

JUNE 2008 RECOVERY TIMES

AREA OF FOCUS: CULTURAL RESPONSIVE SERVICES AND APPROACHES

The purpose of the Commissioner's Policy Statement on Cultural Competence is to formally designate cultural competence as an essential characteristic and defining quality that must be embedded in all aspects of the DMHAS healthcare system. The DMHAS healthcare system shall function with cultural competency that responds effectively to the needs and differences of all individuals, based on their race, gender, age, physical or mental status, sexual orientation, and ethnic or cultural heritage.



The Following Cultural Responsive Services/Approaches are Highlighted:

- **IMANI PROJECT**—A model to serve persons of African American descent with co-occurring mental health and substance use disorders.
- **INCORPORATING HISPANIC/LATINO CULTURAL CONSTRUCTS IN CARE** to increase the effectiveness of treatment approaches.
- **LATINO FAMILY NIGHT**—Working with families to create an environment where recovery is fostered with and for the individual and the family.
- **LATINO RECOVERY COACH INITIATIVE** to address cultural issues that could affect progress in an individual's recovery.
- **MULTICULTURAL OUTREACH PROGRAM**—Developed to provide culturally responsive services for increasingly growing Asian populations in the Greater Danbury area.
- **NETWORK OF CARE**—A statewide web resource for individuals, families and agencies concerned with mental and emotional wellness, which is available in 14 languages.
- Implementation of a network-wide survey to support **PROMOTING A CULTURAL, TRAUMA AND RECOVERY SENSITIVE ENVIRONMENT**.

Connecticut Department of Mental Health and Addiction Services
Thomas A. Kirk, Jr., Ph.D., Commissioner

IMANI PROJECT—Individuals of African descent comprise the single largest racial/ethnic population of persons served by DMHAS’ Capitol Region Mental Health Center (CRMHC). CRMHC has developed a model to serve persons of African American descent with co-occurring mental health and substance use disorders. Following planning efforts that involved CMRHC staff and numerous stakeholders from the Hartford community, the Imani Project began serving persons in 2006. The Imani Project is a culturally appropriate model of Integrated Dual Diagnosis Treatment (IDDT) for individuals of African descent. Simply, Imani can be defined as “faith,” and is “to believe with all our heart in our people, our parents, our teachers and the righteousness and victory of our struggle.”

The IDDT model augments the recovery efforts of the Imani Project, with focus on various stages of treatment including: engagement, persuasion, active treatment and relapse prevention. Objectives of the Imani Project include:

- The adoption of a culturally specific model based on the IDDT model, for individuals of African descent with co-occurring mental health and substance use disorders.
- An integrated system of care for individuals of African descent that is responsive to the needs of the Black community, based on their involvement in decision making.
- To give the Black community priority in identifying and facilitating implementation plans within their own communities.
- To acknowledge and integrate spirituality in the treatment of individuals of African descent.
- To increase the cultural competence of staff.

For information on Imani, contact Selina.Christian@po.state.ct.us or 860-293-6315. For more information about CRMHC, contact Karen.Evertson@po.state.ct.us or 860-297-0903.

INCORPORATING HISPANIC/LATINO CULTURAL CONSTRUCTS IN CARE—DMHAS’ Southwestern CT Mental Health System’s Hispanic Unit has incorporated Hispanic/Latino cultural constructs that have proven to increase the effectiveness of treatment approaches. Translation to Spanish alone has not made the materials culturally responsive. Briefly, the cultural constructs are recognized as: *Familismo* (family orientation), *Personalismo* (having a personal rather than institutional relationship), understanding the importance of *Respeto* (respect), which in the Hispanic/Latino culture is evident in the title that we address others by, and *Confianza* (trust; clients will be willing or unwilling to work with their provider/group based on their level of confianza). *Dichos* are popular sayings, analogies, and proverbs. For example, within the Illness Management and Recovery (IMR) approach *dichos* are used frequently to offer feedback without offending the group members when their views and opinions of mental illness are challenged and discussion of their recovery is encouraged. *Cuentos* (story telling) has been a way to discuss concerns, problems, and shame brought on by their psychiatric symptoms. Humor is effective with our population and allows communication to be indirect as is common among Hispanics, again in an effort to avoid offending.

For many participants it has been the first time that they attended a group program that improved their understanding of their illness and ways in which to manage it. The language and “culture” of recovery became common to them. The group became an anticipated learning and social opportunity where the seeds of hope (*esperanza*) were planted.

For more information on the above, contact Maria.Oliva@po.state.ct.us or 203-551-7523. For more information on SWMHS, contact James.Pisciotta@po.state.ct.us or 203-579-7368.

LATINO FAMILY NIGHT—DMHAS’ Western CT Mental Health Network’s (WCMHN) Greater Waterbury Mental Health Authority has taken an important step to meet the needs of the Latino community, a typically under-served population in regard to issues of mental health and addiction. This step included creating, maintaining and strengthening support to Latino families through Family Night.

Beginning in October 2007, Greater Waterbury staff and the Latino community became involved in a consensus building process, in which the community was offered forums to express their concerns and needs. One of the expressed needs was for educational workshops regarding mental health and the issues individuals and their families wrestle with each day. GWMHA honored their request on February 7, 2008,

when we hosted our first Latino Family Night in which a workshop on depression was offered in Spanish. There was a good turn out with more than 25 family members attending.

Communities need an integrated system of care for individuals that are both responsive and culturally sensitive. Family involvement is paramount to the needs of the Latino community and helps to create an environment where recovery is fostered with and for the individual and the family. We, in Waterbury, are working to channel creative energy to be more culturally responsive.

