

Plan Implementation

The Bureau of Cultural Competence (BCC) is working in concert with the 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 (CC) 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 to ensure that cultural competence is integrated into the public mental health system and effective measures are taken to identify and reduce 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 NYS OMH 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 maximum 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 given 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 assessments, 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:

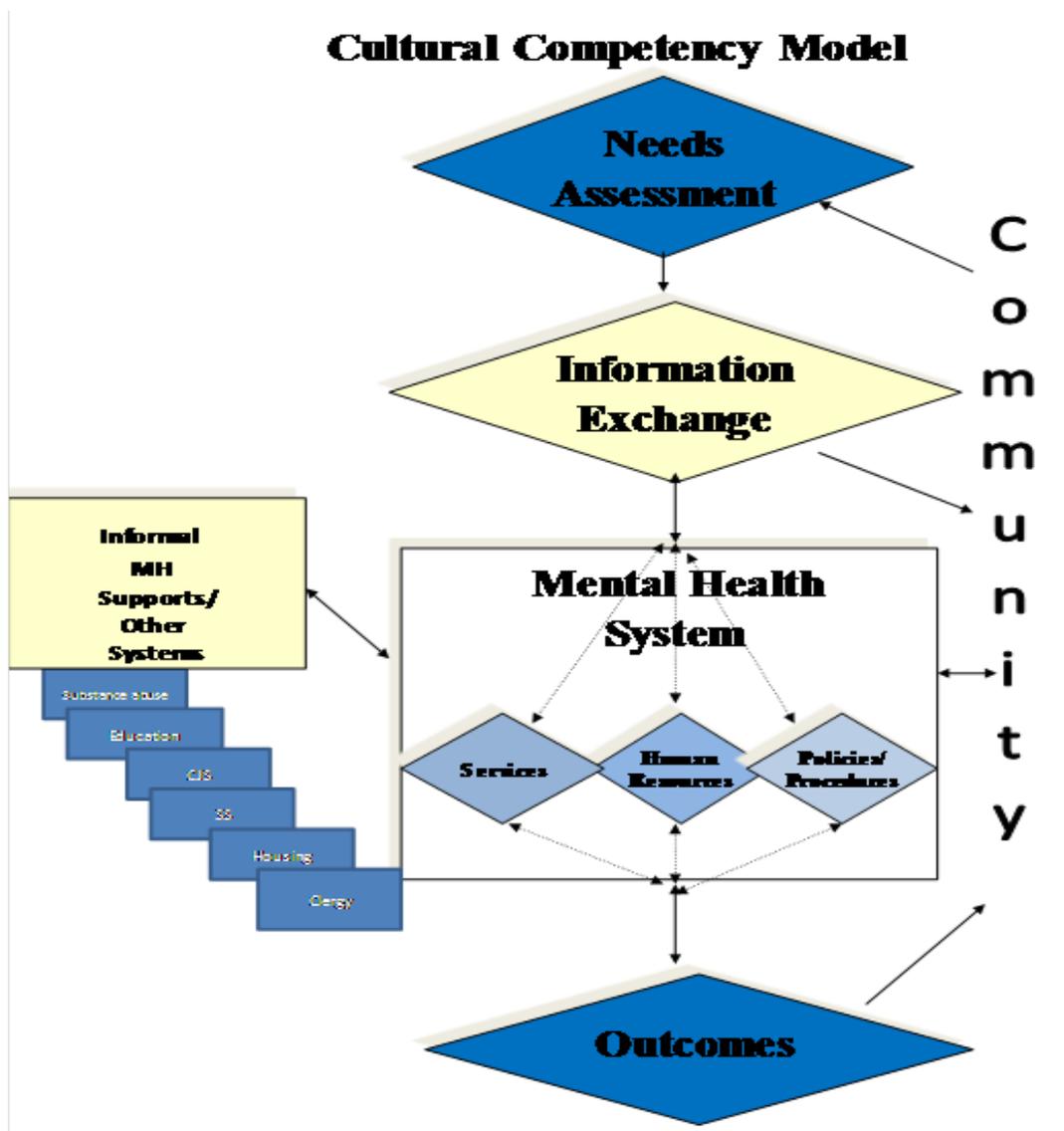
- **Capacity/Needs Assessment** to provide an understanding of the cultural groups in the public mental health system and to identify possible service gaps.
- **Information Exchange** to facilitate the dissemination of information relevant to CC to OMH facilities, as well as licensed providers in the 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 Work 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
<p>Need/Capacity Assessment</p> <p>Maintain knowledge base of the cultural groups of NYS who may have distinct health service needs</p> <p>Assess the capacity of the public mental health system to serve these groups</p>	<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
<p>Information Exchange</p> <p>Provide information/resources to mental health internal/external stakeholders regarding ways to enact principles of cultural competency and availability of services for cultural groups</p> <p>Gather community based information on needs and concerns of cultural groups regarding mental health services</p>	<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
<p>Services</p> <p>Enact principles of cultural competency into services delivered to cultural groups</p> <p>Review/Enhance service delivery of programs to improve outcomes for diverse cultural groups</p>	<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 underserved cultural groups and ways to enhance cultural competency of programs ▪ Integrate CC into new initiatives and programs

