New Jersey Mental Health Institute

Improving Treatment Quality through Cultural Competence

Keynote Presentation

Cultural and Linguistic Competence: Essential Aspects

Of Mental Health and Addictions Treatment

Presented by

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and

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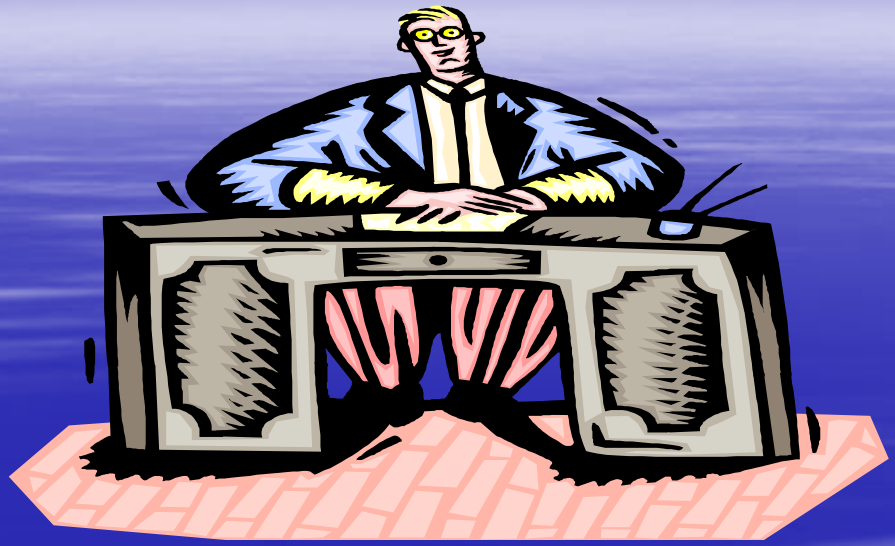


Overview
New Jersey
Division of Mental Health Services

Overview

Division of Mental Health Services

Division supervises five state-operated psychiatric hospitals; monitors inpatient services provided by private psychiatric facilities as institutional and community mental health system, as well as other public hospitals and psychiatric units in local general hospitals; and contracts with private non-profit agencies for community mental health services. The Division employs more than 5,000 staff and oversees an annual budget in excess of $1.0 billion.

New Jersey's Psychiatric Hospitals

Ann Klein Forensic Hospital

The Ann Klein Forensic Center is a 200-bed psychiatric hospital serving a unique population that requires a secured environment. Our facility provides care and treatment to individuals suffering from mental illness who are also within the legal system.

The clients at Ann Klein Forensic Center are special in many respects and require an interdisciplinary team approach. The care plan is comprised of both independent and interdependent contributions from our staff and is communicated to the medical security officer assigned to each client. We work as a team, with each member treating the other with courtesy, consideration, and respect. We serve our clients without judgment, applying professional knowledge and skill to achieve a positive outcome.

Safety is an important component in our work for both the clients and the staff. Every aspect of this is closely monitored for compliance so an environment of physical and emotional safety will be maintained for everyone.

We are located on Sullivan Way in West Trenton. For more information, please call (609) 633-0900.

Senator Garrett W. Hagedorn Psychiatric Hospital

The Senator G.W. Hagedorn Psychiatric Hospital is a 310-bed psychiatric hospital serving a designated New Jersey Population. We are a J.C.A.H.O. accredited health care facility, one of five state psychiatric hospitals governed by the State of New Jersey, Division of Mental Health Services. Located on a beautiful mountain- top, with approximately 600 acres in Glen Gardner, we provide quality 24 hour comprehensive psychiatric services for patients 18 and older.

The mission of the Hagedorn Psychiatric Hospital is to provide quality interdisciplinary psychiatric services that maximize potential and community reintegration within a safe and caring environment.

Our vision is to provide services guided by principles of excellence, quality, respect, safety, efficiency of resources. Our Treatment is specialized and multidisciplinary in nature and organized by Geriatric and Adult services. Each patient's care is individualized and guided by stage of illness and functional status. Our goal is to work in cooperation with family and community resources to treat, stabilize, rehabilitate and reintegrate the patient into a community setting that best fits the individuals unique need.

We are located at 200 Sanatorium Road in Glen Gardner. For more information, please call (908) 537-2141.

Greystone Park Psychiatric Hospital

We are a 450-bed hospital with several cottages that serve 60 individuals ready for transitional housing. The new hospital opened on July 16, 2008 and is located in North Central New Jersey in Morris Plains. Greystone is one of five psychiatric facilities throughout the state that make up the Division of Mental Health within the Department of Human Services.

For more information, please call us at (973) 538-1800.

Trenton Psychiatric Hospital

Trenton Psychiatric Hospital is a 500-bed psychiatric hospital serving a designated New Jersey population. We are a J.C.A.H.O. accredited health care facility, one of five psychiatric hospitals governed by the State of New Jersey, Division of Mental Health Services. Dorothea Lynde Dix, a pioneer in the care of the mentally ill, founded Trenton Psychiatric Hospital in the 1840's. Honored in the nursing profession as an American scholar and educator and a lifelong psychiatric crusader, Ms. Dix retired at the age of 80 to a private apartment set aside for her at the New Jersey State Hospital (TPH today) where she remained until her death in July of 1887.

TPH believes in providing a holistic approach to patient care, from the initial assessment to the treatment of the human response to actual or potential health problems. We ensure the patient and the patient's family competent, compassionate care as we collectively achieve individualized patient care goals.

We are located on Sullivan Way in West Trenton. For more information, please call (609) 633-1500.

Ancora Psychiatric Hospital

Ancora Psychiatric Hospital is a 600-bed adult inpatient facility that offers a multidisciplinary team approach to development and implementation of care. We meet the needs of our mentally ill clients in the areas of admissions, acute and chronic psychiatric units, gero-psychiatric units, a sub-acute medical unit, a secure care unit (Forensic), and a dual diagnostic unit for the mentally ill and developmentally disabled.

