

**New York State
Office of Mental Health**

**Cultural Competence
Strategic Plan
2010 – 2014**



**David A. Paterson
Governor**



**Michael F. Hogan, Ph.D.
Commissioner**

**Cultural Competence Strategic Plan
2010-2014**

New York State
David A. Paterson, Governor

Office of Mental Health
Michael F. Hogan, Ph.D., Commissioner

November 2010

Table of Contents

Acknowledgments	3
Preamble.....	4
Purpose.....	4
Plan Implementation.....	5
Framework	5
Figure 1. Cultural Competency Model	7
Cultural Competence 2010-2014 Strategic Plan.....	8
2010- 2011 Work Plan.....	10
References.....	15
Appendix 1. Alignment Partners	16
OMH Bureau of Cultural Competence	16
Centers of Excellence for Cultural Competence	16
NYS OMH Cultural Competence Steering Committee	17
NYS Multicultural Advisory Committee	18
Appendix 2. Accomplishments to Date	18
OMH Bureau of Cultural Competence	18
NKI Center of Excellence in Cultural Competent Mental Health.....	20
NYSPI Center of Excellence for Cultural Competence.....	21
NYS OMH Multicultural Advisory Committee	24
Appendix 3. Cultural Competence Definitions.....	24
Appendix 4. List of Acronyms	25

Division of Diversity Management

Emy Lopez Murphy, Chief Diversity & Compliance Officer

Bureau of Cultural Competence Staff

Frances Priester, Director

Elatisha Kirnon, Advocacy Specialist II

Hextor Pabon, Advocacy Specialist II

Deirdre Goss, Executive Secretary

Acknowledgments

The NYS OMH Bureau of Cultural Competence thanks all the individuals listed below and all others who assisted in the development of this plan.

Carol Barth Lanzara
Pattie Bott
Renee Bradley
Leopoldo Cabassa
Sheila Donahue
Marcia Fazio
Donna Hall
Gary Haugland
Jennifer Hernandez
Alan Holmes
Elatisha Kirnon

Tina Labthavikul-Smith
Roberto Lewis-Fernández
Keith Little
Emy Lopez Murphy
Richard Miraglia
Robert Myers
Andel Nicasio
Hextor Pabon
Betty Pease
Frances Priester
Lenora Reid-Rose

Kristin Riley
Carole Siegel
Lloyd Sederer
Joseph Swinford
Jayne Van Bramer
Deborah Wagoner
Hao Wang
David Wenger
David Wollner
Donald Zalucki

Multicultural Advisory Committee Members

**The New York State Office of Mental Health
Cultural Competence Strategic Plan 2010-2014**

Preamble

The President's New Freedom Commission Report recommends that States address disparities as part of their Comprehensive State Mental Health Plans. It recommends that these plans should include setting standards for culturally competent care; collecting data to identify points of disparities; evaluating services for effectiveness and consumer satisfaction; developing collaborative relationships with culturally driven, community based providers; and promoting increased opportunities to include individuals from diverse cultural backgrounds in the mental health workforce. The New York State Office of Mental Health Cultural Competence Strategic Plan follows these recommendations.

Purpose

The New York State Office of Mental Health (OMH) Cultural Competence (CC) Strategic Plan addresses policies, procedures and practices to promote cultural and linguistic competence in the services under the purview of OMH. The CC Strategic Plan has been developed to reduce mental health disparities experienced by traditionally underserved and underrepresented individuals. The CC Strategic Plan takes into account the public health goal of improving access to all underserved populations, and the NYS OMH goal of providing services that move all consumers—including adults, children and youth—towards recovery.

Underserved cultural groups include the diverse racial and ethnic groups of the state as well as groups with special needs identified by other group organizing features that place them at risk for access problems and underutilization; e.g., rural communities; deaf individuals; and groups defined by sexual orientation.

A holistic approach that addresses NYS OMH practices, policies and procedures is proposed to improve access, utilization, and the quality of mental health care. This approach endorses to the extent possible, available evidence-based practices and the incorporation of community and stakeholder perspectives to ensure the elimination of mental health disparities.

Plan Implementation

The Bureau of Cultural Competence is working in concert with NYS OMH executive leadership through the OMH Cultural Competence Steering Committee, the NYS Multicultural Advisory Committee (MAC), and the NYS Centers of Excellence for Cultural Competence at the Nathan Kline Institute (NKI) and the NYS Psychiatric Institute (PI) (to be called alignment partners) to implement cultural competence into the services under NYS OMH purview: OMH operated facilities, funded programs and licensed programs. These along with the consumers of these programs will be referred to as the NYS public mental health system.

The formation of alignment partnerships is essential to the implementation of the CC activities outlined in the plan ensuring that cultural competence is integrated into the public mental health system and effective measures are taken to eliminate mental health disparities. The alignment partners are described in greater detail in Appendix 1 and their accomplishments to date to improve CC in NYS are provided in Appendix 2.

