

<p>1.11 Requests for services are addressed appropriately and in a timely manner</p>	
<p>1.12 Assessment process is responsive and coordinated</p>	
<p>1.21 The assessment is comprehensive.</p>	<p>The New York State Clinical Records Initiative (NYSCRI) offers a standardized, compliant and integrated clinical case records form set, for use on a voluntary basis by licensed non-inpatient programs: http://www.omh.ny.gov/omhweb/nyscri/</p> <p>Beck Depression Inventory: http://www.beckinstitute.org/beck-inventory-and-scales/</p> <p>Child and Adolescent Needs and Strengths (CANS): http://www.omh.ny.gov/omhweb/resources/publications/cans/cans_manual.pdf</p> <p>DSM-5 Cultural Formulation Interview: http://www.dsm5.org/proposedrevision/Pages/Cult.aspx</p>
<p>1.22 Screening and Assessment of Co-Occurring Disorders</p>	<p>OMH information and on recommended screening tools: http://www.omh.ny.gov/omhweb/resources/providers/co_occurring/adult_services/screening.html</p> <p>OASAS information on SAMHSA’s Screening, Brief Intervention, and Referral to Treatment (SBIRT) and other evidence-based alcohol and substance use screening instruments: http://www.oasas.ny.gov/AdMed/sbirt/index.cfm</p> <p>SAMHSA’s recommended screening tools for alcohol and substance use and other areas: http://store.samhsa.gov/pages/searchResult/screening+tools</p>
<p>1.23 The assessment should include an initial risk of self-harm.</p>	<p>CASE Approach: http://www.suicideassessment.com/web/top-level/case.html</p> <p>Columbia-Suicide Severity Rating Scale: http://www.cssrs.columbia.edu/</p> <ul style="list-style-type: none"> ➤ Please note - according to the FDA, “Instruments such as the C-SSRS have been used successfully in children and adolescent patients with various psychiatric disorders that do not involve cognitive impairment. Nevertheless, assessing young children also can be challenging because many may not have reached sufficient cognitive maturity to understand the concept of death.” http://www.fda.gov/downloads/Drugs/GuidanceRegulatoryInformation/Guidances/UCM225130.pdf%20
<p>1.24 The assessment should include an initial risk of harm to others.</p>	
<p>1.25 Health Screening and Monitoring</p>	

<p>1.27 Screening and Assessment of Tobacco Use</p>	<p>Fagerstrom and HSI: http://www.iarc.fr/en/publications/pdfs-online/prev/handbook12/Tobacco_vol12_appendices.pdf</p>
<p>1.31 The clinician should pursue information from other available sources, particularly family members, significant others, and recent providers of services....</p>	
<p>2.11 Every recipient has a comprehensive treatment plan.</p>	<p>SAMHSA kit on evidence-based employment practices: http://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-KIT/SMA08-4365</p> <p>SAMHSA kit on evidence-based integrated treatment practices: http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367</p>
<p>2.12 Developed with recipient/ family/collaterals</p>	
<p>2.14 Treatment Plan Reviews reflect active and ongoing reappraisal of goals, objectives and discharge plan.</p>	
<p>2.15 Documentation of Treatment Services</p>	
<p>2.21 Safety Plan</p>	<p>Safety Planning Guide © 2008 Barbara Stanley and Gregory K. Brown: http://www.sprc.org/sites/sprc.org/files/library/SafetyPlanningGuide.pdf</p>
<p>2.31 The comprehensive treatment plan is developed in a timely manner; the plan and subsequent reviews are signed by all individuals participating in the recipient's care.</p>	
<p>3.11 The clinic attends to the recipient and family.</p>	<p>“Perception of Care” surveys were previously referred to as “Satisfaction” surveys.</p>
<p>3.12 Identification of a Primary Clinician</p>	
<p>3.13 Engagement And Retention</p>	

3.14 Communication with Families/Other Significant People	The Family Institute for Education, Practice and Research in Rochester, together with OMH, developed a three-part series designed especially for licensed agency providers. The three webinars are an overview of the Consumer Centered Family Consultation model. http://www.nysfamilyinstitute.org/ccfc-archives/
3.15 Co-occurring Mental Health and Substance Use Disorders	Notes on some mental health and substance use interventions: <ul style="list-style-type: none"> • <u>Health Promotion</u> aims to directly reduce the lifestyle risks and negative consequences of substance use, including tobacco. • <u>Family Psychoeducation</u> on co-occurring disorders aims to strengthen social supports available from family members and/or significant others. • <u>Counseling</u> should be largely based on motivational interviewing and/or cognitive-behavioral therapy (CBT). • <u>Group Treatment</u> should be designed to address both mental health and substance use problems, as appropriate.
3.16 Disengagement from Treatment	
3.17 Treatment of Tobacco Use	<p>OMH has created a specialized training in evidence-based tobacco dependence treatment interventions: http://www.omh.ny.gov/omhweb/resources/newsltr/2012/oct/index.html</p> <p>(This specialty training is free and easily accessible through the link to FIT: http://www.practiceinnovations.org/CPIInitiatives/FocusonIntegratedTreatmentFIT/tabid/186/Default.aspx)</p> <p>Center for Practice Innovations FIT Modules on treating tobacco dependence: http://archive.constantcontact.com/fs024/1103300754685/archive/1111124545513.html#LETTER.BLOCK8</p> <p>LifeSPAN, an OMH Wellness Initiative, offers facts, guidance, and links on tobacco and smoking cessation: http://www.omh.state.ny.us/omhweb/adults/wellness/lifespan/smoking_cessation/</p> <p>SPMI tobacco treatment manual funded by New Jersey Division of Mental Health Services - "Learning About Healthy Living: Tobacco and You": http://www.ct.gov/dmhas/lib/dmhas/cosig/TobaccoandYou.pdf</p>
3.21 Discharge	
4.11 Caseload	
4.12 Treatment Services	<p>Improving the use of psychotropic medications for children in foster care: http://www.omh.ny.gov/omhweb/News/2012/psychotropic.html</p> <p>Information on Center for Health Care Strategies, Inc. Quality Improvement Collaborative: http://www.chcs.org/info-url_nocat3961/info-url_nocat_show.htm?doc_id=1261326</p>
4.13 Crisis Services	

