



**Behavioral Health Equity** is the right to access quality health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, geographical location and social conditions through prevention and treatment of mental health and substance use conditions and disorders.

*Substance Abuse and Mental Health Services Administration (SAMHSA)*

OMH strives to address the mental health needs of all New Yorkers, in particular the unique needs of populations that historically and currently face discrimination.

Discrimination leads to many stress-related emotional, physiologic, and behavioral health changes. The added stress evokes emotional responses such as distress, sadness, and anger and often results in an increase in behaviors that harm health — such as use of alcohol, tobacco, and other substances.

In turn, these emotional responses are known to result in a decrease in healthy activities such as sleep, physical activity, and social interaction. Each of these common stress reactions increases the risk of individuals experiencing anxiety, mood disorders, and other major psychiatric conditions.

OMH acknowledges these burdens and is dedicated to ensuring that all New Yorkers — including marginalized communities — have access to supports and resources to mitigate mental health challenges caused by racism, discrimination, and increased racial tensions.

OMH is building on a multi-faceted strategy to address and reduce disparities in mental health-care and is implementing strategies to eliminate disparities and combat racism in New York State. These efforts are grounded in the concept that organizational and personal self-reflection is key to creating and sustaining long-term change. Additionally, implicit biases affect the way people think and act and, in turn, affect an organization's policies and practices.

OMH is operationalizing change around these concepts by supporting leaders in the mental health system, both internal and external to OMH, to examine personal, historical and institutional biases and how they affect the delivery

of mental health services in our communities. Additionally, OMH is working to examine agency policies and practices that contribute to structural racism.

## Office of Diversity and Inclusion

OMH's activities and initiatives related to maintaining a diverse and inclusive work environment and eliminating disparities in access, quality, and treatment outcomes are coordinated by the Office of Diversity and Inclusion, positioned within the agency's Quality Management Division. The agency's Diversity and Inclusion Officer is the executive-level position responsible for coordinating this work.

The Office of Diversity and Inclusion provides educational guidance, consultation, and support and coordinates data-driven policy change at the agency to ensure system improvement for New York's most-vulnerable citizens and marginalized population groups, such as people of color, members of the LGBTQ community, older adults, rural New Yorkers, veterans, and immigrants.

## Implicit Bias

“Attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without our awareness or intentional control.”

*Kirwan Institute for the Study of Race and Ethnicity, 2018*

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This newsletter presents a snapshot of some of the activities and initiatives OMH currently employs to reduce disparities and more directly, combat the effects of racial discrimination.

### Centers of Excellence in Culturally Competent Care

Since 2007, OMH has overseen two 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.

- [The Nathan Kline Institute \(NKI\) Center of Excellence for Culturally Competent Mental Health](#) conducts rigorous research and evaluation that prioritizes cultural, social, and structural factors as primary determinants of behavioral health services access and engagement.
- [The New York State Psychiatric Institute \(NYSPI\) Center of Excellence for Culturally Competent Mental Health](#) addresses the growing need for culturally and linguistically appropriate mental health care and service integration, including physical and mental health care integration, by collaborating with mental health providers, consumers and families, community and faith-based organizations, policy makers, and mental health service researchers to develop, adopt, and evaluate evidence-based approaches aimed at improving access to quality mental health services.

### Statewide Multicultural Advisory Committee (SMAC)

Since 1989 OMH has made use of the valuable input of the SMAC, a 25-member advisory 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.

### Black Youth Suicide Prevention Workgroup

An extension of the work of OMH's Suicide Prevention Office and the Suicide Prevention Center of New York (SPCNY) and grounded in **Governor Andrew Cuomo's** 2019 Suicide Prevention Task Force report, this workgroup is a coming together of government, academia, faith leaders, family members, and people with lived experience. Their shared goal is identifying and supporting the implementation of public-health approaches to lowering rates of suicide for Black youth in New York State.

The workgroup is co-chaired by **Pat Breux** from OMH's Suicide Prevention Office and OMH Diversity and Inclusion Officer **Matt Canuteson**, with subject-matter expertise, support, and leadership from **Dr. Michael Lindsey**, Executive Director of the McSilver Institute for Poverty Policy and Research at New York University.

## Definition: Disparities

“Particular type of health difference that is **closely linked with social, economic, and/or environmental disadvantage**. Health disparities adversely affect groups of people who have experienced greater obstacles to health based on their **racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.**”

SAMHSA, 2018

### Coordinated Disparities Research Workgroup

This workgroup, which convenes research and data-collection efforts internal and external to OMH, is charged with ensuring the agency is creating actionable intelligence to drive improved access, quality, and treatment outcomes for special populations. A secondary goal is applying research findings to influence policy and program changes in New York's mental health system.