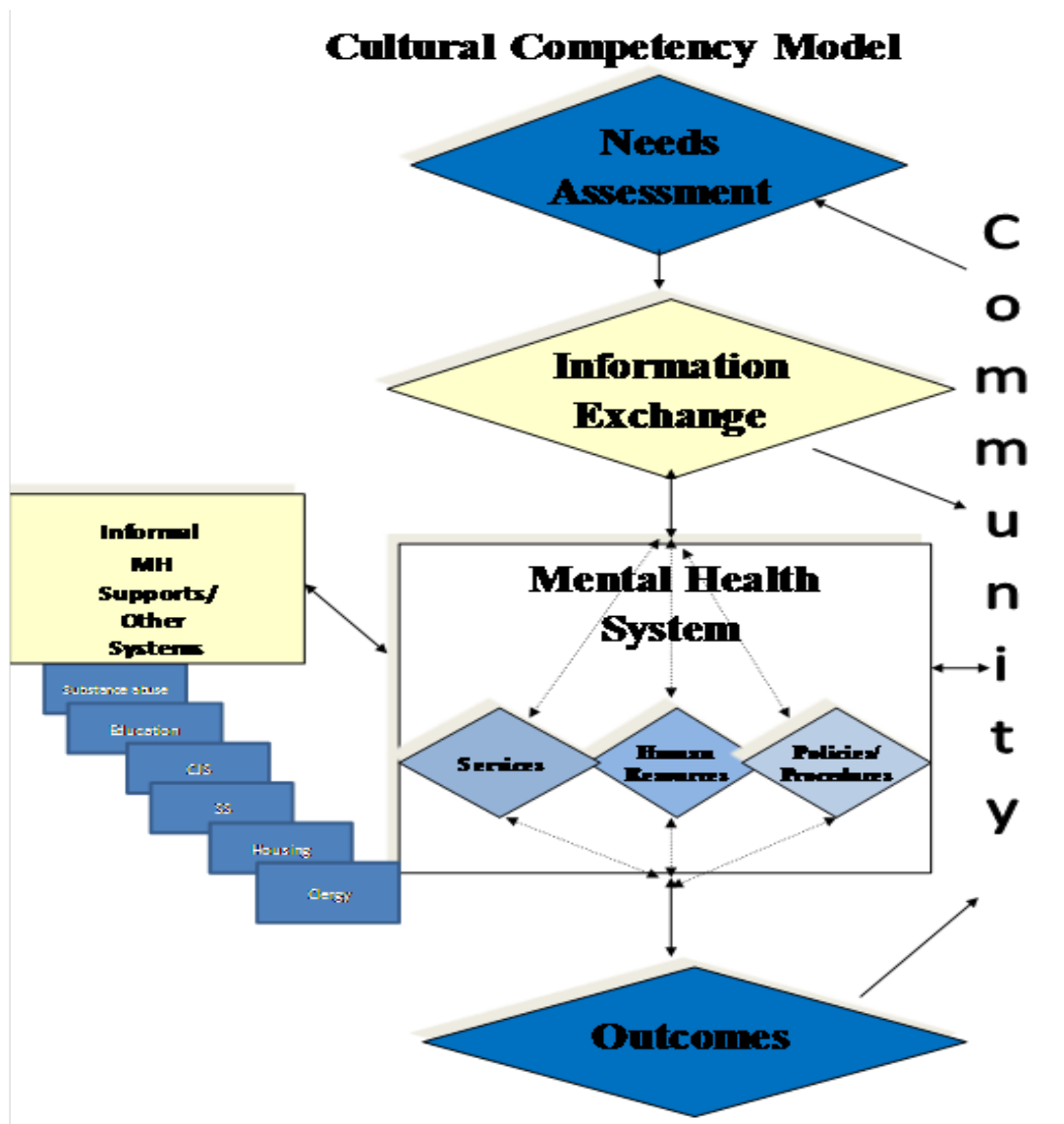
The structural components of the public mental health system are its available services and human resources. These operate under a set of NYSOMH policies and procedures that have been put in place to provide high quality, effective and efficient services to the NYS population in need of mental health services. New or modified policies and procedures, however, are needed to ensure that actionable steps can be taken to improve the cultural competency of the system. The plan will address increasing awareness of the special needs of cultural groups across the State and the gaps in their access to and receipt of services; increasing the acceptability and effectiveness of current services for cultural groups through language accommodations and/or adaptation of services; increasing acceptability of services to cultural groups by employing treatment staff that reflect the diversity of service recipients to the extent possible; and ensuring that administrators as well as staff at all levels are educated with respect to the specific needs of cultural groups and acceptable approaches to working with them. In the end, actionable steps outlined in the plan are expected to reduce disparities and improve quality outcomes for all cultural groups.

Framework

The plan proposes specific actions within each domain in which CC activities should take place to improve the overall CC of the system. These include needs/capacity assessment, information exchange, and services and human resources within the mental health system. CC activities enacted within these domains are expected to lead to improved outcomes for consumers. The domains are described below and their interrelationships are illustrated in Figure 1. CC activities are proposed to take place within:

- **Capacity/needs assessment** to provide an understanding of the cultural groups in the public mental health system and to identify possible service gaps.
- **Information exchange** to facilitate the dissemination of information relevant to CC to OMH facilities as well as licensed providers in the system in order to improve their CC; and to inform the policies and procedures of OMH through the receipt of community based information to improve service delivery to cultural groups.
- **Services** to improve the delivery of services to cultural groups with respect to language accommodations and modifications to existing services and/or introduction of new services particularly geared towards specific cultural groups.
- **Human resources** to promote and sustain recruitment, hiring and retention procedures of culturally competent bilingual and bicultural staff as well as to educate and train existing staff in CC.
- These activities are expected to improve outcomes which need to be tracked and monitored. In particular,
- **Outcomes** related to disparities in access and quality of care to cultural groups; desirable cultural group outcomes and their satisfaction with services.