<p>4.14 Cultural Competence</p>	<p>Recipients and family members have specific rights to free interpreter and translation services at no cost to them. See Executive Order 26 and Title VI legislation in regard to Limited English Proficiency [LEP] needs: http://www.governor.ny.gov/executiveorder/26 http://www.dol.gov/oasam/regs/statutes/titlevi.htm</p> <p>For State-operated facilities: TTY and assistive listening devices must be made available per OMH’s PC-502 Policy on Cultural and Linguistic Competence.</p> <p>OMH Bureau of Cultural Competence offers guidance and links on a wide range of topics and conducts FREE training to all OMH facilities and OMH-licensed agencies: http://www.omh.ny.gov/omhweb/cultural_competence/</p> <p>OMH Cultural Competence Strategic Work Plan 2012-2013: http://www.omh.ny.gov/omhweb/cultural_competence/strategic_work_plan_2012-2013.pdf</p> <p>US Dept of Health and Human Services Office of Minority Health statistics and profiles: http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlID=2</p> <p>NYC Division of Mental Hygiene’s workbook for improving cultural competence in mental health and chemical dependence programs: http://www.nyc.gov/html/doh/downloads/pdf/qi/qi-ccprior-workbook07-p1.pdf</p> <p>Nathan Kline Institute’s publications, assessments, cultural profiles, and guidance on providing culturally competent care: http://ssrdqst.rfmh.org/cecc/</p> <p>Georgetown University National Center for Cultural Competence - Self Assessment tools: http://nccc.georgetown.edu/resources/assessments.html</p> <p>NYS Psychiatric Institute Center of Excellence for Cultural Competence: http://nyspi.org/culturalcompetence/</p>
<p>4.21 Supervision and Training</p>	<p>Currently recognized evidence-based practices which may be incorporated into treatment at Clinic Treatment programs include, but are not necessarily limited to, Motivational Interviewing; Family Education and Support; Contingency Management; Illness Management and Recovery; Medication Management; Self-Help; Cognitive Behavior Therapy; Stages of Change; Integrated Dual Disorders Treatment; and Supported Employment.</p> <p>NYS OMH Evidence Based Treatment Dissemination Center: http://www.omh.ny.gov/omhweb/ebt/</p> <p>SAMHSA’s National Registry of Evidence-based Programs and Practices: http://nrepp.samhsa.gov/</p> <p>Center for Practice Innovations: http://www.nyebpcenter.org/CPIInitiatives_OLD/FocusonIntegratedTreatment_OLD/tabid/99/ctl/Login/Default.aspx?returnurl=%2fInitiatives%2fFocusonIntegratedTreatmentFIT%2ftabid%2f99%2fDefault.aspx</p> <p>TF-CBT Web’s free, web-based course which provides 10 continuing ed credits: http://tfcbt.musc.edu/</p> <p>Children, Youth and Family Mental Health Evidence-Based Practice Project (EBPP): http://www.socialwork.buffalo.edu/ebp/</p>

	<p>NAMI's "Choosing the Right Treatment: What Families Need to Know About Evidence-Based Practices": http://www.nami.org/Template.cfm?Section=child_and_teen_support&template=/ContentManagement/ContentDisplay.cfm&ContentID=47656 (See chart of some well-known EBPs on page 15)</p> <p>Notes on Exemplary item #4 and Adequate item #8: Linguistic training involves how to acquire an appropriate language service for your agency; how to utilize interpreter and translation services effectively and efficiently; the nuances of body language and other nonverbal cues; cultural context of language nuances, and more.</p>
4.31 Information Sharing	
4.41 Clinical Risk Management	
4.51 Responsive to recipients at risk	<p>Suicide prevention information, posters, and initiatives: http://www.omh.ny.gov/omhweb/suicide_prevention/</p> <p>Suicide Prevention Center of New York State: http://www.preventsuicideny.org/</p> <p>2012 National Strategy for Suicide Prevention: http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full-report.pdf</p>
4.61 Premises	