Our mission is to provide quality comprehensive psychiatric, medical and rehabilitative services that encourage maximum patient independence and movement towards community reintegration with an environment that is safe and caring.

We are a quiet 80-acre campus located at **301 Spring Garden Road, Ancora, NJ 08037. For more information, contact us at (609) 561-1700.**

New Jersey Division of Mental Health

Contracts with provider agencies:

- Residential
- Partial Care
- Consumer Self-Help
- Out-patient Treatment
- PACT, ICMS, etc.

Cultural and Linguistic Competence and Relevance to Mental Health

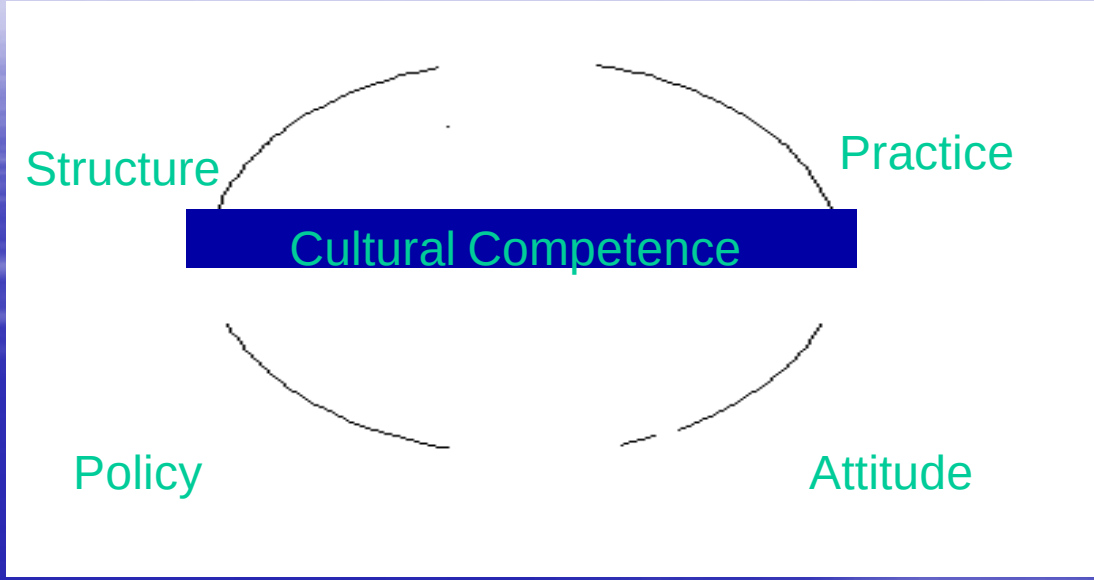
What is it and Why is it important?

What is Cultural Competency?

A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enable them to work effectively in cross-cultural situations. Cultural competency is the acceptance and respect for difference, a continuous self-assessment regarding culture, an attention to the dynamics of difference, the ongoing development of cultural knowledge, and the resources and flexibility within service models to meet the needs of minority populations

(Cross et al., 1989).

Cultural Competence



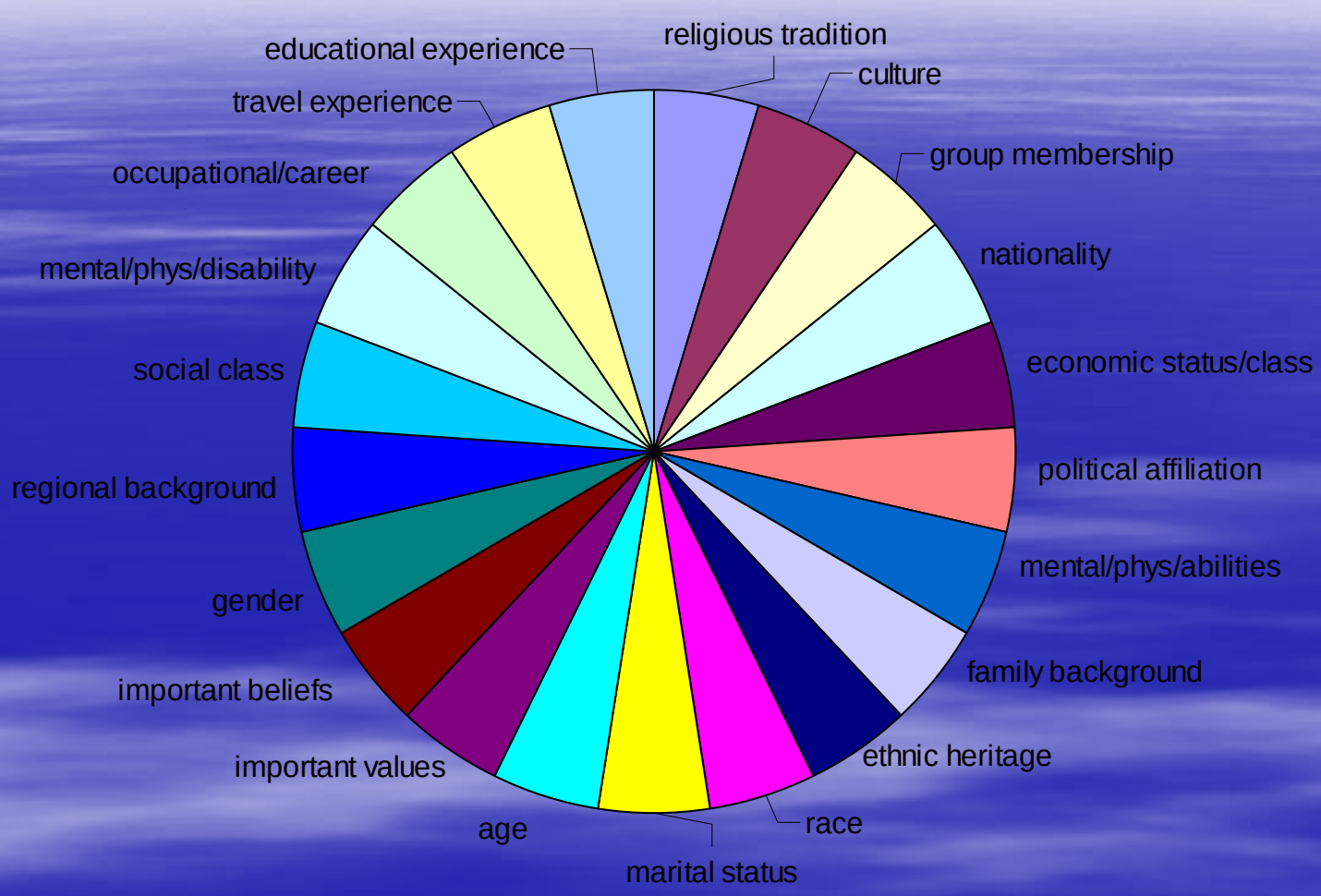
- Am I aware of my own cultural values and how my culture drives the decisions I make?
- Am I aware that differences exist and can I adapt to those differences?
- What are the dynamics of difference and what happens when people from different background meet?
- Do I make efforts to increase my knowledge base?
- Am I able to adapt my skills to fit the event's cultural context?

