

State of Connecticut
Department of Mental Health
and
Addiction Services

A Healthcare Agency

Office of Multicultural Affairs
Strategic Plan
2007-2010

TABLE OF CONTENTS

Page

Table of Contents

1

Acknowledgements

3

DMHAS Policy

5

Letter from the Director

9

Commitment

11

Background History

13

Accomplishments

13

History of Progress

14

Projects of the Office of Multicultural Affairs

17

2007 to 2010 DMHAS/OMA Strategic Plan

21

Office of Multicultural Affairs Staff

José Ortiz, Director

Joseph Odell, Program Manager

Efraín Diaz, Ph.D., Supervisor

Sandra Kamens, Project Coordinator

Carol Dimmock, Administrative Assistant

Miriam Delphin, Ph.D.

Mona Amer, Ph.D.

Elizabeth Flanagan, Ph.D.

Multicultural Advisory Council Members

Edna E. Aklin	Michael Niman
Sylvia Baird	Joseph Odell
Kristin Bonilla	José Ortiz
Marc Chartier	Sue Pederson
Barbara Decker	Tamara Petro
Miriam Delphin	Tuoc Phan
Efraín Diaz	James Reed
Jim Donagher	Marshall Rosier
Gloria Dzerovych	Donna Stover
Cheryl Ellis	Carl Shields
Carol Ferrucci	Wade Terry
Thais Gordon	Sue Tharnish
Ismael S. Lamb	Gina Texeira
Cheryl Leone	Paula Zigman

The DMHAS Office of Multicultural Affairs thanks the many individuals named here, and all others, who assisted in the development of this Strategic Plan.

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES COMMISSIONER'S POLICY STATEMENT

SUBJECT: POLICY ON CULTURAL COMPETENCE

Purpose: The purpose of this policy is to formally designate cultural competence as an essential characteristic and defining quality that must be embedded in all aspects of the Department of Mental Health and Addition Services (DMHAS) healthcare service system. The single overarching goal of the DMHAS, a healthcare service agency, is promoting and achieving a value-driven, recovery-oriented system of care. The fullest attainment of that goal is simply not possible if the service design, delivery and evaluation are not culturally competent.

Definitions

Cultural competence is a set of congruent practice skills, attitudes, policies and structures that come together in a system, agency or among professionals and enable that system or those professionals to work effectively in cross-cultural situations.

Cultural competency is the acceptance and respect for difference, continuing self-assessment regarding one's own or another culture, attention to the dynamics of difference, ongoing development of cultural knowledge and resources and flexibility within service models to work toward better meeting the needs of diverse populations (Cross, Brazron, Dennis, & Isaac, 1999).

Policy Statement: *The DMHAS healthcare service 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. Both the population of Connecticut and the demographic profile of persons served by DMHAS-operated or -funded agencies reflect significant changes toward greater diversity. Further, findings in the professional literature point to patterns that indicate disparities in access and other indices of the quality of health care for some racial, cultural, and low-income groups in systems of care such as DMHAS. Consequently, a focused effort must be made to identify individuals or groups that, while in need of behavioral healthcare services, are either not served or underserved by the DMHAS system. Once identified, informed and strong steps must then be taken to assure provision of effective quality and parity of health care to these persons/groups. Such populations, as must be the case for all persons involved with any aspect of the DMHAS public/private system, must be equitably served and have full access to a culturally competent DMHAS healthcare system. An established system-wide environment of support and education related to cultural competence must exist to assist the public/private workforce to be culturally competent.*

DMHAS Tools for Implementing the Policy

Behavioral Health Initiatives

To promote effective implementation of this policy as part of the overarching goal and strategic action plan of DMHAS, the agency's policies shall require all services to be culturally appropriate, and to be supported by the provision of multicultural professional training for all planned services to

achieve the desired quality outcomes for any of DMHAS' behavioral health initiatives. The latter may include

Quality Care, described as the commitment to a statewide, culturally appropriate, quality care management system, designed to achieve defined service outcomes and the continued improvement of the integrated DMHAS healthcare system.

Recovery, identified as the process in which individuals of any cultural/ethnic/racial heritage served by the DMHAS healthcare system are supported in their effort to restore or develop a positive and meaningful sense of identity apart from their condition and then rebuilding their lives despite, or within the limitations imposed by, that condition.

