

Office of Multicultural Affairs

History of OMA Accomplishments

A history of how OMA implemented systematic change in the Department of Mental Health and Addiction Services to initiate culturally appropriate services throughout (DMHAS):

January 1996

Dr. Albert Solnit, Commissioner, appointed a diverse group of thirty-five professionals and consumers representing both private and public service providers in the DMHAS treatment system to initiate the Multicultural Advisory Council (MCAC). Its mission is to be a change agent for the DMHAS system of care.

September 1997

Dr. Albert Solnit, Commissioner, appointed José Ortiz as the first Director of the newly established DMHAS Office of Multicultural Affairs.

Activities of the Office of Multicultural Affairs

OMA Strategic Plan:

- In the first year of operation OMA developed a strategic plan. OMA solicited input from the MCAC as well as executive staff and consumers. In 1998 State operated facilities and contracted providers were invited to regional meetings to discuss and provide feedback on the OMA strategic plan. All of these comments and suggestions were incorporated or included in the final draft of the Strategic Plan.
- A review of the strategic plan by the MCAC in the Spring of 2000 brought to light some areas in which the plan may be revised. The consensus of the MCAC is that OMA has implemented about 85% of its goals and objectives with their action steps.

Multicultural Training:

- DMHAS established a three-year contract with consultants from the Multicultural Training and Research Institute of Temple University to assure quality and effectiveness of training. OMA staff is responsible for duplicating and distributing all Temple MCTRI materials used in all trainings
- Members of MCAC participated in 25 full days of training over the course of September 1998 to October 1999.
- Five-day managers and supervisors (30 participants) Institute on cultural competence in June 1999 at CVH. One institute is complete, three more were already planned.
- At providers' request, OMA presented several in-service trainings for programs who were seeking information to assist their agencies and programs to approach cultural competence.
- September 1999 to July 2000 Second training cohort consisting of 35 individuals in teams representing the five regions and Connecticut Valley Hospital (CVH) and Cedarcrest Hospital. Each team qualified for the training with a proposed project that would initiate a culturally competent approach to treatment and would be replicable anywhere in the system. The Temple consultants provided ongoing technical assistance on all project development as well as multicultural training.

- In January 2000, Temple provided two days intensive training and technical assistance to 50 programs for the contractual requirement that every DMHAS funded program submit a cultural competence plan on April 1, 2000 that was to be implemented by the July 1, 2000 the beginning of the new contract year.
- Regionally, meetings were held with all remaining funded programs invited for technical assistance and training provided by OMA staff and based on the Temple University model. 130 additional programs were given the training and technical assistance to develop a cultural competence plan for their agencies. This was followed by ongoing availability of OMA staff to provide direct or telephone contact technical assistance to programs seeking help in cultural competence plan development.
- In January 2001, a third cohort of 35 individuals began a yearlong training (18 full days). This group will had as its projects the replication of the second cohort projects but in different treatment settings.
- Trainers for the third cohort will be DMHAS core trainers trained by the consultants from the MCAC. They will be assisted by core trainers from the second cohort who will focus on technical assistance that is related to replicating the projects.

Development of working tools:

OMA has undertaken the development of the following working instruments:

- The strategic Plan
- Guidelines for development of a cultural competence plan
- Assessment tool to evaluate cultural competence plans
- OMA Translation Policy
- Best Standard Practices for culturally competent behavioral healthcare.

Multicultural Clinical Standards:

- An ad hoc committee of MCAC members, in conjunction with technical assistance from the Temple University consultants and OBH team leaders, has drafted what were called Multicultural Clinical Standards.
- The committees worked over several months to include research on standards from several states as well as SAMHSA.
- The Standards included performance indicators that would eventually become outcome measures when the standards become required for all programs by DMHAS contract.
- The process for feedback from the field is already underway. In conjunction with assistance from the ISS chairs in all the regions, regional review meetings will be scheduled for all providers to review and comment on the standards. All comments were taken into consideration by the committee for improving the document. OBH team members made themselves available at each regional meeting as well as to serve as a standards committee member to respond to questions and receive suggestions. As a result of feedback, the standards were amended and reformatted and became the:
 - **The Multicultural Clinical/Rehabilitation Best Practices** (Formerly: Multicultural Clinical Standards) were put out to the field for practical implementation in August 2001. It is considered that they might eventually require contractual outcomes and measures.

Latino Outreach Initiative (1997)

- To meet the need for treatment for Latinos who were increasing use of heroin (up to 62% of Latino substance users) but not accessing treatment in any greater numbers, OMA developed the Latino Outreach Initiative (LOI).

- Six programs, one in each region and two in Region IV, were funded to provide outreach and proactive referral of Latinos to treatment. Admissions increased by 24% and 32% in the two successive years of its implementation.
- Currently the LOI is under the aegis of OMA. However, Healthcare Operations (aka OBH, CSH) has taken over monitoring this program as part of their regular monitoring visits.

Monitoring

- Dr. Myra Gordon of the University of Virginia was contracted for two full days of training of the OBH teams of program monitors. The purpose was to provide Division of Community Services and Hospitals teams with the skills to monitor for cultural competence.
- The training targeted monitoring cultural competence plan implementation as well as overall cultural competence of the agency.
- OMA staff worked with Healthcare Operations in the ongoing monitoring for cultural competence, which included collaborating to produce instruments to assess the implementation of cultural competence plans and *The Behavioral Health Multicultural Best Standard Practices*. In addition the work produced a guide for conducting focus groups with clients to evaluate the cultural competence of the services that they receive.

