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OMH NEWS

NEW YORK STATE | Office of Mental Health
ANN SULLIVAN, MD / Commissioner
Summer 2020

Responding to the need for counseling services during the COVID-19 crisis

In June, OMH introduced the "Coping Circles," a first-in-the-nation program to provide free, six-week support and resilience group therapy sessions, held by video or phone and facilitated by licensed mental health professionals.

In-person group therapy sessions are simply not possible in the midst of a pandemic. Coping Circles will provide home-based support and resilience tele-group sessions to help people who are feeling overwhelmed by the pandemic and want to discuss and share their feelings.

During the early days of the COVID-19 pandemic, **Governor Andrew Cuomo** asked medical and mental health professionals to volunteer to serve New Yorkers in need. More than 14,000 mental health professional volunteers responded. This group was surveyed to find volunteers who are properly licensed to provide independent professional mental health services in New York state, familiar with tele-services, and willing to provide services free-of-charge.

"Coping Circles will help us ensure that New Yorkers who are struggling at this difficult time can receive the support and assistance they need," said OMH Commissioner **Dr. Ann Sullivan**. "I am deeply grateful to all the mental health professionals who have answered Governor Cuomo's call to help provide free services to New Yorkers."

To date, more than 750 professionals have met the standards and have indicated interest in taking full responsibility for one or more circles (six weeks of 60-minute groups) free-of-charge, resulting in 1,200 possible circles.

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

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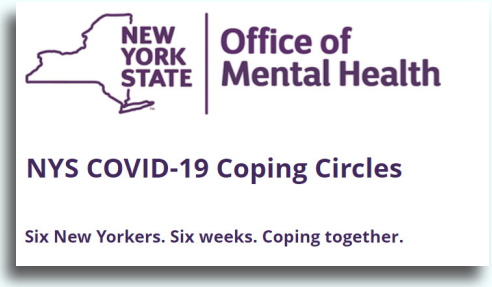
Coping Circles is available to all New Yorkers, ages 18 and older, in a range of languages and at various times during the day. Specialized circles will be available for healthcare workers and first responders, survivors of COVID-19 infection, those who have lost loved ones to COVID-19, and those who have experienced job loss due to COVID-19. Coping Circles are available through August 31, 2020.

New Yorkers interested in participating in Coping Circles can access a website hosted by OMH on the secure and HIPAA-compliant Redcap server. Prospective participants will be asked to identify:

- Their preference for a video or phone group.
- Their preferred language.
- Their availability.
- Whether they qualify for one of the specialized Coping Circles, which will be opened if enough participants indicate interest: Healthcare Worker or First Responder, Job Loss due to COVID-19, Survivor of COVID-19 Infection, and Loss of a Loved One to COVID-19.

Once six individuals have signed up for a particular Coping Circle, OMH will forward their contact information to a facilitator. Facilitators will participate in a short Coping Circles orientation webinar designed by experts from OMH and the New York State Psychiatric Institute. The webinar will include an overview of the psychological fallout of the COVID-19 pandemic, goals of Coping Circles, principles of support and resilience, psychoeducation, safety, and cultural sensitivity.

Coping Circles is one of several OMH programs and partnerships designed to help meet the public's need for counseling services as a result of the COVID-19 pandemic.



New Yorkers interested in joining Coping Circles, and mental health practitioners interested in becoming facilitators, can register at: NY.Gov/CopingCircles.

SUNY crisis text line partnership

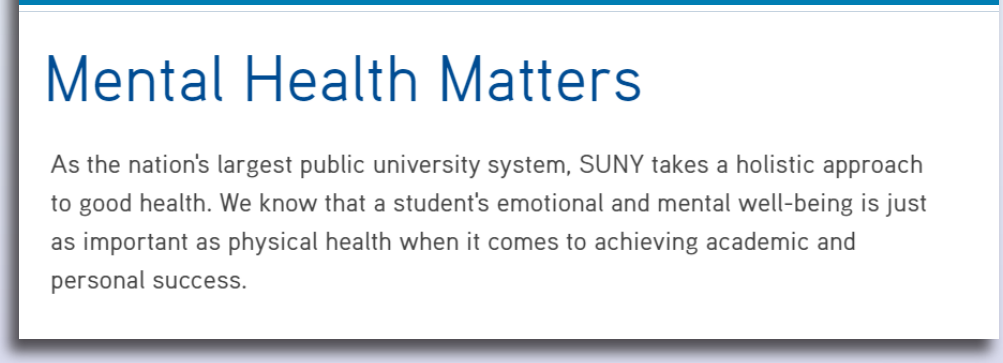
OMH and the State University of New York (SUNY) have launched a crisis text line and training initiative to help promote mental-health awareness, ease stress and anxiety, and identify and support individuals at-risk of suicide.

