

CHANGE

Customs Heritage Ancestry Nationality Gender Equality

County of San Bernardino

Department of Behavioral Health

Winter 2012

Office of Cultural Competence and Ethnic Services

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An Evaluation of the California Brief Multicultural Competence Scale and Training for Mental Health Practitioners

By Catherine Smith, Clinical Therapist I

One of the requirements for graduation from the California State University-San Bernardino Master of Social Work Program is to publish a thesis based on a topic relevant to social work. My project was to evaluate the effectiveness of the California Brief Multicultural Competence Scale (CBMCS) and training program provided to County of San Bernardino Department of Behavioral Health (DBH) therapists, psychologists, staff, and contract agency employees providing mental health and alcohol drug treatment services, from December 2007- April 2008.

The CBMCS was constructed from five self-report cultural competency instruments, as a self-reporting tool for practitioners to assess their level of cultural competency skills. In addition, the training was developed with a focus to provide educational curriculum on culture to help develop, increase, and enhance cultural competency skills in those providing treatment.

Past studies and literature point out that exploratory research on various self-assessment instruments and trainings have been conducted, with conclusions that do not validate effectiveness. According to Gamst, Der Karabetian, Dana, Aragon, Arellano, Morrow and Martenson "Multicultural competency instruments were constructed and evaluated primarily in the context of counselor training programs" (2004, p. 165). Further review of the instruments noted limitations as the questions were aligned to measuring a practitioners' perception of their abilities and beliefs rather than their skills.

According to Chun, "Successful cultural competency training should have lasting impacts on its participants in terms of long term, ideally permanent changes to attitudes, knowledge and skills resulting in the provision



of optimum care, regardless of an individual's cultural background" (2010, p.613).

An evaluation for outcomes is essential to demonstrate if the CBMCS contains content validity. These outcomes will help determine if the CBMCS constructed from cultural competency self-assessment tools used in the past provide more than information, which may lead to a change in culturally competent behaviors.

To conduct the research, a multiple methods design comprised of a test-retest and a post-test only design, with a control group, was conducted to reduce a single group threat to validity. Both methods were used to measure the consistency of the CBMCS Likert style 21 item self-reporting tool to assess practitioners perceived level of their cultural competencies.

The study population consisted of voluntary participants categorized into two groups, labeled "taken" and "not taken". One hundred twenty-nine (129) San Bernardino County contract agency employees, DBH practitioners and staff participated in the study. Secondary data, original post-tests taken three years earlier, by the experimental group labeled "taken group", was analyzed with demographic information and post-test scores extracted into qualitative and quantitative form. The "taken

continued on p. 2

An Evaluation of the California Brief Multicultural Competence Scale and Training for Mental Health Practitioners (cont...)

“The Study helped clarify that cultural competency is a journey rather than an end.”

group” (n=64), agreed to retake the CBMCS 21-item posttest. A control group, consisting of participants that never had the CBMCS training, labeled “not taken group” (n=65), completed the CBMCS posttest, only. Participants were contacted in person, via e-mail, and by phone to inquire if they would complete the CBMCS 21-item posttest, demographics, and consent forms.

A t-test analysis of the variables of age, level of education, and awareness of cultural differences in relation to cultural competencies increased after the “taken group” completed the CBMCS training. The outcomes of the “taken group” original tests were compared against the outcomes of the retest that revealed over time the “taken group” scores significantly decreased. A t-test analysis to compare the differences in means of the outcomes between the “taken group” and “not taken group” revealed no significant statistical differences between the groups. The conclusion is the CBMCS training did not have lasting impact on the practitioners that would bring about a change in culturally competent behaviors as demonstrated by the scores of the posttests. While the CBMCS instrument and training content focused on awareness/barriers, knowledge, sensitivity, and socio-ethnic challenges faced by minorities, lasting long term permanent changes to attitudes, belief, and behaviors in practitioners were not developed nor enhanced as a result of the training.

