

Bureau of Cultural Competence Annual Report

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4/6/2011

I. Introduction

Title VI of the Civil Rights Act of 1964, prohibits recipients of federal funding from discriminating on the basis of race, color, national origin, gender, age and disability. This protection requires that Limited English Proficiency (LEP) persons be provided an equal opportunity to benefit from or have access to services that are normally provided in English. The purpose of Title VI and related statutes and policies are to ensure programs in the receipt of federal and/or state funding are not utilized in a manner that results in discrimination.

The NYS Office of Mental Health (OMH) is in compliance with Title VI of the Civil Rights Act of 1964 by establishing The Bureau of Cultural Competence which provides oversight and technical support to ensure that our policies, programs and procedures are inclusive to race/ethnicity, national origin, gender, age, disability, those who are deaf and/or hard-of-hearing and those with Limited English Proficiency. This technical support and oversight is extended to our licensed agencies and service providers.

Bureau Mission and Standing Goals:

The mission of the Bureau of Cultural Competence (BCC) is to eliminate mental health disparities through training and technical support.

Our vision is, "Mental health for all, disparities for none."

To accomplish our mission and vision the Bureau of Cultural Competence (BCC) operates within our Cultural Competence Strategic Plan framework with the following five standing goals; *capacity/needs assessment, information exchange, services, and human resources* to improve the outcomes for culturally diverse groups. Our four year plan takes into account the components of the public mental health system to promote the integration of cultural competence into all aspects of service. The Statewide Cultural Competence Strategic Plan was developed in conjunction with our internal/external partners; the NYS OMH Steering Committee (Division leaders), The Centers of Excellence for Cultural Competence Nathan Kline Institute and New York State Psychiatric Institute (CECC), and the NYS Multicultural Advisory Committee (MAC). Our partnerships are vital for addressing systemic barriers and achieving the action items of the plan.

The focus of the plan for 2010-2011 is to integrate cultural competence into the fabric of our organization by strengthening our internal alignments; providing culturally competent related trainings; standardizing our cultural competence (cc) practices; reviewing our policies for inclusion and infusing evidence best practices into services.

The Bureau of Cultural Competence oversees the CECCs who are responsible for the advancement of research for people of color and underserved populations. The Bureau of Cultural Competence also serves as the conduit for the MAC which advises the Commissioner on improvement of mental health services for diverse cultural groups. This report is provided to detail the status of standing goals described above and to determine next steps for the years 2011 & 2012. This report also includes updates for the NYS MAC and the CECCs.

II. Capacity/Needs Assessment will provide an understanding of the cultural groups in the public mental health system and will identify possible service gaps.

- Maintain knowledge base of the cultural groups of NYS who may have distinct mental health service needs
 - NKICECC created and updates cultural demographic profiles related to race, ethnicity and religion for NYS
- Assess the capacity of the public mental health system to serve these groups
 - Conducted survey of OMH facilities to determine cultural competence activities
 - Conduct CC facility-level assessment in children's psychiatric centers to determine how services can be improved for diverse cultural groups including children and their families.
 - Collaborated with NKI to provide webinar on the concepts of cultural competence prior to the dissemination of the survey instrument
 - BCC facilitated a scheduled cc training tailored from the results of The Children's Division Assessment by Dr. Vivian Jackson from The National Center for Cultural Competence
 - CC Facility level assessment developed, disseminated and analyzed by NKICECC
 - As a result of the assessment BCC and NKICECC will provide technical assistance to support the integration of cultural competence to address any service gaps determined by the results
 - Utilize County Planning System to survey cultural competence activities across three local mental hygiene agencies.
 - Collaborate with the Office of Planning and Mental Hygiene Directors to conduct survey for CC across the state
 - Summary of report provided in the NYS OMH 5.07 Strategic Plan
 - Utilize results to identify service gaps and collaborate with The MAC and the Centers of Excellence for Cultural Competence to address mental health disparities

III. Information exchange to facilitate the dissemination of information relevant to CC to OMH facilities as well as licensed providers in order to improve their CC; and to be the conduit of community based information that improves OMH policies and procedures for diverse cultural groups.

