



All trainings and hours can be customized to accommodate agency needs and relevance.

Developing Empathy for the Lived Experience of Psychiatric Disability

This training created by Dr. Pat Deegan was designed to give us an experience and better understanding of what is commonly called “auditory hallucinations”.

Participants will learn about the subjective experience of hearing distressing voices, increase their understanding of the day-to-day challenges facing people with psychiatric disabilities and become more empathic toward voice hearers. Learn how to adapt clinical practice to better address the needs of people who hear distressing voices.

This 3.5-hour training includes:

- A presentation on the phenomenon of hearing distressing voices
- The simulation experience:
 - **Workstation #1** you will pick up a card that has instructions on it. Follow the instructions and then return your card to the bottom of the pile.
 - **Workstation #2** is the Cognitive Testing Center. The psychologist who runs this center will instruct you when it’s time for you to be assessed.
 - **Workstation #3** is the Emergency Room waiting area. You will wait in this area until a psychiatrist comes to get you for an evaluation.
 - **Workstation #4** is the Community Day Program. The staff in this program will give you lots of direction for the tasks you’ll be engaged in today.
- A closing presentation and discussion period

Social Security Workshops

Many people with disabilities wait years before they are determined to be eligible for benefits. These **free** OMH workshops will show you the benefits and advantages by participating in Social Security entitlement programs. These workshops will also teach you about:

- Request a waiver for an **overpayment**.
- Avoid **spend-downs**.
- Use Social Security **work incentives** to help **maintain SSI and SSDI eligibility** as you explore returning to work.



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- Ease off cash benefits and into **self-sufficiency**.
- Work full-time and maintain low cost (or even no-cost) **health insurance**.
- Get expedited **reinstatement** of benefits.

This 3.5-hour training includes:

- Overview of PASS plans, 1619b, and Medicaid Buy-In for Working people with a disability
- Overview of Jobzone, Careerzone, and Ticket-to-Work
- Overview of essential forms and resources to assist in navigating Social Security

Best Practices for Effectively Integrating Peer Staff into the Workforce

People with lived experience, also known as peers, are now in demand more than ever.

This training is designed to help agencies, supervisors and co-workers fully utilize the value of people with lived experience in mental illness and recovery.

Participants will also learn the do's and don'ts of hiring peer staff, how to handle reasonable accommodations, non-peer staff working in partnership with peer staff, the importance and substance of supervision, avoiding co-opting, tokenism and paternalism.

This 4.0-hour training includes:

- Learning about hiring and retaining qualified peer staff.
- Evidence of successful recovery and employment outcomes.
- Importance of supervision of peer staff.

Community Engagement as a Discharge Tool (Clinical Engagement/Alliance)

The theme of this training is the client is an expert in their recovery.

Clinical Alliance happens when clients and their mental health providers have a trusting relationship. This training addresses the positive and therapeutic outcomes associated with transparent clinical relationships.

This training focuses on aspects of clinical engagement that encourage the recipient to be the champion of their treatment plan and promotes the usage of community resources to develop an effective discharge plan and continued recovery.



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This 1.5-hour training includes:

- The benefits of engagement for the therapeutic alliance
- Learning about engagement
- What is unconditional positive regard and empathy?

Regional Communication Meeting

Purpose

The RCM is an essential component to The Office of Consumer Affairs, (OCA), in its mission to obtain broad, grassroots input into how to foster activities that promote recovery, growth and autonomy in environments that are respectful of the rights and dignity of the individual and the overall community. The meeting can also provide technical assistance and ongoing support to recipient-run and self-help initiatives.

Guiding Principle

The Regional Communication Meeting's purpose is to attain meaningful recipient and family participation at all levels of the mental health system. This meeting is also focused around community inclusion and diversity; all meetings will be held in a "Town Hall" manner which encourages all participants to have their voices heard in a respectful manner. The goals of self-help and empowerment are reflected in the guiding principle of "Nothing about us without us."

Communication Meetings

The Regional Communication Meetings are held at various agencies serving as hosts for the open-forum. The Regional Communication Meetings are open to everyone to attend.

Social Capital: Community Integration

This training focuses on transitioning an individual from relying solely on mental and behavioral health providers as supports to engaging more in their community. The intent is for the recipient to establish positive/natural supports and generate a sense of independence.

Natural supports are integrated into every community. Although, are not often considered as supports but deem them essential services.



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This training focuses on utilizing community integration as an effective tool to increase an individual's social capital within their community to maintain wellness and recovery.

This 1.0-hour training includes:

- Learning about Natural Supports
- Community Life
- Resources: Building Social Capital

Recovery 101

Recovery is real! In our daily practice, we often talk about recovery but what does that really mean? In this training, we will examine the ways in which our attitudes and beliefs about mental health recovery affect individuals that receive our services.

Training participants will learn about the research which confirms that mental health recovery is the norm and come to appreciate the resiliency of people who use our services.

Through group exercises, role play and discussion, participants will embrace a deeper understanding of recovery.

