February 2015 News

Preventing the Use of Restraint and Seclusion

By Ann Marie T. Sullivan, M.D., Commissioner

As mental health professionals, we know that coercive interventions such as restraint and seclusion are non-therapeutic, and carry the risk of serious injury. We also know that such interventions can almost always be prevented. Together we must take steps to educate ourselves and our staff to ensure that we consistently treat all individuals with dignity; deliver respectful, trauma-informed care; and focus on prevention rather than reaction.

We are very excited to share the new OMH Restraint and Seclusion website, which offers a comprehensive set of evidence-based tools and resources, to help facilities significantly reduce the use of restraint and seclusion by changing their organizational culture. Many of the materials were created during OMH's four-year (2007-2011) Substance Abuse and Mental Health Service Administration(SAMHSA)-funded Promoting Alternatives to Restraint and Seclusion (PARS) project and follow-up Promoting Positive Environments Committee work. During the course of the grant, we shared progress and lessons learned, heard from nationally-recognized experts, and listened to powerful stories from people who have experienced restraint and seclusion.

Special thanks for their dedication to reducing restraint and seclusion in all settings is given to Jayne Van Bramer, David Robertson, David Wenger, and all of OMH's partners whose hard work is evident in the tools and resources provided on the new page.

True culture change involves some of the most challenging and rewarding work you will ever undertake. We know this from personal experience at our state-operated facilities and by working with the PARS Grant sites. We also know that it's the right thing to do, and that it's well worth the effort.

We applaud your endeavors and are always available to encourage, assist and support you. We can do it together.

Ann Marie T. Sullivan, M.D.
Commissioner

Center for Practice Innovations (CPI) Brings Evidence-Based Supported Employment to Programs Across NYS

By Paul Margolies,Ph.D., Karen Broadway-Wilson, Raymond Gregory, Thomas Jewell, Ph.D., Gary Scannevin, Jr., MPS, CPRP, and Lisa Dixon, MD, MPH, Center for Practice Innovations

The Center for Practice Innovations at Columbia Psychiatry, New York State Psychiatric Institute (CPI) assists the New York State Office of Mental Health (OMH) in promoting the widespread use of evidence-based practices throughout the state. The CPI uses innovative approaches to build stakeholder collaborations, develop and maintain practitioners' expertise, and build agency infrastructures that support implementing and sustaining evidence-based practices. These practices include Assertive Community Treatment, Integrated Treatment for Dual Disorders, Wellness Self-Management, Suicide Prevention, services designed for young people experiencing first episodes of psychosis (OnTrackNY), and the Individual Placement and Support (IPS) model of supported employment.

IPS has been recognized as the evidence-based approach to supported employment for more than a decade. IPS principles include zero exclusion, integration of employment and mental health services, competitive employment as the goal, and rapid job search. Key services include developing a meaningful employment plan that reflects the consumer's wishes, as well as job development and job supports.

CPI has worked closely with PROS (Personalized Recovery Oriented Services) programs across NYS for a number of years, helping them with IPS implementation. In 2014, for example, 59 PROS programs were involved in this initiative. They participated in regional learning collaboratives where they learned from one another as well as IPS experts. PROS program leaders, supervisors and employment staff benefited from online
meetings, webinars, conference calls, face-to-face training events, and on-site technical assistance.

Meetings for program leaders focused on developing practical implementation strategies that included ways to sustain the IPS practice over time. Meetings for employment staff focused on training and coaching in the specific skills required to help consumers find competitive employment.

In addition, programs had access to two online training modules focusing on IPS, through CPI's learning management system: "Individual Placement and Support", which provided a comprehensive overview of the principles and practices of IPS, and "IPS Job Development", which focused specifically on this important practitioner skill set.

Another important resource used by PROS programs is CPI's Employment Resource Book, which is designed for consumers to use with employment specialists, other practitioners, peer specialists, and on their own. This resource contains over 30 topics and 10 appendices that focus on three themes: prior to the job search, during the job search, and after getting a job.

(Continued)

This isn't a curriculum that individuals need to complete any specific way - rather, people focus on topics as they become relevant to their lives. Each topic is organized to provide important information, personalized activities, and next steps. It is available in Spanish as well as English.

The results for 2014 have been impressive for PROS programs. For those individuals receiving IPS services, their competitive employment outcomes are consistent with national benchmarks. For example, in November 2014, programs that have been working with CPI for more than a year reported that 51.7% of the people receiving IPS services the previous month were competitively employed for at least one day that month. Programs working with CPI for a year or less reported that 52.3% of the people receiving IPS services the previous month were competitively employed for at least one day that month. These outcomes compare quite favorably to the national average of 41% reported in the professional literature.

