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# Bureau of Cultural Competence Annual Report

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2012

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NYS OMH Cultural Competence  
Work-Plan

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## 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.*

### Relevant Statues and Standards

OMH Cultural and Linguistic Policy 502PC (May, 2012)

Executive Order No. 26 (October 6, 2011)

Americans with Disabilities Act (Pub. L. 101-336, 104 Stat. 327, 42 U.S.C. 12101-12213 and 47 U.S.C. 225 and 611).

14 NYCRR §527.4

*Comprehensive Accreditation Manual for Hospitals (CAMH) and the Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC)*

*CAMH standards*

National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) (Federal Register, Vol. 65, No. 247, pp. 80865-80879, December 2000)

Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. §701 et seq)

Title VI of the Civil Rights Act of 1964 (Pub L.88-352, 78 Stat.241)

This report serves as annual monitoring tool for the completion of described goals and objectives for the Statewide Cultural Competence Plan for 2012. The CC plan is guided by Federal/State laws, regulation and other accrediting bodies (The Joint Commission) that require service provision to address the distinct needs of racial/ethnic and linguistic populations, and other marginalized groups.

The focus for 2012 was to integrate cultural competence into the fabric of our organization by strengthening our internal alignments; providing culturally competent related trainings; development of a cultural and linguistic assessment and cultural competency plan instrument for OMH use; standardizing our cultural competence (cc) practices and reviewing our policies for inclusion and infusing evidence best practices into services.

### Highlight for this year 2012:

- 4<sup>th</sup> Annual Cultural Competence Journey Award (2012-2013) will be presented in March, 25, 2013. The categorical winners which will be announced February 19<sup>th</sup>, 2013. Last year, Doris Cheung, Creedmoor Psychiatric Center and South Shore Association for Independent Living, Inc. were the Journey award winners 2011 for exceptional cultural competence service.
- The CECC: Nathan Kline Institute performed their second Patient Characteristic Survey (PCS) Assessment Report (2012) on OMH Behavioral Health Services Statewide to identify potential disparities in utilization of services by diverse cultural and ethnic groups.
- CECC: New York State Psychiatric Institute performed a Language Access Assessment Report (2012) of all 26 OMH Facilities and outpatient programs to identify potential

disparities in access and utilization of LEP services within for OMH Facilities and outpatient programs.

- In the year ending 2012, BCC has provided **42 trainings** in which **2400 participants** were trained this year.
- Since **07/26/09 to 12/30/12**, BCC has provided a total of **105 trainings** in which **6109 participants** were provided cultural and linguistic competence throughout NYS **averaging 59 participants** per training session.
- BCC met the goal for establishing the formation of three Regional Multi-cultural Advisory Committees (Lower Hudson/ West Chester County Region, NYC Region, and Long Island Region) of this year 2012.
- BCC had created **13 new** archived webinar videos that Ranked in the **“Top 30 Viewed Webinars”** viewed for all OMH for the Year 2012.
- Overall for the year end 2012 report, the BCC archived webinars had **11,123 reviews “hits”** from its **24 posted videos** on its webinar page for the year 2012.
- BCC assisted in the development of OMH Cultural and Linguistic Policy 502PC which mandates annually 2-4 hours cultural and linguistic training, and OMH facilities are recommended to perform an cultural and linguistic assessment and cultural competence plan to address the facility cultural and linguistic needs..
- BCC developed, implemented, and facilitated Executive Order 26 “Train-the-Trainer” for all designated OMH facility staff trainers who will provide annual Language Access Service Training to all staff.
- All OMH facilities have developed and implemented a bi-annual “Language Access Plan” which is monitored by the facility Language Access Coordinator and BCC for compliance to Executive Order 26.
- CECC and BCC have developed a cultural and linguistic assessment and cultural competence plan instrument for OMH Facility use in 2012 which will be piloted at OMH facilities in 2013 in compliance to OMH Policy 502.

## **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.

We support OMH Vision: “The New York State Office of Mental Health will work toward a more effective public mental health system, which values recovery, hope, excellence, respect, and safety.”

To accomplish our mission and vision the Bureau of Cultural Competence (BCC) operates within our Cultural Competence Strategic Plan framework 2012-2013 identifying three standing goals that involved internal/external partners of the NYS OMH Steering Committee (Executive Staff), CECC Centers, and the NYS Multicultural Advisory Committee (MAC).

The Bureau of Cultural Competence collaborates with 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 2013-2014. This report also includes updates for the NYS MAC and the CECCs.

## Goals and Activities

### Work Goal 1: Patient Demographic and Characteristic Assessment & Evaluation

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

**Action Step B:** Assess the cultural and language needs of the Public Mental Health System to serve these groups and OMH Facilities.