Evidence-Based Health Care, described as a culturally appropriate clinical practice that is "...an approach to decision making in which the clinician uses the best evidence available, in consultation with the patient, to decide upon the option which suits that patient best" (Muir Gray, 1997).

Health Disparities, defined as the differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.

The Multicultural Advisory Council

The late Commissioner Albert J. Solnit, MD established the DMHAS Multicultural Advisory Council (MCAC) in 1995. The MCAC since that time has served the Department of Mental Health and Addiction Services as a creative resource in the area of multiculturalism that develops and recommends culturally appropriate system change. This specially chosen group of professionals shall continue to take initiatives that promote embedding cultural awareness into the language, spirit, and structure of the DMHAS service delivery and management system.

The MCAC shall be comprised of a diverse membership, especially with representation of underserved populations throughout the regions, agencies and consumers/persons in recovery populations across Connecticut. It shall help foster best culturally appropriate health practices. It will be supportive of multicultural training of the DMHAS system workforce. It shall identify opportunities to be used as instruments to permeate cultural competence throughout the DMHAS public/private network of services.

The MCAC shall assist in identifying that which is culturally appropriate in programs as well as approaches that produce replicable, effective quality outcomes. Such programs/approaches are models that can be validated by research and replicated as standard practice throughout the healthcare system.

The MCAC shall assist DMHAS in identifying underserved groups. This will be accomplished by examining demographics of the DMHAS public/private workforce and of those persons and groups in need of behavioral healthcare services but who are either not served or underserved by the DMHAS healthcare service system. It shall identify barriers to quality service delivery and recommend how to remove those barriers.

The MCAC shall provide support to the Office of Multicultural Affairs in the search and recognition of individuals qualified for appointment to the MCAC membership and shall decide by vote whether to approve any candidates for referral to the Commissioner for appointment. This process shall emphasize the diversity of membership and be representative of the persons/populations who should entrust their care and recovery to the DMHAS healthcare service system.

The Department of Mental Health and Addiction Services is fully and enthusiastically committed to adhering to the principles and spirit of this Policy Statement. It will be critical in assisting us to improve the health of Connecticut's citizens and in helping those who develop mental illness or substance-use disorders to be treated with respect and to recover their lives.

Thomas A. Kirk, Jr., PhD
Commissioner

Date

LETTER FROM THE DIRECTOR

When the Office of Multicultural Affairs (OMA) at the Connecticut Department of Mental Health and Addiction Services (DMHAS) began its work of multicultural systems change, it became quite apparent that cultural competence rested on a weak foundation throughout state operated and funded agencies. Based on that knowledge, it was clear that we needed to create a statewide infrastructure for cultural competence development and implementation.

At that time, we envisioned the components for developing an appropriate infrastructure to include: a commitment from top leadership; the creation of multicultural advisory committees; organizational self assessment; contractual cultural competence plans; staff training and skills development; welcoming agency environments; and targeted culturally appropriate service delivery strategies.

The first OMA three-year strategic plan was published in 1999 and provided means for developing a culturally competent infrastructure for services. Our second plan, published in 2003, was designed to advance the cultural competence agenda for DMHAS and included a broad focus on a quality system of healthcare that was person-centered and recovery-oriented.

This current strategic plan seeks to renew and create an improved understanding of how to successfully infuse cultural competence into the service systems of both our funded providers and state operated facilities.

Our vision is to identify and eliminate the health disparities that exist in our system of care. To that end, our new plan is designed to: revise our behavioral healthcare standards; continue to promote culturally competent policies; foster multicultural training and workforce development; and most importantly initiate a training program for the prevention and elimination of institutional racism.

The continued work of establishing a culturally competent system of healthcare is extremely challenging but can yield valuable results. It means that all funded providers and our own state operated facilities must strive to provide person-centered, recovery-oriented services that are culturally appropriate.

It is the position of the DMHAS Office of Multicultural Affairs and the Multicultural Advisory Council (MCAC) that cultural competence, if appropriately exercised, will lead to better outcomes for all of our clients

regardless of race, gender, religion, physical or mental status, age, sexual orientation, or ethnic and cultural background.