Excerpt from:
"Focal Point" Summer 1988
Portland State University and "Cross-Cultural Skills in Indian Child Welfare.
NW Indian Child Welfare Institute. Perry Center for Children, 1988.

World View

- Philosophy of Life - Our “experience with social, cultural, environment, philosophy and psychological dimensions.”
- World views are composed of attitudes, values, opinions, and concepts and also affect how we think, make decisions, behave and define events.

Key Components of Your World View



Source: Lorna Hines-Cunningham, Assistant Director of Quality Improvement & Specialty Services
New Jersey Division of Mental Health Services

Prepared For: 2005 Annual Conference
New Jersey Association for Mental Health Agencies
Basking Ridge, NJ
May 4, 5, 2005

Why is There a Compelling Need for Cultural Competence?

- To eliminate long-standing disparities in the status of people of diverse racial, ethnic and cultural backgrounds
- To improve the quality of mental health services to clients supported by the state
- To respond to major demographic changes in New Jersey

Source: National Center for Cultural Competence Policy Brief 1, Winter 1999

Why is There a Compelling Need for Cultural Competence? [cont'd]

- To gain a competitive edge in the marketplace
- To meet legislative, regulatory and accreditation mandates

Source: National Center for Cultural Competence Policy Brief 1, Winter 1999

New Jersey Diverse Populations

Relevant Census Information

1. Recently highlighted by The Commonwealth Fund, “approximately 47 million people in the U.S. speak a language other than English at home and more than 21 million have problems speaking or understanding English”*. As reported in the 1990 census, 40% of Hispanic Americans “reported they did not speak English very well”**.

2. New Jersey’s Experience is certainly in line with these emerging demographics. The recent census indicates New Jersey ranks fifth in the nation with foreign born immigrants***.

3. During a cursory review of patients during FY 2006, in our in-patient state psychiatric service, we served a total of 2,636 consumers who were representatives from the following ethnocultural groups: American Indian / Alaskan, Asian Pacific Islander, Black (not Hispanic) and Hispanic.

4. More than 36 percent of the state’s population is Black, Hispanic, Asian or Pacific Islander, or Native American or Alaskan Native. And more than one million New Jerseyans prefer to speak a language other than English, according to the 2000 U.S. Census.

DEMOGRAPHICS

The Changing Face of New Jersey

Recently highlighted by The Commonwealth Fund, “approximately 47 million people in the U.S. speak a language other than English at home and more than 21 million have problems speaking or understanding English”.* As reported in the 1990 Census, 40% of Hispanic Americans “reported they did not speak English very well”.** New Jersey’s experience is certainly in line with these emerging demographics. The recent census indicates New Jersey ranks fifth in the nation with foreign born immigrants.***

Six states had estimated foreign-born populations of 1 million or more in March 2000; California (8.8 million), New York (3.6 million), Florida (2.8 million), Texas (2.4 million), New Jersey and illinois (1.2 million each, and not statistically different). While the total population of these states represented 39 percent of the total U.S. population, their foreign-born populations represented 70 percent of the nation’s total foreign-born population.

In five of these six states, the proportion of the foreign-born population exceeded the national average of 10 percent; California (26 percent), New York (20 percent), Florida (18 percent), New Jersey (15 percent) and
Texas (12 percent).

New Jersey is one of the most culturally and linguistically diverse states in the nation.

The Road to Cultural & Linguistic Competence in Mental Health

- Title VI (1964) and Executive Order 13.667-2
- New Freedom Commission
- Surgeon General Report
- SAMHSA Cultural Competence Standards in Managed Care Mental Health Services for few underserved / underrepresented racial / ethnic groups and CIAS Standards

TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

- No person in the US shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

EXECUTIVE ORDER 131667-2

Each Federal Agency shall examine the services it provides and develop and implement a system by which LEP persons can meaningfully access those services consistent with, and without unduly burdening the fundamental mission of the agency.