#### Activities:

##### ***A. Track service outcomes in terms of disparities in access, receipt, quality of care, or identification of unmet needs***

- NKICECC produced a report of the DMHIS to examine the service provision for racial/ethnic populations
- NKICECC developed a report of penetration rates from PCS data 2012
- Revisions have been made to the 725 MHARS data set so that we could track and monitor cultural and linguistic services for individuals and families in the state-operated facilities. The changes are as follow:
  - Language preferred to receive health information
  - Gender to include transgender
  - Sexual orientation
  - Religious/Spiritual Practices expanded
  - Race/ethnicity separated for improved data collection
  - Instead of Marital Status updated to Current relationship status

##### **B. Maintain knowledge base of the cultural groups of NYS whom may have distinct mental health service needs**

- Nathan Kline Institute-CECC created and updates cultural demographic profiles related to race, ethnicity and religion for NYS
- Supporting the development of Regional/Local Multicultural Advisory Committees as a vehicle for the consumer voice

##### **C. Assess the capacity of the public mental health system to serve these groups**

- CECC and BCC created a CC facility level assessment instrument for OMH Adult and Forensic Psychiatric Centers to assess how services can be improved for diverse cultural groups and families that are served at the facilities.
- CECC and BCC created a CC Plan instrument for OMH Facility use
- The CC assessment results and recommendations for Children's Division performed on 3/11 will be used in 2013-2014 to develop CC Plan for Children's facilities that encompasses: the Joint Commission standards; language access, training, children/family involvement and dissemination of CC resources

- BCC and CECC will provide training on MHARS Demographic Data Collection to ensure that the data questions are asked and recorded upon admission of patients by OMH facility staff.

#### **D. Conduct language survey**

- NYS Psychiatric Institute-CECC conducted a language survey for all OMH facilities and outpatient programs in 2012

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

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

**Action Step 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+).

#### **Activities:**

##### **A. Gather/disseminate CC related information (e.g., articles, best practices, program services, etc.) for internal/external stakeholders:**

- Maintained website/intranet of CC information including instruments; articles; evidence based practices, etc.
- Facilitated quarterly OMH State Multicultural Advisory Committee meetings with the purpose of advising NYS OMH programs about culturally competent services
- Facilitated quarterly Regional Multicultural Advisory Committee meetings with the purpose of advising NYS OMH programs about culturally competent services
- Facilitated quarterly OMH Cultural Competence Steering Committee meetings with the purpose of advising NYS OMH units and programs about CECC culturally competent research work
- Posted monthly cultural competence articles in the NYS OMH news letter
- Established a cultural competence list serve for best practices, learning collaborative and events for NYS
- BCC successfully held **13 webinars for the year 2012**. The webinars were performed by experts of various fields in mental and health services and programs of OMH, Centers of Excellence, and mental health community organization listed below:
  - ❖ How to Conduct Multicultural Spirituality Discussion Groups in Behavioral Health Treatment Setting: posted December, 2012
  - ❖ Say Ah's! Health Literacy Webinar: Strategies to Improve Patient/Client Health Literacy: posted October, 2012
  - ❖ Youth Power! the Growing Peer Movement of Youth and Young Adults: posted June 2012

- ❖ NAMI-NYS 101-An Introduction to the National Alliance on Mental Illness-New York State" Mental Health (NIMH): posted June 2012
- ❖ We have a plan. Now what do we do? How to select interpreting and translation services: posted May, 2012
- ❖ Introduction to Therapeutic Work with Transgender Clients & Reassignment Surgeries: posted April, 2012
- ❖ Collecting Sexual Orientation and Gender Identity Information on the OMH 725 Patient Admission Form: posted April, 2012
- ❖ Healthcare/Medicaid Reform: Opportunities for Recovery and Cultural Competence: posted April, 2012
- ❖ Adapting Treatment for Culturally Diverse Youth: posted April, 2012
- ❖ Bridging Culture Distance: posted April, 2012
- ❖ Lesbian, Gay, Bisexual, Transgender (LGBT) Parenting: posted March, 2012
- ❖ Recovery Centers: Peers Building Social Capital; posted March, 2012
- ❖ Cultural Competency in Mental Health Programs: posted January, 2012

Webinars provided in 2012 focused on engagement, language and interpreter services, CC assessments, and variety of specific cultural groups and in different aspects of services.

#### **B. Establishment of Regional Multi-cultural Advisory Committees (RMACs):**

**Long Island region (met 3 times) consists of the following counties:** (Suffolk and Nassau Counties)

- Current Status: The group is well established. We are scheduling our first 2013 Quarterly Meeting with this group to select a topic of discussion related to cultural and/or linguistic competence needs of the region.