Plans for 2015 include continuing to work with PROS programs and bringing IPS to clinics in all 15 adult-serving state facilities. PROS programs that are experienced with IPS will work on sustaining gains made and making these services available to increasing numbers of consumers. Newly licensed PROS programs and state facility clinics will focus on helping practitioners to develop competency with IPS and implementing the model.

A more detailed account of CPI's IPS initiative can be found in the Best Practices column of the January 2015 issue of the Journal of Psychiatric Services.

For further information, please contact Paul Margolies, Ph.D.

Telepsychiatry Regulation

By Keith McCarthy, Director, Bureau of Inspection and Certification

Effective February 11, 2015, OMH established the basic standards and parameters for use of "telepsychiatry" in OMH-licensed clinic programs. Adopted as a new Section 599.17 to 14 NYCRR Part 599, "Clinic Treatment Services", this new regulation allows telepsychiatry to be utilized for assessment and treatment services provided by physicians or psychiatric nurse practitioners, from a site distant from the location of a recipient, where both the patient and the physician or nurse practitioner are physically located at clinic sites licensed by OMH.

"Telepsychiatry" is defined as the use of two-way real time-interactive audio and video equipment to provide and support clinical psychiatric care at a distance. Such services do not include a telephone conversation, electronic mail message or facsimile transmission between a clinic and a recipient, or a consultation between two professional or clinical staff.

(Continued)

In addition to the regulation, OMH has published an implementation document to provide guidance to New York State providers that are currently licensed by OMH to perform clinic treatment services, and who wish to offer telepsychiatry to the persons they serve. This document describes the implications for OMH operating certificates (i.e., how to add telepsychiatry as an optional service, as well as the inspection process), clinical guidance, training resources, billing guidelines, and technology and telecommunication standards.

While telepsychiatry creates opportunities for increased access to psychiatrists and psychiatric nurse practitioners, legitimate concerns exist about privacy, security, patient safety, and interoperability. To address potential obstacles and to improve the quality of care, national organizations have developed practice guidelines and practice parameters. OMH advises clinics seeking approval to utilize telepsychiatry services to review these guidelines and incorporate relevant provisions in their plans, consistent with their target population.

Prior to initiating telepsychiatry services, policies and procedures at both the originating site and the distant site should be in place that address the following topics:

- General Clinic Procedures
- Physical Environment
- Site and Check-in Prodedures
- Emergency Procedures
- Patient Enrollment for Telepsychiatry and Informed Consent
- Collaborating with patient's interdisciplinary treatment team
- Care between telepsychiatry sessions
- Prescriptions, labs and orders
- Confidentiality and privacy of health information
- Quality Review

OMH is excited about the potential for telepsychiatry to provide increased access to mental health services, particularly in rural and remote regions of the State, and to enhance the provision of services to adults, children and families.

Transformation and Recovery
Staff Appreciation Day Kickoff to the Year of Action at Pilgrim Psychiatric Center

By Michelle Bard, DFAS and Judy Pietropinto, Ph.D.

Pilgrim Psychiatric Center has been working hard towards recovery transformation in everything we do. In 2014 we focused on reenergizing ourselves using the inspiration and meaning of hope in daily "Hope Notes", presenting "Keys to Success" and "Starfish Awards" at our Governing Body Meetings, telling recovery stories and celebrating the many successes of our staff at Extended Cabinet Meetings.

Kathy O'Keefe and our Executive Leadership challenged everyone to step up and take an even more active part in recovery transformation. Our 2015 theme became:

"Now is the Time: Transformation, Hope and Recovery!
We are the ones we've been waiting for."
2015 is our Year of Action. The time is now.

Staff Appreciation Day is one element of that commitment. On January 8, 2015 Pilgrim Psychiatric Center aptly commenced the Kick Off to the "Year of Action" in celebration and appreciation of our coworkers who collaboratively make a difference for the people we serve every day by promoting a spirit of hope and recovery.