- Gather and disseminate CC related information (e.g., articles, best practices, program services, etc.) for internal/external stakeholders
 - Maintain and update website for CC information including tools, articles and best practices for addressing the needs of diverse cultural groups.
 - Webinars focused on engagement of specific cultural groups in different aspects of services:
 - Native Americans 4/2010
 - In Our Own Voices/LGBTQ 5/2010
 - HIV/AIDS 6/2010

- Suicide Prevention 7/2010
 - Interpreter/ Language 8/2010
 - Cultural Aspects of Children's Services 9/2010
 - Toolkit for Modifying EBP to Increase CC 10/2010
 - LGBT Presentation on Engagement/Treatment 10/2010
 - Improving the Physical Health of Latinos & AA 11/2010
 - Latino Presentation Engagement/treatment 11/2010
- Initiate and maintain stakeholders, intersystem partnership
- Participate in bi-monthly meetings with Georgetown National Center for Cultural Competence to discuss and troubleshoot measures taken to incorporate CC.
 - Presented to Conference of Local Mental Hygiene Directors (CLMHD) that led to the development of CC survey across mental hygiene systems
 - Presented at Rochester Psychiatric Facility Cultural Diversity Conference 2/10/10
 - Presented at the NYS Case Manager Conference, *"What Does Cultural Competence Mean in My Everyday Work."* 5/10
 - Presented CC plan to Quality Directors 5/10
 - Presented at the Suffolk County MAC *Cultural Competence and Recovery* 6/10
 - Conducted a CC training for Broome County MAC 10/1/10
 - Presented at the Latino Summit on *"How to Engage Latinos and Hispanics in Mental Health Treatment"*. 10/19/10
 - National Alliance on Mental Illness (NAMI NYS) conference *"How NAMI Chapters can Perform Effective Community Outreach and Engagement by Using Cultural Competence"*. 11/5/10
 - Presented at Mental Health Psychiatric Advisory Committee about the BCC and the importance of addressing behavioral health disparities 11/10
 - Presented current initiatives for CC plan to New York Association of Psychiatric Rehabilitation Services (NYAPRS CLC) 1/11
 - Presented on the goals of the CC plan for Mental Health Service Council 2/11
 - Ongoing meeting with the NYS Office of Children and Family Services (OCFS) on Disproportional Minority Representation in the juvenile justice system
 - Ongoing collaboration with the Department of Health, Office of Minority Health to address health disparities
 - Attend community meetings with the US Committee for Refugees and Immigrants to collaborate on engagement and inclusion

IV. Services to improve the quality of services for diverse cultural groups with respect to language accommodations, modifications to existing services and/or introduction of new services.

- Standardize process for language accommodation
- Conducted a language assessment to determine what measures were being taken in the facility to meet the needs of Limited English Provision (LEP) consumers and families
 - Collaborated with Counsel, the Facility Directors and the Design Center to ensure inclusion of services for our Limited English Proficiency (LEP)

consumers/families by developing procedures for translation and dissemination of legal documents for our facilities

- Translated legal documents that require patient signature into Spanish, Chinese (Mandarin), Haitian (Creole), Urdu, Korean, and Russian
- Collaborated with CIT, Public Education, and the Design Center to update Spanish and create Russian, Chinese Mandarin and Haitian(Creole) website
- Developed and presented training on language accommodations
 - Conducted webinar on appropriate language laws governing service provision LEP consumers and families
- Monitor service delivery for CC
 - Collaborated with Adult Services to revise CC standards for PROS (Personalized Recovery Oriented Services and PAR (Prior Approval Review)
 - Reviewed PSYCKES (Psychiatric Services & Clinical Knowledge Enhancement System) for inclusion culturally appropriate services
 - Reviewed the NYS 599 Regulation for inclusion CC standards
 - Reviewed The New York State 5.07 OMH Strategic Plan for the inclusion of cultural competence

V. Human Resources to promote and sustain recruitment of culturally diverse staff reflective of NYS behavioral health system.