SUNY advanced its promotion of the resources in order to assist students, faculty, and staff as they confront the COVID-19 pandemic.

The Crisis Text Line is for students, faculty, and staff who are dealing with emotional challenges. Members of the SUNY community can access the confidential text line 24/7 by texting **Got5U to 741-741** for help.

The text line can be used to help alleviate depression, anxiety, stress, and suicidal thoughts. It also provides a way for people to talk about substance use, relationship issues, domestic violence, and school stressors, as well stress and anxiety related to the COVID-19 pandemic.

At SUNY, many programs are being made available to meet the mental health needs of our students and communities.



Visit SUNY's new mental health resource page at: https://www.suny.edu/mental-health.

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"Slowing the spread of COVID-19 has called for a series of sudden shifts to how we live, work, study, and interact," said SUNY Chancellor **Kristina M. Johnson**. "Though this transition is necessary to keep people safe, there may be an unintended, psychological impact of these changes on many of our students, faculty, and staff. We thank OMH for their partnership in providing these resources to our SUNY family."

"We are very pleased to provide financial support to our partners at SUNY to raise awareness of the programs and resources available to help students who are feeling anxious, depressed or overwhelmed," said Commissioner Sullivan. "This is particularly important now as we continue to fight the COVID-19 pandemic and address the many disruptions it has caused. We understand how difficult this can be, and we want you to know that help is available."

SUNY Crisis Text Line

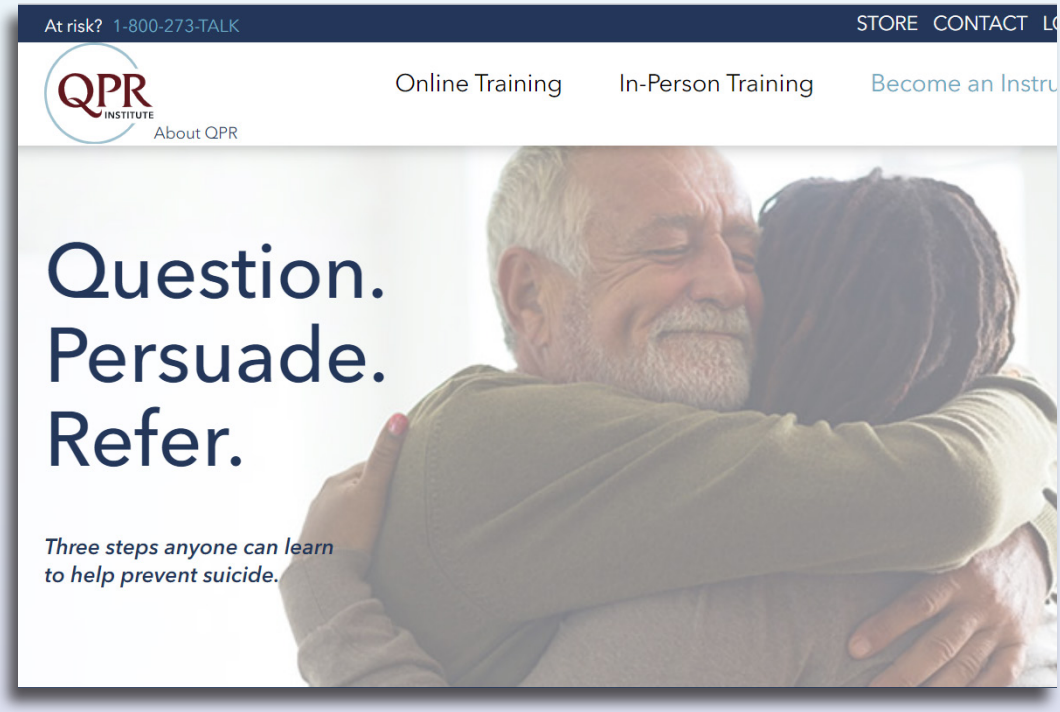
Training to recognize emotional distress

Question, Persuade, Refer (QPR) training is designed to teach participants how to recognize someone who may be in emotional distress or having suicidal thoughts, and how to appropriately engage and connect that person to resources that can help. Anyone can practice QPR in any setting, and it is appropriate in all relationships. QPR does not require clinical training, only a willingness to listen, care, and help.