Figure 1. Cultural Competency Model



Cultural Competence 2010-2014 Strategic Plan

A General Strategic Plan is first presented that outlines basic activities that should take place continuously over time to improve and maintain the CC of the public mental health system. An actionable 2010-2011 Work Plan follows with specific steps to be taken and responsible parties designated. Both the general plan and the work plan will be revised annually.

Domains	Objectives
Need/Capacity Assessment Maintain knowledge base of the cultural groups of NYS who may have distinct health service needs Assess the capacity of the public mental health system to serve these groups	<ul style="list-style-type: none"> Describe population distributions of NYS cultural groups using publicly available data sets Assess policies and procedures used by state-operated facilities to address the needs of cultural groups Assess capacity of county providers to serve cultural groups
Information Exchange Provide information/resources to mental health internal/external stakeholders regarding ways to enact principles of cultural competency and availability of services for cultural groups Gather community based information on needs and concerns of cultural groups regarding mental health services	<ul style="list-style-type: none"> Gather and disseminate information on ways to enact principles of cultural competency (e.g., articles, best practices, program services, etc.) for internal/external stakeholders Gather data on needs of underserved cultural groups from stakeholder groups Promote and sustain stakeholders and intersystem partnerships
Services Enact principles of cultural competency into services delivered to cultural groups Review/enhance service delivery of programs to improve outcomes for diverse cultural groups	<ul style="list-style-type: none"> Evaluate the levels of cultural competency in program service delivery Conduct surveys to improve clinical services provided to LEP consumers in the state operated facilities Standardize processes and procedures for accommodating the language needs of individuals seeking services Develop novel culturally competent approaches to service delivery for diverse groups Develop and disseminate training materials on how to modify services for

	<p>underserved cultural groups and ways to enhance cultural competency of programs</p> <ul style="list-style-type: none">▪ Integrate CC into new initiatives and programs
<p>Human Resources</p> <p>Conduct training to improve cultural competence skill sets for the public mental health workforce</p> <p>Maintain a workforce that represents to the extent possible the cultural groups of NYS</p>	<ul style="list-style-type: none">▪ Standardize CC training materials and requirements for all levels of staff in the OMH state operated inpatient and outpatient facilities▪ Ensure that policies promote hiring/retention of persons reflective of the population served
<p>Outcomes</p> <p>Track service outcomes in terms of disparities in access, receipt of services, quality of care, and consumer satisfaction</p>	<ul style="list-style-type: none">▪ Establish and monitor disparity rates using existing data sets▪ Track level of satisfaction with services across cultural groups▪ Establish and use outcome measurements of relevance to cultural groups both using existing data sets and enhancing state wide data collection procedures

2010- 2011 Work Plan

Domain: Needs/Capacity Assessment		
<ul style="list-style-type: none"> Maintain knowledge base of the cultural groups of NYS who may have distinct mental health service needs Assess the capacity of the public mental health system to serve these groups 		
Objectives	Participants	Time Frame
Gather data on needs of cultural groups from stakeholder groups 1) Work with 2010 census data categories to update cultural demographic profiles.	NKICECC	Dec. 30, 2011
Assess state-operated facilities 1) Develop/select assessment tools to identify service gaps at State-operated facilities. 2) Conduct/analyze CC facility level assessment in adult state-operated facilities and prepare report. 3) Conduct CC facility-level assessment in child psychiatric centers and prepare report.	BCC; CECCs; Facility Leadership; QM, MAC BCC; CECCs; Facility Leadership; QM, MAC BCC; CECCs; Facility Leadership; QM, MAC	Dec. 30, 2010 Dec. 30, 2011 Dec. 30, 2010
Assess county providers 1) Utilize County Planning System to survey cultural competence activities across three local mental hygiene agencies. 2) Prepare summary report and data tables for review and analysis. 3) Identify steps to close gaps in mental health disparities, utilizing local mental hygiene partnerships.	Office of Planning, BCC; CLMHD Office of Planning, BCC BCC, MAC	Oct. 30, 2010 Oct. 30, 2010 March 15, 2011
Conduct language survey 1) Develop, conduct and analyze language survey to inform current policies and procedures for language access.	PICECC, BCC, MAC	Nov. 1, 2010

Domain: Information Exchange: <ul style="list-style-type: none"> Provide information/resources to mental health internal/external stakeholders regarding cultural competence service delivery 		
Objectives	Participants	Time Frame
Gather/disseminate CC related information (e.g., articles, best practices, program services, etc.) for internal/external stakeholders <ol style="list-style-type: none"> 1) Maintain website/intranet of CC information including instruments; articles; evidence based practices, etc. 2) Create Listserv to highlight CC activities around NYS. 3) Post PCS data on OMH Web site for public review. 4) Create and disseminate DMHIS cultural profile hospital data to facilities. 	BCC; IT; CECCs; BCC; IT, MAC OPME NKICECC	Quarterly 2/2011 Updated biannually 6/30/2011
Initiate and maintain stakeholders, intersystem partnership <ol style="list-style-type: none"> 1) Increase collaborative activities with internal/external partners (i.e., OMH Field Offices; State-operated facilities; CECC; RAC; MAC-local and statewide; CCF; MHSC; CLMHDS; Office of Minority Health; NYAPRS, State agency collaborations for CC, MHA, NAMI, Georgetown, CEICC, etc.). 	BCC	Ongoing