- Hiring and Retention
 - Represented OMH at Black and Latino Caucus to promote employment opportunities
 - Represented at Somos El Futuro (Hispanic Legislative Day) to promote employment opportunities
 - Participated in NYS Civil Service Scope Conference. We provided 15 new questions to test applicants knowledge of cultural competence
- Developed and presented training for staff
 - Provided training to OMH facility to enhance staff's ability to work in cross-cultural situations
 - Collaborated with Diversity Planning & Compliance (DPC) to develop training for the introduction of Division Diversity Management for new hires. The training highlights the laws and regulation governing our work and key job functions for BCC and DPC
 - Provided training to OMH Field Office staff in order to enhance their ability to monitor and certify license providers/agencies for cultural and linguistic appropriate services

VI. Outcomes related to disparities in access and quality of care to cultural groups; desirable cultural group outcomes and their satisfaction with services.

- Track service outcomes in terms of disparities in access, receipt, quality of care and consumer satisfaction
 - Conducted a survey to determine cultural competence activities for the facilities
 - About half of the organizations reported having programs, protocols, or practices to work with specific cultural groups.
 - The majority of organizations (85%) indicated that they have a specific written protocol to guide staff when a person seeking services does not speak or prefer English.
 - More than half of the organizations reported they had identified specific cultural training needs.
 - The majority of organizations indicated that cultural competence training is included in individual staff plans and in organization training plans and/or strategic planning
 - As a result of that CC survey the following items are being addressed:
 - Statewide cultural and linguistic competence policy needs to be developed for the facilities
 - CC curriculum needs to be uniform for all facilities to improve practices in cross cultural interactions with consumers and families
 - The BCC needs to become the repository for best practices among the facilities and the outpatient programs
 - Participates in the Consumer Assessment of Care Survey workgroup to provide a cultural lens. The survey measures consumer satisfaction with outpatient mental health services.

VII. Centers of Excellence for Cultural Competence

The Centers of Excellence for Cultural Competence (CECC) at NKI and NYSPI are charged with conducting research to improve the quality of care for diverse cultural groups in the public mental health system. Their research includes but is not limited to; developing innovative practices to engage; retain individuals into mental health services; developing methodologies for best practices to be implemented into already established services and utilizing research findings to advocate for improved services for diverse cultural groups. The 2010 Annual Reports for New York State Psychiatric Institute and Nathan Kline Institute CECC are listed below:

***New York State Psychiatric Institute
Center of Excellence for Cultural Competence Report
November 2010 – February 2011***

Research Initiatives

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

accomplish this goal, the NYSPI-CECC is conducting the following projects and activities:

Community Assessment Project: Completed a two-year qualitative community needs assessment study examining the provision of culturally and linguistically competent physical health services to racially, ethnically, and linguistically diverse people with SMI in three northern Manhattan communities.

- Policy Report: The report presents culturally competent recommendations to improve the physical health of consumers with SMI.

Grants:

- R24 (IP-RISP) research application submitted to the National Institute of Mental Health to advance a community-academic partnership between the CECC, two housing organizations, and a family medicine clinic. The aims of this project are twofold: a) help racially/ethnically diverse adults with SMI and at risk for diabetes engage in health and wellness behaviors; and b) lay the foundation for ongoing research on the implementation of evidence-based practice in resource-poor community settings.
- K01 -research application submitted to the National Institute of Mental Health to support the development and pilot testing of a culturally modified care manager intervention using social workers in public outpatient mental health settings to improve the physical health of Hispanics with SMI and at risk for cardiovascular disease.

Peer-reviewed Articles:

- Completed article on racial and ethnic differences in diabetes mellitus among people with and without psychiatric disorders: results from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC).
- Completed article on the prevalence of cardiovascular risk factors among racial and ethnic minorities with schizophrenia spectrum and bipolar disorders: a systematic literature review.