Highlights of this catered event included: a photo booth; a craft table; "good" fortune readers and a poster contest. Team efforts produced creative and unique poster entries illustrating powerful and passionate messages on how teams unite to help people by encouraging the spirit of recovery. Twelve teams participated in the Poster Contest. As one of the posters noted, "We're here to make a difference." Here are some pictures from the event, starting with two Poster Contest winners:

(Continued)

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

CSEA, PEF, and EAP generously donated: Prizes for Poster Contest Winners; Door and Raffle Prizes which included Gift Cards to Target, Dunkin' Donuts and Starbucks; Cookie Trays for all our co-workers who could not attend the event. Jose Rodriguez, our PEF Council Leader, donated his time, talent and equipment to act as our DJ.

Everyone took home a gift which included a commemorative mug and souvenir pen with the inscription "You Make a Difference Everyday".

As one of our coworkers noted, "This day we experienced appreciation in action."

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

Introducing OMH's New Deputy Commissioner and Counsel

By Julie Rodak, Associate Counsel, OMH

On January 29, 2015, Joshua Pepper, Esq. joined the Office of Mental Health as the agency's Deputy Commissioner and Counsel.

Before joining OMH, Josh was an Assistant Attorney General with the New York State Attorney General's Office. While there, Josh provided legal representation to a number of state agencies, including OMH. This experience not only familiarized him with many legal issues involving OMH and its operations but also gave him the opportunity to work with several attorneys from OMH Counsel's Office, both past and present.

His extensive litigation experience as an Assistant Attorney General included constitutional claims, the Americans with Disabilities Act, the Mental Hygiene Law, and the Nursing Home Reform Act. Notably, Josh was awarded the Louis Lefkowitz Award for Excellence in Litigation for his legal work defending the State in the Joseph S. v. Hogan lawsuit, which raised legal claims under the Americans with Disabilities Act (under Olmstead v. L.C.). This case facilitated current efforts at OMH to create supportive housing.

Preceding his tenure with the Attorney General's Office, Josh practiced law with Morgan, Lewis & Bockius, an international law firm. During this time, he was the recipient of several awards, including the Maris Rogdon award and the Sanctuary for Families Award for Pro Bono Advocacy. This latter award honors members of the legal community who have gone "above and beyond" by providing outstanding pro bono representation and advocacy to victims of domestic violence, sex trafficking and related forms of gender violence.

A native New Yorker, Josh is a cum laude graduate of New York University School of Law. He also has a Master's degree in Economics from Columbia University.

When not practicing law, Josh finds time to pursue his other passion – music. He has sung bass with the Cornerstone Chorale in Washington Heights and plays the piano and clarinet. As a member of the NYC Bar Entertainment Committee, Josh participated and performed in several musical productions. He has also performed with the Westchester Philharmonic, the Yonkers Civic Philharmonic, the Westchester Pops Band, and the Lehman College Community Band.

Josh is looking forward to discovering all the Capital Region has to offer with his fiancée, Kate Powers.

Housing Developments in the Western Region

By Christopher Marcello, Western New York Field Office

In October 2013, New York State's Olmstead Cabinet released its landmark plan detailing specific actions to serve people in the most integrated setting. An integral part of this plan is the availability of affordable, accessible community housing. Western Region providers have taken up the challenge set forth in the Olmstead Plan and, with the help of OMH and other State resources, are actively developing a continuum of community-based housing options. At the same time, regional stakeholders are collaborating to enhance the supports necessary to give individuals the best opportunity to work toward recovery while living in the environments of their choice.

One way regional providers are increasing opportunities for integration is through the development of mixed-use housing. Mixed-use housing integrates treatment apartments and other supportive apartments with non-licensed, low-income affordable housing. In addition to integrating different apartment types, mixed-use housing integrates the amenities and experiences of the surrounding neighborhood. For example, Living Opportunities of DePaul recently opened a mixed-use apartment building in a former Buffalo public school. The updated building includes a renovated auditorium which serves as a meeting place and performance space for the community.

In addition to the development of mixed-use communities, providers are expanding "scattered-site" housing opportunities. "Scattered-site" refers to individual residential units located throughout a community. Buffalo Federation of Neighborhood Centers (BFNC) recently expanded the number of scattered-site treatment apartments upon the planned closure of one of its Community Residences (CR). In response to the increasing trend of requests for individual apartments, BFNC developed a proposal which reinvested the costs associated with operating a CR into the implementation of a "Rehabilitation Team." This team – which includes a financial literacy coach, a health and wellness coach, skills coach and peer support – is designed to provide added supports for the individuals in the scattered-site treatment apartments.