This 2.0 -hour training includes:

- An overview of recovery and how to bring this focus into every aspect of our work.
- An illustration of resiliency through recovery stories
- Group Exercises

Trauma-Informed Care 2.0

Now more than ever, we know that trauma affects all of us. Our health care system is responding by fully integrating knowledge about trauma into policy, procedures, practices and settings.

This training teaches participants to ask a different question. It's not "What's wrong with you?", it's "What's happened to you?"

This 3.5-hour training includes:

- The definition and impact of trauma and the components of Trauma-Informed Care
- Strategies to enhance Trauma-Informed Care including the importance of language
- Potential paths for healing



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OMH Policy Focus Groups

The Office of Mental Health reviews all OMH policies each year to make the necessary revisions to remain up-to-date and competent to provide the best services and practices for mental health treatment.

A critical component of OMH policies is consumer and family feedback. OMH routinely conducts Policy Focus Groups through the Office of Consumer Affairs Division to ensure the community voice is recognized and involved in the revision process of each policy.

This 2-Hour Focus Group will address one of the following policies listed below:

Employee/Patient Relationships PC-527

It is the policy of the Office of Mental Health to ensure that services are provided in a manner which maximizes the autonomy of patients and prevents exploitive behavior by employees. The purpose of this policy directive is to inform employees of the characteristics of exploitive behavior, to identify and prohibit certain activities that are inherently exploitive, and to provide guidance to assist employees in self-evaluating their interactions with patients.

This policy directive is intended to set forth a basic floor of requirements that must be followed by all facilities. Because experiences in each facility can vary widely, facilities may wish to supplement these requirements with additional detail to best suit their individual needs.

Family Support Services PC-1050

It is the intention of the Office of Mental Health to ensure that families of patients have a full opportunity to participate as informed and indispensable partners with mental health providers in the treatment and rehabilitation of their family member. Such a partnership enhances the ability of the patient to relate to his/her family in a supportive environment and is an important factor in successfully treating the patient, and returning to and maintaining him or her in the community.

This policy directive focuses on involving families through the provision of education and information about the nature of mental illness and the delivery of mental health services in order to diminish the stress often associated with unfamiliarity with the admission and treatment procedures. An anticipated outcome of providing such education and information is that the participation of families in case-specific treatment planning will be facilitated, provided that the patient agrees to the involvement of his/her family.



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Inpatient Programs PC-520

Persons appropriate for admission to State operated psychiatric hospitals have been determined to need intensive, 24-hour, specialized psychiatric intervention that cannot be provided outside the psychiatric hospital. Each State-operated psychiatric inpatient facility is responsible for offering a comprehensive inpatient treatment program to meet the clinical and other relevant needs of the individuals it serves. Treatment must be guided by the underlying belief that recovery from mental illness is possible.

This policy directive shall apply to all State operated psychiatric hospitals except secure treatment facilities for sex offenders established pursuant to Article 10 of the Mental Hygiene Law.

Peer Advocacy PC-1500

It is the policy of the Office of Mental Health to encourage the development of relationships between State operated psychiatric facilities and independent peer advocacy organizations. Currently, Mental Hygiene Law gives all patients sixteen years of age or older, residing within State operated psychiatric facilities, the right to request that a significant individual to himself or herself, be allowed to participate in the development of an individual treatment plan and a discharge plan. Such individuals may include any relative, close friend, or individual otherwise concerned with the patient's welfare. The significant individual may not be an employee of the facility. In addition, the Office of Mental Health is extending these rights to allow a significant individual to be allowed to participate in the admission process. Any limitation of these rights may only occur upon the written order of a physician, in the patient's clinical record, which states the clinical justification for such limitation and the specific period of time such limitation shall remain in effect.

The use of peer advocacy organizations is one avenue that an adult patient may wish to pursue in selecting an advocate to participate in the above processes or other activities. Effective and well-trained peer advocacy organizations shall not only assist the patients in understanding their rights, but can significantly enhance the treatment process. Therefore, this policy directive establishes the standards and procedures for facilities regarding the development of relationships with peer advocacy organizations, the respective roles and responsibilities of the peer advocacy organization and the facility and the training requirements for peer advocacy organizations. This policy applies only to services provided to adult patients.



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Seclusion and Restraint PC-701

The purpose of this policy directive is to set forth conditions and procedures for the use of seclusion and restraint in State-operated psychiatric inpatient facilities. In this regard, the policy maintains the recent focus of requirements governing the use of restraints. Historically, requirements focused on the type of device or restraint being used, and the setting in which it was being employed. Under current federal regulations and The Joint Commission (TJC) standards, a restraint is any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to freely move his or her arms, legs, body, or head.

The use of seclusion and restraint for behavioral management can be reduced through the creation and maintenance of an environment which promotes the empowerment of patients, identifies and implements strategies to advance positive behavior management and restraint reduction efforts, incorporates strategies in hiring or workforce development practices to advance these efforts, and emphasizes the education and sensitization of staff regarding the appropriate use of restraint and seclusion. This policy seeks to encourage this result.