Human Resources

Conduct training to improve cultural competence skill sets for the public mental health workforce

Maintain a workforce that represents, to the extent possible the cultural groups of NYS

- 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

Outcomes

Track service outcomes in terms of disparities in access, receipt of services, quality of care and consumer satisfaction

- 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

2012- 2013 Work Plan

Work Goal 1: Patient Demographic and Characteristic Assessment & Evaluation

Objective A: Identify diverse cultural groups served within NYS Office of Mental Health Behavioral Health Services and Systems.

Objective B: Assess the cultural and language needs of the State Mental Health System to serve these groups and the Local County Mental Hygiene Directors of NYS.

Work Function Methodology	Participants	Time Frame
<p>Gather data on the diverse minority and cultural groups served from OMHs datasets to assess and evaluate who is being served (e.g. OMH’s Quality Management, Center for Information Technology (CIT), and Department of Health (DOH)).</p> <p>A) Enhancement and Utilization of existing OMH demographic datasets (e.g. Mental Health Automated Record System (MHARS), Patient Characteristics Survey (PCS) Data, and Quality Management, etc.) that will provide more granular and in-depth cultural and demographic characteristics of who are the patients and family members being served (e.g. Identifying race, ethnicity, language preference, Limited English Proficiency (LEP), literacy level, religion, sexual preference, cultural beliefs and practices).</p> <p>A) NKI will conduct a cultural demographic assessment and analysis report of the PCS Datasets (may be inclusive of other dataset: e.g. US Census, National and State Behavioral Health datasets, MHARS, NYS DOH and research publications) in order to identify cultural and service profiles, penetration rates and potential disparities for the diverse minority and cultural groups served in OMH’s Behavioral Health Outpatient programs throughout NYS.</p> <p>A) NKI & New York State Psychiatric Institute (NYSPI) to modify and enhance NKI’s Cultural and Linguistic Assessment Tool(s) to measure cultural and linguistic competent service provisions at State-operated facilities (NKI assessment instrument will be utilized by all OMH facilities to assist them with developing an “Annual C&L Work Plan” that is inclusive of OMH’s C&L Policy 502PC, Executive Order 26,</p>	<p>BCC, NKI, NYS PI-Centers, OMH MHARS, CIT</p> <p>BCC, CIT, Office of Personnel Management (OPME), MAC,</p> <p>BCC, CIT, OPME, DOH</p>	<p>On-going Work for BCC & Centers</p> <p>On-going Work for BCC & Centers</p> <p>On-going Work for BCC & Centers</p>