All campus counseling centers remain open, and online education experts have been available virtually to alleviate concerns about the transition to online learning. All 64 SUNY campuses will be receiving marketing materials to promote the availability of QPR and Crisis Text Line services.

Both services are components of a partnership between SUNY and OMH, thanks to $3.68 million from the Garrett Lee Smith Grant that OMH received last year. OMH designated SUNY as one of the partnering institutions of a multi-year sub-award. The grant comes from the U.S. Substance Abuse and Mental Health Services Administration, and is awarded to states and tribal nations for comprehensive youth suicide prevention efforts.

In addition to QPR training and the Crisis Text Line, SUNY plans to use the grant to do outreach to college students who may be at-risk of suicide; build a repository of mental health resources across the system; and implement and develop a best practices guide for responding to the occurrence of a suicide death.



Members of the SUNY community may register by going to http://www.qprtraining.com/setup.php and entering "SUNY" as the organizational code.

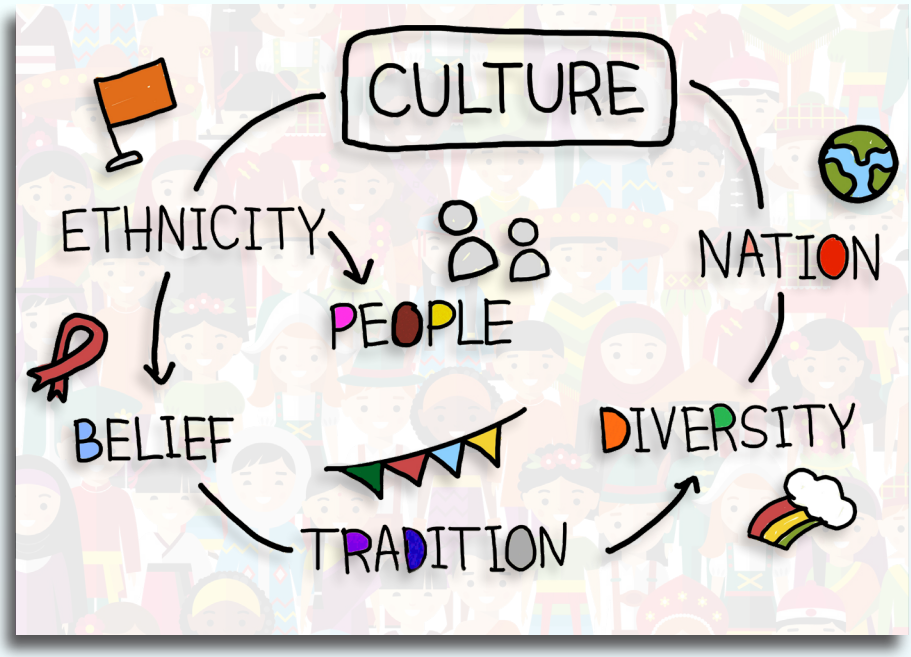
Culture: Why we need to rethink training in 'cultural competence' and consider 'cultural humility.'

*By **Helen-Maria Lekas,** PhD; **Kerstin Pahl,** PhD; and **Crystal Fuller Lewis,** PhD*

"Cultural competence" is well-established in the medical and public health lexicon as a means of attending to the culturally diverse backgrounds of patients, providing person-centered care, and reducing health disparities; and has existed for decades.

But — given our advances in understanding of root causes of health disparities — isn't it time to re-examine its meaning and utility? Perhaps it's time we train providers in "cultural humility" and abandon the term "competence."

In the United States, medical schools, professional associations of healthcare providers, and government entities currently require staff be trained in cultural competence.



Culture isn't stagnant. It's a changing system of beliefs and values shaped by our interactions with one another, institutions, media and technology, and by the socioeconomic determinants of our lives.

Although the format, content, and quality of such training varies, they all aim to enhance providers' knowledge about the cultures of different social groups — typically defined as racial/ethnic or sexual "minority" groups. The thinking underlying these trainings is that provider familiarity with cultures other than their own can improve their communication skills and ability to establish effective relationships with patients.

