Culture Jam
Our Recipe

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Group Agreements

- Self Care - Safe Space – Confidentiality
- Step Up - Step Back - Respect
- The person who has the experience, owns the experience
- Parking lot
We are here to share ...

- Why we are so passionate about our cultural jam recipe
- Why we call our leadership innovative
- How both Imani Center and Puentes evolved into a trauma-informed safe haven
- How we nurture professional development consistently across our programs
- The contributions given and received to and from Central City Concern
I AM ...
Imani (Faith)

To believe with all our hearts in our people, our parents, our teachers, our leaders, and the righteousness and victory of our struggle.

Imani Center’s mission is for our participants to begin their healing process of finding their identity, to have trust and faith in self and others, to dream again and find forgiveness in the process.
YO SOY...
Puentes  (Bridges)

We help promote the well-being of the Latinx community through accessible, culturally competent services by providing an array of culturally specific and linguistically appropriate programs addressing behavioral health treatment for the underserved and the uninsured.
The recipe we were given
Sharing some of the same challenges
Challenges faced - client level

- Homelessness
- Criminalization of their addictions and mental health problems
- Overrepresentation in the criminal justice system
- Under representation in schools and colleges
- Limited access to health and behavioral care
- Stigma and fear to be judged, rejected, deported, mistreated
- Uninformed of culturally specific programs
- And more...
Challenges faced – program level

- Just like many of our clients, our staff have endured multiple levels of historical and daily trauma.

Also recruiting and retaining workforce

- Finding credentialed and experienced staff
- Not everyone is a fit
- Double edge sword
- Staff size to amount of work expected
- No internal management structure

(Clinical Supervisor, Program Manager)
Challenges faced – agency level

- Coordination of care with psychiatric hospitals
- Respect as a viable and competent program
- Barriers accessing higher level of care
- Limited access to housing
- Diversity and inclusion
6 KEY PRINCIPLES

1. Safety
2. Trustworthiness & Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

TRAUMA LEAVES 'FINGERPRINTS' ON THE VICTIM. THESE DON'T FADE WHEN THE BRUISES DO.

Dr. Ellen Taliaferro
4 Assumptions of the Trauma Informed approach

- **Realizes** the widespread impact of trauma and understands potential paths for recovery

- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system

- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices – and seeks to actively

- **Resist** Re-traumatization
Imagine...
<table>
<thead>
<tr>
<th>Purpose</th>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>To provide comprehensive solutions to ending homelessness and achieving self-sufficiency through...</td>
<td><strong>Funding</strong>&lt;br&gt;1 million dollars</td>
<td><strong>Individual sessions</strong>&lt;br&gt;SUD and MH treatment</td>
<td><strong>Productivity</strong>&lt;br&gt;X number of clients in SUDS Treatment</td>
<td>Sustained abstinence as evidenced by negative urine drug screens</td>
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<td><strong>Staff</strong>&lt;br&gt;10-12 FTE&lt;br&gt;Director/PM&lt;br&gt;Clinical Supervisor&lt;br&gt;Office Manager&lt;br&gt;Mental health and addictions counselor&lt;br&gt;PSS/CRM/CM&lt;br&gt;Employment specialist&lt;br&gt;Housing Specialist</td>
<td><strong>Groups</strong></td>
<td><strong>Enrollments</strong>&lt;br&gt;Attendance of X individual sessions each month for SUDS and MH</td>
<td>Decrease of emergency room visits by 50%</td>
<td></td>
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<td><strong>Materials</strong>&lt;br&gt;Building &amp; office space&lt;br&gt;Technology&lt;br&gt;Furniture&lt;br&gt;Evidence based practices</td>
<td><strong>SUDS treatment</strong>&lt;br&gt;IOP&lt;br&gt;OP&lt;br&gt;DUII&lt;br&gt;Relapse Prevention</td>
<td><strong>Reporting</strong>&lt;br&gt;X number of monthly reports to probation officers and other referral sources</td>
<td>Decrease incarcerations by 50%</td>
<td></td>
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<tr>
<td><strong>MH treatment</strong>&lt;br&gt;USD&lt;br&gt;Random urine drug screens</td>
<td><strong>UDS</strong>&lt;br&gt;Random urine drug screens</td>
<td>Improve quality of life by establishing stable employment and income</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Resources</strong>&lt;br&gt;Internal: HR, QM, etc.&lt;br&gt;External: community partners</td>
<td></td>
<td>Improve quality of life by establishing permanent housing</td>
<td></td>
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Involvement in therapeutic and pro-social activities
Increase participation in self-help groups
You’re creating a culturally specific program...

- What would you add / implement to your recipe?
- What else you’d like accomplish?
- Foreseen challenges?
- Foreseen benefits?
Putting the recipe together
How we applied our recipe

- Outreach & Recruitment
- Coaching & Mentoring
- Closing Gaps
- Identifying Successes
- Ongoing Training
- Rethinking Hierarchy
LESSONS LEARNED

• Keeping a cultural lens AT ALL TIMES
• Be mindful. Be knowledgeable. Be intentional.
• Inspire. Encourage. Educate future leaders.
• Must sit at the decision-making table.
Ready to start your own culturally specific recipe?
Thank you

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