The region's Supported Housing program is expanding, as well. OMH's Supported Housing program assists individuals in securing permanent housing of their choice through a combination of rental assistance and support services. In the last two years, the Western Region added 337 Supported Housing beds through Medicaid Redesign Team and OMH System Transformation resources.

(Continued)

Planning for these additional resources has been a collaborative effort between counties, providers and State Psychiatric Centers as well as hospitals and Health Homes. These collaborations have produced several innovative strategies to support individuals in supported housing including dedicated community support team and expanded peer services.

While these new residential programs take root, the Western New York Field Office (WNYFO) is looking forward to new developments on the horizon.

OMH's RFP for new Supported SRO housing generated several proposals which have the potential to greatly expand mixed-use housing in the region. Also, the Western Region will soon welcome the opening of Lakeview Health Services' Enriched Crisis and Transitional Housing Services Pilot in Ontario County. The WNYFO wants to thank all its community partners for their creativity, vision and hard work in making the goal of safe, affordable and accessible housing a reality.

Save the Date!

The American Psychiatric Nurses Association--New York Chapter and the New York State Office of Mental Health Chief Nurses Organization announce their 7th Annual Educational Conference

Innovating Mental Health Care: Nurses and Consumers Working Together to Lead Mental Health Reform

Friday, May 29, 2015
8:15 AM to 4:00 PM, with registration from 7:30 AM
Hyatt Place, Malta/Saratoga Springs, NY 12020

For more information, visit the American Psychiatric Nurses Association State Chapter website.

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

OMH Central Office Employee of the Year

Lorraine Washington, MH Program Specialist 1/Advocacy Specialist

As a staff member of the Office of Consumer Affairs, Lorraine has been a tireless advocate and dedicated employee of OMH for almost 7 years. Her judgement, heart, and compassion virtually define the role of Advocacy Specialist. She regularly assists in providing support while helping to address the issues and concerns of families and recipients whom the rest of OMH has found the most challenging indviduals. In that effort, Lorraine has been able to engage the individual and provide assistance, education and often re-direction which have enabled the family members or recipient to become a productive part of the treatment team, leading to discharge and further community integeration. Lorraine embodies the philosophy of the Office in holding out hope and possibilities for people, even when they are engaged in extremely abusive or distructive behaviors. Lorraine is the ultimate symbol of OMH's commitment to the possibility of hope and recovery for every individual as an advocate and living role model.

Congratulations Lorraine!

Lorraine and John Allen, Special Assistant to the Commissioner, Office of Consumer Affairs

Lorraine and Commissioner Ann Marie T. Sullivan

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

Integrated Outpatient Services Regulation

By Keith McCarthy, Director, Bureau of Inspection and Certification

On January 1, 2015, New York witnessed the culmination of a 4-year effort to further the integration of physical and behavioral health services in clinic settings across state. Generally, to integrate such services, a clinic has needed to be licensed by more than one state agency unless the provision of such services fell under applicable licensure "thresholds" – which have proven quite limiting. The new authorization, establishing the licensure category "Integrated Outpatient Services" and appearing identically within regulation for OMH-licensed providers (14 NYCRR Part 598), OASAS-licensed providers (14 NYCRR Part 825), and DOH-licensed providers (10 NYCRR Part 404), addresses many of the bureaucratic hurdles presented by the "thresholds."

Over the past 4 years, OMH, OASAS, and DOH have uniquely partnered in the development, implementation and oversight of the "Integrated Licensure Project". This collaboration resulted in the development of clinical and physical plant standards, staffing requirements, and a single application and review process – all with the goal to reduce the administrative burden on providers and to improve the quality of care provided to consumers with multiple needs by improving the overall coordination and accessibility of care.

Participating facilities in the Project, which consists of 7 providers and 15 clinic sites across the State, have been overseen by a single State ("host") agency, which monitors for compliance with standards at the single site. Therefore, though an agency may have multiple licenses, they are only subject to one survey. Further, the Project has promoted the use of an "integrated" physical and behavioral health record for recipients.

The now-established Integrated Outpatient Services regulations further the core principles of the Project: (1) allowing a provider to deliver the desired range of cross-agency clinic services at a single site under a single license; (2) requires the provider to possess licenses within their network from at least 2 of the 3 participating State agencies; (3) allows the site's current license to serve as the "host"; and (4) facilitates the expansion of "add-on" services through request to the State agency currently possessing primary oversight responsibility for such services.