It should be noted here that members of the MCAC and DMHAS leadership provided guidance, support and direction for the writing of this 2007-2010 Strategic Plan. Our collective vision is to eliminate healthcare disparities throughout the treatment system through continued efforts to ensure that all clients receive effective culturally and linguistically appropriate healthcare.

Sincerely,

Jose Ortiz, Director
Office of Multicultural Affairs

The Commitment to Culturally Competent Quality Service

Policy statements of the Connecticut Department of Mental Health and Addictions Services (DMHAS) contain consistent references to the priority of quality outcomes in the delivery of client services throughout the healthcare system. This is demonstrated in the DMHAS Mission Statement, which is:

“The Mission of the Department of Mental Health and Addiction Services is to improve the quality of life of the people of Connecticut by providing an integrated network of comprehensive, effective and efficient mental health and addiction services that foster self-sufficiency, dignity and respect.”

This commitment to quality embodies cultural competence insofar as the Department includes it as the second of its four goals in its overall strategic action plan. In addition, DMHAS established the Office of Multicultural Affairs (OMA) to carry out that commitment. OMA is the division responsible for developing a process that will enable DMHAS to meet the needs of individuals regardless of race, gender, religion, physical or mental status, age, sexual orientation, or ethnic and cultural background.

The Mission of the Office of Multicultural Affairs is to assure that cultural competence is an integral quality of services that DMHAS provides for people of every ethnic/cultural group.

Development and Implementation of The Office of Multicultural Affairs

I Background History

Former Commissioner Albert Solnit established the DMHAS Multicultural Advisory Council (MCAC) of the Department of Mental Health and Addiction Services (DMHAS) as an advisory group to the DMHAS Executive Committee on January 1, 1997.

The Council's task was to facilitate the creation of processes by which the department could respond to the needs and differences of all individuals regardless of their race, gender, physical or mental status, sexual orientation, and ethnic or cultural background. MCAC continues to assess current and future initiatives, policies, and actions in multiculturalism, and to serve as a guide to senior management on issues of cultural competence and diversity. That same year, the Office of Multicultural Affairs (OMA) was created and its director appointed. Since that time, the OMA has worked to improve outcomes of services to people from diverse racial and ethnic backgrounds and other underserved populations.

The mission of the Office of Multicultural Affairs is to assure that cultural competence is an integral quality of all services that DMHAS provides for people of every ethnic/cultural group.

The vehicle for accomplishment of this mission is for DMHAS, via OMA, to create a system of care that clearly and measurably improves the quality and effectiveness of client outcomes by providing culturally appropriate services. The OMA director serves as the liaison between MCAC and DMHAS' executive staff and is charged with developing comprehensive competency-based systems of care. The director is also responsible for the oversight of standards for evaluating the cultural appropriateness of clinical services and outcomes.

In February 1999, OMA in conjunction with MCAC and expert consultants from Temple University's Multicultural Training and Research Institute (MCTRI) published its first multicultural strategic plan. The strategic plan serves as a guide in the ongoing developmental process toward a multicultural vision. The goals and objectives of the plan are designed to create a system of care that implements appropriate cultural factors when treating every individual.

II Accomplishments

A. Policies And Procedures For Evaluating Cultural Competency.

The OMA staff assists with the development of policies and procedures for the DMHAS system of healthcare and assures that healthcare addresses issues of culture throughout the organization's structure.

B. Federally Funded Culture Specific Projects.

These projects are funded and designed to meet certain evaluation requirements to demonstrate if cultural competence makes a difference, what the difference is, and how the difference can be replicated throughout the system.

C. Multicultural Behavioral Healthcare Best Standard Practices.

Through a process conducted in collaboration with Temple University's Multicultural Training and Research Institute, the Multicultural Standards Committee of MCAC worked diligently to develop *The Multicultural/Clinical Rehabilitation Standards*. It consists of helpful guidelines to assist in effectively implementing culturally appropriate programs. This document will be updated.

D. Multicultural Physical Environments.

The *Multicultural Behavioral Healthcare Best Standard Practices* provides guidance for programs to create multicultural physical environments. The prevention, treatment, rehabilitation and recovery services all need to be culturally appropriate and operate in an environment that is inclusive of multicultural groups.

