



Office of
Mental Health



Reducing Disparities within the Public Mental Health System

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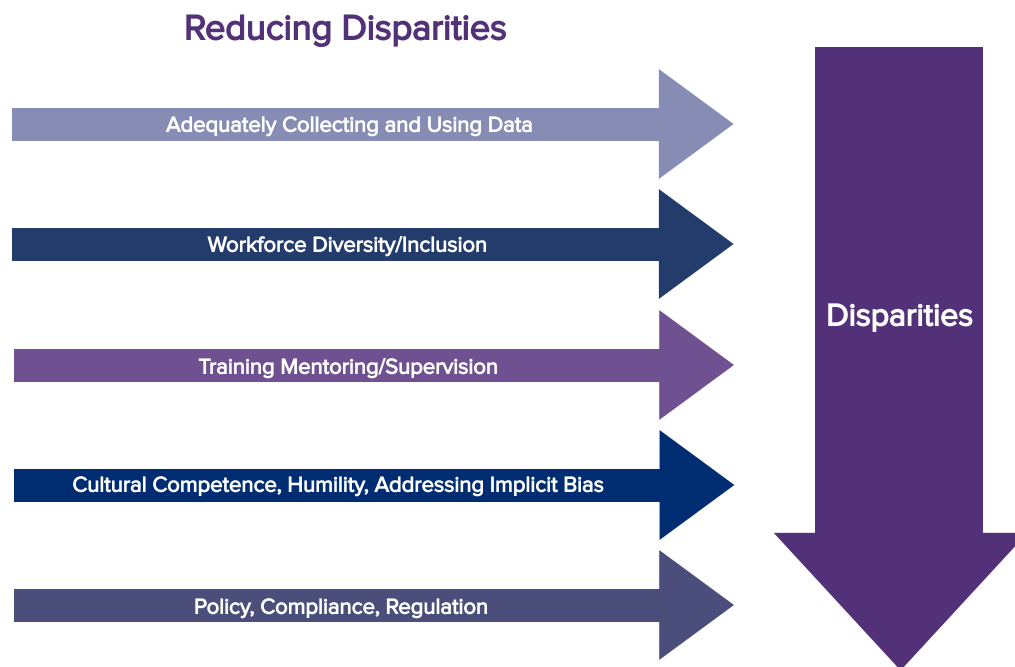
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OMH's Vision for Mental Health Equity

The New York State Office of Mental Health (OMH) believes all New Yorkers should have equal access to quality mental health services. OMH utilizes a multi-faceted strategy to address and reduce disparities, grounded on the concept that organizational change and self-reflection is key to creating and sustaining long-term success.



Enhanced Equity Infrastructure at OMH

Adequate organizational infrastructure is necessary to reduce disparities in the public mental health system, and OMH continues to ensure organizational structures are in place to support the agency's efforts to reduce disparities. OMH's Office of Diversity and Inclusion (ODI) provides educational guidance, consultation, support, and coordinates data-driven policy change to ensure cross-system improvement for marginalized population groups in New York's public mental health system. These efforts are informed by the following goals and strategies.

Vital Signs Dashboard

The Vital Signs Dashboard depicts racial, ethnic and gender-based disparities in New York's public mental health system. The Dashboard is currently being piloted in OMH clinics, with an expected full release in early 2022. The Dashboard will inform and implement program and policy changes to directly address disparities.

Equity Measures in RFPs & Licensing Tools

To strengthen the internal and external structures responsible for the reduction of disparities in New York's public mental health system, OMH is working to ensure that equity components consistent with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) are included into all funding requirements, licensing tools and policies that influence service delivery.