To accomplish this, the agency will unveil a Disparities Data Dashboard in the spring of 2021 that will highlight key measures and disparities that exist in the current mental health system in the domains of Access, Quality, Treatment Outcomes, Safety, Social Determinants, and comorbidities.

### Overcoming Communication Barriers Based on Limited English Proficiency, Deaf or Hard-of-Hearing and Sight-Related Issues

OMH works diligently to ensure individuals and families with language access needs obtain quality mental health services and supports. OMH employs a centralized approach to supporting these efforts; a Statewide Language Access Coordinator works closely with facility-based Language Access Coordinators.

These efforts include ensuring all laws and policies that govern the provision of language access services in mental health programs in New York State are followed. Mental health services in New York State must be provided in an individual's preferred language, either directly or using an interpreter at no charge to them. Additionally, vital forms and documents are provided in an individual's preferred language.

Of note, OMH's language access efforts include:

- **Ongoing Quality Improvement** - OMH uses several approaches to gathering information related to challenges in the delivery of language access services and strategies to overcome them. For example, the agency has used the Lean quality enhancement process and direct feedback from consumers of services on their experiences with using these services.

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- **Facility and Office Multi-Lingual Voice Menu System** - To increase efficiency in assisting limited English Proficient individuals, OMH used a multilingual voicemail system for all incoming callers.
- **Advanced Technology** - OMH uses video remote interpretation to enhance treatment effectiveness for individuals who are Limited English Proficient.

## OMH's Comprehensive Workforce Diversity and Inclusion Strategy

OMH's talented, diverse, and dynamic workforce includes about 14,300 employees working at 300 locations throughout New York State.

The Office of Diversity and Inclusion works systematically across OMH facilities and offices to support the unique challenges faced by OMH employees from historically marginalized groups. This support includes the facilitation of staff and leadership dialogues on race, discrimination, and ways OMH can continue to provide a great work environment for all employees.

It also includes the provision of training and technical assistance developed specifically to support supervisors and leadership in addressing race and discrimination in the workplace.

OMH's research-informed diversity and inclusion strategy includes activities in the following strategic domains:

- **Organizational Change** - In each OMH state-operated facility and program, Cultural Competence Diversity and Respect committees facilitate the completion of biannual Diversity and Inclusion Self-Assessments that inform the creation of individualized Diversity Strategic Plans. These plans include concrete and tangible activities each facility and program implements to diversify the workforce; create an inclusive work environment; and improve access, care, and outcomes for patients in marginalized populations.
- **Workforce Diversity (Recruitment)** - Workforce data is shared on a regular basis with all facilities and programs, including the Central Office and Field Offices, detailing demographics such as race, age, and gender across employment groupings, such as leadership and direct care. The Office of Diversity and Inclusion provides consultation on recruitment strategies aimed at identified deficiencies in facility and program demographics. Additionally, the Office of Diversity and Inclusion works with OMH discipline leads to implement strategies to address workforce diversity shortages in specific disciplines, such as social work and psychology.
- **Workforce Inclusion** - The Office of Diversity and Inclusion supports facility Cultural Competence Diversity and Respect committees in planning initiatives and activities aimed at making the work environment in their specific facilities more inclusive.

## Factors in reducing disparities



- An example of this work is addressing implicit bias in the workplace. Supervisors across the agency access training, informational documents, and consultation directed at ensuring inclusion for specific populations, such as people from the LGBTQ community.

## Resources and Educational Opportunities

The Office of Diversity and Inclusion provides written resources, educational opportunities, and individualized consulting on implementing strategies to reduce disparities in access, quality, and treatment outcomes in marginalized populations for OMH state-operated, licensed and funded programs. This valuable information is shared with mental health system stakeholders in a variety of ways.

**Strategies for Behavioral Health Equity webinar series** - This bi-monthly webinar series uses a host of experts within OMH and partner organizations to share up-to-date information and strategies related to reducing disparities in marginalized populations. These webinars, averaging approximately 1,000 registrants, have included the following topics in the past year:

- *Introduction to Behavioral Health Equity: What It Is and Why It Matters!*
- *The Role Organizational Self-Assessment Plays in Reducing Disparities in Behavioral Health Organizations.*
- *Strategies to Promote COVID-19-Related Mental Health Equity In New York State's Mental Health System.*
- *Strategic Planning: Implementing the CLAS Standards to Reduce Disparities in Behavioral Health Organizations.*

For more information on OMH's efforts to combat racism and eliminate disparities in access, quality, and treatment outcomes contact **Matthew Canuteson**, OMH's Diversity and Inclusion Officer, at [Matthew.Canuteson@omh.ny.gov](mailto:Matthew.Canuteson@omh.ny.gov).