providers and conduct an additional 24,500 consultations during the next five years.

Healthy Steps for Young Children – This program is designed to introduce mental health care into primary care settings. It is an evidence-based program that helps primary care practitioners to expand their focus to emphasize social-emotional and behavioral health and to help support family relationships. OMH selected 17 pediatric and family medicine practices to implement this program statewide. These practices will reach out to new parents to enroll their infants, and follow through with them until age five. Sites include hospitals, hospital-based clinics, community health centers, and private practices that serve communities in poverty. An average of 85 percent of these practices see children who are covered by Medicaid, Child Health Plus or are uninsured.

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Teens and Young Adults

OnTrackNY is New York's model early psychosis intervention program. It provides recovery-oriented treatment to young people ages 16 to 30 who have recently begun experiencing psychotic symptoms – helping them achieve their goals for school, work, and relationships. OnTrackNY treatment teams consist of a team leader, primary clinicians, a supported employment and education specialist, an outreach and enrollment specialist, a psychiatrist, a nurse, and a peer specialist. Each team provides a range of services, including relapse prevention, illness management, medication management, integrated substance use treatment, case management, family intervention and support, supported employment, and education.

OnTrackNY is currently operating at 19 sites throughout the state, with two new locations opening in Brooklyn this summer. Participating agencies work with county and municipal mental health departments, and receive funds for staff, training, and technical assistance. OnTrackNY will continue to track participants' recovery, including staying in or returning to school or employment, improved control of mental illness, and, reducing the duration of untreated psychosis.

For more information, visit: http://ontrackny.org.

Integrating Care

OMH has been working with OASAS and DOH to increase integration of behavioral and primary/physical healthcare. The three agencies developed the "Integrated Licensure Project, which established clinical and physical plant standards, staffing requirements, and a single application and review process – all with the goal of reducing the administrative burden on providers and to improve the quality of care provided to consumers with multiple needs by improving the overall coordination and accessibility of care. Several clinics throughout the state were selected to take part in a pilot project.

As a result of this work, a new the licensure category "Integrated Outpatient Services" (IOS), was established in 2015. It appears identically within regulations for OMH licensed providers (14 NYCRR Part 598), OASAS-licensed providers (14 NYCRR Part 825), and DOH-licensed providers (10 NYCRR Part 404). The regulations allow providers to deliver cross-agency clinic services at a single site under a single license, require the provider to possess licenses within their network from at least two of the three participating state agencies, allow the site's current license to serve as the "host," and facilitate the expansion of "add-on" services through a request to the state agency that is principally responsible for oversight. Since adoption of the IOS regulations, more sites have been added.

Collaborative Care

New York State has been a leader in implementing the Collaborative Care model, which brings together an individual, a primary care provider, a care manager, and a consulting psychiatrist to treat depression and other common mental health diagnoses in a primary care setting. This helps a practice to develop capacity to treat behavioral health conditions and manage co-morbid chronic diseases, such as diabetes or hypertension, by addressing some of the behavioral factors impacting physical health. An electronic registry tracks each individual's progress and monitors outcomes on the whole patient population. A two-year pilot provided grant funding and technical assistance to 19 academic medical centers and 32 primary care training clinics to build their capacity for Collaborative Care. The Governor and Legislature have supported the program by allocating at $11 million to support the model for Medicaid recipients. Using this funding, OMH created the Medicaid Collaborative Care Depression Program.

Telepsychiatry

Technology has made it possible to increase access to behavioral health care in situations in which on-site services are not available due to distance, location, time of day, or availability of resources by using telepsychiatry. Use of telepsychiatry has rapidly expanded throughout New York state. While clinical practice standards developed along with this proliferation, OMH's initial regulations allowed for the use of telepsychiatry in OMH-licensed clinics, only.

In August 2016, OMH announced the adoption of new regulations to accommodate the expansion of telepsychiatry. The new regulations expanded the type of providers that can use telepsychiatry services to any providers licensed under Article 31. This added an estimated 250 mental health providers – including Comprehensive Psychiatric Emergency Programs, Inpatient Programs, and Partial Hospitalization Programs.

Assertive Community Treatment and Personalized Recovery Oriented Services programs are excluded because these programs are based on face-to-face interactions between providers and individuals in care. The new regulations continue the safeguards that were the part of the original regulations to ensure quality of care and patient confidentiality and add provisions to monitor the impact on the resources of providers.

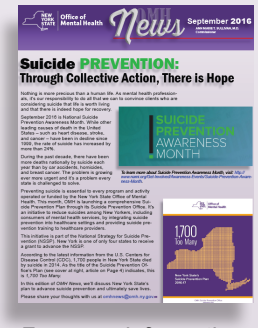
Within the next few weeks, OMH will be issuing guidance to OMH-licensed providers who wish to contract with telepsychiatry/telemedicine companies for distant/hub services. The intent is to further expand the pool of available practitioners. Programs seeking to enhance psychiatry services via a contract with a telepsychiatry/telemedicine company must submit a regulatory waiver request. While the waiver will allow for practitioners that are employed by the telepsychiatry companies to be located in a private office or an office in their home, the location of the office or home must be within New York state.

Initiatives:
Focusing on Needs of Specific Populations

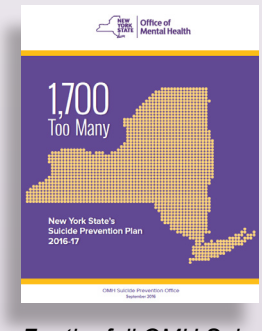
Suicide Prevention

OMH's strategy focusing on suicide prevention in health, behavioral health, and community settings will use state data and the unique expertise of each of its partners to achieve its goals. OMH's Suicide Prevention Office developed six guiding principles that will help promote the transformation required of health and behavioral health systems to integrate the Zero Suicide initiative:

- Start with the public mental health system beginning with outpatient clinic care.
- Invest in training that use the latest clinical knowledge.
- Target culture change to move the system toward population-based preventive engagement.
- Provide a clear definition for "suicide safer care."
- Integrate lived experience into policy and planning.
- Capitalize on opportunities to broaden Zero Suicide beyond the public mental health system through government and private sector alliances.