E. Culturally Appropriate Program Elements.

Essential elements of culturally appropriate programs are included in the *Multicultural Behavioral Healthcare Best Standard Practices*. They include Access and Service Authorization, Cultural Assessment, Treatment and Rehabilitation Plan, Communication Styles and Linguistic Support, Case Management, Performance Indicator Continuum of Service/Discharge Planning, and Recovery and Self-Help.

D. Multicultural Training for DMHAS Facilities and Funded Agencies.

OMA staff of experienced culturally competent trainers is available to provide education and training on issues of cultural competency relevant to all facilities. In addition, many other trainers, who have completed OMA multicultural training and are from the DMHAS system, volunteer to be trainers. These services are provided to agencies by request on an as needed basis.

G. Technical Assistance and Resources for Cultural Competence in the DMHAS Statewide System of Healthcare.

Technical assistance is offered to all DMHAS operated and funded agencies, as well as to other State agencies in Connecticut and other States upon request.

III. History of Progress

It is important to note that DMHAS, through the Office of Multicultural Affairs, has taken a leadership role in applying for and securing federal funds supporting new projects serving African-Origin and Latino clients.

A. Multicultural Conference

A DMHAS multicultural conference was held in June 1999, as a concerted effort of OMA, MCAC and Temple MCTRI. MCAC developed workshop subjects, identified speakers and determined surface culture activities such as vendors, performances, ambiance and the length of the conference through brainstorming and priorities rating. OMA itself has participated in over eight conferences sponsored by DMHAS.

B. Latino Outreach Program

DMHAS continues to provide funds for the Latino Outreach Program (LOP). The LOP is a response to Latinos increased use of heroin (in 1996, 62% in treatment indicated heroin as primary substance) but not accessing treatment in any greater numbers. LOP provides outreach and culturally appropriate proactive referrals of Latinos to treatment. Admissions of Latinos to treatment increased by 34% in the first three years of the implementation of the program.

C. Other Training

During the first years of the multicultural training initiative, many requests were received by the following entities to provide training for staff throughout the State Agency system.

- DMHAS Operated Facilities
- The New England Health Care Employees Union District 1199
- DMHAS' Human Resources for agency supervisors
- Contracted direct service provider agencies
- Connecticut Department of Children and Families
- Department of Social Services
- Department of Mental Retardation
- Department of Public Health
- Department of Motor Vehicles
- Office of the Comptroller
- Office of the Secretary of State
- Community based groups and organizations

The original contract with Temple University was specific to an annual cohort training, and did not include the expanded training. However, 1199 Quality of Work Life funds were allocated to CMHC which permitted the consultants and OMA staff to target other specific parts of the DMHAS system. This was essential to the development of a multicultural healthcare system. This resulted in 5-Day Manager's Institutes, which targeted managers, supervisors from central office and facilities directly operated by DMHAS. In addition these funds made it possible for a collaborative DMHAS/CMHC effort that produced

a multicultural video available for employee orientation as well as an introduction to cultural competence concepts.

1. Members of MCAC participated in and graduated from 25 full days of multicultural education as well as a Train-The-Trainer model on multiculturalism provided by the Temple University consultants.
2. A second training cohort was made up of seven teams of 35 individuals representing the five regions, CVH and Cedarcrest Hospitals. Each team qualified for the training with a project proposal that implemented a culturally competent approach to treatment that could be replicated anywhere in the system. The Temple consultants provided ongoing technical assistance on all project developments as well as multicultural training.
3. In January 2001, a third cohort began the yearlong multicultural training. This group worked on replicating the efforts of second cohort projects in different treatment settings. Trainers for the third cohort were core trainers trained by the Temple consultants from the MCAC.
4. Core trainers from the fourth cohort focused on technical assistance related to duplicating past projects and developing a standard cultural assessment instrument. In addition, the Department of Children and Families (DCF) representatives were involved in this training and also began working on a culturological assessment appropriate for the DCF system of service.
5. October 19, 2007 marked the beginning of the Cohort IX of the long term 18-20 day multicultural training at CVH. There have been many enhancements made to the original training curriculum, including the addition of Health Disparities and Culturally Competent Recovery-Oriented Healthcare components.