Providers' recognition that they need to improve their understanding of how best to care for diverse patient populations is laudable and presents an opportunity to improve quality of care and reduce disparities. However, the assumptions behind training in cultural competence and the use of the term "competence" are problematic. Specifically, seeking cultural competence can contribute to the reproduction of social stereotypes and an imbalance of power between patients and providers. In light of this, we suggest providers undergo training in cultural humility.

Adapting to changes in culture

Culture isn't stagnant. It's a changing system of beliefs and values shaped by our interactions with one another, institutions, media and technology, and by the socioeconomic determinants of our lives.

Yet, the claim that one can become competent in any culture suggests that there is a core set of beliefs and values that remain unchanged and that are shared by all the members of a specific group. This static and totalizing view of culture that connotes a set of immutable ideas embraced by all members of a social group generates a social stereotype. This stereotype is negative and stigmatizing because it refers to beliefs that likely deviate from the providers' own standard belief system.

Cultural competence training assumes that most U.S. providers are white, non-Hispanic, male, heteronormative, English-speaking, and seeks to expose them to the cultures of other social groups, such as Spanish-speaking Latinx, or members of the LGBTQ+ communities. Therefore, providers' application of the stereotypes generated in training raises the risk of "othering" patients — a process of amplifying the "us" versus "them" orientation that can contribute to implicitly discriminating against patients.

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The notion of cultural competence is also challenged by intersectionality that suggests the beliefs and values a patient brings to the clinical encounter are shaped by the intersection of their different characteristics — such as race, class, gender, and sexual orientation. Training that familiarizes providers with, for instance, the culture of the patient's racial group will be of limited use, since they cannot clarify the characteristics that are at play in a specific clinical encounter. If providers assume that race or sexual orientation is the master status that overshadows other statuses, they risk essentializing the patient and discrediting their perspective.

Such interactions raise the risk of reproducing the power discrepancy between providers that embody medical expertise and authority and patients that embody lay expertise.

Changing orientation

Given the shortcomings of cultural competence trainings, we propose developing training on fostering providers' cultural humility. Cultural humility refers to an orientation toward caring for one's patients that is based on self-reflexivity and assessment, appreciation of patents' expertise on the social and cultural context of their lives, openness to establishing power-balanced relationships with patients, and a lifelong dedication to learning.

Cultural humility means admitting that one does not know and is willing to learn from patients about their experiences; while competence suggests mastery, humility refers to an intrapersonal and interpersonal approach that cultivates person-centered care.

Cultural humility training encourages providers to reflect on their own beliefs, values and biases — explicit and implicit — through introspection, thus revealing their own culture's impact on patients. On an interpersonal level, guiding providers to adopt a patient-centered stance, open to and respectful of patients' views, promotes real patient-provider partnerships. Providers' humble disposition counterbalances their authority, and by equalizing the patient-provider relationship, improves communication and quality of care.

Although striving to become humble is challenging, claiming that we can achieve competence in any culture is untrue and dangerous. The recent appreciation of implicit bias and intersectionality signals that the time has come to change our language and encourage the development of healthcare provider cultural humility. In this vein, the OMH Center for Research on Cultural and Structural Equity in Behavioral Health, features cultural humility in their training on social and cultural determinants of health offered to providers working in the mental health field.

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Kerstin Pahl, *PhD*

Crystal Fuller Lewis, *PhD*

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Research: Meeting OMH's data needs with Tableau data visualizations

Project research team, from left: ***Jameson Foster, Juliann Smith, Sheila Boudreau, Fei Tang, Rui Wang, Paula Plew, Dina DeCarlo, Grace Rowan, Wahida Ferdousi, Joanna Laines, Marleen Radigan, Barbara Brown, Sahil Chaudhry, Louis Solano,*** *and* ***Eric Frimpong.***

The presentation of solid, accurate data is vital to demonstrating transparency in the public mental health system. It's also necessary for complying with performance measures set by the federal government, the Governor, the State Legislature, or another state agency.

Throughout the year, OMH generates numerous reports showing how funds are spent and the impact of its many programs. Recently, OMH purchased Tableau, a self-service data platform that allows analysts to develop visualizations of data.