For more information, see the September 2016 edition of OMH News at: https://www.omh.ny.gov/omhweb/resources/newsltr/2016/sept-2016.pdf.



For the full OMH Suicide Prevention Plan visit: https://www.omh.ny.gov/omhweb/resources/publications/suicde-prevention-plan.pdf.

New York state has one of the lowest suicide rates in the nation (7.8 per 100,000), which OMH believes is a reflection of the collaborative work of communities, providers, public health professionals, suicide prevention experts, and policy makers. Although the rate is low, the number of suicide deaths (1,652 in 2015) remains high, ranking fifth in the nation. More coordinated action will be necessary.

Cultural Diversity

Through its Bureau of Cultural Competence, OMH seeks to eliminate disparities in care and access to care for people of diverse backgrounds. Its mission is to promote, through ongoing training and technical support to all providers, mental health services without disparities. OMH integrates cultural and linguistic competence by:

- Conducting comprehensive trainings on the importance of infusing cultural and linguistic competence throughout agency policies and clinical practices.
- Engaging across agency functional units to ensure that cultural competence is implemented across all OMH programs and policies.
- Monitoring the advancement of research through the two OMH Research Institute Centers of Excellence for Cultural Competence.
- Providing technical assistance to OMH-operated and regulated providers.
- Providing cultural and linguistic program evaluations.

For more information, see the October 2015 edition of OMH News at: https://www.omh.ny.gov/omhweb/resources/newsltr/2015/october.pdf.

Forensic Services

OMH is focusing on major forensic initiatives to support individuals with mental illness who are also involved with the criminal justice system:

- The **SMI-V Initiative** seeks to strengthen treatment services provided to inmate-patients with SMI and histories of violence. Services offered by Central New York Forensic Psychiatric Center's (CNYPC) Corrections-Based Operations (CBO) will focus on addressing criminogenic needs with the ultimate goals of reducing risk of future violence, and increasing successful community reintegration through stronger discharge planning services and community partnerships
- The **Forensic Supported Housing Initiative** is designed to ensure that SMI individuals leaving prison have appropriate housing in the community. Units have been developed in eight counties and in New York City. OMH allocated an additional 200 Supported Housing units for this initiative.
- The **Crisis Intervention Team (CIT)** model is a specialized law enforcement-based response program designed to create partnerships between law enforcement, behavioral health professionals, service recipients, and their families, and to provide a forum for effective community problem solving and communication. So far, 22 local jurisdictions have been identified by the State Senate over the past three years to receive CIT Team Training.
- **Mental Health First Aid (MHFA)**, a training program that teaches participants to identify, understand, and respond to signs of mental illnesses and substance use disorders, is provided by the Mental Health Association for New York State (MHANYS), on behalf of NYS OMH, to first responders and officers who do not receive the full 40-hour CIT training.

Workforce:
Addressing Staffing and Overtime

OMH is undertaking an initiative to reduce the use of overtime across the state-operated system, the goal of which is to support better work-life balance for employees while reducing the financial impact of overtime on the agency's budget.

During the past two years, OMH Commissioner Ann Marie Sullivan, MD, has conducted a series of visits and Town Hall meetings at many facilities across the state, to meet and hear from the dedicated employees who work hard providing quality care and support for the people we serve. The work is challenging and rewarding, and at the same time, it can be draining, especially when it comes to overtime.

Commissioner Sullivan and the Executive Team listening to staff concerns at a town hall meeting in Binghamton.

Work-Life Balance

Through the Town Hall meetings as well as statewide labor/management meetings with CSEA, PEF, and NYSCOPBA, the Commissioner became aware of the impact working overtime was having on employees, and that in too many instances, work-life balance was significantly diminished. In response, the Commissioner asked facility and Central Office leadership to analyze overtime usage facility by facility and to talk to employees, supervisors, managers, and union representatives to understand challenges and potential solutions from their perspectives.

Ideally, organizations should be able to operate with a minimum of overtime. But sometimes, staffing issues arise and overtime can become necessary. If such staffing issues start to build on one another, overtime can unfortunately become mandatory. Analyzing available data and engaging in conversations was a first step in developing plans to address the issue.

As part of the overtime reduction initiative, OMH is developing new staffing plans that are designed to provide relief in direct-care areas, while ensuring the highest levels of quality patient care are maintained. In addition, OMH is developing processes to more efficiently and fairly manage scheduling, track the use of overtime, and assess systemic factors that contribute to the use of overtime.

Focus on Care

These processes are designed to encourage ongoing communication between employees at all level of the organization, which is essential to informed decision-making and meeting the agency's goal for this initiative. It is anticipated that as overtime costs decrease, the agency will have greater budgetary flexibility to hire additional, permanent staff to supplement its current workforce.

People enter the mental health career field seeking meaningful work that allows them to make life better for the people we serve.

The work ethic of human services employees is one in which they are willing to do whatever it takes to provide quality service and care, even when that means sacrificing their personal time to work beyond their regularly scheduled work day. That's why this initiative is so important to us. With the right work-life balance, employees are far less likely to experience burnout and much more likely to remain energized by the important work they do. It's great for them, great for our agency, and great for the people we serve.

OMH News

OMH News **is produced by the OMH Public Information Office for people served by, working, involved, or interested in New York State's mental health programs. Contact us at: omhnews@omh.ny.gov.**