Presidents New Freedom Commission on Mental Health

Key Issues

- How do we Transform Mental Health – Created April 29, 2002
- Identified a fragmented mental health services delivery system
- Directs Federal agencies to work with state agencies to ensure full compliance
- The Goal of a Transformed System: **Recovery**

Reference – http://www.mentalhealthcommission.gov/reports/Finalreport/downloads/execsummary.pdf

President's New Freedom
Commission on Mental Health
Final Report issued on June 2003

The Goals of a Transformed System

Goal 1

American Understand that Mental Health is Essential to Overall Health

<u>Relevance to Cultural and Linguistic Competence</u>

- Stigma – Society – Community – Family
- Access
- Mental Health and Health Disparities
- Diverse Meanings of Mental Health
- Health Literacy
- Poverty, Discrimination, Injustice

President's New Freedom - Commission on Mental Health
Final Report issued on June 2003

Goal 2 Mental Health Care is Consumer and Family Driven

Relevance to Cultural and Linguistic Competence:

- Empowerment as an ethno cultural construct
- Multi meanings of family
- Identity as a consumer
- Cultural Expression of pain
- How consumer's express their pain
- What they label as a symptom
- Beliefs about what caused illness
- Trauma history
- Attitudes towards helpers

President's New Freedom – Commission on Mental Health
Final Report issued on June 2003

Goal 3

Disparities in Mental Health Services are Eliminated

Goal 4

Excellent Mental Health Care is Delivered and Research is Accelerated

Goal 5

Technology Is Used to Access Mental Health Care and Information

Surgeon General's Report on Mental Health: Culture, Race & Ethnicity

- Culture counts! – culture & society play pivotal roles in mental health, mental illness and mental health services
- There are striking disparities in mental health care for racial and ethnic minorities
- Minorities have less availability and access to mental health resources

Source: USDHHS (2001). *Mental Health: Culture, Race and Ethnicity* – A Supplement to Mental Health: A Report of the Surgeon General

Surgeon General's Report on Mental Health: Culture, Race & Ethnicity [cont'd]

- Culture counts! – culture & society play pivotal roles in mental health, mental illness and mental health services
- There are striking disparities in mental health care for racial and ethnic minorities
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Source: USDHHS (2001). *Mental Health: Culture, Race and Ethnicity* – A Supplement to Mental Health: A Report of the Surgeon General

SAMHSA:

10 Components of Recovery

1. Self-direction
2. Individualized and Person-Centered
3. Empowerment
4. Holistic
5. Non-linear
6. Self-direction
7. Peer Support
8. Respect
9. Responsibility
10. Hope

Relevance to Cultural and Linguistic Competency

- Provider world view
- Consumer Worldview
- Power dynamic bet provider and consumer
- Multicultural meaning of respect
- Stigma
- Attitudes towards helpers
- “ISMS” in the external environment, i.e., racism

SAMHSA Cultural Competence Standards in Managed Care

Mental Health Services for Four Underserved / Underrepresented Racial / Ethnic Groups

Overall System Standards & Implementation Guidelines

Reference: http://mentalhealth.samhsa.gov/publications/allpubs/SMA00-3457/ch2.asp

1. **Cultural Competence Planning Standard**

   A Cultural Competence Plan for both public and private sectors shall be developed and integrated within the overall organization and/or provider network plan, using an incremental strategic approach for its achievement, to assure attainment of cultural competence within manageable but concrete timelines.

2. **Governance Standard**

   Each health plan's governing entity shall incorporate a board, advisory committee, or policy making and influencing group which shall be proportionally representative of the consumer populations to be served and the community at large, including age and ethnicity. In this manner, the community served will guide policy formulation and decision making, including Request for Proposals development and vendor selection. The governing entity responsible for the Health Plan Shall be accountable for its successful implementation, including its cultural competence provisions.

SAMHSA Cultural Competence Standards in Managed Care

Mental Health Services for Four Underserved / Underrepresented Racial / Ethnic Groups

Overall System Standards & Implementation Guidelines

3. Benefit Design Standard

The Health Plan shall ensure equitable access and comparability of benefits across populations and age groups. Coverage shall provide for access to a full continuum of care (including prevention programs) from most to least restrictive in ways which are comparable, though not identical, acknowledging that culturally competent practice provides for variance in individualized care.

4. Prevention, Education, and Outreach Standard

Each Managed Care Mental Health Plan shall have a prevention, education, and outreach program which is integral part of the Plan's operations and which is guided in its development and implementation by consumers, families, and community-based organizations.

SAMHSA Cultural Competence Standards in Managed Care

Mental Health Services for Four Underserved / Underrepresented Racial / Ethnic Groups

Overall System Standards & Implementation Guidelines

5. Quality Monitoring and Improvement Standard

The Health Plan shall have a regular quality monitoring and improvement program that ensures (1) access to a full array of culturally competent treatment modalities, (2) comparability of benefits, and (3) comparable successful outcomes for all service recipients.

6. Decision Support and Management Information Systems Standard

The Health Plan shall develop and maintain a database which shall track utilization and outcomes for the four groups across all levels of care, ensuring comparability of benefits, access and outcomes. The Health Plan shall also develop and manage databases of social and mental health indicators on the covered population from the four groups and the community at large.

SAMHSA Cultural Competence Standards in Managed Care

Mental Health Services for Four Underserved / Underrepresented Racial / Ethnic Groups

Overall System Standards & Implementation Guidelines

7. Human Resource Development Standard

Staff training and development in the areas of cultural competence and racial/ethnic mental health shall be implemented at all levels and across disciplines, for leadership and governing entities, as well as for management and support staff. The strengths brought by cultural competence form the foundation for system performance rather than detracting or formulating separate agendas.

SAMHSA Cultural Competence Standards in Managed Care

Mental Health Services for Four Underserved / Underrepresented Racial / Ethnic Groups

Clinical Standards and Implementation Guidelines

8. Access and Service Authorization Standard

Services shall be provided irrespective of immigration status, insurance coverage, and language. Access of services shall be individually – and family oriented (including client-defined family) in the context of racial/ethnic cultural values. Access criteria for different levels of care shall include health/medical, behavior, and functioning in addition to diagnosis. Criteria shall be multidimensional in six domains; psychiatric, medical, spiritual, social functioning, behavior, and community support.

9. Triage and Assessment Standard

Assessment shall include a multi-dimensional focus including individual, family and community strengths, functional, psyhciatric, medical and social status as well as family support.