Today, the understanding that culturally competent services must be provided has been the motivation for the evaluation of mental health care policies and treatment practices provided to minority populations. For these consumers, the quality and effectiveness of treatment begins with the practitioner working with the client not on the client (Lesser & Pope, 2007, p. 47). According to Lesser and Pope “This allows clients to live within their own cultural framework with respect for others” (2007, p. 47).

Cultural competence begins by understanding and recognizing the importance of environmental, social, and cultural influences on an individual’s cognitive and behavioral development. Racial and ethnic minorities take pride in their culture, and as DBH contract staff

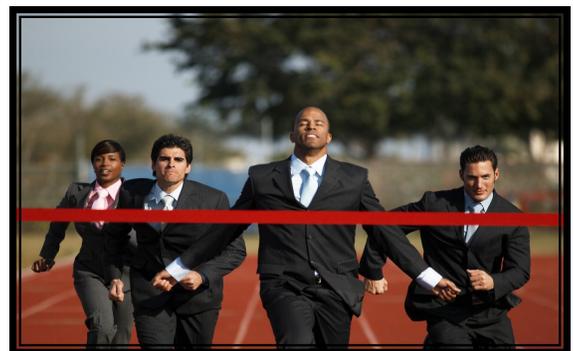
and employee practitioners, it is our responsibility to respect the person and recognize the value of culture in their lives, “In order for practitioners to provide culturally competent care and accurately diagnose it is necessary to be aware of an individual’s cultural beliefs, values, and practices” (Bhui, Wargs, Edonya, McKenzie, and Bhugra, (2007) p. 1). By doing so, the practitioner can develop a relationship of understanding and provide effective services.

Practitioners and staff must be continually exposed to education and training on cultural competency to increase their knowledge, awareness, and understanding on the importance of culture. This increased education will allow human services professionals to continually enhance their cultural competency skills to deliver services that are accessible and culturally appropriate to a changing consumer base.

Cultural trainings, such as the CBMCS and many others used, must be further developed to provide evidence of effectiveness with a firm solid base. This study helped clarify that cultural competency is a journey rather than an end. ■

References:

- Bhui, K., Warfa, N., Edonya, P., McKenzie, K., and Bhugra, D. (2007). Cultural competence in mental health care: A review of the model. *BMC Health Services Research*, 7(15), 1-10.
- Chun, B. J. M. (2010). Pitfalls to avoid when introducing a cultural competency training initiative. *Medical Education*, 44, 613-620.
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Hispanic Heritage Month

Many Backgrounds, Many Stories.....One American Spirit

On September 30, 2011, over 100 community members and DBH staff gathered to celebrate Hispanic Heritage Month at Phoenix Community Counseling Center. The theme of the event was "Many Backgrounds, Many Stories, One American Story." Activities involved cultural sharing, a mental health presentation by bilingual therapist Brenda Giron LMFT, a play by Promotores de Salud, rumba flamenco live music, coloring of Latin-American flags, arts and crafts, and Mexican food.

Much of the feedback stated that attendees particularly enjoyed the cultural sharing. Carolyn Bennett shared about Honduran culture, Larisa Crossno shared the significance of Mexican paper dolls, and Maria Adrianzen shared about the significance of lamas in the Peruvian culture.

The event also highlighted the Chicas Peligrosas, a peer-driven support group. The group has been going strong for over 20 years in the department, going back to when they were located at La Casa Ramona. Members discuss their lives and issues together while sharing a meal. Members state that they feel supported by one another and are able to communicate with each other in Spanish.

The Library of Congress states the following about Hispanic Heritage Month:

"Each year, Americans observe National Hispanic Heritage Month from September 15 to October 15, by celebrating the histories, cultures and contributions of American citizens whose ancestors came from Spain, Mexico, the Caribbean and Central and South America.