**Lower Hudson River/ Westchester County Region (met 3 times in 2012) consists of the following counties:**

(Albany, Columbia, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington, and Westchester)

- Current Status: This group is well established. The first 2013 Quarterly Meeting will be held on 2/20/13. The topic of discussion is the development and utilization use of a "Consumer Survey" instrument that they developed for local regional mental health providers to use in 2013.

**New York City Region (met 3 times in 2012) consists of the following counties:** (Bronx, Kings, New York, Queens, and Richmond)

- Current Status: This group is well established. The first 2013 Quarterly Meeting is on 2/21/13. The topic of discussion is "Housing Rights and How do consumers qualify for community-based housing programs".

**Central Region (met 2 times with local community leaders of Broome County in 2012) consists of the following counties:**

(Broome, Cayuga, Chenango, Clinton, Cortland, Delaware, Essex, Fulton, Franklin, Hamilton, Herkimer, Jefferson, Madison, Montgomery, Lewis, Oneida, Onondaga, Otsego, and St. Lawrence)

- Current Status: This group has not established itself due to geographic constraints. This region will have its first introduction via Telephone Conference Call on March 10, 2013 “What is a Regional MAC; and how will Central RMAC come together?” The next steps involve collaboration and outreach network with the counties involved in the region to establish this group in 2013. The goal is to schedule a face-to-face Town Hall Meeting in April or May, 2013.

**Western Region (met 1 time via telephone conference in 2012) and consists of the following counties:** (Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming, and Yates)

- Current Status: This group has not established itself yet due to geographic constraints. Next step is to collaborate with Melanie Funchess of the Finger Lakes: Western Region to roll-out the Western Regional MAC in March or April, 2013. Melanie is planning a face-to face presentation for the Western region in March or April, 2013 to present on: “What is a Regional MAC; and how will Western RMAC Come Together?” Melanie has been collaborating and outreaching with the counties involved in the region to establish this group in 2013.

***Other Community Collaboration and Presentations Performed 2012:***

- National Alliance on Mental Illness (NAMI NYS) Annual Conference “How NAMI Chapters can Perform Effective Community Outreach and Engagement by Using Cultural Competence”.
- Presented at Mental Health Psychiatric Advisory Committee about the “Health Homes: How cultural competence Matters”
- Presented New York Association of Psychiatric Rehabilitation Services sponsored Executive Conference and Person Recovery Orientated Services Conference: “Health Homes: How cultural competence Matters”
- Presented at Mental Health Association NYS Conference Nassau NY “How Cultural Competence Enhances Community Engagement”

**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.**

**Action Step 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.

**Action Step 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.

## **Activities**

### **A. Standardize process for language accommodation**

- BCC established written procedure for procurement of Language Access services for OMH Facilities and outpatient programs\.
- BCC established the OMH Vital Documents Committee that was responsible for identification, prioritization and creation of OMH standardized documents for facility use
- Monitored OMH facility Language Access Plan for compliance with Executive Order #26. These activities are integrated in the BCC Statewide CC Work Plan for 2012-2013 and will be an on-going work function in 2013-2014
- Maintained websites for Russian, Chinese (Mandarin), Korean, and Haitian (Creole)
- Maintained statewide volunteer Language bank (Updated 2012-2013)

### **B. Developed and presented training on language accommodations**

- BCC developed, implemented, and conducted OMH Staff Train-the-Trainer training Executive Order 26, video training and webinars on “Language Access Services” for OMH facilities and programs. The training and webinars promotes the laws governing language access and resources for meeting those laws/ mandates
- BCC Developed and crested a Glossary of Approved Abbreviation list for OMH facilities to access intranet

### **C. Monitor service delivery for CC**

- BCC collaborated in the development a statewide Cultural Competence policy for OMH facilities and operated programs
- Developed a guidance document to assist facilities with CC policy
- Collaborated with Quality management to integrate anchors for cultural competence

## **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 where ever possible make recommendations to improve quality, access, and treatment to meet the distinct cultural needs of individuals and families. The MAC meets every 3 months to coordinate and plan with stakeholders; recipients, families, local multicultural committees, advocates and policy makers to promote cultural competence throughout the NYS public mental health service system

In 2012 quarterly meetings were held for the MAC participants, highlights of this year meeting included:

- Input on the Behavioral Health Organizations through the New York State 5.07 Plan
- Feedback into the statewide Cultural Competence plan for 2012
- Input for the 2012-2013 Cultural Competence Journey Award
- Presentation from Children's Division, Adult Services (PROS) and Center of Excellence for Cultural Competence Nathan Kline Institute and New York State Psychiatric Institute