Domain: Services		
<ul style="list-style-type: none"> Review/enhance service delivery of programs to improve outcomes for diverse cultural groups 		
Objectives	Participants	Time Frame
Standardize process for language accommodation 1) Develop process by which language translation/interpretation services can be accessed by all OMH facilities. 2) Update current language resources on a regular basis.	BCC, PICECC, MAC, Facility Director BCC, PICECC, MAC	9/2010 Ongoing
Develop and disseminate training materials on language accommodations 1) Train staff on use of interpreters and/or interpreter services.	PICECC	2011
Monitor service delivery for CC 1) Require all state facilities to have C&LC policy supported by a CC plan for implementation. 2) Standardize recertification process to include BCC for review of CC standards. 3) Modify guidelines for agency CC plans.	QM, BCC, MAC BCC, BIC, MAC BCC, MAC	4/2011 2011 2/2011
Ensure the implementation of CC into new initiatives and programs 1) Review developing and/or modifications of regulations for CC standards. 2) Review standing guidelines and newly developed program tools for cultural and linguistic competence. 3) Develop novel culturally competent approaches to service delivery for diverse groups	QM, MAC, BCC, Counsel BCC, MAC, CECC's PICECC, NKICECC	Ongoing

a) Culturally appropriate peer-led lifestyle change interventions	PICECC	
b) Culturally-based intervention to prevent suicidal behavior among Latina youth.	PICECC	

Domain: Human Resources <ul style="list-style-type: none"> ▪ Maintain a workforce that represents to the extent possible the cultural groups of NYS ▪ Ensure staff at all levels are trained in CC 		
Objectives	Participants	Time Frame
Hiring/Retention <ol style="list-style-type: none"> 1) Continue collaboration to review civil service exams to ensure new recruits are screened for CC skill set. 2) Partner with Diversity Compliance, Planning & Human Resources to develop actions for compliance with Executive Order # 6. 3) Continue to attend caucuses & Public events to promote OMH employment amongst diverse cultural groups. 	DM Staff (BCC & DPC), Civil Service HR, DPC, BCC BCC, HR, Office of Planning (Public Education)	Ongoing Ongoing Ongoing
Develop and disseminate training material for staff <ol style="list-style-type: none"> 1) Conduct CC curricula 1, 2 & 3. 2) Develop CC training for orientation of new hires. 3) Conduct webinars to target specific cultural groups. 4) Maintain and publicize websites with education, training and other resources that address CC. 	BCC, BEWD, MAC BCC, BEWD, CECCs BCC, CECCs, MAC BCC, MAC	Ongoing April 2011 Monthly Ongoing

Domain: Outcomes		
<ul style="list-style-type: none"> Track service outcomes in terms of disparities in access, receipt, quality of care, and consumer satisfaction 		
Objectives	Participants	Time Frame
Establish and monitor disparity rates using existing data sets 1) Develop penetration and utilization rates by race/ethnicity/language preference using PCS data. 2) Develop disparity reports on medications using PSYCKES to examine prescribing patterns among Medicaid race/ethnicity categories. 3) Present disparity data to senior staff.	OPME, NKICECC, MAC CECCs, PSYCKES, MAC BCC, CECCs	12/31/2010 12/31/2011 12/30/2011
Track level of cultural groups' satisfaction with services 1) Analyze cultural group responses of adult, youth, and family assessment of care surveys.	OPME, NKICECC, BCC	12/31/2011

References

Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). *Towards A Culturally Competent System of Care, Volume I*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

Institute of Medicine. (2002). *Guidance for the National Health Care Disparities Report*. Washington DC: The National Academies Press.

New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003. Retrieved July 1, 2010, from <http://www.mentalhealthcommission.gov/reports/reports.htm> 

Onken, S.J., Dumont, J.M., Ridgway, P., Dornan, D.H., & Ralph, R.O. (2002). *Mental Health Recovery: What Helps and What Hinders?* Alexandria, VA: National Association of State Mental Health Program Directors. Retrieved July 13, 2010, from http://www.nasmhpd.org/general_files/publications/ntac_pubs/reports/MHSIPReport.pdf

Siegel C., Haugland, G., & Chambers, E.D. (2003). Performance measures and their benchmarks for assessing organizational cultural competency in behavioral health care service delivery. *Administration and Policy in Mental Health*. 31(2): 141-170.

Singh, N.N. (1996). Cultural diversity in the 21st century: Beyond e pluribus unum. *Journal of Child and Family Studies*. 5: 121-136.

Appendix 1

Alignment Partners

OMH Bureau of Cultural Competence

Website: http://www.omh.ny.gov/omhweb/cultural_competence/

The OMH Bureau of Cultural Competence is concerned with creating systematic change in the New York State public mental health system for traditionally underserved and unrepresented groups by embedding cultural competence into policy, procedures, and programs. The mission of the Bureau is to eliminate culturally based mental health disparities for all diverse populations through training and technical support.