The observation started in 1968 as Hispanic Heritage Week under President Lyndon Johnson and was expanded by President Ronald Reagan in 1988 to cover a 30-day period starting on September 15 and ending on October 15. It was enacted into law on August 17, 1988, on the approval of Public Law 100-402.

The day of September 15 is significant because it is the anniversary of independence for Latin American countries Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua. In addition, Mexico and Chile celebrate their independence days on September 16 and September 18, respectively. Also, Columbus Day or Día de la Raza, which is October 12, falls within this 30 day period."

**"Each year,
Americans
observe
National
Hispanic
Heritage
Month from
September
15 to
October
15..."**

PHOTOS clockwise: Larisa Crossno and Maria Vasquez, attendees, Brenda Giron, LMFT, Carolyn Bennett



**HISPANIC HERITAGE MONTH
CELEBRATION**

"Many Backgrounds, Many Stories... One American Spirit"

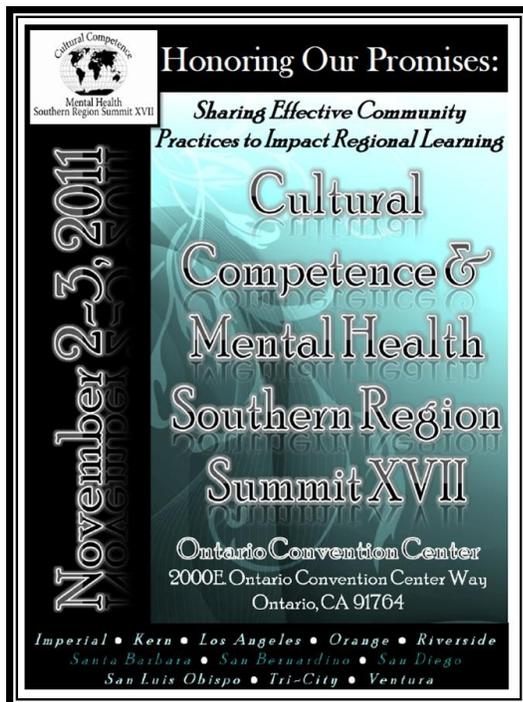
SEPTEMBER 30, 2011

The event is a partnership between: The Department of Behavioral Health, Chicas Peligrosas, S.O.A.R and the Cultural Competency Advisory Committee: Latino Health Coalition.



17th Annual Cultural Competence & Mental Health Southern Region Summit

By Veronica Kelley, Deputy Director, Cultural Competency Officer



The 17th Annual Cultural Competence & Mental Health Southern Region Summit was held at the Ontario Convention Center on November 2 and 3, 2011. This conference, one of the largest multicultural conferences this side of the Mississippi, was hosted by the County of San Bernardino Department of Behavioral Health (DBH). A year in the planning, Ethnic

Services Managers from the Southern region of the state participated in the Planning committee, which was chaired by DBH's Cultural Competency Officer/Deputy Director, Veronica Kelley, LCSW. The Southern region includes the following counties; Imperial, Kern, Los Angeles, Orange, Riverside, Santa Barbara, San Bernardino, San Diego, San Luis Obispo, Tri-City and Ventura. The Summit focused on sharing effective, culturally appropriate, Prevention and Early Intervention practices (PEI).

This two day conference kicked off with a blessing by the Native American Indian Bearspring Members followed by welcoming remarks from Chair of the County Board of

Supervisors, Josie Gonzales (5th District). Chairperson Gonzales shared her own cultural strengths that have helped shape her into the woman she is today. Representing the 4th district, Supervisor Gary

Ovitt followed, with a brief history lesson on Ontario and a welcome to both the County and his district. Department of Behavioral Health Director, Allan Rawland, concluded the remarks by expressing his vision of cultural competence and the future. Chairman James Ramos of the San Manuel Band of Mission Indians awed the 500 attendees with traditional bird songs and his own experience with family members and despair.