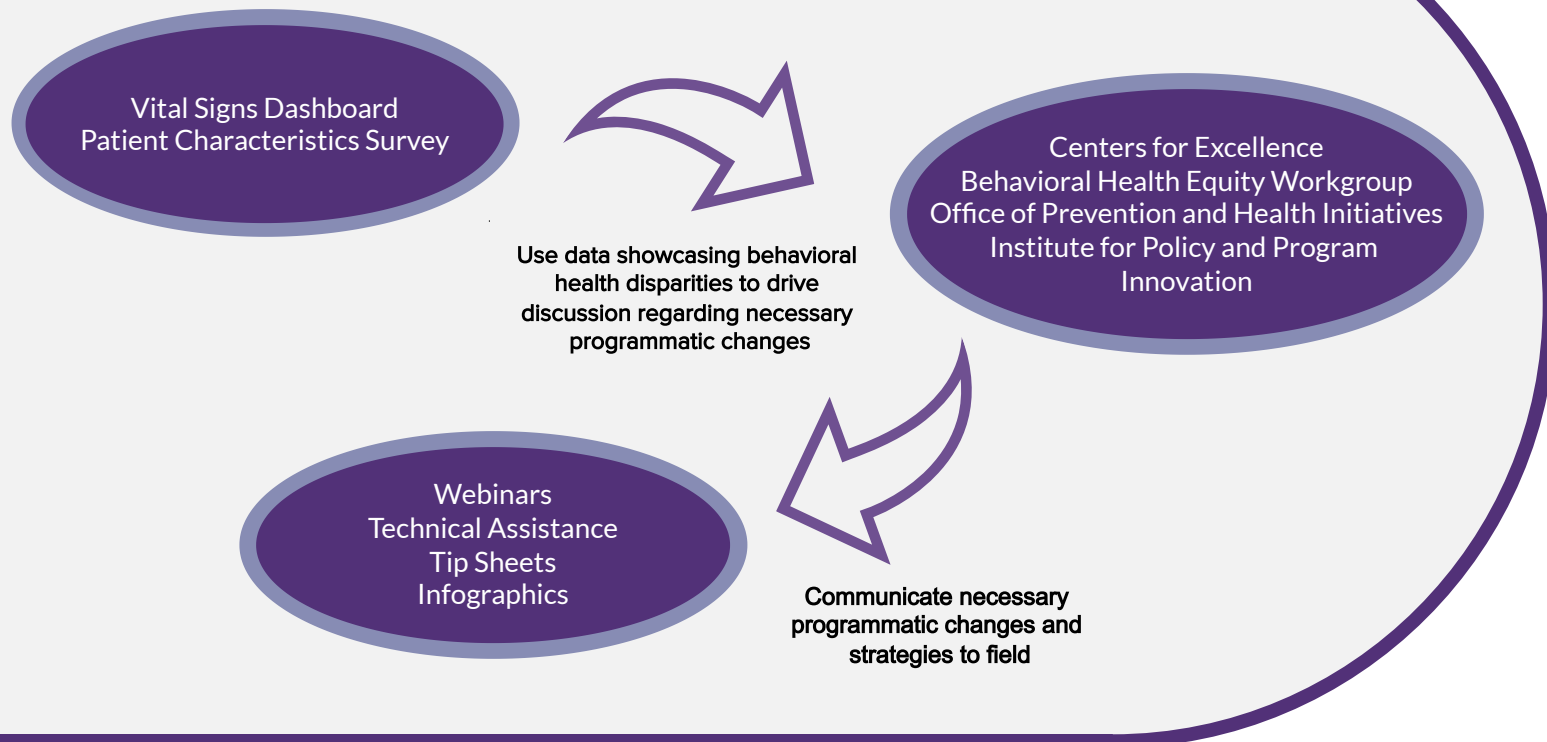
Structural Racism Organizational Self-Assessment

With support from the Nathan Klein Institute's Center for Research for Cultural and Structural Equity, OMH is currently completing a structural racism self-assessment to identify policies and practices that contribute to racial inequities in NY's public mental health system.

Workgroups

OMH continues to utilize workgroups, including an internal standing workgroup tasked at coordinating all behavioral health equity activities at the agency (e.g., program design, policy, diversity, inclusion, language access, improving care for special populations, research). ODI will also continue OMH's Disparities Research Workgroup, charged with ensuring the agency is creating actionable intelligence to drive policy/program changes aimed at improved access, quality, and treatment outcomes for special populations. Finally, ODI will collaborate with OMH Field Offices to implement Mental Health Equity workgroups designed to implement and coordinate equity activities at the local community level.