We utilize training as an opportunity to promote the use of cultural competence as a means of addressing mental health disparities experienced by diverse cultural groups. The training focuses on the following:

- Understanding the social foundation for disparities
- Evaluating the effectiveness or ineffectiveness of treatment based on race, ethnicity, gender, age, sexual orientation or disability
- Tailoring our services to meet distinct cultural needs
- Understanding cultural competence as a continuum

The Bureau collaborates with various OMH divisions to ensure that culturally appropriate services are adapted into programs and/or new initiatives. We also partner with OMH licensed providers to assist with implementing cultural competence practices by evaluating current service delivery and utilizing results to develop a course of action. We provide technical support in areas including but not limited to:

- Enhancing language access
- Establishing multicultural committees
- Developing and implementing cultural competence standards

Centers of Excellence for Cultural Competence

Nathan Kline Institute Center of Excellence in Culturally Competent Mental Health

Website: <http://cecc.rfmh.org> 

The NKI Center aims to avert and reduce disparities in mental health care for persons from the diverse cultural groups of NYS. It conducts collaborative projects with mental

health stakeholders including consumers, family members, planners and providers in activities that cover:

- Identification of NYS mental health system disparities and the culturally competent strategies to reduce these disparities.
- Development of training tools, screening and other approaches for improving access and the acceptability of mental health practices for cultural groups.
- Creation of valid and reliable instruments to measure the cultural competency of programs and organizational entities.
- Provision through consultation and its website of information on cultural groups and cultural competency to the bureaus of the OMH, state wide planners, providers and consumers.

It develops new methodological approaches for maximizing the use of NYS data sets to examine possible disparities, and uses qualitative approaches for studying key elements of well functioning programs developed for cultural groups.

Center of Excellence for Cultural Competence at the New York State Psychiatric Institute

Website: <http://nyspi.org/culturalcompetence/> 

The mission of the NYS PI Center is to conduct research on the cultural and linguistic competence of mental health services in order to improve the quality and availability of these services for underserved populations in NYS. The Center's goals are:

- To reduce disparities in access and quality of care for consumers with serious mental illness by enhancing cultural competence of evidence-based practices.
- To bridge the gap between what is known about how to deliver effective culturally competent services and what is provided in routine clinical practice in underserved communities.

We use the following approaches to accomplish our goals: development and evaluation of culturally appropriate evidence-based practices; community-based participatory research (CBPR); qualitative research methodologies (e.g., focus groups, in-depth qualitative interviews, and participant observations); clinical trial methodology; secondary data analysis; and implementation research.

NYS OMH Cultural Competence Steering Committee

NYS was one of seven states chosen to attend the 2009 National Policy Summit on the Elimination of Disparities in Mental Health Care sponsored by SAMSHA. While at the Summit, the NYS delegation devised an action plan to eliminate disparities in mental health care in NYS with technical assistance from the Georgetown University National Center for Cultural Competence. This action plan sought to address disparities by analyzing relevant data, creating internal partnerships within OMH, and seeking buy-in from community leaders.

NYS OMH established the Cultural Competence Steering Committee as a result of our participation in the 2009 National Policy Summit. The Cultural Competence Steering Committee is comprised of OMH division heads or designees who have the responsibility for developing and implementing a process by which cultural and linguistic competence can be infused into services. The NYS action plan developed during the policy summit served as a catalyst for developing the NYS OMH Cultural Competence Strategic Plan.

NYS Multicultural Advisory Committee

The New York State Multicultural Advisory Committee (MAC) was established in 1989 to advise the OMH Commissioner on improving the quality of services for the traditionally underserved. The MAC is comprised of members of diverse cultural groups who represent peers, community leaders, mental health providers and other vested stakeholders.

The mission of the MAC is to ensure that all OMH licensed and certified programs are recognize and address the role of culture and deliver services sensitive to the distinct needs of the individuals and families. The MAC coordinates and plans with stakeholders; recipients, families, local multicultural committees, advocates and policy makers to promote cultural competence throughout the NYS public mental health service system

Appendix 2

Accomplishments to Date

OMH Bureau of Cultural Competence

Participation in National Policy Summit on the Elimination of Mental Health Disparities

- OMH participated in a SAMHSA funded National Policy Summit on the Elimination of Mental Health Disparities in June 2009. This led to the development of an action plan to eliminate mental health disparities in New York State and an OMH Steering committee responsible for the development of a Statewide Cultural Competence Plan.

OMH Bureau of Cultural Competence Website

- The Bureau of Cultural Competence (BCC) developed a cultural competence web site for OMH staff, community providers, consumers, and family members. Its Home Page includes resources on cultural competence including links to language access information, profiles and demographics of cultural groups, pertinent laws and regulations and other useful information. Website:
http://www.omh.ny.gov/omhweb/cultural_competence/

Technical assistance to OMH facilities, licensed agencies and others

- Provide ongoing technical support to Hudson Valley Mental Health (HVMH) to develop a Cultural Competence Committee.
- Provide ongoing technical support to Onondaga County to develop a local MAC. Supported by the County Commissioner Bob Long.