Jordan Burnham was the first day keynote speaker. This young man held the audience captive with his story of courage and grace. A young star athlete, Jordan was suffering with major depression and attempted suicide during his senior year in high school by jumping out of his 9 story bedroom window. He spoke of his pain and his hope and the reality of his continued illness and current recovery. His story was featured in the ESPN documentary "Unbreakable; the Jordan Burnham Story" and was nominated for a 2011 Emmy award. Jordan's humor and humility brought many to tears, but left all with hope. He spent time with attendees answering questions after the keynote address. He continues to tour the nation sharing his message of hope.

Breakout sessions followed, allowing attendees to learn about PEI programs that are currently working with multicultural populations throughout the state. Between sessions, cultural entertainment was provided by Conjunto de Arpa: Los Tremendos Del Sur, an exhibit Pow-Wow by the Bearspring & Torres Martinez Birdsingers. There was an evening event at the Ontario Doubletree that introduced attendees to the comical stylings of David Granier, a Counselor, Comedian and consumer of services from Canada. David shared his stand up comedy intervention currently being used across North America. The evening ended with the



Jordan Burnham, Keynote Speaker Day 1



Arnold W. Thomas, Keynote Speaker Day 2



musical renderings of Michael Gonzalez and the "RicoSon" Latin Jazz Band.

Day two opened with the San Bernardino Pacesetters Drill Team and Drummers and flutist Rachel Rudich. The days blessing was given by Buddhist Sister Minh Nguyen which set the tone for peace and tranquility throughout the day. Carolina Zaragosa-Flores, Consul of Mexico welcomed the attendees back, stressing the importance of health and wellbeing for all. She was followed by DBH Assistant Director CaSonya Thomas who thanked participants for their commitment to culturally competent care.

Keynote speaker Arnold Thomas, MSW, Shosone-Pauite, shared his own story of survival from a self inflicted gunshot wound to the head at age 19. He spoke in story, sharing bits and pieces of life, melding it all together at the end. He shared by example how to work with and listen to our Native brothers and sisters who we may be working with in the

behavioral health field.

Entertainment followed with Dr. Hoang Nguyen sharing Vietnamese martial arts used by the community for wellness and then a wonderful lunch and the Hunt children's Folklorico dancers took us into the afternoon of breakout sessions.

Sessions included presentations from our neighbors to the north, Alameda County, Sacramento County, as well as the California Institute for Mental Health (CIMH). Additionally, four of the five Statewide PEI reducing Disparities Projects presented their results thus far on Community Defined Practices for the African American, Latino, Asian Pacific Islander and Native American populations.

The feedback was amazing! Hope to see you all again at the next Cultural Competency & Mental Health Summit! ■

PHOTOS: Left to right Row 1: Director Allan Rawland, Supervisor Gary Ovitt, Alfredo Larios, Veronica Kelley, James Ramos, Maribel Gutierrez, Supervisor Josie Gonzales, Row 2: Dr. Hoang Nguyen presentation of Vietnamese Martial Arts, Kathryn Doss, Cheryl Placide, Alison Bort, Willie Reynolds, Sabrina, Standley, Nicole Ward, Robert Dotson, Marlon, Marlon Quinteros, Robert Burrows, Luis Leon, Auriyah Begay, Julian Phoenix, Row 3: Buddhist Prayer for Peace, William Bissic, Michael Gonzalez and the 'RicoSon' Latin Jazz Band, Altar exhibit. [PHOTOS Continued on page 9]

Inland Empire Minority-Led Resource Development Coalition

By Jonathan Buffong



The Inland Empire Minority-Led Resource Development Coalition (IEMLRDC) consists of nearly 100 non-profit organizations, faith base organizations, political and governmental agencies, business owners and individuals that have a passion to make change occur in their communities. Under the direction of Terrence Stone, the acting Chairman of the coalition and President of Young Visionaries, the IEMLRDC is now in its third year. The mission of IEMLRDC is to empower non-profit organizations through various tools, trainings, resources, and collaborative partnerships that will result in agency sustainability.