"Presenting data in a visual format makes it easier for users to interpret results and collaborate," said **Marleen Radigan,** DrPH, MPH, MS; Research Scientist VI and Director of the OMH Office of Performance Measurement and Evaluation (OPME). "It can provide us with a generalized overview, or it can drill down into the data for greater detail. This has proven to be valuable in helping OMH leadership solve problems and make strategic decisions."

OPME is leading the use of Tableau within the agency. Six Tableau visualizations are currently available on the OMH website and another eight are available internally to provide OMH oversight of state-operated programs. OPME recently published two Tableau data visualizations on the OMH public website, which we'll discuss below.

Profile of children in New York State Medicaid with behavioral health needs

This Tableau data visualization profiles patterns of service utilization and health needs for children in the Medicaid system.

The *Children's Medicaid Profile* includes data from calendar years 2016 through 2018. This visualization includes demographics, service use and costs, diagnoses and costs, diagnoses and service use, behavioral health medications, clinical risk groupings, and comorbid physical conditions for children (0-20) with behavioral health indications.

In 2018, this population included about 1.8 million children representing about 65% of all children in the New York State Medicaid program.

You can find this visualization on the OMH website at: https://omh.ny.gov/omhweb/tableau/children.html.

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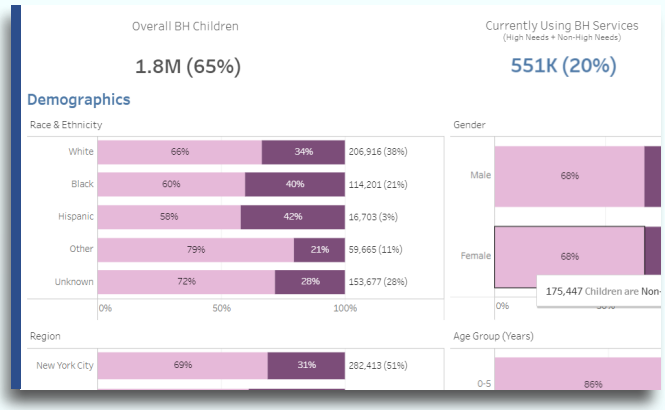

The Children's New York State Medicaid Tableau visualization reports provide insight into this at-risk population with a wide range of information that is easily accessible and conveniently located in one tool.

The Tableau visualization profiles children according to behavioral health needs:

- **High-needs population —** Children who used inpatient or emergency room services for behavioral health reasons. It also includes children who used state-plan specialty behavioral health services.
- **Non-high-needs population —** Children who used behavioral health services, such as for a diagnosis, in general outpatient settings. It also includes children who had a psychotropic medication fill with no service indicated.

Selected 2018 findings

In 2018, 20% of all children in the New York State Medicaid program used mental health or substance-use disorder services or medications and about 6% of all children in New York State Medicaid were considered high-needs. These patterns are similar for all years included in the reports. High-needs and non-high-needs children have similar demographic characteristics. However, the high-needs population has larger percentages of children who are Hispanic (42%) or Black (40%).

Mental Health Service Use and Costs

- 85% of high-needs children (151,000) used behavioral health (BH) outpatient specialty services.
- 42% of high-needs children were prescribed a BH medication compared to 28% of non-high needs children.
- BH inpatient/emergency room (IP/ER) services had the highest average costs at $8,000 and were used by 25% of high-needs children.
- For all BH-related services, high-needs children had higher average costs than non-high-needs children.

Behavioral Health Diagnoses

- Among the 63% (345,000) of children using Medicaid BH services with a BH and/or a SUD diagnosis, 47% were high-needs and 53% were non-high-needs.
- Larger proportions of high-needs children had substance use, mood, anxiety, affective psychosis, personality, and psychosis diagnoses.
- A larger proportion of non-high-needs children had behavioral disorders.

Physical Health Service Use and Costs

- A majority of children used physical health (PH) outpatient services: 88% of high-needs children and 94% of non-high-needs children. Average annual costs ranged from $1,600 for high-needs children to $2,000 for non-high-needs children.
- Nearly half of children used PH IP/ER services: 47% of high-needs children and 45% of non-high-needs children. Average annual costs ranged from $2,100 for high-needs children to $4,000 for non-high-needs children.
- 251,000 children used PH IP/ER services compared to 509,000 children who used PH OP services. However, PH IP/ER services accounted for 27% of total Medicaid costs.

3M™ Clinical Risk Groups

A single 3M™ Clinical Risk Group (CRG) level was assigned to each child.

