SAN JOAQUIN COUNTY CONSORTIUM:
A Collaborative & Holistic Approach in Culturally Competent Service Delivery & Workforce Development

Northern California Cultural Competence and Mental Health Summit “Cultural Competency & Workforce Development: The Bridge to Health Care Reform”
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CONSORTIUM

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  - Jennifer Polanco, El Concilio Cultural Broker
  - Tosh Saruwatari, LCSW, PhD, MH&SA Board (retired BHS)
  - And contributions from others

Workshop Abstract - Consortium

- Consortium
  - Evolutionary and integrated process of change
  - Cultural competency, workforce development, and overall health
  - Unserved, underserved, and inappropriately served ethnic specific communities
  - Discussion and exploration of history and culture within the San Joaquin County system of service delivery
San Joaquin County
In Transition and Transformation:
Historical Perspective

Stockton State Hospital

- Constructed as the Insane Asylum of California at Stockton in 1853.
- On 100 acres of land donated by Captain Charles Maria Weber.
- Legislature felt existing hospitals incapable of caring for the large numbers of people who suffered from mental and emotional conditions as a result of the California Gold Rush.
- Authorized the creation of the first public mental health hospital in California.
Prop 63: The Mental Health Services Act

- Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004
- Provides first opportunity in many years for the California Department of Mental Health (DMH) to provide increased funding, personnel and other resources to support county mental health programs
- Monitor progress toward statewide goals for children, transition age youth, adults, older adults and families.
- Addresses broad continuum of:
  - prevention
  - early intervention
  - service needs
- Infrastructure, technology and training elements to support this system.

Impact on the Mental Health System: Community Based Need Assessment Outcome

- Cultural Community Based-Organizations (CBO) and Behavioral Health Services (BHS), Consumers, Family Members
- Priority Populations identified- Unserved, Underserved, Inappropriately Served
  - Native American
  - Latino
  - Southeast Asian
  - African American
  - Muslim/Middle Eastern
  - Lesbian, Bay, Bisexual, Transgender (LGBT)
San Joaquin County Overview

County Overview
County Geography:
1,400 square miles,
7 incorporated cities
County Population:
685,306

BHS Clients by Ethnicity

Race / Ethnicity of Consumers Served by BHS in 2011-12
BHS Clients by Ethnicity

- 2007-08 (Beginning MHSA)
- 2011-12

Impact on the Health Care System

- Access to healthcare
- Shift in health education and outreach strategies that is culturally appropriate
  - Cultural Brokerage & Spiritual Advisors
  - Consumer Health Empowerment Initiative
  - Bidirectional Integrated Health Homes
Impact on the Health Care System

Health Care Reform
- Low Income Health Plan (transitions to Medi-Cal)
- Covered California

Impact on Workforce Development

- Vocational training
- Shift in diversity in the workforce
  - Cultural
  - Consumers & family members
Impact on Workforce Development

• 2007 County & CBO staff peer positions
• 2013 County & CBO staff peer positions

Diversity in America

• Diversity in America not only presents a host of intimate snapshots of culture and heritage, but documents the struggles of nationalities to integrate into the “salad bowl” society of America.

• Each culture provides its own special and irreplaceable contribution to our understanding.

• Therefore, the health and mental health care system must be culturally responsive to meet the needs.
The Role of Culture and Mental Health Care

- **A people's culture**
  - Expression of way of life
  - Language, behavior, customs, knowledge, symbols, ideas, and values
  - Provides the general design for living and patterns for interpreting reality

- **Mental health care**
  - Consumer & family ideas, beliefs, and values
  - Culture should be viewed as the foundation to any understanding of mental wellness and or illness

America: Many peoples and their individual cultures

The natural cultural diversity associated with human societies has been the subject of a dangerous trend toward standardization wherein all cultural diversity is reduced to a single type of pattern. Throughout the world the “industrialized western pattern” has been decreed as the “standard pattern”. This standard type or pattern filters through every aspect of life and finds itself being the benchmark of normality and has become the goal of health care.
The Mental Health Services Act
An evolutionary process of change

• If we look..
  o you can see a whole lot of things about oneself and our environment
  o the role of introspection and it's outcome can be the impetus for change
  o looking inside out and outside in reveals a whole lot of useful information about one’s practice and services
  o after self-reflection becomes the most essential step forward
    • provided that what you have seen stays forward in your plans for the future

What Must be Done?

• Accept that the old way is not always the right way.
• Recognize that we must begin with accepting that there are differences and that these differences are important.
• Change the way we reach out to the targeted communities that we continue to miss.
• Using persons of likeness and from the same culture is the first step to breaking cultural barriers as we try to serve the mental health of the community.
Learning by Listening and Participating

- Cultures
- Consumers
- Family Members
- Communities

Native Americans
Native American: Historical

• Historically Native people have been subject to many abuses perpetrated and sanctioned by federal, state, and local county governments.
  • The California Rancheria Termination Act: eliminated land and benefits for several tribes and was a disaster for the California tribal Rancherias involved.
  • The Bureau of Indian Affairs federally recognizes 108 California tribes. Unrecognized federal tribes do not have equal or adequate resources to provide mental health building capacity or provide adequate service delivery.