In January of 2010 IEMLRDC began partnering with the Department of Behavioral Health to expand the reach of their mission. As a result, the Coalition has begun tapping into the many resources the Department of Behavioral Health (DBH) has provided in the area of capacity building, technical assistance, and trainings. IEMLRDC members have debunked many of the negative stereotypical ideas about the distribution of state and federal monies and have begun engaging in the procurement process. Na'eel Jackson a facilitator for the Colton agency All for One states: *"It sometimes feels weird to have a community meeting in a county building. I mean at first I wasn't sure I could talk about my frustrations with the lack of funding from both the government and private funders. But, the environment here is so open and solution centered, for the first time I see community organizations and government agencies really working together to help the San Bernardino area."*

The IEMLRDC is unique to other local resource collaborative groups in that they funnel members into more detailed capacity building

trainings and programs depending on their level of expertise, budgets, experience and program needs. Through a County of San Bernardino capacity program called Elevate (Mental Health Services Act funded), many of the IEMLRDC affiliated agencies were able to receive a first-time grant.

The core values of ethical practices, collaboration, and community partnership can be seen through the rich interactions and conversations that may last up to a couple hours after the official meeting has finished. The IEMLRDC is open to any entity that wants to join. There is no membership fee, nor do you have to service or state any particular target population. You simply have to be willing to work and participate with the diverse and passionate members who want to see County of San Bernardino thrive. The meetings are conducted in an environment that welcomes interactions through discussion and hands-on application. Attendees are encouraged to bring flyers, events and information to share. Local agencies and organizations are highlighted and celebrated in the "Agency Spotlight" portion of the meeting. IEMLRDC has a reputation for going outside of the box to reach its audience: from innovative trainings that include "Speed Networking Events" and "Meet your Press", to having local successful non profit executives such as Kim Carter, Hardy Brown Jr., and Dr. Lewis King address specific issues of financial sustainability, managerial leadership, and strategies to integrate technology. The IEMLRDC has also had presentations from local government panels and culturally specific groups. They first half of 2012 monthly meetings has featured agencies that provide funding for agencies similar to those who participate in IEMLRDC.

Since DBH and IEMLRDC have connected, collaboration seems to be building momentum. Plans are underway to launch an IEMLRDC conference that will reach out to groups in the High Desert and West End that have expressed interest. A sustainability plan and formal advisory board are also on the horizon. ■

Top left photo: Byron K. Reed @ IEMLRDC

**"...core values
of ethical
practices,
collaboration,
and
community
partnership..."**

Holistic Campus

Isaac Jackson, Program Specialist II
Office of Innovation, Department of Behavioral Health

This project establishes a “Holistic Campus” that is at least 80% peer run by community members and cultural brokers, including individuals representing the County’s cultures, ethnic communities, the LGBTQ community and military veterans and their families in one location. This project brings together a diverse group to create their own resource networks/strategies, growing out of their cultural strengths. With the emphasis on peer staff running the center, in a non-behavioral health setting, and having ties to the community and resources, the “Holistic Campus” is expected to be much more accessible, culturally/linguistically competent and relevant and community friendly than behavioral health offices and providers currently in operation.

In addition to having a majority of diverse peer/community member staff, the center will be a hub for local and community based providers and resources. Staff will establish collaborative relationships with physical health providers and community based organizations that deal with housing, employment, education and benefits issues and provide art therapy and culturally specific healing strategies. Examples of the strategies discussed for inclusion are cross-cultural healing and cross-generational health modalities such as acupressure, acupuncture, pet therapy, yoga and healing circles. Ultimately, it will be up to the Holistic Campus Advisory Board to advise the Department of Behavioral Health which culturally specific healing strategies are needed, desired, and found to be most effective by the community. The contractor’s will be responsible for all culturally specific activity subcontracting. By offering services specifically requested by the community and welcoming all to the holistic campus, it is anticipated that diverse consumers will request and receive behavioral health information and services with-

out stigma, as needed.