Other State Agencies

- OMA has become a model and a resource for other state agencies that are striving to implement cultural competence.
- So far the agencies that have called upon OMA for such technical assistance are DMR, DPH, and DCF.
 - DMR now has working multicultural committees in each of the five regions.
 - DPH has established a coordinator of multicultural health.
 - DCF has established an office of multicultural affairs with a full time director

Conferences:

- The DMHAS MCAC developed and produced a very impressive two-day statewide Multicultural Conference at CCSC in New Britain. (June 1999)
- OMA staff has presented in National Conferences in New Mexico, Pennsylvania, New England Institute of Addiction Studies, and soon in Florida.
- OMA staff have attended and participated in National conferences for CARP in Tucson, Arizona; and Methadone in San Francisco and National Association for Multiculturalism in Education in St Louis Missouri (MCAC Co-chair person)
- Planning committee for Healthy People 2000, Third Annual Dr. Fred G. Adams Multicultural Health Summit. Quinnipiac University, Hamden Connecticut (June 2000)
- Connecticut Alcohol and Drug Policy Council 2001 Conference: OMA Consultation provided Keynote Speaker on Cultural competence from Temple University. In Addition OMA Cultural competence trainers comprised two days of Panels on Culture and ethnicity in the clinical setting.

Update: Multicultural Training Hours provided by OMA:

Cohort I: 1999 25 days x 35 individuals x 150 group hrs = 5,250 individual hours

Cohort II: 2000 18 days x 35 individuals x 108 group hours = 3,780 individual hours

Cohort III: 2001 16 days x 96 group hours x 35 individuals = 3,360 individual hours

Cohort IV: 2002 18 days x 108 group hours x 35 individuals = 3,780 individual hours

Multicultural Institutes:

- Managers Institute 35 individuals x 30 group hours = 1,050 individual hours
- 35 individuals x 30 group hours = 1,050 individual hours
- 3 CMHC institutes; 15 days x 6 = 90 group hours x 35 = 3,150 individual hours
- 35 individuals x 90 group hours = 3,150 individual hours
- Consumer institute 5 days x 6 = 30 group hours x 28 = 840 individual hours
- 35 individuals x 30 group hours = 1,050 individual hours
- Methadone Programs Institute 35 individuals x 30 group hours = 1,050 individual hours
- DMHAS Human Resources Institute 45 individuals x 35 group hours = 1,125 individual hours
- FY 2002 1147 individuals received 8,602 person hours of training.

As of Oct 2002: 1565 individuals in the DMHAS system received a total of **36,187** individual person-hours of formal multicultural training

Plus OMA sponsored:

- Multiple in-service trainings at funded provider agencies
- ETP multicultural training for clinicians
- Two day statewide conference for 300 individuals (1999)
- 7 multicultural projects implemented projects in seven agencies Cohort II (Impact on 60-70 clients first year 2000)
- 7 multicultural projects to be replicated in seven agencies Cohort III in 2001
- All state operated hospitals and clinics producing and implementing cultural competence plans by July 1, 2001
- 180 Cultural competence plans implemented by funded providers in 20007 multicultural projects implemented projects in seven agencies Cohort II (Impact on 60-70 clients first year 2000)
- 7 multicultural projects to be replicated in seven agencies Cohort III in 2001
- All state operated hospitals and clinics producing and implementing cultural competence plans by July 1, 2001.
- Cross agency TA: DMR(Executive staff and regional Multicultural committees, DCF, DPH, DOC

Policy:

Office of Multicultural Affairs Strategic Plan (1999 three year plan updated 2001) Being updated for July 2002.

Projects

1. Program Initiatives: OMA coordinates culturally competent special population projects:

- Latino Initiative: increase of 2700 Latinos referred to treatment 1999 to 2001. *Latino Outreach Program* operates in all five regions to help Latinos who are not drawn to seek treatment to access substance abuse services.
- Technical assistance resulting in DMHAS annualized funding of mental health outpatient service to Southeast Asian population. DMHAS TA on funding application instrumental in additional \$300,000.

- Project Nueva Vida, Bridgeport Outreach to Latino men/women HIV risk, incarceration history/ substance abuse treatment (CSAT research project)
- Amistad Village Project, New Haven, African Origin Men/women OP SA Treatment, outreach/ case management (CSAT research project)
- *Latino HIV Integration Project* looks at networking New Haven/Bridgeport health services such as HIV/AIDS, addictions and mental health, Consumer planning.
- *Exemplary Practices for Latinos with Dual Diagnosis* or “*Dame La Mano*” to adapt co-occurring disorder treatment for the Hartford Latino Community.
- PACCT (Project Addictions Cultural Competence Training) New Haven, Bridgeport, Hartford, four year training to increase hiring pool of SA counselors
- “9/11” federal trauma funds coordinated to underserved populations Southeast Asian, Cambodian, African American, Latino

Project involvement:

2. The *Multicultural Clinical/Rehabilitation Best Practices* provide guidelines for culturally competent services. They were Distributed and promulgated by Commissioner August 2002.
3. OMA provides ongoing technical assistance to funded-, and state-operated agencies to develop cultural competence plans for culturally appropriate

Recognition

The annual report (2002) prepared by the **National Technical Assistance Center for State Mental Health Planning** recognized accomplishments of the DMHAS efforts to bring about effective system change in the areas of treatment and special projects that address multicultural competency.

The **National Latino Behavioral Health Association** located in Berthoud , Colorado Visited three sites offering culture specific treatment. CASA of Bridgeport, its subsidiary MAAS in New Haven, and Crossroads in New Haven. They were specifically interested in the Latino Outreach Program and residential services that are culturally appropriate for Latina women and children. They are in the process of recognizing six special programs nationally. Connecticut programs are on the long list at this time. They commended the work of DMHAS/OMA in their letter of thanks for hosting the site visit.