For more information on the above, contact Victor.Pagan@po.state.ct.us or 203-805-5323. For information of WCMHN, contact Colette.Anderson@po.state.ct.us or 203-805-6400.

LATINO RECOVERY COACH INITIATIVE—Community Prevention and Addiction Services, Inc. (CPAS) has implemented a Latino Recovery Coach initiative to improve culturally relevant services to Latinos/as receiving care. The Latino Recovery Coach is able to address cultural issues that could affect progress in an individual’s recovery. Additionally, the Latino Recovery Coach provides family sessions in recognition of the important role that family can play in recovery. The Latino Recovery Coach also consults with and educates program staff on cultural issues influencing recovery. Services provided by the Latino Recovery Coach are assisting individuals in navigating through system-wide processes, which may be obstacles to ongoing recovery.

For more information, contact Leanne Dillian, CPAS at 860-456-3215.

MULTICULTURAL OUTREACH PROGRAM—Western CT Mental Health Network’s Greater Danbury Mental Health Authority’s Multicultural Outreach Program was developed in 2001 to provide a culturally sensitive and responsive service for increasingly growing Asian population in Greater Danbury area. Throughout the six years of implementation and program development, service recipients have included not only people with Asian cultural backgrounds but also individuals encountering layers of systematic barriers for treatment and service due to different worldview toward psychiatric disorder and behavioral health treatment approach from the system and the dominant worldview.

The Multicultural Outreach Program emphasizes a multidimensional integrative approach that incorporates key principles of person-centered approach, strength-based approach, motivational interviewing, stage of change and cultural competency into service delivery, which takes place initially through outreach and engagement with the individual and the family within their cultural context. Building a working alliance (or therapeutic relationship) with the individual and/or the family is the first step for service delivery and a critical indicator for treatment outcome. The program characteristics of flexibility, creativity and sensitivity have opened the door for individuals who are perceived to be “challenging,” “difficult” or “non-compliant” by the system to receive a culturally sensitive service.

For more information on the above, contact Man-ching.Yeh@po.state.ct.us or 203-778-1640. For information on WCMHN, contact Colette.Anderson@po.state.ct.us or 203-805-6400.

NETWORK OF CARE—Connecticut’s **Network of Care (NoC)** is a statewide web resource for individuals, families and agencies concerned with mental and emotional wellness. Network of Care for Mental Health provides a comprehensive Service Directory of community-based service providers by town, putting people in touch with the right services at the right time, in the right location.

Endorsed by the President’s New Freedom Commission on Mental Health, the National Alliance for the Mentally Ill, and the federal Substance Abuse and Mental Health Services Administration (SAMHSA), Connecticut’s Network of Care site was recommended by the Mental Health Transformation (MHT) Technology Work Group and Oversight Committee (a group established as the result of a \$13.6 million federal MHT State Incentive Grant awarded to CT in November 2005) and by the Mental Health Cabinet.

CT’s Network of Care provides **easy-to-search libraries** and vital **information about specific disorders**, pending **legislation and advocacy**, as well as daily news articles from around the world concerning mental health, mental retardation and substance abuse. The site’s innovative technology provides near-universal access, regardless of literacy or income level, to Web-based services through a

text-only version of the site and other adaptive technologies. The site is fully ADA-compliant and **information is available in 14 languages**, including four that were added to meet CT's demographics: Italian, Polish, Portuguese and French. Information in 11 languages is also presented in video with a person of that culture speaking the information for those that may not be literate in that language.

Service providers can use NoC to build their own free Web sites in the For Providers section. Access to a complete training on WRAP- a self-management and recovery system developed by people with mental-health difficulties who were struggling to incorporate wellness tools and strategies into their lives is also available. Consumers/individuals in recovery can create their own individual WRAP and store other information about their treatment in the secure "My Folder" feature of NoC allowing the opportunity to:

- Increase personal empowerment.
- Improve quality of life.
- Assist people in achieving their own life goals and dreams.

Visit Connecticut's network of Care at ct.networkofcare.org.

For more information, contact Barbara.Bugella@po.state.ct.us or 860-418-6738.

PROMOTING A CULTURAL, TRAUMA AND RECOVERY SENSITIVE ENVIRONMENT

DMHAS' Western CT Mental Health Network's (WCMHN) Cultural Diversity/Affirmative Action Advisory Committee (CD/AAAC) formed a workgroup consisting of members and staff from the administrative office and three Local Mental Health Authorities (LMHAs) to conduct a Building Survey to evaluate and promote a cultural, trauma and recovery sensitive environment across the Network.

After conducting literature searches, the group found that existing tools for evaluating office or treatment space for this purpose did not exist. Adapting concepts gathered through the literature, as well as concepts learned through the trauma, cultural competency, and recovery initiative, the workgroup developed a 21-item 4-point likert-scale Building Survey. The Building Survey was distributed to staff, visitors, and consumers/individuals in recovery at the administrative office and the three LMHAs beginning in November 2007. Surveys were collected anonymously from November to mid-December of 2007. Respondents submitted surveys anonymously via sealed boxes (one for staff respondents and the other for consumers/individuals visitors) at each site. Comments were also solicited from respondents.

Results were compiled for three domains: Overall Building, Waiting Room and Meeting Rooms. The results were analyzed according to consumers/visitors and staff groups. In general consumers/individuals in recovery and visitors rated the environments more positively than did staff. The results and comments were recently reviewed by the CD/AAAC and specific recommendations for improvements to existing environments and informing upcoming building moves and space expansions are being compiled.

For more information on the above, contact Rose.Fogelman@po.state.ct.us or 203-805-6419. For information on WCMHN, contact Colette.Anderson@po.state.ct.us or 203-805-6400.