- Assisted NYS Department of Labor in the development of a new cultural competence training initiative with Cultural Competence Navigators (Employment Counselors) to impact the services provided to the immigrant population.
- Provided cultural competence training to OCFS managers, American Medical Association, and Albany Law School.
- Provided questions to NYS Civil Service Exam Committee to measure cultural competent skill sets for the Residential Program Manager and Residential Counselor Series Exams scheduled for May 2010.
- The BCC conducted a CC/diversity survey amongst the 27 facilities to gather information about the policies and procedures in place to integrate cc. The results of the survey were analyzed by the centers of excellence for cultural competence and a report was produced with future recommendations.

Translation/Interpreter Services

- **Forms Bank:** The Bureau of Cultural Competence has compiled OMH translated legal documents as part of our efforts to comply with Title VI of the Civil Rights Act, as amended, and the Multilingual Providers Care Bill, Chapter 301 of the NYS Laws of 1994. The documents are available of the BCC Intranet web page and can be accessed by all OMH facilities. We currently have Spanish and Chinese (Mandarin) documents on the Bureau's intranet page. The forms are intended to assist facilities in the delivery of quality mental health services to the increasingly linguistically diverse patient population served by our agency.
- **Interpretalk:** Created a contract for language services with Interpretalk language line. Developed a process to enhance language access in restricted settings such as OMH Forensic satellites/DOC via Interpretalk language line. We also collaborated with OMH Customer Service to incorporate language line services to reach a broader LEP population other than Spanish.


Training

- Conduct comprehensive training and other initiatives focused on infusing principles of cultural and linguistic competence throughout agency policies and clinical practices
 - Provided training to 1,132 mental health staff and providers from five OMH adult psychiatric centers and two children's psychiatric centers.
 - Provided recommendations and guidance on modifying the "ACT Cultural Competence Core Module" that is used to train new assertive community treatment (ACT) team members.
 - Provided training to all OMH Field Office staff to ensure continuity through monitoring and compliance for all licensed providers.
- The Bureau of Cultural Competence training provided on May 12, 2010 to East House Mental Health Services of Rochester was approved for OASAS CME credits (4 hours of credit). This training meets the NYS OASAS CME approval for statewide training for CASAC on-going educational and training credits for CASAC licensing.

- In February 2010 the Bureau of Cultural Competence along with the Centers of Excellence provided an independent feedback report to the OASAS Co-occurring Dual Diagnosed (COD) Webinar Series headed by Nancy Covell and her team at Columbia University. The report had a specific emphasis on cultural competencies and where it could be integrated in the webinar modules for training.
- BCC has partnered with service providers, researchers and leaders in the provision of culturally competent services to present webinar series tailored to the distinct cultural needs of the consumers across systems. The webinars are conducted monthly and have included topics on Suicide Prevention, Native Americans and the LGBTQ community.

Accomplishments to Date

NKI Center of Excellence in Cultural Competent Mental Health



- A central component of CECC activities is its website that provides CC resources and materials to providers and agencies of the State <http://cecc.rfmh.org> . Highlights include:
 - Profiles of the larger cultural groups in NYS, including rural and LGBTQ groups, that identify their specific concerns and challenges with regard to receiving mental health services;
 - Down-loadable maps and data tables of cultural and religious groups in NYS by county;
 - Directory of mental health and other services for cultural groups in NYS;
 - Center developed CC assessment scales;
 - Several products developed from Center projects for use as training materials
- **Project accomplishments to date include:**
 - Development of a "Toolkit for Modifying Evidence-Based Practices to Increase Cultural Competence" to help agencies modify their practices for cultural groups-- available at website.
 - Completion of a study to determine the key elements of cultural competency in "Practice-Based Evidence Programs": the Bellevue Latino Inpatient Treatment Unit, Clinic and Day Treatment Services for Chinese at the Hamilton Madison House Behavioral Health Care Center; and the Prevention, Access, Services and Supports (PASS) program of CCSI for adolescents of color. The study has yielded
 - Full report—available at website;
 - Paper accepted for publication in journal *Psychiatric Services*;
 - Training video: "Cultural Competency in Mental Health Programs";
 - Program level assessment scale to be completed by December 2010.


- Development of a modified curriculum for PASS that will act to enhance training of new staff and the ability to export PASS to other environments.
- Completion of a paper that establishes the psychometric properties of the organizational level NKI Cultural Competence Assessment scale. A linkage of improved cultural competence to a reduction in service disparities for Latinos was detected but not for Blacks. Paper to appear in *Administration and Policy in Mental Health and Mental Health Services Research*, October 2010.
- Validation of PHQ-9 depression screen for Ecuadorians and Mexicans in Bellevue Primary Care. Preliminary results indicate differences in responses between these groups and the role of stressors in depression responses.
- Development and pilot test of a community based screening approach for detecting gambling and co-occurring psychiatric conditions in Chinese. Family member involvement is critical. Paper under review at *Psychiatric Services*.
- As part of the NYC BODY project, a study of cognitive deficits in obese youth with metabolic syndrome in NYC school system, Hispanic and Black youth were studied for psychosocial problems.
 - 248 students (75% Hispanic; 19% Black) were screened: 36% screened above normal on Anxious/Depressed and 20% in aggregate on any of the symptoms of Withdrawn/Depressed, Somatic Complaints, Social Problems and Thought Problems.
 - Focus groups were held to determine the acceptability to youth and their families of a support group for obese youth with psychosocial problems in NYC schools
- A "Clergy Curriculum" to serve as a guide for clergy who encounter mental health concerns in congregants from cultural groups will be completed by December 2010.
- Disparity research on NYS populations using PCS data is ongoing. A methods paper has been published.
 - Laska, Meisner, Wanderling & Siegel (2010) Estimating treated prevalence and service utilization rates: Assessing disparities in mental health, *Statistics in Medicine*, 29.16, 1673-1680.
- Disparity research paper written on methadone and buprenorphine use in NYC and submitted for publication.