C. Gateway Community College

The DMHAS/OMA experience and effort has been recognized by the **Gateway Community College** *Drug and Alcohol Recovery Counselor* program (DARC) as it prepares future addictions counselors to be, from the beginning, committed to cultural competence. As part of the DARC program for the new spring 2007 class, Gateway is establishing the college credited course (DAR 212) *Multicultural Addiction Counseling* in collaboration with the DMHAS Office of Multicultural Affairs. The curriculum for this course, as well as the principle instructor and all guest instructors, will be selected from the DMHAS/OMA annual multicultural class structure. We are very excited about this development, and will be working closely with Gateway Community College to assure its success and effectiveness.

IV. Other State Agencies.

OMA has become a multicultural model and a resource for other state agencies. For example the State Department of Children and Families has created their own Office of Multicultural Affairs and hired a director, and other agencies are striving to implement cultural competence within the framework of the service system. In addition, OMA staff has presented at national conferences in New Mexico, Pennsylvania, and New England Institute of Addiction Studies. OMA continues to attend and participate in national and local conferences relating to multicultural issues.

V. Connecticut DMHAS/OMA in Vancouver, British Columbia, Canada

The DMHAS Office of Multicultural Affairs (OMA) was invited to Vancouver as presenters in a one-day conference for 160 mental health clinicians and supervisors for the Canadian Province of British Columbia operated Fraser Healthcare System. As representatives of the DMHAS/OMA, both José Ortiz Director, and Joe Odell Program Manager, presented major keynotes during the conference day. José presented the history of OMA from the perspective of bringing about a multicultural system change throughout the DMHAS healthcare system. Joe Odell complimented José's very practical message with detailed information on DMHAS/OMA multicultural training and the development of an effective curriculum as an essential component of the change process. On the second day both met with 25 key managers and supervisory staff from Fraser for a three-hour interactive dialogue about the importance of unified administrative commitment to, and its direct impact on developing the policy and praxis for a successful change process.

VI. Cultural Competence Plans.

Every DMHAS funded program was required to submit a cultural competence plan by April 1, 2000 that would be implemented by July 1, 2000. Temple provided two days of training and technical assistance to 50 programs around the contractual requirement. Regionally, meetings were held with all remaining funded programs. Technical assistance and training were provided by OMA staff and based on the Temple University model. Annual progress reports on cultural competence are expected.

VII. Projects Implemented Through *the Office of Multicultural Affairs*

The Office of Multicultural Affairs (OMA) works with many community-based organizations to assist them in examining the cultural nuances in prevention, intervention and treatment services. The programs listed below are projects which, when implemented appropriately will empower organizations to enhance the cultural competency of staff while providing culturally appropriate services to specific targeted populations. OMA intends to use these projects as a model for culturally appropriate programming throughout the DMHAS system of care.

A. Project for Addiction Cultural Competency Training (PACCT)

The Project for Addiction Cultural Competence Training (PACCT) is a training, mentoring and internship program. The purpose was to increase the hiring pool of historically under-represented groups, such as Latino/Hispanic, African American, Asian and Native Americans to serve clients referred by the Criminal Justice system for treatment in the Bridgeport, New Haven, and Hartford areas. The training program provided each participant with 64 Continuing Education Units (CEU's) towards CCB certification in substance abuse counseling. This project was funded for four years under a Byrne Memorial Grant, with matching state funds from the Office of Policy Management (OPM). Currently it is funded through the court referral program and now operates the statewide population providing one session per year for 40 students. The Project for Addictions Cultural Competency Training (PACCT) continues its effort toward workforce development for DMHAS. The current training session began on January 20, 2007 at Connecticut Valley Hospital. 61 PACCT graduates have been enrolled in advanced classes or college and 68 are known to be employed in the DMHAS behavioral healthcare system.

B. African Men in Recovery (AMIR) Project

The Office of Multicultural Affairs partnered with three community-based agencies in the City of Hartford to effectively address the critical substance abuse treatment and HIV/AIDS service needs of men of African-Origin. They are The Urban League of Greater Hartford, Hartford Behavioral Health, and Community Health Services (CHS). It is currently programmatically incorporated into Community Health Services, Inc. Hartford, CT. It is being expanded to serve women and Latinos. AMIR's goal is to improve the outreach, identification, recruitment and retention of the target population in appropriate substance abuse treatment and AIDS services. Stigma, injection drug use and AIDS, require that a united effort across a variety of community institutions be launched.