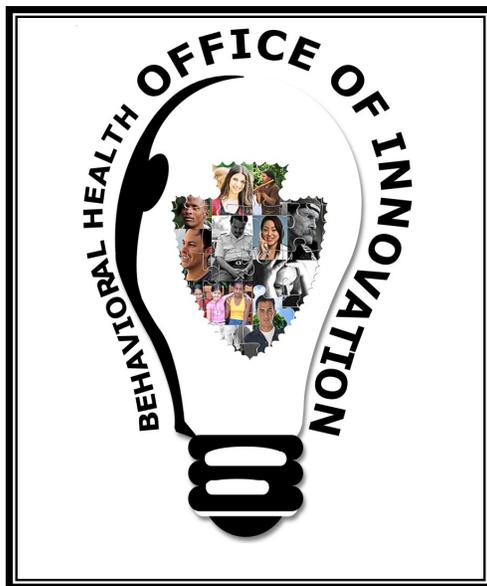
The focus of the Holistic Campus will be overall wellness, resilience and resources with Western behavioral health practices taking a more subtle but still readily accessible role, to provide behavioral health services, and integrated treatment in a single setting, for those consumers with identified co-occurring disorders.

To ensure that peer and community input drives the direction and the learning

process of the campus, a Holistic Campus Advisory Board will be established to oversee the operations of the campus as well as to attract new and culturally specific providers and resources. This Board will be a subcommittee of the Cultural Competence Advisory Committee (CCAC). Membership will be primarily comprised of cultural brokers as well as by individuals from vested community groups. During the

planning and implementation stages of this project, members of the County’s Cultural Coalitions and Cultural Competence Advisory Workgroups will be recruited for the Holistic Campus Advisory Board and requested to provide input into the programs and services offered.

The Holistic Campus will promote collaboration between all providers in addition to becoming a place where those with fewer resources but who provide specific cultural healing techniques and resources can serve their community. Three organizations have been contracted to operate our Holistic Campus locations. The La Baron Group will operate the campus covering greater San Bernardino area, Mental Health Systems will operate the campus for West-End of the county and Victor Community Support Services, Inc. will operate the Victor Valley Campus. ■



“The focus of the Holistic Campus will be overall wellness, resilience and resources...”

Behavioral Health Commission Holiday Tea and Awards Ceremony

By Debi Pasco, Clerk of the Behavioral Health Commission

The Behavioral Health Commission (BHC) held their annual Holiday Tea and Awards Ceremony on Thursday, December 1, 2011 from 12-2pm, at the Behavioral Health Resource Center Auditorium in Rialto. The theme for this year's event was "Celebrating Our Diversity through the Holiday Season". Pictures, depicting various cultures and resembling stained glass, adorned the walls, and the delicious aroma of gingerbread, rugelach, sugar cookies, baklava, Mexican hot cocoa, sweet potato and pecan pie filled the room. Attendees included consumers and family members, community coalitions, Department of Behavioral Health (DBH) and contract provider staff.

Welcome and opening remarks were provided by Commission Chair Susan McGee-Stehsel and CaSonya Thomas, Assistant Director Department of Behavioral Health.

Attendees were invited to share how their culture celebrates the holiday season. Mrs. Maria De La Torre, member of *Chicas Peligrosas*, shared about "Las Posadas," which in Spanish means "inn" or "shelter." "Posadas" have been a Mexican tradition celebrating the birth of Christ for generations. Mrs. De La Torre who grew up in Guadalajara, Mexico, shared that "Posadas" recreate Mary and Joseph's search for a place to stay in Bethlehem. This tradition consists of a procession (a group of people, usually neighbors) carrying candles and religious images making their way from house to house throughout their neighborhood seeking shelter while singing songs. The family inside the home responds by singing songs saying, "There is no room". Eventually, a house opens its doors and allows the procession in. Once inside, prayers and reading of scripture takes place. The host then provides food and hot beverages (i.e. tamales, atole, ponche, and candy for the children). Lastly, Mrs. De La Torre informed the crowd that "Las Posadas" are held the nine days leading up to the birth of Christ (Navidad), from December 16th to 24th.