SAMHSA Cultural Competence Standards in Managed Care

Mental Health Services for Four Underserved / Underrepresented Racial / Ethnic Groups

Clinical Standards and Implementation Guidelines

10. Care Planning Standard

Care plans for consumers from the four groups shall be compatible with the cultural framework and community environment of consumers and family members. When appropriate, care plans shall involve culturally indicated family leaders and decisions makers.

11. Plan of Treatment Standard

The Treatment Plan for consumers from the four groups shall be relevant to their culture and life experiences. It shall be developed by or under the guidance of a culturally competent provider in conjunction with the consumer and family, where appropriate.

SAMHSA Cultural Competence Standards in Managed Care

Mental Health Services for Four Underserved / Underrepresented Racial / Ethnic Groups

Clinical Standards and Implementation Guidelines

12. Treatment Services Standard

The Health Plan shall assure that the full array of generally available treatment modalities are tailored such that they are culturally acceptable and effective with populations of the four groups (e.g., psycho-education, psycho-social rehabilitation, family therapy, specialized group therapy, behavioral approaches, use of traditional healers, and outreach).

13. Discharge Planning Standard

Discharge planning for consumers and families from the four underserved / underrepresented racial/ethnic groups shall include involvement of the consumer and family in the development and implementation of the plan and evaluation of outcomes. Discharge planning shall be done within a culturally competent framework and in a communication style congruent with the consumer's values. The plan shall allow for transfer to less restrictive levels of care in addition to termination of treatment based on accomplishment of mutually agreed upon goals in the treatment plan.

SAMHSA Cultural Competence Standards in Managed Care

Mental Health Services for Four Underserved / Underrepresented Racial / Ethnic Groups

Clinical Standards and Implementation Guidelines

14. Case Management Standard

Case management shall be central to the operation of the interdisciplinary treatment team and shall be based on the level of care needed by the primary consumer. Case managers for consumers from the four groups shall have special skills in advocacy, access of community-based services and systems, and interagency coordination. Case management shall also be consumer – and family-driven. Case managers shall be accountable for the cost and appropriateness of the services they coordinate. The Managed Care Plan shall maintain responsibility for the successful and appropriate implementation of the Case Management Plan and providing adequate administrative resources and endorsement.

15. Communication Styles and Cross-Cultural Linguistic and Communication Support Standard

Cross-cultural communication support to participate in all services shall be provided at the option of consumers and families at no additional cost to them. Assess to these services shall be availbale at the point of entry into the system and throughout the course of services.

SAMHSA Cultural Competence Standards in Managed Care

Mental Health Services for Four Underserved / Underrepresented Racial / Ethnic Groups

Clinical Standards and Implementation Guidelines

16. Self Help Standard

Culturally competent self help groups shall be created to provide services to consumers from the four groups and their families. The self help groups shall function as part of a continuum of care. Self help groups for consumers from the four groups shall incorporate consumer-driven goals and objectives that are functionally defined and oriented towards rehabilitative and recovery outcomes. Equal consideration and support shall be given to family and primary consumer self help groups.

Provider Competencies

17. Knowledge, Understanding, Skills and Attitudes Standard

The following areas of knowledge and understanding, skills, and attitudes shall be essential components of core continuing education to ensure cultural competence among clinical staff and to promote effective response to the mental health needs of individuals from the four groups.

Mental Health & Health Disparities Among Minorities

What are Health Disparities?

- Persistent Gaps between the health status of minorities and non-minorities in U.S. that often are not explained by economic and status factors
- Despite efforts to control or minimize disparities, racial and ethnic minorities continue to have higher rates of disease, disability, and mental illness, impacted by access.

Reference – http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=18+lvlid

Mental Health & Health Disparities Among Minorities

Reference – http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=18+lvlid=

- Two Major Factors
  - Inadequate Access to Care
    - Poor services resulting from economic, geographic, linguistic, cultural and healthcare financing issues.
  - Substandard Quality of Care
    - Low quality care resulting from patient-provider miscommunication, provider discrimination, stereotyping or prejudice.

What are the Causes of Morbidity and Mortality in People with Serious Mental Illness?

- While suicide and injury account for about 30-40% of excess mortality, about 60% of premature deaths in persons with schizophrenia **are due to "natural causes"**
  - Cardiovascular disease
  - Diabetes
  - Respiratory diseases
  - Infectious diseases

Mental Health Disparities Among Minorities

- African Americans are less likely to seek treatment and more than likely use the emergency room for treatment
- Hispanic women tend to suffer from depression more often than Hispanic men.
- Asian American/Pacific Islanders are only 25% likely to seek treatment and when sought are more likely to be misdiagnosed as “problem-free”.
- American Indians/Alaska Natives appear to suffer disproportionately from depression and substance abuse.

Mental Health Disparities Among Minorities

- The death rate from suicide for African American men five times that for African American women in 2005.
- African Americans are 30% more likely to report having serious psychological distress than Non-Hispanic Whites
- Older Asian American women have the highest suicide rate of all women over age 65 in the United States.
- Suicide attempts for Hispanic girls, grades 9-12, were 60% higher than for White girls in the same age group, in 2005.
- White, the overall death rate from suicide for American Indian/Alaska Natives is comparable to the White population, adolescent American Indian/Alaska Natives have death rates two to five times the rate for Whites in the same age groups.

Mental Health & Health Disparities Among Minorities

Reference – http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=18+lvlid=

What is the impact of health disparities for minorities who also have mental illness?

- Double Jeopardy
- Increased Risk of Morbidity and Mortality based on “Minority” and “Consumer” status.