How OMH Uses Disparities Data to Inform Policy



Input from Stakeholders

Direct input from the communities served is critical to understanding the unique barriers that have historically created and maintained disparities. To promote the inclusion of all stakeholders, the agency encourages collaboration across divisions and bureaus of the agency on specific efforts to gather input from individuals served in New York's public mental health system and works to include stakeholder input on public messaging related to special populations, cross-agency strategic planning and policy creation/revision.

Since 1989, OMH has made use of the valuable input from the Statewide Multicultural Advisory Committee, which is a 25-member committee whose membership includes consumers of mental health services, experts in the field, policy makers, and researchers. Members advise the Commissioner and OMH on policy, programs, procedures, and activities addressing disparities in access, quality, and outcomes for members of historically underserved, disadvantaged, and marginalized populations. OMH is working to expand membership of the Statewide Multicultural Advisory Committee to address gaps in representation.

Centers of Excellence

OMH consistently makes the organizational investments necessary to ensure high quality services are delivered across the State for its diverse population of mental health service recipients. Since 2007, the agency has overseen two world renowned Centers of Excellence for Culturally Competent Mental Health. These Centers identify and disseminate best practices for behaviors, policies, and structures to support the delivery of culturally competent care. The Nathan Kline Institute for Psychiatric Research and New York State Psychiatric Institute house the centers and conduct research that focuses on disparities in service delivery for marginalized and minority populations.

Through quarterly 'Research to Practice' webinars the agency highlights the research and findings of the Centers of Excellence for Culturally Competent Mental Health, while also enhancing the knowledge of both internal and external State policy makers about the implementation of policies to eliminate disparities. This includes structured strategy sessions between OMH and the Centers of Excellence for Culturally Competent Mental Health to inform the development of program models and policies aimed at reducing disparities as well as the dissemination of written clinical best practices related to service adaptation to ensure services meet the unique cultural needs of New York's mental health population.

Implement Data Driven Policies to Reduce Disparities in Access, Quality, and Treatment Outcomes

The collection, use, and dissemination of data is critical to system-level efforts to eliminate disparities. OMH continues to implement data-driven processes to identify and reduce disparities in access, quality, and treatment outcomes across New York's public mental health system.

This includes the use of demographic variables in all relevant agency data collection activities. Additionally, OMH has increased the amount of input received directly from consumers of mental health services on issues related to the use of culture to advance and promote recovery, as well as barriers to services that are based on cultural and membership in marginalized population groups.

Implement the National CLAS Standards - The Role of Policy Compliance

OMH supports the broad implementation of the National CLAS Standards into policies, standards of care and regulation. The National CLAS Standards provide a validated set of measures to advance health equity, improve quality, and help eliminate health care disparities. To learn more about the National CLAS Standards, please visit: <https://thinkculturalhealth.hhs.gov/clas>.

To reduce disparities in local mental health programs, OMH is driving the uptake of National CLAS Standards across the New York State public mental health system and will educate providers on the operational steps to take to fully implement the National CLAS Standards. Additionally, the agency strives to improve consistency across all relevant standards and policies as they relate to the adherence to the National CLAS Standards.

About The Patient Characteristics Survey

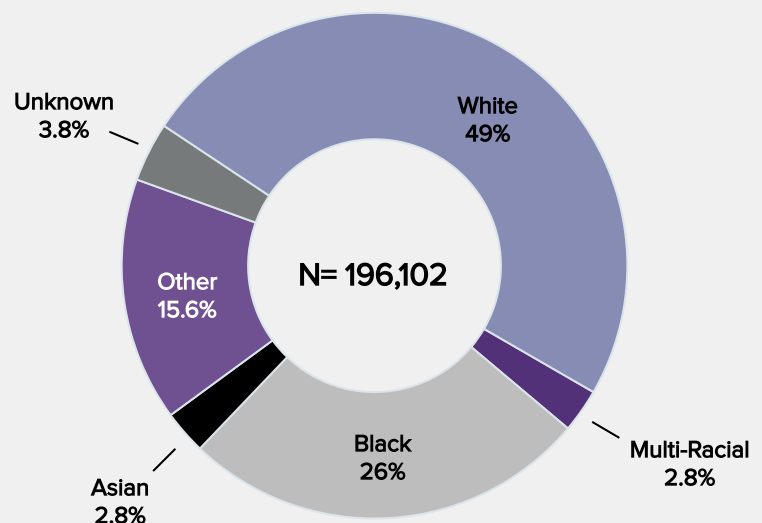
The OMH Patient Characteristics Survey (PCS) is conducted every two years and collects demographic, clinical, and service-related information for each person who receives a service in the NYS public mental health system during a specified one-week period.