Also, Commissioner Dr. Roberto Casas shared a rousing rendition of Pancho Claus, A Bilingual Christmas "Noche Buena".

The BHC has a long history of granting awards for outstanding efforts and dedication for the provision of good service to consumers and their families. This year, the members of the Commission recognized:

Carolyn Latta-Clark, Clinic Supervisor, Juvenile Justice
INFO and Gateway Program
Mark Callahan, TAY Rehabilitation Specialist, Victor

Community Support Services
William Nolan, Clubhouse Board Member, Victor
Valley Clubhouse
Curtis William, Clubhouse Board Member, Victor
Valley Clubhouse
Dr. Juan Carlos Pequeno, Needles Behavioral Health
Center
David Miller, Peer and Family Advocate II, Upland
Community Counseling
Dr. Ronald Smith, Program Manager II, West Valley
Region
Linda Charkins, Clinic Supervisor, Vista Community
Counseling
Thomas Denison, Social Worker II, Barstow
Counseling Center
Sheryle Burtron, Alcohol and Drug Counselor,
Barstow Counseling Center
Patricia Ike, Director, Student Assistance Program,
Reach Out West End
Armando Ontiveros, Executive Director, EMQ
FamiliesFirst
Sherri Park, Clinic Supervisor, Valley Star Children and
Family Services
Carolyn Latta-Clark, Clinic Supervisor, Juvenile Justice
INFO and Gateway Program
Paula Rutten, Program Manager II, Hospital Diversion
Program at ARMC-BH
Ryan Froelich, Clinical Therapist I, Mesa Counseling
Center
Lorraine Armenta, Social Worker II, Juvenile Justice
Rachel Amundsen, Office Assistant III, Business Office

For the last three years, the BHC has sponsored a gingerbread house building contest during this event. Clubhouse and Transitional Age Youth (TAY) partners display their festive creations proudly and the BHC vote for their favorites. Amazing Place Clubhouse took 1st place again this year!

The Holiday Tea concludes with an opportunity drawing for twelve beautiful consumer art pieces from the 2011 DBH Calendar, presented by the artists themselves, and the gingerbread houses created by the Clubhouses and TAY centers. In addition, Lynda Ward donated a scrumptious candy cane cake for the drawing.

The members of Behavioral Health Commission appreciate the hard work and dedication of the behavioral health community in promoting **WELLNESS, RECOVERY** and **RESILIENCE** to all residents of San Bernardino County! ■

September 2011 Cultural Competency Excellence Award Recipient

Linda Hart is the Cultural Competency Excellence Award Recipient for September. Ms. Hart's nomination submission reads, "After the passage of Proposition 63, many meetings were held to see how San Bernardino County would implement the law. It was a long arduous process, and many in the community were frustrated. Linda Hart decided to do something about it. Her concern was for a community that seemed to be left out of the mainstream of mental health. She formed the African American Mental Health Coalition to bring information to those left out and to lessen the shame associated with mental health in the community. She has been successful in developing awareness about the issue. Many



May Farr, Veatrice Jews, Veronica Kelley, Susan McGee-Stehsel, Linda Hart, Dr. Monica Wilson, Allan Rawland

times in the African American community mental health has carried terrible stigmas and has kept many who need services from seeking help. Linda's organization has begun to redefine and relieve that stigma." Thank you Ms. Hart for your community advocacy. ■

October 2011 Cultural Competency Excellence Award Recipient

Dr. John Mendoza, is the October Cultural Competency Excellence Award Recipient. Dr. Mendoza's nomination submission reads, "John has been actively involved in the Cultural Competency Advisory Committee Spirituality Sub-committee. John assists during the Leading a Spirituality Support group training, he helps facilitate the break out group portion of the training. He also acts as a resource person for the new Spirituality Support Group facilitators. He actively finds new research and resources and shares with the Spirituality Sub-Committee." Thank you Dr. Mendoza for your contributions. ■

Hunt Elementary Ballet Folklorico at the Cultural Competence Summit (Cont from p.5)



Boys- Anthony Puc, Daimuntae Johnson, Victor Ramirez, Philip Lemus, Matthew Soto. Girls- Sandi Salazar, Emani Brown, Gloria Ruiz, Jazmin Valdez, Italibi Salgado.