New Jersey
Division of Mental Health
Transformation Process

KEY ELEMENTS:

- Governor's Mental Health Task Force created in 2004 and report issued 2005.
- $40 Million added to service delivery system
- $20 Million Special Needs Housing Trust Fund
- FY' 06 Mental Health Initiatives (i.e. Self-Help Center Expansion. Bilingual/ Cultural Competency, Screening Center Expansion, etc.
- DMHS Internal Reorganization
- State of New Jersey Executive Order # 78 by Acting Governor Richard J. Codey. Issued '06
- DMHS Transformation Statement – 2/10/06

New Jersey
Division of Mental Health
Transformation Process
Key Elements

- June ’06- Stake holder Participation Plan
- March 2, 2007 Presentation to Stakeholders- Summary of NJ DMHS Wellness and Recovery
- Transformation Stakeholder Input process- Mercer Community College.
- Presentation of Final Report- in process
- For information www.state.nj.us/humanservice/dmhs

New Jersey
Division of Mental Health
Transformation Process

...it is the Division's policy to ensure that consumers and families receive a system of recovery-oriented services and resources that promote wellness, an improved quality of life and true community inclusion."

Governor's Mental Health Task Force

Recommended the formation of Cultural Competence Initiatives:

1. Bi-Lingual – Bi-Cultural Clinicians
2. Planning, Initiation and Development of (3) Cultural Competence Training Centers.

New Jersey Division of Mental Health Focus on Cultural & Linguistic Competence

Basic Underpinnings:

- Regulatory (Joint Commission)
- State Regulations – Regulation governing community mental health services
- Contract Annex C
- Multicultural – A, B
- Linguistic Competence Organizational / Administrative – A, B
- Office of Multicultural Services

Programmatic:

- Multicultural Liaisons in Hospital
- Linguistic Competency Team in Hospital
- Advisory / Advocacy
- Multicultural Services Advisory Committee
- Bilingual Bicultural Human Resource – 25 positions
- Cultural Competence Training Centers
  1. Technical Assistance and Consultation Development of Individualized Cultural Competence Plan
  2. Training and Technical Assistance
     - Leadership
     - Clinical
     - Single / Multi Day Workshops
     - Supervision for Clinical Supervisors

Comment from a Trainee

"Proficient and professional trainers in… cultural competency. Application of videos… makes the training outstanding. Bringing out (the experiences of) others (at the margins) in the society is very impressive and educational. The training makes one have an open mind and be ready to accept others who are different, but not deficient. One can see that cultural diversity makes America a beautiful and powerful nation."

Quotations from Trainees

"Thank you for this wonderful training. It helps me to refocus my attention while working with different people in need. And as a result, my clients' satisfaction rate is much higher"

"You gave a lesson of respect, tolerance and empathy towards all cultures, and that's what makes this county so special"

"I thoroughly enjoyed the training, it didn't feel like work at all. I met very interesting people and was impressed with the trainer's depth and range of knowledge"

"Knowing makes a big difference"

References

*The Commonwealth Fund commonwealthfund@cmwf.org , “A matter of Interpretation?” January 23, 2008, on-line communication.

** Mental Health: Culture, Race, and Ethnicity, A Supplement to Mental Health: A Report of the Surgeon General Executive Summary, 2001, U.S. Department of Health and Human Services Public Health Service Office of the Surgeon General Rockville, Maryland. Page 18