## **Center of Excellence for Cultural Competence:**

### **Cultural Competence Research**

The enacted Amendment to the 2007 NYS Mental Hygiene Law establishes two Centers of Excellence in Culturally Competent Mental Health. The legislative charge is to identify, assess the outcome, and disseminate best practices of demonstrated behaviors, attitudes, policies and structures that work effectively cross-culturally across varied modalities of care. The New York State Office of Mental Health (OMH) designated the OMH Nathan Kline Institute for Psychiatric Research (NKI) in Orangeburg, NY as one such Center and the OMH New York State Psychiatric Institute (NYSPI) in New York City as another.

## **Nathan Kline Institute, Center of Excellence in Cultural Competence (NKI-CECC)**

### **Research Initiatives**

The NKI-CECC conducts research that identifies/develops culturally competent mental health practices, identify disparities and the culturally competent strategies to reduce these disparities, create valid and reliable measures of the cultural competency of practices and organizational structures, and serve as an informational resource on cultural groups and cultural competency to the bureaus of the OMH, and state planners, providers and consumers. The NKI-CECC and BCC work in collaboration in the development and/or dissemination cultural competence best practices, assessment and evaluation instruments, resources, information, research, and training for OMh Organizational use.

### **Activities Performed 2012:**

## NKI-CECC Organizational level scales (Assessment Instrument)

*The purpose of this scale is to delineate CC activities that relate to policies and procedures of an organization. We have been working with OMH facilities to adapt this instrument for use in Children and Adult Facilities. It was also used for foundational work in the development of a CC Plan template for OMH facilities.*

### Children's Psychiatric Center OCCAS Work

- 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. Results were presented to participants and staff at the Psychiatric centers with emphasis on actionable steps. A webinar with participation of Vivian Jackson from Georgetown took place on March 2 and training needs were delineated.

### Adult Psychiatric Center OCCAS Work

- Gary Haugland piloted OCCAS with several facilities. Instrument modified particularly with respect to language for forensic populations. The intent is to use this instrument along with requirement for sites to develop a CC plan as a tool to measure progress.

#### CC Plan Template

- At the request of the BCC, both Centers participated in the development of a CC plan for use in State facilities. NKI cross walked JACHO road map requirements for CC with the OCCAS and CLAS standards and used cross walk to develop the procedural steps of the plan. The template is complete.

## **Policies/Procedures**

- Ensuring Cultural Competency in Health Care Reform
  - A "white paper" was written in collaboration with PI suggesting ways in which cultural competency activities can be integrated into health care reform of behavioral health care in NYS. The paper is available on both Centers' websites and has been widely disseminated.
  - In addition a modified version of the paper was submitted for publication to Journal of Behavioral Health Services Research.

## **Outcomes/Disparity Research**

- ECT use for severe depression in African Americans vs. Whites
  - A paper appears in *Journal of Affective Disorders* :Case BG, Bertollo D, Laska E, Siegel C, Wanderling J, Olfson M. Racial differences in the availability and use of electroconvulsive therapy for recurrent major depression. *J Affect Disord*;136:359-65. Epub 2011 Dec 12. PMID: 22169249; 2012.
- Disparity research on NYS populations based on 2003-2009 PCS data completed.
  - A paper appears in *Psychiatric Services* on 2009 PCS data summarizing the differences in service delivery to racial/ethnic groups in NYS along with CC recommendations. Siegel C, Wanderling J, Haugland G, Laska EM, Case BG. Access to and Use of Non-Inpatient Services in New York State Among Racial-Ethnic Groups Use of non-inpatient services in the New York State public mental health system by racial/ethnic groups. *PSYCHIATRIC SERVICES*;64(2):156-64. doi:10.1176/appi.ps.201200098; Feb 2013.
- Disparity research on NYS population based on 2011 PCS data completed.
  - Talk presented to Bureau of CC Steering Committee comparing 2009 to 2011.
  - Slide show to be posted to NKI CECC website.

#### **Other NKI-CECC Activities:**

- **OMH Multicultural Advisory Committee:** Lenora Redid-Rose Co-Director of NKI-CECC, member the MAC in 2012. NYSPI-CECC presented research findings in 2012.
- **OMH Cultural Competence Steering Committee:** NKI-CECC has presented their research work/ projects at OMH CC Steering Committee meetings in the 2012.
- **Cultural Competence Matters Reports:** NYSPI-CECC provided articles to the Monthly OMH Newsletter to inform OMH on the research work that they are doing 2012.