(Continued)

Though only a few weeks old, the Integrated Outpatient Services regulations are already playing a prominent role in within New York State's Delivery System Reform Incentive Payment (DSRIP) Program. DSRIP's purpose is to fundamentally restructure the health care delivery system by reinvesting up to $6.42 billion in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. With payouts based upon achieving predefined results in system transformation, clinical management and population health, the most desired proposed project under DSRIP has been the integration of primary care and behavioral health services ("Project 3.a.i.").

In order to facilitate integration of primary care and behavioral health services for purposes of Project 3.a.i, the Commissioners will raise the licensure thresholds to 49% of the provider's total annual visits, while ensuring quality care and patient safety through prescribed sections of the Integrated Outpatient Services regulations.

OMH is excited about the opportunities Integrated Outpatient Services will bring for care coordination to individuals receiving services in our clinics, as well as the expansion of mental health services to DOH and OASAS clinics.

Case study of the adaptation of Cognitive Behavioral Therapy (CBT) for Korean Americans

By Jennifer C. Hernandez, MPA, Administrative Director of the NKI Center of Excellence in Culturally Competent Mental Health

The Nathan Kline Institute Center of Excellence in Culturally Competent Mental Health (NKICECC) has completed a case study of the adaptation of Cognitive Behavioral Therapy (CBT) for Korean Americans. The adaptation was guided by the Toolkit for Modifying Evidence-Based Practices to Increase Cultural Competence. The Toolkit, a tool created by NKICECC, provides a comprehensive step by step method for agencies, programs and practitioners to select and modify evidence-based practices to meet the needs of their clients across cultural groups.

The adaptation took place at the Hamilton Madison House (HMH) Korean Clinic which is a non-profit outpatient mental health clinic that provides services to meet the mental health needs of adolescent and adult clients in the local Queens, New York community.

(Continued)

Most of their clientele are Korean immigrants, “1.5 generation”, or second generation Korean Americans. Anxiety was one of the most prevalent and significant problems for the Korean American community at HMH. Thus, CBT for Generalized Anxiety Disorder was chosen as the treatment that was likely to be the most useful and helpful for Korean Americans. The adaptation was overseen by NYU Medical Center psychiatric residents Dawn Sung and Esther Kim.

The case study highlights that the adaptation of CBT for Anxiety treatment modifications helped the treatment to meet the clinical and cultural needs of the Korean-American clients in this clinic by providing an evidence-based treatment that was more culturally appropriate for the community.

The selection of CBT was culturally appropriate for this group as it helped clients address their problems by providing significant education about Generalized Anxiety Disorder and the link between their symptoms and their patterns of thinking that became recognized to be maladaptive. It also directly addressed the strong stigma against mental illness, the family-oriented culture, and culturally influenced negative core beliefs.

Resources are generally extremely limited in community mental health settings, both financially and in the ability of these clinical workers to dedicate their time to nonclinical work. By identifying ways to eliminate barriers to participation, attempts were made to address these constraints.

For example, the project meeting times and location were chosen to be the most convenient to clinic staff and the least disruptive to the staff’s clinical demands. In addition, by having a dedicated staff member ‘champion’ for this project, it provided encouragement and motivation to other members of the working group and allowed the project to progress both positively and seamlessly.

The clinicians have reported that the treatment has been helpful in reducing their clients’ symptoms. They anticipate that length of care may be reduced as they are utilizing a more regimented and structured modality of therapy that also enhances targeting clearer goals for treatment. The clinicians planned to utilize this treatment for more patients and have also considered expanding CBT for other illnesses such as depression.

We hope to replicate similar successes in community-based programs serving diverse cultural populations. For more information about the Toolkit or how you can use the Toolkit to adapt services please visit the NKICECC website.

A Great Leap Forward: Improving Language Access for New Yorkers with Psychiatric Conditions

By Samantha Diaz, MA Cand., Oscar Jimenez-Solomon, MPH, Jennifer Humensky, PhD, Doris Chang, PhD, Wilma Alvarado-Little, MA, MSW & Roberto-Lewis-Fernández, MD

On October 6, 2011, New York State took a great leap forward to ensure the access of over 2.5 million New Yorkers to services provided by state agencies. That day, Governor Cuomo issued Executive Order 26, which requires all state agencies to provide language interpretation services for individuals with limited English proficiency (LEP), to translate documents into the six most prevalent languages in the State, and to develop a language access plan to comply with this order.