Health and Wellness Photovoice Project: Photovoice is a participatory research method that empowers people with cameras to document their everyday lives and capture in words and photographs their experiences in their communities.

- Data collection is completed at both research sites. Currently working on dissemination activities including photo exhibits in the community and website, as well as research articles.
- Health and Wellness Photovoice Program Manual is a step-by-step guide for researchers, program directors, stakeholders, and public at large interested in using photovoice methodology to engage, empower, and mobilize their communities to social action

Clearinghouse on Physical Health Information for Consumers and Providers:

Compiled web-based resources that can be used by consumers and providers to increase their awareness and knowledge of physical health issues that impact the health and wellness of consumers with SMI (e.g., smoking cessation, weight management, physical activity). This web-based resource includes materials that are linguistically and culturally appropriate for a diverse audience.

- Submitted to MyPSYCKES team a list of culturally competent resources for consumers and providers to include in their resources library.

Best Practices for Interpreting and Cultural Brokering Services. *The goals of this initiative are to evaluate language access services at OMH facilities and to develop a novel model for expanding the cultural brokering function of interpreter services using teleconferencing technology to improve the quality of clinician-consumer communication. In order to accomplish these goals, the NYSPI-CECC is conducting the following projects and activities:*

Interpreters/Cultural Brokers Project: 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. Data collection and analysis is underway.

- Completed 14 Mandarin-English and 11 Spanish-English cultural brokering interviews with videoconferencing technology.
- Developing a proposal for the National Institute of Mental Health to advance and test the cultural brokering model for psychopharmacological services.

MH Language Access Survey Project: Developed a web-based 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.

- Survey was pilot tested and we are getting in contact with all OMH facilities to begin data collection shortly.

Culturally and Linguistically Appropriate Engagement Strategies across the Lifespan. *The goal of this initiative is to understand how to effectively increase the engagement of racial and ethnic underserved populations into mental health care. In order to accomplish this goal, the NYSPI-CECC is conducting the following projects and activities:*

The Right Question Project: Serving as site for a multi-site 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.

Motivational Interviewing Project: The goal of this project is to assess the moderators and mediators of increased retention in antidepressant therapy by depressed Hispanic patients who have received a culturally adapted motivational interviewing intervention to enhance their treatment engagement. This will help clarify the mechanisms of action of the novel intervention and the patient groups for whom it is most effective.

Psychosis Screening Instrument: The goals of this project are to: 1) identify the true lifetime prevalence of schizophrenia-spectrum disorders and affective disorders with psychotic features among Latino patients in primary care; 2) use these data to establish the operating characteristics of a revised psychosis screener; 3) compare these characteristics to those of the Psychosis Screening Questionnaire; 4) gather subjects' interpretations of screener items, including descriptions of positive symptoms, as well as

additional clinical and ethno-cultural information that can guide the re-writing of screener items in order to improve the operating characteristics of the instrument; and 5) generate a final version of a psychosis screener for use in primary care.

Cultural Formulation Project: The goal is to obtain pilot data on the feasibility, acceptability, and perceived clinical utility of a cultural formulation interview (CFI) for inclusion in DSM-5. The CFI is intended to increase the implementation ability of the cultural formulation outline. The study will recruit 30 patients to participate in the administration of the CFI as part of an unstructured clinical evaluation of the patient that mimics usual clinical practice. This project continues in Year 4.

Develop culturally competent approaches for children and youth mental health services.

The goal of this initiative is to enhance the cultural competence of mental health services for children and youth in New York State. In order to accomplish this goal, the NYSPI-CECC is conducting the following projects and activities:

- **Life is Precious Evaluation:** This is a collaborative evaluation project to identify the components of the “Life is Precious” intervention that are linked to the reduction of suicidal ideation and behaviors among Latina youth.
- **Systematic Literature Review of Public Stigma toward Children’s Mental Disorders:** Developed a systematic literature review of U.S. population-based studies that examine the public stigma toward mental disorders among children. This literature review is intended to generate practice and policy recommendations for reducing stigma toward children’s mental disorders.