Accomplishments to Date

NYSPI Center of Excellence for Cultural Competence

- **Integration of Health and Mental Health Services for People with Serious Mental Illness (SMI).** *The goal is to identify culturally and linguistically competent strategies to integrate physical and mental health services for racially, ethnically, and linguistically diverse people with SMI.*

- Completed qualitative community needs assessment of the provision of culturally and linguistically competent physical health services to racially, ethnically, and linguistically diverse people with SMI in three northern Manhattan communities.
- Prepared a community needs assessment report that includes summary of findings, practice and policy implications, and recommendations for administrators, providers, and policy makers.
- Presented project findings to participating agencies in Northern Manhattan, OMH Executive Committee, and national and local conferences, such as the Institute on Psychiatric Services, the Society for Medical Anthropology and the Second Annual NYU Latino conference.
- Conducted a systematic literature review of lifestyle interventions for people with SMI. Manuscript was published in the August 2010 edition Psychiatric Services journal available at: <http://ps.psychiatryonline.org/cgi/content/abstract/61/8/774> 
- Conducted a synthesis report on lifestyle interventions for people with SMI for OMH staff, providers, and consumers entitled “Improving the Physical Health of People with Serious Mental Illness: A Systematic Review of Lifestyle Interventions” available at: <http://nyspi.org/culturalcompetence/what/documents/ImprovingthePhysicalHealthofPeoplewithSMI-ASystematicReviewofLifestyleInterventions.pdf> 
- Conducted secondary data analysis of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) to examine racial and ethnic disparities in diabetes among people with psychiatric disorders. Project findings were presented at the Academy of Health 2010 research meeting and a manuscript has been submitted to a peer-reviewed journal.
- **Best Practices for Interpreting and Cultural Brokering Services.** *The goal is to evaluate language access and develop a novel model for expanding the cultural brokering function of interpreter services using teleconferencing technology to improve the quality of clinician-consumer communication.*
 - Piloting the use of videoconferencing technology to allow timely access to interpreters skilled in mental health issues who can use cultural information to help inform the medical encounter. The project is being developed for Spanish and Mandarin speakers, the two largest language minorities in New York State.
 - Developed a survey of OMH facilities to assess the scope, type, and quality of access that patients with limited English proficiency have to mental health services in their primary language in order to improve access to services for consumers with limited English proficiency across New York State.
- **Cultural and Linguistically Appropriate Engagement Strategies Across the Lifespan.** *The goal is to understand how to effectively increase the engagement of racial and ethnic underserved populations into mental health care.*
 - Developed and evaluated a culturally and linguistically appropriate depression literacy tool based on a *fotonovela* format, a health promotion tool that narrates a soap opera story utilizing posed photographs, and simple text bubbles, for Latinos/as with limited English proficiency. Manuscript on the development of

this depression literacy tool is currently in press in *Health Promotion Practice*, to a peer-reviewed journal from the Society for Public Health Education. This project was also featured in the Living Proof Podcast Series from the School of Social Work at the University at Buffalo, the State University of New York: *Episode 46: Dr. Leopoldo Cabassa; Developing Mental Health Literacy Tools for the Latino Community*, available at: <http://www.socialwork.buffalo.edu/podcast> 

- Served as site for an NIH study with *Cambridge Health Alliance- Center for Multicultural Mental Health Research* at Harvard University on the Right Question Project, a novel method of consumer activation in mental health care to improve engagement and retention in mental health settings that emerged from practice-based evidence.
- Partnered with *Child and Family Clinic Plus* evaluation team to examine the engagement of racially and ethnically diverse families into this OMH initiative. Reviewed evaluation report and provided feedback on the culturally competent components of project and areas for further development and evaluation.
- Received OMH Policy Scholar award to support early program development of a mental health literacy intervention for Latino/a adults with limited English Proficiency who seek outpatient mental health services at OMH facilities. A report was developed including main findings and recommendations.
- Developed Center's website with cultural and linguistic competent resources for providers, consumers, policy makers, researchers, and community members. Web address: <http://www.nyspi.org/culturalcompetence/> 
 - **Clearing House of Scales of Cultural Competence.** A Web-based resource tool of scales for measuring cultural competence for administrators, researchers, and clinicians available at: http://www.nyspi.org/culturalcompetence/what/clearing_house.html 
 - **Cultural Competence Matters Reports.** Developed a series of brief reports on the latest research findings and best practices to address health and mental health care disparities affecting racially and ethnically diverse people with SMI. Published and distributed seven issues, which are available at: <http://nyspi.org/culturalcompetence/what/reports.html> 
 - **National Institute of Mental Health (NIMH) Council.** Dr. Roberto Lewis-Fernández, Center's Director, was appointed to NIMH Council. As a council member, his responsibilities include advising the NIMH director on mental health policy.
 - **Presentations.** Disseminated Center's research findings through presentations on cultural competence and service integration at community clinics, community advisory boards, and local and national conferences. These presentations are available at: <http://nyspi.org/culturalcompetence/what/presentations.html> 