***-U.S. Census Bureau State and County Quick Facts, http://quickfacts.census.gov/qfd/states/3400.html

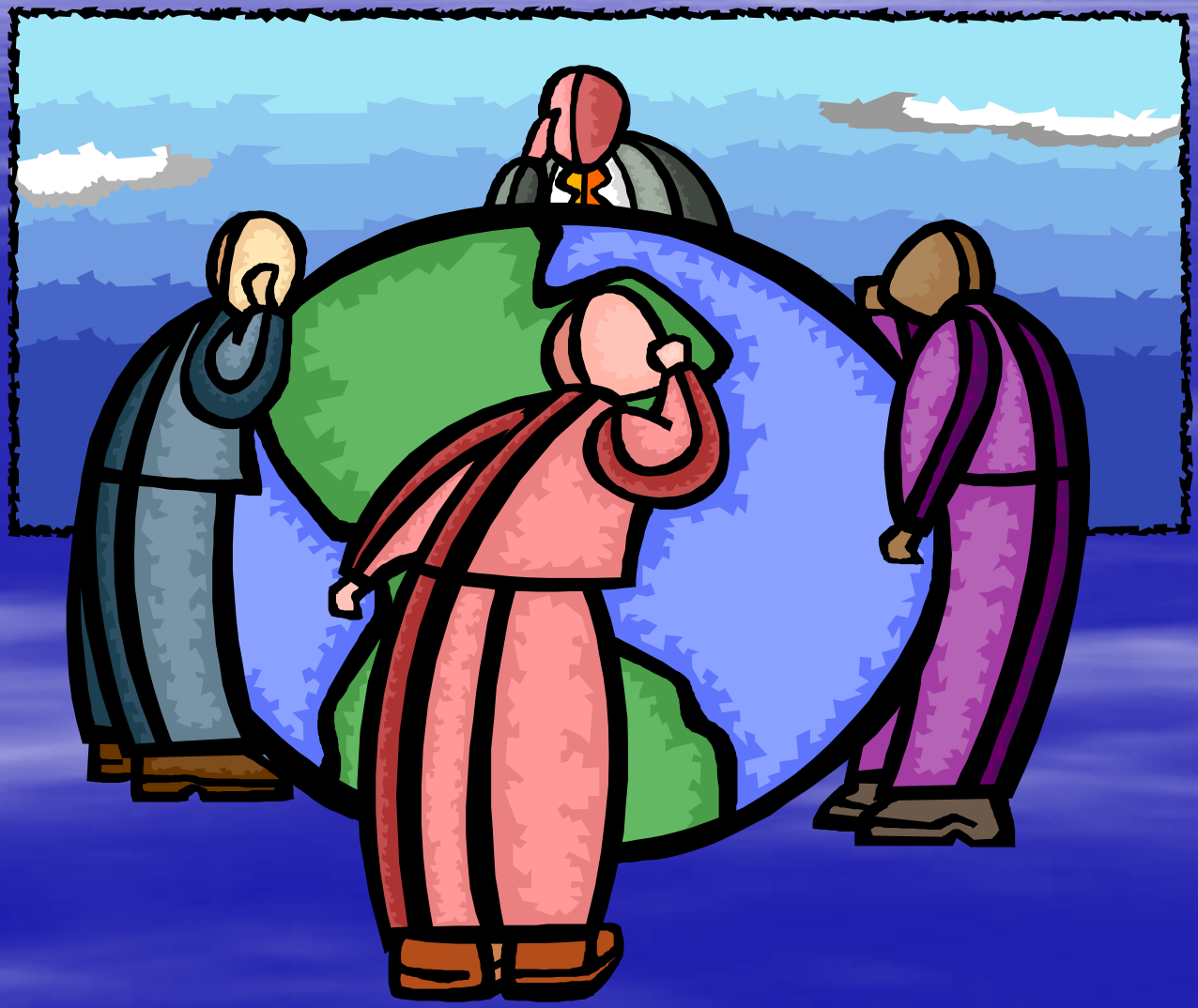
References

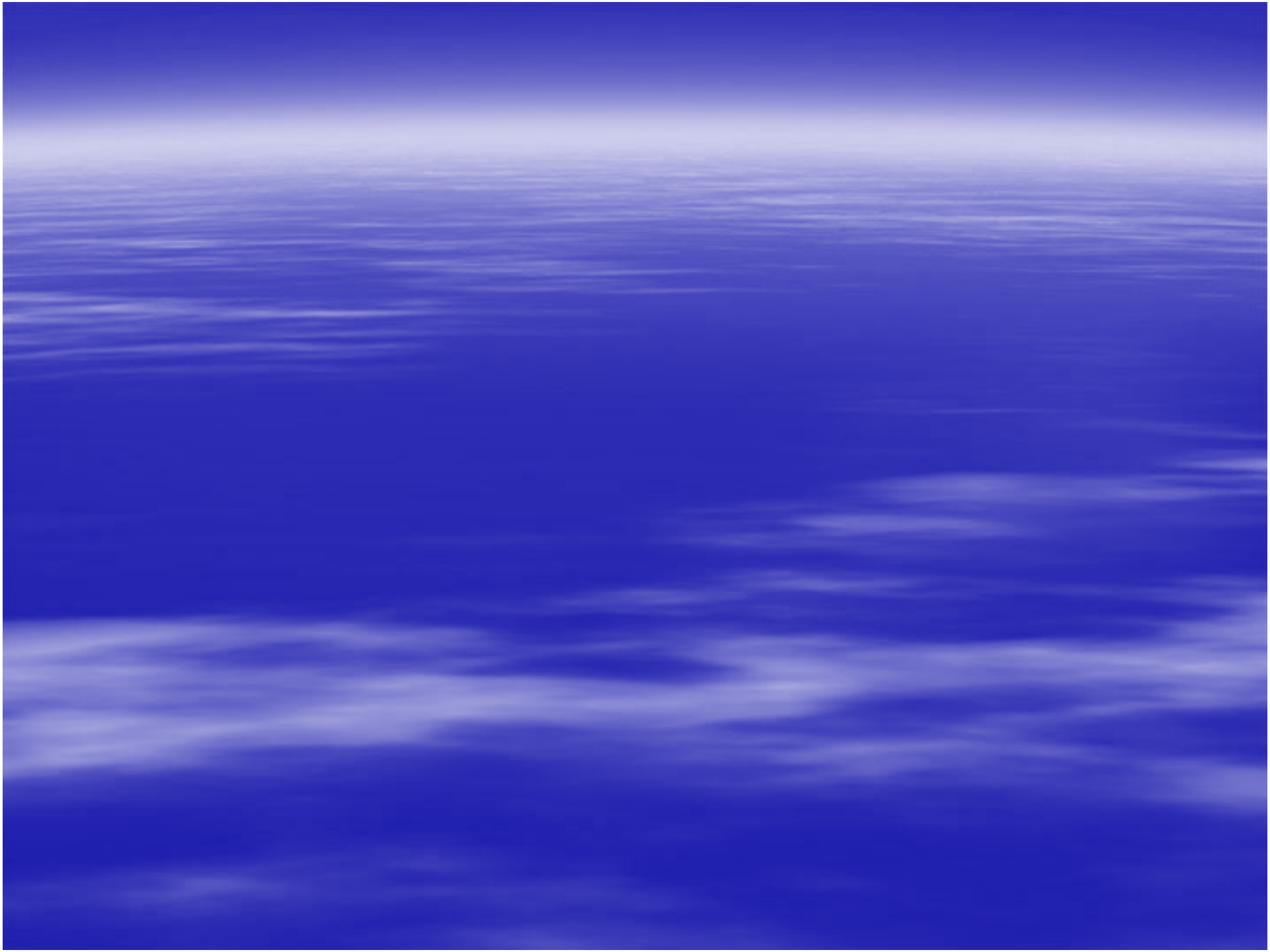
New Freedom Commission on Mental Health, (2003). *Achieving the promise: Transforming mental health care in America. Final Report.* DHHS Pub. No. SMA-03-3832. Rockville, MD: DHHS

Effective Communication in Healthcare: Interpreter Translation Services for Limited English Proficiency Populations in New Jersey developed by the New Jersey Hospital Association 2006 website: www.NJHA.com .

Language Services Resource, Health Care Program Guide for Health Care Providers, written and complied by Alyssa Sampson, Cross Cultural, Health Care Programs. The National Council on Interpreting in Health care and National Health Law Program, website: www.NCIHC.org .

Thanks for Listening!!





