

The Department of Mental Health and Addiction Services

John G. Rowland
Governor

A Healthcare Service Agency

Thomas A. Kirk Jr., Ph.D.
Commissioner

Amistad Village

Connecticut is a tapestry of people from diverse racial, ethnic and cultural backgrounds – with varying belief systems about community, family, health, illness, emotional well being and mental health, and substance use disorder. People will more likely respond to treatment and support services that are offered in the language and practice of their belief system.



A major strategic goal of the Department of Mental Health and Addiction Services (DMHAS) is to “**provide culturally competent...services to persons whose needs are particularly challenging or not being well met...**” Cultural competence raises a service to a higher level of quality thereby improving access to care, producing better outcomes, and increasing its value. The Amistad Village Project (AVP) in New Haven exemplifies this strategy. AVP is evolving through the partnership efforts of DMHAS and a number of local community organizations in New Haven. Principal agencies are – Hill Health Center (HHC) and Multicultural Ambulatory Addiction Services (MAAS).

The Amistad Village Project provides outreach, treatment and support services to African American men and women who have a substance use disorder. Program policies and clinical activities are developed in the context of the culture of the client and the surrounding community. This involves continuing consideration of challenges unique to African Americans and special strengths from African American heritage and culture that can be tapped in support of recovery.

AVP offers a number of clinical interventions as well as assistance with housing, employment and legal issues that support recovery from substance use disorders. Program strategies include:

- : Outreach to strengthen relationships with the informal community such as temporary labor agencies, shelters, food pantries, housing developments.
- : Use of cultural street language.
- : Special outreach strategies for Fridays as “trigger days” for relapse, and during the high risk hours from 5:00 p.m. on.
- : Development of an Africentric continuum of care and community that includes treatment, recovery support, mentorship and alumni activities.
- : Group work that goes beyond structured discussion about drugs; openly addresses other life issues such as family and jobs.
- : Clinicians who are comfortable talking about spirituality as an element of treatment.
- : People encouraged to consider their recovery in relation to the community; how one affects the other and how issues such as economics and violence are involved.

Persons served
by Amistad

Men	60%	Age	under 35	34%
	40%		35-44	38%
Women	100%		over 44	28%
				100%

Primary problem substances are cocaine, crack, alcohol, and marijuana.

93% African Origin Persons

Program evaluation activities are underway to

- ✓ guide the continuing evolution of Amistad,
- ✓ identify the program characteristics that determine its cultural competence, and
- ✓ assess the effect of Amistad services on client outcomes such as substance use, housing, and employment.

Project Leadership

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Susan Feldman (HHC)

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