<p>and Joint Commission (JC) standards and requirements).</p> <p>A) NKI & NYSPI to conduct a review and analysis of Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) datasets to examine prescribing patterns among Medicaid race/ethnicity categories within OMH Behavioral Health Systems. A report to identify potential disparities in this area will be performed.</p> <p>B) NYSPI will conduct and analyze the language survey of OMHs 26 facilities (may include OMH Outpatient and Satellite programs) that's inclusive of OMH facilities identifying: LEP and English Second Language (ESL) populations, current policies and procedures for language access services that meets the diverse patient and family language needs.</p> <p>B) Each OMH facility will complete and update bi-annually the facility's "Language Access Plan" as required under Executive Order 26 in order to identify its patient and family members' Language Access Needs.</p>	<p>BCC, NYS PI & NKI-Centers, MAC</p> <p>BCC, NYS PI & NKI-Centers, MAC</p> <p>BCC, Diversity Planning and Compliance (DPC), OMH Facility Languages Access Coordinators (LAC), OMH Facility Committee</p>	<p>On-going Work for BCC & Centers</p> <p>On-going Work for BCC & Centers</p> <p>On-going Work for BCC, Centers, OMH Facilities LAC: Bi-Annually</p>
<p>Assess Cultural and Language Needs of Local County Mental Hygiene Directors County Providers</p> <p>B) Centers can review and analyze the OMH 507 County Planning System to survey cultural competence activities across the local mental hygiene agencies.</p> <p>B) Centers to develop a Cultural and Linguistic (C&L) Assessment Instrument(s) that the Local Mental Hygiene Directors can use to assess and evaluate the behavioral health program/organization's cultural and linguistic environment.</p> <p>B) Centers will provide a report that will identify potential cultural and language disparities/gaps and recommended actions that the Local Mental Hygiene Directors can take in developing an annual work plan to address their respective cultural and linguistic and service delivery needs.</p>	<p>Office of Planning, BCC, MAC, Centers, Conference of Local Mental Hygiene Directors (CLMHD),</p> <p>Office of Planning, BCC, Centers, MAC,</p> <p>Office of Planning, BCC, MAC, Centers</p>	<p>New Work for BCC & Centers</p> <p>New Work for BCC & Centers</p> <p>New Work for BCC & Centers</p>

Work Goal 2: Cultural and Linguistic Information, Resources, and Training:

Objective A: Provide cultural and linguistic information and resources to OMH's behavioral health internal/external providers, programs, and agencies regarding cultural competence service-delivery

Objective B: BCC to provide tailored training and/or technical supports to 26 OMH facilities (Outpatient and Satellite programs) and OMH licensed programs and agencies throughout NYS (approximately 2500+).

Work Function Methodology	Participants	Time Frame
<p>Gather, disseminate and/or provide cultural and linguistic information, resources (e.g.: scholarly research articles, best practices of cultural and linguistic programs and services, national and/or reputable cultural or linguistic resource warehouse links, etc.), technical supports, and/or tailored C&L training.</p> <p>A) BCC to maintain inter/intranet sites of C&L information including instruments, scholarly articles, evidence based practices, etc.</p> <p>A) BCC to utilize its Listserv to highlight CC activities and events around NYS.</p> <p>A) BCC to maintain translated website for the most frequent languages for mental health information for individuals and families in the OMH Public Behavioral Health System.</p> <p>B) BCC will provide tailored C&L training and/or technical support to the OMH facilities (Outpatient & Satellite programs) and OMH licensed programs & agencies throughout NYS (approximately 2500+).</p>	<p>BCC;CIT, Centers of Excellence for Cultural Competence (CECC)s, MAC</p> <p>BCC; CIT, CECCs, MAC</p> <p>BCC; CIT, CECCs, MAC</p> <p>BCC; CIT, CECCs, MAC</p>	<p>On-going Work for BCC & Centers</p>

Work Goal #3: Limited English Proficiency (LEP) & Language Access Service Policy, Planning, Training, and Certification of OMH Staff as Qualified Interpreters; Monitor Service-Delivery and Assess Patient & Family Satisfaction of Services received through OMH.

Objective A: Develop Standard Policies, Procedures, and Service-Delivery of Cultural and Linguistic, LEP and Language Access Service for OMH facilities outpatient and satellite programs and new initiatives to improve outcomes for diverse minority and cultural groups served and certification of OMH staff as qualified interpreters.

Objective B: Monitor service delivery that infuses C&L competency, and track level of patient and family member satisfaction with services received through OMH by conducting and analyzing OMH Patient Service Surveys/Outcomes in terms of Patient and Family Member Satisfaction with access and receipt of quality of care and appropriate cultural and linguistic services.