New Center Projects

- **Prodromal Psychosis Project:** The goal of this project is to examine the effects of race/ethnicity, trauma exposure, and dissociation on the rate of false positives for prodromal psychosis in a young adult community-based population from diverse cultural backgrounds. A computerized survey has been developed. The goal is to collect up to 500 surveys.
- **Survey on Suicidality, Psychiatric Symptoms, and Mental Health Attitudes among Russian-speaking Consumers:** The goals of this project are to assess the rates of suicidality and psychiatric symptoms and the mental health attitudes of Russian-speaking primary care patients, one of the largest language minorities in New York State. A self-administered survey has been developed and IRB protocol approved.
- **Stigma and Community Mental Health Intervention for Chinese Immigrants:** The goals of this project are twofold: 1) to increase knowledge of psychiatric disorders, and 2) to reduce stigma specifically related to enhancing work performance and social recovery among Chinese immigrants. The intervention uses a 3-session group treatment that utilizes empirically-tested principles.
- **NYS Hotlines/Crisis Services Assessment:** The goal of this project is to assess linguistic access to crisis services for suicidal ideation and behavior across multiple language groups in New York State (e.g., Korean, Spanish, etc.).
- **PSYCKES and MyPSYCKES Collaboration:** The Center is providing consultation to PSYCKES and MyPSYCKES through their participation in three (3) committees: 1) PSYCKES Advisory Committee, MyPSYCKES Cultural Advisory Committee, and MyPSYCKES Spanish translation committee.

Other NYSPI-CECC Activities

- **Center's Website** www.nyspi.org/culturalcompetence/: In addition to the cultural competence resources for providers, consumers, policy makers, researchers, and community members that the Center's website features, it includes:
- **Clearinghouse of Scales of Cultural Competence.** Completed a Web-based resource tool of scales for measuring cultural competence for administrators, researchers, and clinicians.
- **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. These reports are available at: <http://nyspi.org/culturalcompetence/what/reports.html>

NKI Center of Excellence in Culturally Competent Mental Health Report

November 2010 - February 2011

Services

Three-site study to determine program level elements of cultural competency

- Video "Cultural Competency in Mental Health Programs" completed. It is now available on website and hard copy DVDs are being disseminated.
- Video and training material on program level CC have been presented in OMH BCC Webinar in January 2011, at Nassau County MAC sponsored provider meeting in November 2010 and incorporated into a PROS academy presentation organized by NYAPRS in November 2010.
- The revised version of the paper entitled "Components of Cultural Competency in Mental Health Programs" will appear in *Psychiatric Services* in June.
- Program level instrument: Final selection and revisions of items for instrument is complete and ready to be sent back to the Advisory Panel for final review. Pilot sites are to be selected.

Toolkit to Modify Evidence Based Services for Cultural Groups

- Implementation sites have been engaged for a qualitative research study to understand the strengths and weaknesses of the Toolkit in actual practice settings: one site will modify Parent Management Training (PMT - Kazdin's model) for African Americans in Westchester County and another for Afro Caribbeans in Poughkeepsie; another clinic will select and modify a depression EBP for elderly Russian immigrants in Brooklyn.
- Website application is under development to allow a virtual community of Toolkit users to have a forum for discussing issues related to Toolkit usage.
- A continuing education web-based course is in final stages of development.
- In process is the development of a protocol for second generation work to develop a toolkit to modify existing agency services (not EBPs) for cultural groups.

PASS

- Modified curriculum for PASS has been completed. It is expected to facilitate training of new staff and ability to export PASS to other environments.
- Report on Erie County's plans for implementation is in progress highlighting changes required and barriers of implementation.
- A platform for replication, based on the Erie County experience, is near completion. Revisions are in process.
- Talks continue with Juvenile Justice System representatives in Rochester to export PASS to their environment. As a result of the participation of two 'Industry' youth in PASS and feasibility of their participation, revisions to the platform for replication are being made.