Additionally, the New York State Office of Mental Health (OMH) launched an initiative to assess language access at OMH-operated facilities, identify any gaps, and develop an agency-wide plan for enhancing language access in New York State. OMH commissioned the New York State Psychiatric Institute Center of Excellence for Cultural Competence (NYSPI-CECC) to survey OMH facilities about their language access practices. The NYSPI-CECC is now pleased to present the report "Language Access Needs in New York State Office of Mental Health Facilities Prior to Implementation of Expanded Language Access Strategies in 2011-2012".

This report presents the results of a survey conducted by NYSPI-CECC with representatives of clinical units in OMH programs to learn about their language access services and the challenges they face in providing these services. All programs delivering clinical services in facilities operated by OMH in 2011-2012 (142 programs across 26 facilities) were invited to participate, of which a total of 95% were surveyed. The survey found that OMH programs serve a linguistically heterogeneous population of New Yorkers. Programs in areas with a high concentration of individuals with LEP had high levels of utilization of bilingual clinicians and professional interpreters. Nevertheless, the survey also found that, in the time period of 2011-2012, the use of family and friends as interpreters as well as provision of services in English to individuals with LEP were still substantial, particularly in programs that served few individuals with LEP and programs outside of the New York City metropolitan area.

Key barriers to the use of professional interpreters included the need of additional staff training on how to partner with interpreters, difficulties with and limitations of telephonic interpretation, and time constraints. OMH programs relying on family and friends ad-hoc interpreters reported reasons such as consumer preference, staff's attempt to increase trust and engagement of consumers and families, staff and consumer dislike of telephonic interpretation, and consumer concerns about confidentiality.

During and after the collection of data for this report, OMH developed several policies, procedures, and initiatives to increase language access and the use of trained interpreters across OMH facilities, building on the lessons of preliminary findings from the data analysis and in consultation with NYSPI-CECC.

(Continued)

These include the implementation of compliance requirements, standardized training and compliance reporting, tools to facilitate reporting, translation of legal forms and vital documents, and listings of available resources, including interpreter resources. Based on the need for additional staff training, OMH established in 2011-2012 a process for staff training and training reporting. In each facility, the designated language access coordinator (LAC) and education training director coordinates staff training in the provisions of Executive Order 26. As a result, all OMH employees received the initial training by December, 2013, and receive annual training on an ongoing basis. New employees receive this training during New Employee Orientation. Rates of staff training are reported to the BCC. The BCC, on behalf of OMH, then completes an annual Compliance Report to the Governor's Office.

Furthermore, OMH is currently exploring the use of cutting-edge technology to increase language access through the use of Video Remote Interpreting. OMH is also evaluating a plan to qualify bilingual staff as language interpreters to improve access to trained in-person interpreters across state facilities.

Building on the findings of this survey and in support of OMH's efforts to improve language access in the State, the NYSPI-CECC is currently working on two timely and innovative projects:

a. Web-based Interpreter-Negotiated Services (WINS): A pilot study to test the feasibility and acceptability of an approach that trains interpreters to assume a more active role in clinical encounters, helping clinicians and consumers to clarify vital cultural information and avoid cross-cultural miscommunication that can affect consumer engagement and participation, treatment planning, and service provision.

b. Language Matters New York: A project to develop and disseminate consumer empowerment and provider training tools on working with interpreters in mental health settings. Quick guides for providers (Do's and Don'ts: Guidelines for Clinicians Working with Interpreters in Mental Health Settings), more extensive provider guidelines for working with interpreters, and other practitioner training resources are being developed by the NYSPI-CECC. This project is also developing consumer empowerment videos and printed tools for the two largest non-English speaking populations in New York State – Spanish and Mandarin speakers – to educate and empower individuals with LEP about the benefits of working with qualified interpreters and the availability of trained interpreters for mental health encounters.

For more information and resources on language access in mental health settings, visit the NYSPI-CECC website.

The NYSPI-CECC is one of two OMH-funded Centers with the mission of studying and disseminating best practices in the delivery of culturally competent mental health services to underserved populations affected by cultural and linguistic barriers.

Upcoming Calendar of Events

Tuesday, April 14 – Wednesday, April 15th, 2015
11th Annual NYAPRS Executive Seminar on Systems Transformation: *What Lies Ahead...And What Really Matters*. For more information on this event, visit the NYAPRS website.

Friday, May 29, 2015
APNA & NYSOMH Chief Nurses Organization 7th Annual Educational Conference*: Innovating Mental Health Care: Nurses and Consumers Working Together to Lead Mental Health Reform. For more information, visit the APNA website.*

Stay connected with OMH