C. Amistad Village Project

In New Haven, the Amistad Village Project's mission proposed to reach out in a welcoming and unconditional manner and engage African Origin men and women with substance abuse problems in ways not traditionally utilized by the system. The Amistad Village Project strategy is comprised of various levels:

1. Outreach and Engagement/Assessment of African Origin Outreach Initiative.
2. Engagement/Assessment/Case Management at Multicultural Ambulatory Addiction Services (MAAS) and HHC employs Outreach/Case Managers trained in Motivational Interviewing (MI) Techniques which focus on basic needs.
3. Expanded Substance Abuse Treatment Services combined with outpatient substance abuse treatment services at MAAS and HHC are culturally enhanced for 100 African Origin men and women with

substance use disorders who become involved in culturally appropriate, relevant and competent person-centered service approaches and innovative cultural skill building for successful recovery.

4. Integration of Community Resources and Support Services which operate on a continuum of culturally appropriate services, are based on individual needs of the person, and will be provided through community program linkages.

D. Proyecto Nueva Vida (New Life Project)

Proyecto Nueva Vida emerged from these statistics showing need to serve Latinos, both men and women at the adult and juvenile levels, who are over-represented in Connecticut's criminal justice system., as a pilot program in the City of Bridgeport. It is committed to the value of developing gender-sensitive and culturally appropriate services that reflect an empowerment approach for creating a fundamental sense of hopefulness, and belief in recovery. PNV increased availability of integrated substance abuse and HIV/AIDS treatment services with routine HIV/AIDS and other infectious disease screening; cultural competency in the delivery of treatment; gender specific services; and increased family involvement in treatment and recovery. The coordinated services will monitor each individual's progress, advocate for system improvement, and provide a continuum of aftercare and recovery services.

E. Dame La Mano

The Connecticut Department of Mental Health and Addiction Services through its Capitol Region Mental Health Center (CRMHC), and in partnership with the Hispanic Health Council and Dartmouth College, proposed to stimulate the adoption of the New Hampshire Dual Diagnosis Model (Drake Model) for implementation among Hispanic/Latino clients with co-occurring mental health and substance use disorders.

The purpose of the project is to build consensus around the adoption of a culturally specific model for dually diagnosed Hispanic/Latino clients; give Hispanic/Latino communities priority in identifying and facilitating implementation plans within their own communities; conduct a process evaluation of the model which is driven by the concerns of the Hispanic/Latino community; and improve the ability of service providers to implement the culturally specific exemplary practice in Phase II of the Community Action Grants Initiative.

The project documented the consensus building process of the project, and the success of the adaptation of the NH model within the Hispanic/Latino community. DMHAS plans to provide frequent feedback of evaluation findings to key stakeholders, community leaders and consumers.

F. Latino Integration Project

The Latino HIV Integration Project was a one-year project premised on the concept of consumer-driven, culturally competent strategic planning to develop an integrated system of care for Latinos affected by or living with HIV, mental illness, substance use, public health issues, and/or primary care issues.

The goals of the project were four-fold; 1) to stimulate consensus building around the development of a culturally specific HIV/AIDS integration strategy for Latinos in New Haven and Bridgeport; 2) to develop integrated systems of care that are responsive to the needs of the Latino community; 3) to give Latino consumers, in collaboration with state agencies, community leader, and local providers, priority in identifying service integration plans within their own communities; and 4) to improve the ability of service providers to implement an integrated substance abuse, HIV/AIDS, mental health, primary care, and public health service systems for Latinos, as identified by Latinos. This project represented collaboration between the Department of Public Health and the Department of Mental Health and Addiction Services, which provided project oversight.