PROS and Cultural Competency

- In order to make recommendations for cultural adaptations of PROS, a study has commenced on the PROS implementation/conversion of the day treatment program for the Chinese population at Hamilton Madison House. In year 4, this study will be augmented with study of other PROS sites serving cultural groups.

Unmet needs projects/Native Americans: NICWA (National Indian Child Welfare Association)

- We are in contract development with NICWA (National Indian Child Welfare Association) to conduct an unmet needs project focused on Native Americans. Statistics reported by the U.S. Department of Justice (DOJ) show that the rate of suicide for Native American males aged 15 to 24 is as much as three times higher than that found in the overall U.S. population. Reasons for this and gaps in service will be identified in a needs assessment study of youths, their families and community leaders of the St. Regis Mohawk reserve at Akwesasne.

Instruments and Screens

- CCAS Organizational level instrument: Psychometric paper "The Nathan Kline Institute Cultural Competency Assessment Scale: Psychometrics and implications for disparity reduction" to appear in March issue of *Administration and Policy in Mental Health and Mental Health Services Research*.
- Children's Psychiatric Center Assessment Scale: The NKI organizational level scale was adapted for use in the NYS OMH Psychiatric Centers and its satellite clinics. Gary Haugland conducted training sessions to senior staff at the facilities through several Bureau sponsored Webinars to self administer the survey. The surveys were conducted in December 2010 of which 22 surveys were received from the children's hospitals and outpatient programs. A final report of survey results was provided to the Bureau.
- Program level instrument: see above
- PHQ 9 Screening study to adapt screen for Mexicans and Ecuadoreans will resume pending SCID training of staff. Dr. Gutnick of Bellevue hospital has received funding from NYC HHC to continue study to increase sample size. We are continuing to participate in the analytic aspects of this project without additional Center monies.
- A community based approach for screening for gambling and concomitant mental health problems in Chinese populations was developed with Hamilton Madison House. We are writing a column for Psychiatric Services reporting on this work.

Disparity Research

- Disparity research on NYS populations based on 2003-2009 PCS data is ongoing. A methods paper has been published and a report is in progress on age/diagnostic specific differences in treated prevalence and service use rates.
- Paper on Black/White differences in ECT use based on national data near completion (B. Case).
- Meetings with PSYCKESE group. Brady Case has taken the lead on an analytic committee to look at disparities in the use of psychotropic medication.
- Worked with Monroe County to select disparity measures related to access, service use, quality and outcomes. The basic set could be used state-wide.
Talk: Measuring Disparities with Administrative Data” (G. Haugland, B. Case)
Monroe County Department of Mental Health and their Advisory Committee
Rochester, NY
- BODY Project (A. Convit): An increased sample size of non obese minority group youth will be assessed for psychosocial problems in an aim to discern whether already observed psychosocial problems in obese youths (years 1-2) are due to obesity or a phenomenological aspect of being poor urban minority youths. Depending on this finding, work will commence on establishing a school-based support groups for obese minority youth modeled on PASS premises.
- Social and Ethnic Disparities in the use of Buprenorphine in NYC (H. Hansen): Paper under revision for *Medical Care*.

Educational and Web-Based Materials

- Filipino American literature review newly added to website. Updated Dead Culture profile to include new information. Editing drafts of Afro-Caribbean and Russian Americans reviews developed by summer interns. We are in the contract development phase with a publishing company on a monograph of profiles.
- Final draft of “Responding to the Mental Health Needs of Multicultural Faith Communities” a pastoral education guide completed. We are in discussion to determine pilot activities.
Based on feedback from clergy the next steps recommended:
 - Use current document as a ‘training manual’ for persons in chaplaincy training programs.
 - Create distinct pamphlets each on a recommended ‘pathway’ for religious denominations serving high numbers of immigrants.
 - Create a document that puts forth a generic template for the introduction of activities and leave specific work to clergy and their congregants.
 - Draft of a “Guide to the Development of Spirituality Groups” in progress.
 - Working to identify a pilot study site possibly Manhattan Psychiatric Center

VIII. New York State Multicultural Advisory Committee (MAC)

The mission of the MAC is to ensure that all OMH licensed and certified programs recognize and address the role of culture in the delivery of services and wherever possible make recommendations to improve quality, access and treatment to meet the

distinct cultural needs of 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.