NJ Department of Human Services
Division of Addiction Services

Mission Statement

The Division of Addiction Services (DAS) promotes the prevention and treatment of substance abuse and supports the recovery of individuals affected by the chronic disease of addiction. As the Single State Agency for substance abuse, DAS is responsible for regulating, licensing, monitoring, planning and funding substance abuse prevention, treatment and recovery support services in New Jersey.

To achieve its mission, DAS provides leadership and collaborates with providers, consumers, and other stakeholders to develop and sustain a system of client-centered care that is accessible, culturally competent, accountable to the public, and grounded in best practices that yield measurable results.

- DAS requires cultural and linguistic competence of all prevention, early intervention, treatment, and recovery support services contracts.
- RFPs, MOAs, and MOUs require a cultural and linguistic competence provision.
- DAS task forces (co-occurring, adolescent) make policy recommendations that include the cultural and linguistic competence specifications.
- DAS Advisory Committees are expected to include diverse membership representation.

The Substance Abuse Mental Health Services Administration (SAMHSA) defines *Cultural and Linguistic Competence* as an integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships and expected behaviors of a racial, ethnic, religious or social group; the ability to transmit the above to succeeding generations; is dynamic in nature.

(http://www.systemsofcare.samhsa.gov/headermenus/cmhi.aspx.)

Practitioners

All alcohol and drug counselors who possess or are actively pursuing a Certified Alcohol and Drug Counselor (CADC) certification or a Licensed Alcohol and Drug Counselor (LCADC) license are required by the State Board of Marriage and Family Examiners, Alcohol and Drug Counselor Committee, Statutes and Regulations, to possess social and cultural competence within their scope of practice. N.J.A.C.13:34-10.3.

In addition, the Alcohol and Drug Counselor Committee requires each CADC and LCADC who is renewing their certification and/or license to obtain a minimum of 3 hours in cultural or social competency. N.J.A.C.13:34-15.1.

Treatment Agencies as of November 2010

- 284 DAS licensed outpatient treatment agencies
- 62 DAS licensed residential treatment agencies
- 77 DAS funded treatment agencies

DAS outpatient and residential regulations require that an agency staff member coordinate and/or provide cultural competence/sensitivity skills training annually to all staff. N.J.A.C. 10:161B-3.5, 8:42A-6.1

An appropriate staff person (for all agencies treating youth, or women and their dependent children) to assess and address issues relating to potential child abuse and to serve as liaison with the local Division of Youth and Family Services (DYFS) or other appropriate agencies.

DAS Office of Prevention and Early Intervention

- DAS funds 53 prevention agencies
- All DAS funded prevention agencies are required to provide culturally and linguistically competent services.
- Through a contract with Proceed, Inc., DAS will provide the following services to all DAS prevention agencies:
  - Promote and support the attitudes, behaviors, knowledge and skills necessary for staff to work respectfully and effectively with clients.
  - Have a comprehensive management strategy to address cultural and linguistic prevention services that includes including strategic goals, plans, policies, procedures, and designated staff responsible for implementation.
  - Develop and implement a strategy to recruit, retain and promote qualified, diverse and culturally competent prevention staff who are trained and qualified to address the needs of the racial, ethnic, and other minority communities being served.

DAS Office of Prevention and Early Intervention [cont.]

- Require and arrange for ongoing education and training for prevention staff in culturally and linguistically competent service delivery.
- Provide all clients with Limited English Proficiency (LEP) access to bilingual prevention staff or interpretation services.
- Provide oral and written notices, including translated signage at key points of contact, to clients in their primary language informing them of their right to receive no-cost interpreter services.
- Translate and make available signage and commonly-used written client educational material and other materials for members of the predominant language groups in service areas.
- Use a variety of methods to collect and utilize accurate demographic, cultural, epidemiological and clinical outcome data for racial and ethnic groups in the service area, and become informed about the ethnic/cultural needs, resources, and assets of the surrounding community.

Strategic Prevention Framework/State Incentive Grant (SPF/SIG)

Cultural competence can be defined as “a set of congruent behaviors, attitudes and policies that come together in system, agency or among professionals and enable that system agency or those professionals to work effectively in cross-cultural situations.” (The Lewin Group, 2002)

The Strategic Prevention Framework (SPF) uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span. The image below outlines the five steps of the SPF (assessment, capacity building, strategic planning, implementation, and evaluation) and the two underlying components that are incorporated into each of the five steps (cultural competence and sustainability).


Assessment
Evaluation
Sustainability and Cultural Competence
Capacity
Implementation
Planning

Training and Workforce Development

- DAS provides scholarships for treatment and prevention staff to attend cultural and linguistic competence trainings throughout the contract year.

- Trainings topics have included:
  - Designing a Culturally Sensitive Treatment Model for Women
  - Providing Services to Lesbian, Gay, Bisexual, Transgender, Intersexes, and Orientation Questioning Clients
  - Organization Cultural Competence
  - Addiction Social and Cultural Competence: Facts, Issue, and Concerns for Licensed Clinical Alcohol and Drug Counselors
  - Trauma and Addiction
  - Ethical and Legal Standards

Training and Workforce Development

- Trainings satisfy the Alcohol and Drug Counselor Committee renewal mandate for all alcohol and drug counselors to take 3 renewals hours of social or cultural competency topics. N.J.A.C.13:34-15.1
- DAS has scholarships available for alcohol and drug counselors and prevention specialists to attend the Rutgers Center of Alcohol Studies one-week summer school.
- Rutgers Continuing Professional Education Seminars in Alcohol and Drug Studies provide one-day trainings to the field.
- The Central East Addiction Technology Center (CeATTC) provides information dissemination of NIDA evidenced-based practices to the field, which has included trainings on Co-occurring Disorders and HIV Competence.
- The DAS annual addiction and prevention conference provides workshops on a variety of topics. The conference is open to treatment, prevention, and individuals who have a special interest and/or are working within the field of substance abuse.
- All trainings can include emerging topics in the field.