NYS OMH Multicultural Advisory Committee

- In 2009 the MAC provided recommendations to the Commissioner of OMH, State Education Department and the Governor's office to address the shortage of physicians and specialty practices in NYS. The recommendation was to review current licensing requirements that restrict Immigrant Medical Graduates (IMG) from practicing in NYS. The summation of the report sought to utilize IMG as a resource for rural and urban areas that are experiencing severe shortages of physicians and specialist, while increasing the diversity of practicing physicians.
- Created a guidance document for the development of local Multicultural Advisory Committee. This document serves as a tool for potential counties and provider agencies seeking assistance with developing an advisory committee. The information provided details important elements to consider for ensuring diversity, longevity and commitment from participants.
- Provided recommendations to improve the quality of care through data collection, peer support, monitoring and measuring outcomes and accountability for service providers.
- Provided input to the development of the CC plan to ensure collaboration from vested stakeholders in mental health and across systems.
- Provided recommendations on the regulations for Clinic restructuring to incorporate best practices for addressing the needs of culturally diverse consumers. The emphasis was on consumer involvement, health and behavioral health integration, Mental Health assessment tool, cultural competent skills of providers, and addressing indigent care.
- During 2009-2010 year, the MAC members have taken leadership roles to create systemic change for the underserved populations by way of research, advocacy, program development and other grass root efforts.
- Several MAC members also participate in other OMH sponsored initiatives, such as PSYCKES and Mental Health Service Council to lend expertise in the development of services for the underserved populations.

Appendix 3

Cultural Competence Definitions

Culture

The shared values, traditions, arts, history, folklore, and institutions of a group of people that are unified by race, ethnicity, nationality, language, religious beliefs, spirituality, socioeconomic status, social class, sexual orientation, politics, gender, age, disability, or any other cohesive group variable. Specific aspects of culture change over time, emerge from social and individual experience, and show substantial variation across members of the group while maintaining conceptual cohesion and historical continuity. (Adapted from Singh et al, 1998)

Cultural Group

From the perspective of OMH, a group identified as requiring special attention since features of its “culture” may limit the ability of its members to appropriately access or participate in mainstream service delivery systems. (Siegel C, Haugland G, and Chambers ED, 2003)

Cultural Competence

Organization: The attributes of a behavioral healthcare organization that describe the set of congruent behaviors, attitudes, skills, policies, and procedures that are promoted and endorsed to enable caregivers at all levels of the organization to work effectively and efficiently with persons and communities of all cultural backgrounds. An important element of cultural competence is the capacity to overcome structural barriers in healthcare delivery that sustain health and healthcare disparities across cultural groups. (Adapted from Cross et al, 1989)

Individualized service delivery: As part of culturally competent care, a provider would consider culture-specific elements of a patient’s lifestyle such as emotional expression, familial living arrangements, or recreational activities. Considering these elements facilitates accurate diagnosis and treatment planning that reaches across cultural boundaries and is acceptable to patients and their families (Cross et al.,1998).

Recovery

The processes, by which people are able to live, work, learn and participate fully in their communities. Recovery is a personal journey of actively managing a psychiatric disorder, gaining and maintaining a positive sense of self, holding valued social roles and living a life in the community that is consistent with the person's cultural values and beliefs. (Adapted from President's New Freedom Commission Report, 2003; Onken SJ, Dumont JM, 2002)

Disparity

An unjust or unfair difference in mental health status or mental health care between groups. From the perspective of OMH it is a difference that is unfair and that is due to mental health service system factors under its control. Disparities need to be monitored and in addition, outcomes related to cultural group acceptability of services and to their own concepts of recovery need to be recognized and responded to. (Adapted from Institute of Medicine, 2002)

Appendix 4

List of Acronyms

BCC	Bureau of Cultural Competence
BDM	Bureau of Diversity Management
BEWD	Bureau of Education & Workforce Development
BIC	Bureau of Inspection Control
CCF	Commissioners Council for Families
CECC	Center for Excellence for Cultural Competence
CEICC	Center of Excellence for the Integration of Care for Individuals with Co-Occurring Disorders

CHR	Center for Human Resources Management
CIT	Center for Information Technology
C&LC	Cultural and Linguistic Competence
CLMHD	NYS Conference of Local Mental Hygiene Directors
DMHIS	Department Mental Hygiene Information System
DPC	Division of Diversity Planning Compliance
MAC	Multicultural Advisory Committee
MHSC	Mental Health Service Council
NAMI	National Alliance for Mental Illness
NKICECC	Nathan Kline Institute Center of Excellence for Cultural Competence
NYAPRS	New York Association of Psychiatric Rehabilitation Services
NYSPI CECC	New York State Psychiatric Institute Center of Excellence for Cultural Competence
OCA	Office of Consumer Affairs
OMH	Office of Mental Health
OP	Office of the Chief Planning Officer
OPME	Office of Performance Measurement and Evaluation
PCS	Patient Characteristic Survey
PSYCKES	Psychiatric Services and Clinical Knowledge Enhancement System
QM	Office of Quality Management
RAC	Recipient Advisory Committee
SAMHSA	Substance Abuse Mental Health Services Administration