### **New York State Psychiatric Institute Center of Excellence for Cultural Competence (NYSPI-CECC)**

#### **Research Initiatives**

NYSPI-CECC addresses the growing need for culturally and linguistically appropriate mental health care and service integration, included physical and mental health care integration, throughout New York State. It collaborates with mental health providers, consumers and families, community and faith-based organizations, policy makers, and mental health service researchers to develop, adapt, and evaluate evidence-based approaches aimed at improving access to and the quality of mental health services to underserved populations throughout the State. The NYSPI-CECC and BCC work in collaboration in the development and/or dissemination cultural competence best practices, assessment and evaluation instruments, resources, information, research, and training for OMH Organizational use.

**OMH 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.

- Data analysis is largely completed. Response rate of over 95%.
- Preliminary results have been presented to the OMH Cultural Competence Steering Committee in January, 2013.
- A final report is being prepared for publication, along with one or more peer-reviewed journal articles.
- *Guidelines for Interpreters Working in Mental Health Settings* information sheet has been developed in collaboration with Wilma Alvarado-Little at SUNY Albany. The draft information sheet was presented to the OMH Cultural Competence Steering Committee in January 2013, and a webinar for OMH is under development.

#### **Other NYSPI-CECC Activities**

**OMH Multicultural Advisory Committee:** Anel Nicasio, Research Coordinator of NYSPI-CECC, joined the MAC in 2012. NYSPI-CECC presented research findings in March 2012.

**OMH Cultural Competence Steering Committee:** NYSPI-CECC has presented our work at CC Steering Committee meetings in September 2012 and January 2013.

**Cultural Competence Matters Reports:** NYSPI-CECC provided articles to the Monthly OMH Newsletter to inform OMH on the research work that they are doing 2012.

#### **Next Steps for BCC Work-plan 2013-2014**

The Bureau of Cultural Competence will continue to take the lead on implementing the goals and objectives of the annual work plan. The priorities for the 2013-2014 Work Plan is listed below and may be modified by BCC as needed.

#### **Capacity Needs/Assessment:**

- Continue development of Five Regional Multi-cultural Advisory Committees (MACs)
- NYS Statewide Multi-cultural Advisory Committee (MAC) to continue to provide recommendations to the NYS OMH Commissioner of OMH to ensure cultural and linguistic competency is infused in its initiatives, programs, and policies.
- Maintain and develop collaborations with advocacy groups i.e. NYAPRS, NAMI, Pride Agenda, NYS Compeer, In Our Own Voices, Faith Based Organizations, State Agencies, etc.
- Collaboration with vested OMH and Statewide stakeholders for inclusion of best practices

## Services

- Monitor the development and implementation CC policies/plans for OMH facilities that are in compliance to Executive Order 26 and Joint Commission mandates and requirements
- Collaborate with OMH Facility Language Access Coordinators to ensure annual training and monitoring of “Language Access Services” are being provided for Limited English Proficient patient/ family members served by OMH facilities
- BCC will monitor OMH Facility compliance of the “Language Access Plan” to ensure compliance to Executive Order 26
- BCC will provide training and monitor OMH Facility compliance to OMH Cultural and Linguistic Policy 502PC which speaks to all staff at OMH facilities receive 2-4 hours of Cultural and Linguistic training that meets their needs.

## Information Exchange

- 2013, continue to conduct monthly tailored webinars in order to develop an e-learning educational format that increases capacity to serve diverse cultural and linguistic training needs of OMH’s facilities and its licensed behavioral health programs and providers throughout NYS
- Utilize list-serve as a process for learning collaborations for culturally competent services statewide

## Outcomes

- Utilize current data sets to improve services for cultural and linguistic competence
- Collaborate with Diversity Planning and Compliance to develop committees within the facility to improve services
- Continue to develop tailored cultural and linguistic trainings to meet the needs of OMH facilities and licensed community providers/programs throughout NYS that infuses education and compliance to Title VI, Cultural and Linguistic Access Services (CLAS) Standards, American’s Disability ACT (ADA), Joint Commission, Executive Order 26, OMH Cultural and Linguistic Policy 502PC, and other Federal and/or NYS Mental Hygiene Laws.
- BCC will provide training , guidance, technical supports and oversight of the 26 OMH facilities “Annual Cultural and Linguistic Work plan” that is in compliance to OMH Cultural and Linguistic Policy 502PC, Executive Order 26 and Joint commission mandate/requirements
- Continue to recognize and reward the recipients of the individual, OMH facility, and Licensed OMH Community program in NYS through the BCC’s Cultural Competence Journey Award Ceremony