The NYS MAC is in the process of being restructured to support the development of regionalized local MACS so that consumer and family member issues will be represented in a more comprehensive manner. This approach allows for a larger constituency to have a greater impact on the policies, programs and initiatives of the NYS public mental health system.

IX. Next Steps

The Bureau of Cultural Competence will continue to work on the objectives of the plan with special attention to the following for the remainder of 2011 leading into 2012:

- External Partnerships
 - Development of the Regional Local MACs/Statewide MAC
 - Maintain and develop collaborations with advocacy groups i.e. NYAPRS, NAMI, Pride Agenda, Hispanic Outreach, Faith Based Organizations, State Agencies, etc.
 - Collaboration with vested stakeholders for inclusion of evidence based practices
- Services
 - Development of Cultural and Linguistic Policy to ensure inclusion of racial/ethnic minorities, those with Limited English Proficiency (LEP) and/or deaf or hard of hearing
 - BCC will conduct webinar on language services available in the facility for staff on 5/11
 - Broadening our resources for language and translation resources
 - Monitoring of regulation, policies and programs to include cultural competence
- Information Exchange
 - Collaborated with Quality Management to develop a statewide CC policy to be published by April 2011
 - Create a list serve for shared information and best practices for cultural competence across the state
 - 2nd Annual Cultural Competence Journey Award for individual and/or an organization working towards equitable services for diverse cultural groups
 - Webinars to increase CC training:
 - Dr. Mary Barber, “LGBT People Living with Serious Mental Illness”
 - Rainbow Heights Video, “What works and doesn’t work when serving LGBT with Mental Illness”
 - Hextor Pabon, “Cultural Competence Starts at the Front Desk ”
 - Hextor Pabon, “How to Engage Latino’s in Mental Health Setting”

- Hextor Pabon, “Why Cultural Competence Matters: Five Module Training Video”
 - Melanie Pourto, “Suicide Postvention & Prevention
 - Edith Kealey, “PSYCKES: How cultural competence matters”
 - Dr. Chang & Wilma Alvarado-Little, “Language and Interpreters”
 - Jasan Ward, “LGBT 101 Understanding LGBT Terminology”
 - SBPC Fort Hamilton, “Working w/ Chinese Families”
 - Hextor Pabon, “CC Supervisor’s Training”
 - Michael Seereiter, “Work Initiatives for People living w/ Disabilities
 - Joe Swinford, “What is a Recovery Center”
 - Dr. Miller, “Smoking Cessation” 2-Part Series
 - PI- Dr Leo Cabassa, “Photovoice Presentation- Consumer’s Voice”
 - Dr. McCarthy , “How to improve Medication Adherence”
 - Wilma Alvarado, “Certifying Interpreters”
 - Hextor Pabon, “Engagement & Cultural Competence”
 - Edwin Soto Cornell Education,” SSI Benefits”
 - NKI, “Making Programs Culturally Competent”
 - Edwin Soto Cornell Education “ Medicaid Services”
 - NYSPI, “Stigma in relation to Chinese Immigrant Population”
 - Frances Priester, “Why Consumers Matter?”
- Create a directory on website of agencies and/or organization providing culturally competent services

The BCC will schedule a meeting the NYS Steering Committee (members of the Executive Team, CECCs, MAC) to discuss components of the plan and work action items for 2011-2012. We would like also to include other vested stakeholders on the development of the 2011-2012 work plans.