Cultural Competency Excellence Award

Do you work with someone who exemplifies Cultural Competency? Someone who is both sensitive and respectful to persons of all cultures, whether colleague or consumer? If so, the Office of Cultural Competence and Ethnic Services would like to formally acknowledge these individuals.

Please fill out the necessary information below, send it back to us and we will make sure this employee or consumer gets acknowledged in our next newsletter.

Awardees will also be honored at the Behavioral Health Commission meeting. Thank you.

Nominee's Name: _____

Work Location: _____

Phone #: _____

E-Mail: _____

Why you believe he/she is Culturally Competent:

Example of dedication to Cultural Competency:

Nominated By: _____

Inter-office: 0026

US Mail: 268 W Hospitality Lane, Ste 400
San Bernardino, CA 92415

Email:

cultural_competency@dbh.scbounty.gov



COUNTY OF SAN BERNARDINO

DEPARTMENT OF BEHAVIORAL HEALTH

Office of Cultural Competence and Ethnic Services (OCCES) Training Institute
1950 South Sunwest Lane, Suite 200
San Bernardino, CA 92415

Phone: 909-382-3100

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cultural_competency@dbh.sbcounty.gov



Community Events...

Festival of the Recovering Mind

March 31st, 2012

Location: Cedar House

18612 Santa Ana Ave.

Bloomington, CA 92316

Info: Edwin Lemus

(909)252-4005

Asian/Pacific Islander Family Wellness and Fun Night

May 11, 2012

Location BHRC Auditorium

Info: Edwin Lemus

(909)252-4005

Cultural Competence Advisory Committee (CCAC)

3rd Thursday of the month

1:00-2:30 PM

BHRC Auditorium

Info: (909) 382-3100

Coalitions and Sub-Committees...

High Desert African American Mental Health Coalition

2nd Monday of the month

VictorValley Clubhouse

Info: Stephen Garrett

(760) 245-4695

API Coalition

2nd Tuesday of the month

10:00 AM-12:00 PM

Asian American Resource Center

Info: Edwn Lemus

(909) 252-4005

Disabilities Sub-Committee

Meeting times/dates TBA

Info: Edwin Lemus

(909) 252-4005

Latino Health Coalition

4th Thursday of the month

Meeting times, Location TBA

Info: Alexander Fajardo

(909) 884-3735

LGBTQ Coalition

Meeting times, date, location TBA

Info: Edwin Lemus

(909) 252-4005

Native American Awareness Committee

3rd Tuesday of the month

2:00 - 3:30 PM

Native American Resource Center

Info: Tim Jackson

(909) 246-8200

Spirituality Sub-Committee

2nd Tuesday of the month

1:00-2:30 PM

Behavioral Health Resource Center (BHRC)

Info: Edwin Lemus

(909) 252-4005

Co-Occurring Substance Abuse Committee

3rd Thursday of the month

2:30 - 3:30 PM

Cedar House

Info: Greg Dorst (909) 421-7120

Transitional Age Youth (TAY) Sub-Committee

Meeting, times, date, location TBA

Info: Edwin Lemus (909) 252-4005

Women's Sub-Committee

Meeting, times, dates, location TBA

Info: Jennifer Gonzalez (909) 252-4004

For all numbers listed above, please dial 7-1-1 for TTY

In the next edition...

African-American Mental Health Awareness

Week

African-American Mental Health