- 18% of high-needs children are categorized as 'healthy' compared to 35% of non-high-needs children.
- 77% of high-needs children had moderate-to-severe health conditions compared to 56% of non-high-needs children.

Chronic Physical Diagnoses

- High-needs children had a higher rate (35%) of any chronic physical diagnosis than non-high-needs children (31%).
- High-needs children had higher rates of comorbid illnesses than non-high-needs children. The most common comorbidity among high-needs children was respiratory disease (21%).

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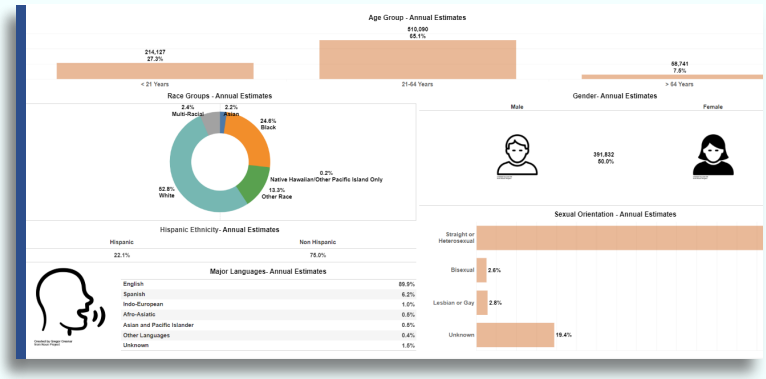
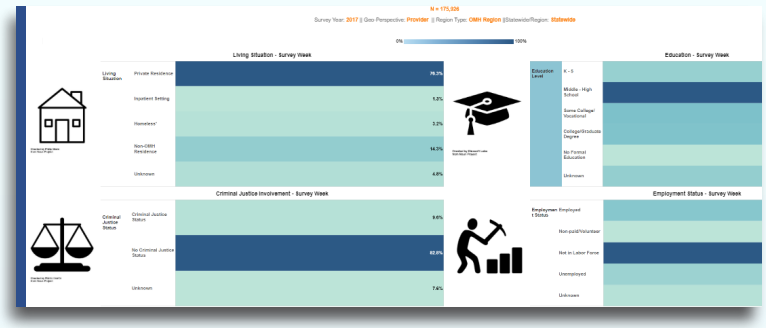
OMH Patient Characteristics Survey tableau visualization

A second Tableau visualization presents results from the OMH Patient Characteristics Survey (PCS). The PCS is conducted every two years, and collects demographic, clinical, and service-related information for each person who receives a service in the New York State public mental health system during a specified one-week period. PCS data is received from approximately 4,000 mental health programs that provide direct services to nearly 180,000 people during the survey week.

All organizations and programs that are licensed, funded, or operated by OMH are required to report PCS data. This includes state-operated psychiatric centers, general hospital psychiatric departments, and county and community mental health agencies. The PCS is the only OMH data source that describes all public mental health programs in New York State.

The PCS Tableau visualization allows the public to view and interact with the OMH Patient Characteristics Survey data. The visualization has two parts:





PCS Tableau visualization report topics include demographic information, social determinants, and clinical and functioning characteristics.

- **Part I — Summary reports** display the Survey Week and the Annualized Reports of the OMH population for survey years 2013, 2015, and 2017. The PCS Week Reports show the number of clients served during the week of the survey year. The Annualized Reports present the estimated number of clients served annually based on the survey week counts.
- **Part II — Trend reports** display trends over time using annualized data of the OMH population for survey years 2005, 2007, 2009, 2011, 2013, 2015, and 2017.

The PCS Tableau visualization report topic areas include demographics, social determinants, clinical and functioning characteristics, and the geographic distribution of the OMH population.

The data in the visualization's reports can be filtered by survey year, geographic region, and geo-perspective, such as the county where client was served or county where the client resides. Additional filter parameters for trend data include age group, gender, program category, and selected PCS variables of interest. Users can also download data from the PCS Tableau visualization.

You can find the PCS Tableau Visualization on the OMH Statistics and Report webpage: https://www.omh.ny.gov/omhweb/statistics/index.htm.

Making use of information from PCS Tableau reports

PCS Tableau reports allow users to better understand the OMH population in terms of demographics, social determinants, and clinical and functioning characteristics. The reports display service trends in the public mental health system by geographic region and allow comparisons between regions and across New York State.