**The Connecticut Department of Mental Health
And
Addiction Services
Office of Multicultural Affairs**

**STRATEGIC PLAN
2007 TO 2010**

“Multiculturalism is about creating a new world where all people, because of who they are (as differentiated from “regardless who they are”) are welcomed, appreciated, and celebrated. It means acknowledging our biases, and striving to overcome our limitations. It focuses on raising our awareness of our cultural assumptions about ourselves and the world. It cannot exist if we are not willing to change our minds, hearts, and our lives. We must build alliances with those who are different from us and not be tempted to surround ourselves in sameness. Finally, we must transform our worldview in order to move beyond our very real human and spiritual limitations.”

*Amy L. Reynolds, Ph.D., Staff Psychologist, Buffalo State College
Handbook of Multicultural Counseling, Sage Publications*

PREAMBLE

This Strategic Plan is the result of the essential function and dedicated work of The Connecticut Department of Mental Health and Addiction Services (DMHAS) Multicultural Advisory Council (MCAC) in collaboration with The Office of Multicultural Affairs (OMA). We recognize that Multiculturalism is both a universal and focused approach to establishing cultural competence that would permeate recovery-oriented behavioral healthcare and congruently address the elimination of health disparities among diverse and underserved populations. Multiculturalism informs behavioral health services to include such areas as gender, socio-economic status, sexual/affectional orientation, and national origin, ethnicity and culture. In its understanding of multiculturalism, OMA includes appropriate staff diversity, suitable language adaptability, and cross cultural competency. The purpose of this strategic plan is to promote, and in turn to implement, the activities needed to establish a culturally competent system of recovery-oriented healthcare with quality outcomes for all DMHAS operated and funded programs.

2007-2010 Goals and Objectives

Goal #1

To establish and promote policies, structures, environments and values that are inclusive of cultural competency.

Objectives:

- I. Assure that all state operated and funded agencies have an approved Cultural Competency plan that is integrated into the provision of services and monitored for quality improvement.
- II. Based on the DMHAS cultural competence policy, develop contract language that holds CEO's responsible for Cultural Competency in their agency.
- III. Encourage and assist providers to create culturally welcoming environments.

Goal #2

To establish an overall strategy for multicultural workforce development, provide training and technical assistance in conjunction with the DMHAS Affirmative Action Office and the Division of Human Resources.

Objectives:

- I. Promote the recruiting, hiring and retaining of diverse staff throughout the DMHAS system of care.
- II. Provide training and technical assistance that ensure an appropriate level of cultural competence in the DMHAS healthcare system.
- III. Replicate the PACCT program for the mental health workforce.
- IV. Support upward mobility of individuals from diverse populations into leadership positions.

Goal #3

To revise the *DMHAS Multicultural Behavioral Healthcare Best Standard Practices and Implementation Guidelines*.

Objectives:

- I. Conduct a literature search of multicultural standards and best practices for applicable information.
- II. Update the current DMHAS *Multicultural Behavioral Healthcare Best Standard Practices*.

III. In developing the revised document ensure consistency with the DMHAS recovery oriented system of care, as well as all past and current DMHAS service initiatives.

IV. Disseminate the revised *Multicultural Best Standard Practices and Implementation Guidelines* throughout the DMHAS System of Healthcare.

Goal #4

To disseminate and implement the OMA Ethno/Cultural Addendum Form in order that it shall enhance clinical assessments throughout the system of care.

Objectives

- I. Examine previous and current cultural assessment initiatives.
- II. Develop the *OMA Ethno/Cultural Addendum Form*.
- III. Present the *OMA Ethno/Cultural Addendum Form* to the Regional Multicultural Councils for review.
- IV. Establish pilot programs to test and evaluate the impact/effectiveness of using the *OMA Ethno/Cultural Addendum Form*.
- V. Develop a strategy for implementing the form throughout the DMHAS system of healthcare.

Goal #5

To initiate training for the prevention and elimination of institutional racism throughout the DMHAS behavioral healthcare system in collaboration with the DMHAS Affirmative Action Office and Division of Human Resources.

Objectives:

- I. Develop a curriculum that can be used to train staff in both DMHAS operated and DMHAS funded agencies in skills to help recognize and prevent institutional racism.
- II. Develop a process to select and train instructors.
- III. Pilot the racism prevention training and revise the curriculum based on the pilot findings.
- IV. Develop and implement a process for evaluating the effectiveness of the racism prevention curriculum.