All organizations and programs that are licensed, funded, and/or operated by OMH are required to report PCS data.

This includes state-operated psychiatric centers, general hospital psychiatric departments, community mental health agencies, and county-operated mental health services.

The racial profile of the OMH population for the 2019 PCS Survey Week is illustrated in the chart to the right.

2019 Patient Characteristics Survey Survey Week



Cultural Humility and Mitigating the Effects of Implicit Bias in the Mental Health System

OMH understands the importance of mitigating biases that exist at the system, organizational and individual levels, and how these biases ultimately contribute to stigma, discrimination, and unequal levels of service delivery, and strives to ensure that resources and information on accessing mental health treatment is made available to New York's populations suffering from the impact of racism and other forms of discrimination, and works to reduce the impact that implicit bias has on individuals.

Understanding the power that culture and intersectionality play in how individuals seek, receive and use mental health services is vital to the reduction of disparities. OMH strives to educate mental health providers about the primary cultures of the individuals they serve, and ensures that the services provided respect and acknowledge the cultural traits of the individuals they serve. This includes enhancing the knowledge base of providers on the implementation of anti-racist language, policies, and practices as well as provider understanding of the ways that bias affects clinical decision making in the public mental health system, and the ways to mitigate bias. Additionally, OMH continues to promote its Strategies for Behavioral Health Equity Webinar series, which provides best practice approaches to serving diverse populations.

Communication and Language Assistance

Approximately 2.5 million New Yorkers speak a language other than English as their primary language and have limited ability to speak, read, write, or understand English. Having a health care provider who does not speak the preferred language of the individual receiving care can lead to lack of patient satisfaction and overall health disparities. OMH works diligently to ensure individuals and families with language access needs obtain quality mental health services and supports.

2019 PCS - Survey Week

The primary language used by individuals served by the public mental health system is English, at a rate of nearly 90 percent, followed by Spanish (6.1 percent), Indo-European (one percent), Afro-Asiatic (0.4 percent), and Asian/Pacific Islander (0.5 percent). Responses of unknown or other languages accounted for approximately two percent.

Language	Percentage of OMH Population
English	89.4%
Spanish	6.6%
Indo-European	1.0%
Asian-Pacific Islander	0.6%
Other	0.4%
Afro-Asiatic	0.3%
Unknown	1.6%

OMH is increasing the use of qualitative and quantitative data to better inform system level policies addressing language access needs and advance mental health providers' understanding of best practice approaches to serving individuals with limited English proficiency and other communication barriers (i.e., hearing impairment). Concurrently, the agency is performing a careful and thorough inventory of all public-facing documents owned by the agency to evaluate the readability and is working to revise documents to ensure appropriate reading level accessibility.

New York State has developed and deployed training across the mental health system on legal/policy standards related to the provision of language access services and real-world strategies to improve language access services. Additionally, the agency is clarifying the process for patients/clients/families on making formal complaints regarding inadequate language access services. OMH also gathers input from government partners (i.e., Office for New Americans) and community stakeholders on challenges and issues related to language access barriers when accessing quality mental health services and advocates with external government partners (e.g., Department of Health, managed care plans) on the importance of increasing reimbursement rates to provide language access services in behavioral healthcare. In addition, the agency provides training across New York's mental health workforce on implementing diversity recruitment strategies to attract multilingual individuals into the mental health workforce via new federal funding, including workforce incentives.

Workforce Diversity and Workforce Inclusion

Workforce diversity and inclusion in the mental health workforce is critical to the delivery of high-quality mental health services. OMH is committed to improving the levels of diversity and inclusion in the public mental health workforce, grounded in guidance provided in the National CLAS Standards.