The reports also allow users to observe bi-yearly changes that may impact how providers administer services to individuals or aid in the planning process for expansions or alterations to service networks.

If you are a provider new to New York State or your service area, you can use the PCS Tableau reports to help increase your understanding of the OMH population and service delivery and utilization patterns in any area of the state.

Awards: OMH, Commissioner Sullivan honored by the American Psychiatric Association

OMH was named the recipient of the American Psychiatric Association's (APA) Organizational Distinguished Service Award for 2020.

The award honors individuals and organizations that have contributed exceptional meritorious service to the field of psychiatry and the APA.

OMH was cited for its focus on prevention, early intervention, and successful recovery for individuals living with and at-risk for mental illness, and for establishing prevention and early intervention services in primary care practices and in schools, expanding First-Episode Psychosis Teams throughout the state, and implementing innovative and effective community services for those living with serious mental illness.

In addition, OMH Commissioner **Dr. Ann Sullivan** was named recipient of the Administrative Psychiatry Award, which honors an APA member who is a nationally-recognized clinician executive, whose effectiveness as an administrator of major mental health programs has expanded the body of knowledge of management in the mental-health services delivery system and whose effectiveness has made it possible to function as a role model for other psychiatrists.

While leading OMH, Commissioner Sullivan has focused on early prevention, integration of mental and physical health, reducing disparities and providing access to care for all, and preventing the criminalization of the mentally ill.

Other New Yorkers honored

The awards are traditionally presented during the APA's Annual Meeting, which had been scheduled for April in Philadelphia. But because of the travel restrictions related to the COVID-19 pandemic, the award recipients were recognized online.

Other New Yorkers were named recipients of APA awards:

- John Fryer Award - **Billy Jones,** MD, MS, Senior Psychiatrist; who has served as President/CEO, New York City Health and Hospitals Corporation, and as Commissioner, NYC Department of Mental Health, Mental Retardation and Alcoholism Services. The award honors an individual who has contributed to improving the mental health of sexual minorities.
- Judd Marmor Award - **Milton L. Wainberg,** MD, Professor of Clinical Psychiatry at Columbia University and the Founding Chair of the Caucus of Global Mental Health and Psychiatry of the American Psychiatric Association. Through federally-funded sources, Dr. Wainberg has expanded the reach of his innovative implementation science efforts, bringing research to practice within public mental-health systems of care in resource-poor areas of the U.S. and numerous low- and middle-income nations in Asia, Latin America, and sub-Saharan Africa. The award honors an individual who has made a substantial contribution to advancing the biopsychosocial model of psychiatry.

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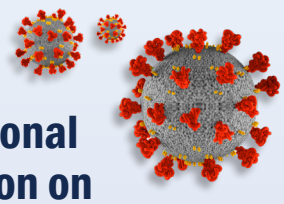
- Vestermark Psychiatry Educator Award - **Jeffrey M. Lyness,** MD, Professor of Psychiatry and Neurology, and Senior Associate Dean for Academic Affairs at the University of Rochester School of Medicine and Dentistry. The award recognizes an educator who has made outstanding contributions to undergraduate, graduate, or postgraduate education and career development in psychiatry.
- Blanche F. Ittleson Award for Research in Child and Adolescent Psychiatry - **Vilma Gabbay,** MD, renowned researcher focusing on neurobiological and immunological mechanisms contributing to the development and persistence of mood disorders in youth. The award honors a child psychiatrist or group of investigators for published results of research pertaining to the mental health of children.
- Psychiatric Services Achievement Bronze Award - **SUNY Upstate Medical University.** SUNY Upstate is located in a rural area where there is a serious shortage of psychiatrists. To help mitigate this problem, the school's residency program has partnered with rural hospitals to support additional residency positions that will provide care in the community. The hospitals contract with the school with the understanding that the residents assigned to them, besides receiving standard residency training, will spend two months of the first two years of residency, and one day a week during the second two years, at the hospital site. Residents are committed to spending the five years after training at the rural site. The Psychiatric Services Achievement Awards program recognizes creative models of service delivery and innovative programs for persons with mental illness or disabilities.



For additional information on the COVID-19 crisis

Visit OMH's website to find guidance for providers, opportunities to join New York State's volunteer response, and additional resources for managing stress and anxiety at www.omh.ny.gov.

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.