Work Function Methodology	Participants	Time Frame
<p>Standardize policy, procedures and planning for LEP and Language Access Services.</p> <p>A) BCC to assist in the development of OMH policy, procedures and a uniform method by which language translation/ interpretation services can be accessed and provided by all OMH facilities in compliance with Executive Order 26 and OMH C&L Policy 502PC.</p> <p>A) BCC to update interpreter, translation (includes list of qualified interpreters/ translators in NYS), and other language resources on the internet/ intranet sites for OMH facility access.</p> <p>A) BCC and assigned committee will collaborate with OMH Counsel’s Office to identify vital and/or legal documents for translation of these uniform documents for facility access as required by Executive Order 26 and the Joint Commission.</p> <p>A) BCC/ OMH will develop a process to qualify bilingual OMH staff providing interpretation/ translation services (e.g. Parenthetic and Language Bank Directory).</p>	<p>BCC, CECC, OMH, OMH Counsel, OMH Facility LAC, MAC,</p> <p>BCC, CECC, CIT, Qualified Mental (QM), MAC</p> <p>BCC, Counsel, OMH Central, QM, Language sub-committee</p> <p>BCC, OMH, OMH Facility LAC designees, QM, Civil Service</p>	<p>New Work for 2012-2013</p> <p>On-going Work for BCC</p> <p>New Work for BCC 2012-2013</p> <p>On-going Work for BCC, DPC</p>

<p>A) BCC will ensure that the translation of all legal and vital forms/ documents are performed through the Print Shop and posted for OMH facility access as required by Executive Order26 and the Joint Commission.</p>	<p>BCC, Counsel, OMH Central, QM, Language sub-committee</p>	<p>New Work for BCC 2012-2013</p>
<p>Develop and disseminate training materials on LEP and Language Access Services:</p> <p>A) BCC to provide Train-the-Trainer LEP Training to designated OMH Facility LAC and staff who will provide training annually (or as needed) to all its employees and new hires on how to access and utilize LEP and Language Services appropriately at the facility as required by Executive Order26.</p> <p>A) Each OMH Facility designated LAC and training staff will submit an annual training schedule to BCC that provides LEP and/or C&L Training to all its employees and new hires on how to access and utilize LEP and Language Services appropriately at the facility as required by OMH C&L Policy 502PC and Executive Order26.</p>	<p>BCC, OMH Facility LAC, Bureau of Education and Workforce Development (BEWD)</p> <p>BCC, OMH Facility LAC, BEWD</p>	<p>New Work for BCC 2012-2013</p> <p>New Work for BCC 2012-2013</p>
<p>Monitor service delivery for and track level of Patient and Family Member Satisfaction with Services received through OMH.</p> <p>B) Centers to review and analyze Patient and Family Member(s) responses of adult, youth, and family assessment of Satisfaction Survey via: Care Surveys, MHSIP, and any other satisfaction survey used by OMH facilities and programs. A report will be provided.</p> <p>B) BCC will review and monitor compliance of each OMH facility's submitted Annual C&L Work Plan for implementation as required under OMH's C&L Policy-502PC.</p>	<p>BCC, MAC, Bureau of Inspection and Certification (BIC), QM, OPME, Centers</p> <p>BCC, Centers, MAC, OMH Facilities, OMH Facility Diversity and Cultural Competence Committee</p>	<p>New Work for BCC & Centers</p> <p>New Work for BCC & Centers</p>

<p>B) OMH Facilities will utilize NKI's C&L Assessment and Annual Work Plan Instruments to develop the facility's Annual Work Plan by providing measurable goals and objectives for that annual review period as required by OMH C&L Policy 502PC.</p>	<p>BCC, Centers, MAC, OMH Facility Diversity and Cultural Competence Committee</p>	<p>New Work for BCC & Centers</p>
<p>B) BCC to be an active collaborator/partner in the development and implementation of OMH's current and/or new initiatives, programs, and policies (e.g. Personalized Recovery Oriented Services (PROS), Positive Alternatives to Restraint and Seclusion (PARS), BIC licensing, Executive Order 26, OMH Policy 502PC, Health Homes and Behavioral Health Organizations, Suicide Prevention, etc.).</p>	<p>BCC, Centers, MAC, OMH</p>	<p>On-going Work for BCC</p>

BCC has incorporated Executive Order 26, Title VI, National CLAS Standards, Joint Commission's Road Map (2010), OMH's Cultural and Linguistic Policy 502PC in the BCC Work Plan 2012-2013 to be in compliance to the above required mandates, laws, policy, and standards.