OMH continues to promote the importance of recruiting, hiring, and retaining direct service/clinical, supervisory and administrative/executive-level staff who are from or have had experience working with the most prevalent cultural groups of its service users. In addition, the agency educates providers in the New York State public mental health system on the use of best practice approaches to diversify the workforce and address historic workforce diversity shortages in mental health professions (e.g., social work, psychology). New York State also promotes the professional development and advancement of employees from diverse backgrounds and works to improve the collection of demographic information at the organizational and system level to better inform workforce diversity strategies, as well as the development of policies, practices, and procedures that reflect inclusivity in the New York State public mental health workforce.

To realize these goals, the agency continues to provide training and resources across New York's mental health workforce on concrete strategies to increase the level of inclusivity and diversity in New York's mental health workforce, and collaborates with diversity-focused mental health trade organizations to create concrete plans to address workforce diversity shortages in certain professions. The agency also develops tools to assist mental health providers with implementing workforce strategies covering the following domains: workforce diversity (recruitment), workforce inclusion, morale/wellness building, and leadership development. OMH is exploring and evaluating potential options for the broad scale collection of workforce demographic data across the New York State public mental health system to actively identify areas of underrepresentation based on language and racial/ethnic identity, and has implemented a broad-based mental health workforce survey to gather input from stakeholders about the challenges and strategies that would be the most helpful to diversify the mental health workforce. Finally, OMH coordinates cross sector communication and collaboration between the agency, providers, and educational institutions to explore tangible activities to diversify the mental health workforce.

Workforce Development, Training and Capacity Building

OMH continues to increase awareness on the impact of social determinants of mental health, including social exclusion (i.e., racism) and criminal justice involvement, and ways that mental health providers can best address them. One strategy is increasing system and organization level capacity to address the topics of racism and discrimination faced by individuals and families served in New York's mental health system, and developing training curricula and treatment modalities to address mental health for Black and people of color in the criminal justice system.

New York is making great strides in the integration of diversity and inclusion principles across all workforce development, training, and capacity building activities and initiatives, and to mitigate bias to improve client level interactions. The agency is developing and implementing an online training curriculum to support broad mental health system adoption of the National CLAS Standards, as well as additional modules on reducing racial/ethnic-based bias in the delivery of clinical services, providing language access services, and culturally appropriate clinical services for the primary special population groups served in New York State's public mental health system (e.g., transgender/non-binary, racial/ethnic minorities). OMH is also updating previously developed modules for racially and culturally appropriate content. OMH is also developing and coordinating an ongoing virtual Behavioral Health Learning Community that will support behavioral health providers in identifying and implementing the activities necessary to better their organizations/programs to reduce disparities in access, quality, and treatment outcomes for their client populations (National CLAS Standards). This learning community will be offered annually and involves intensive training, support, and activities the participants are responsible for completing at their organizations/programs between sessions.

Upon request, OMH will provide individualized consultation and support to organizations/programs in New York State's public mental health system. This support will include providing a CLAS Standards Organizational Self-Assessment to better align the consultation with the priority needs at individual organizations. Additionally, OMH will provide tip-sheets and other written resources and guidance to address issues relevant to special populations on an as-needed basis as they arise.

OMH also hosts bi-monthly Strategies for Behavioral Health Equity webinars open to policymakers and mental health system administrators focused on the National CLAS Standards, equity, diversity, and inclusion addressing the unique needs of protected classes within New York's mental health system. Further, the agency is increasing public messaging related to 'racism as a public mental health crisis', via webinar series, social media, tip sheets and resources for the community, and public statements.

OMH offers training to executive leadership, management, and direct care staff direct care on culturally and linguistically appropriate practices (e.g., approaches to bias-free language and microaggressions), and examines language used agency-wide in selected high visibility documents, using an inclusive and "Bias-Free" language guide. The agency includes information about the specific intersects of race, bias, and mental health to ensure improved service access for people of color served in New York's forensic settings, and is updating the curriculum used in [OMH/SUNY's Schools of Social Work Deans' Consortium Project](#) for Evidence-Based Practice in Mental Health to include additional information on addressing racism.