Mental Health Disparities of Native People

• Mental Health disparities exist for Native Americans due to the following policies/actions:
  o Federal policies were initially directed at extermination of Native Americans through genocide, outlawing traditional/cultural practices, and removal from their homelands.
Native American: Treatment

• To this day, Native people are often wary of institutions because of the lingering memory of this abusive history, and in some cases, the abuse continues today.
• Historical Trauma is a “cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma (Brave Heart, 2005)."
• The role of culture is central to healing for many indigenous people, addressing mental health needs, by treating Historical Trauma.

Three Rivers Reaching Out

• Prior to 2000, Three Rivers was a closed system which interacted only with other Native organizations exclusively.
• In 2001, Three Rivers made the choice to reach out and link with outside services.
• This expansion model, fit perfectly with the values of the Consortium of openness and inclusion.
Successful Strategies

- Direct outreach by Cultural Brokers
- Meet **Native Americans** in a culturally congruent way which is understood and accepted by Native people
- Talk to Native Americans in their own language, the way they want to be treated in a “good way”

Participation in The Consortium

- **Native Directions/Three Rivers Indian Lodge** was invited to the table to participate in the planning process of the Mental Health Services Act within San Joaquin County.

- Three Rivers liked being “partners” in the planning and implementation of providing Mental Health Services to Native Americans within San Joaquin County.
Elements of the Consortium

• The Consortium provided a place where Community Based Organizations (CBOs) could work cooperatively to serve unserved, underserved and inappropriately served populations.

• The Consortium model can be duplicated in other counties to enhance service delivery to populations in need.

Consortium Model

• The Consortium and MHSA provided a vehicle to provided needed mental health service to Native people.

• Part of addressing the Mental Health needs of Native Americans is in addressing “Historical Trauma”.
Benefits of The Consortium

- Outreach and Behavioral Health services to Native Americans in SJC
- Create a plan that involves other ethnic groups
- The Consortium provides a place where we can share ideas, share our culture perspective and implement cultural beliefs in a behavioral health setting
- Collaborate & assist each other to increase service delivery to our prospective ethnic communities

Successful Strategies

- Direct Outreach to Native Americans in SJC
- Meet Native Americans in a culturally congruent way which is understood and accepted by Native people
- Go to Native people in their own environments (i.e., Pow Wow, Gatherings)
- Cultural brokers of helping Native people to navigate the Behavioral Health System
- Talk to Native Americans in their own language, the way they want to be treated in a “good way”
CULTURAL CHARACTERISTICS
Hispanic/ Latino Americans

A cultural description of Spanish-speaking people should include an understanding of certain values and traits:
Hispanic/Latino Americans (not members of elite group) tend to avoid competition or activities that will set them apart from their own group.

To stand out among one’s peers is to place oneself in great jeopardy and is to be avoided at all costs.

Poverty level affects mental health status.
Hispanics living below the poverty level, as compared to Hispanics over twice the poverty level, are three times more likely to report psychological distress.

History- Latinos and Hispanics in the United States

The history of Latinos and Hispanics in the United States is wide-ranging, spanning more than four hundred years and varying from region to region within the United States.

The Latino and/or Hispanic presence in the United States is the second longest, after the Native American.

When the Americans had Annexed California as one of the prizes of their victory the Hispanic population was at least 20% of the population and 18% were born in Mexico.

Today, the national Latino population numbers more than 35 million and represents one of the most dynamic and diverse racial/ethnic groups in the United States.
The American Dream- Latinos and Hispanics in the United States

- Most of the immigrants who came to the U.S. were motivated by either economic or educational reasons.
- In the case of Latinos, they see America as the land of opportunity, with 87 percent believing the opportunity to get ahead is greater in the U.S. than their country of origin. Complex cultural, political and social issues arise when people choose or are forced to leave their country.
- Moving to America has proven to be a stressful experience for many Latinos.
- The process of adapting to a different culture, language, rules, etc. is a great sacrifice that many had to pay to provide their kids with a better education and lifestyle. The path to the American dream can sometimes feel like a nightmare. Hispanics are living below the poverty level in United States.

Latino Facts

- Immigration related trauma has many faces. Particularly vulnerable and often overlooked, are the citizen children of illegal immigrants.
- Latinos are identified as a high-risk group for depression, anxiety, and substance abuse.
- Women and Latinos are more likely to experience a major depressive episode.
- The statistics become more alarming among Latino immigrants with mental disorders.
- Fewer than 1 in 20 Latino immigrants use services from mental health specialists And 1 in 10-use services from general health care providers
Mexican Culture

- Mexico is known for its enthusiastic embrace of fiestas (celebrations).
- Whether celebrating past political victories or religious events, national fiestas are plentiful, and local fiestas seem to happen all of the time.
- Each Mexican village has a designated holy person in whose honor a fiesta, often 9 days long, is held each year. Banks will close, traffic will stop; wild celebrating will occur, and the party may last one day or a week.
- These local fiestas are a wonderful way to experience the colorful Mexican culture.

The concept of time is an interesting aspect of the Mexican culture. Life is generally relaxed and unhurried, and what can be put off until tomorrow usually is. While people in the U.S. tend to use their cell phones and daytimes to plan and program every minute of their lives, Mexicans prefer to live in the moment because who knows what will happen tomorrow? This “mañana” attitude is ingrained in the culture and can drive foreigners crazy, but it should be appreciated instead of scorned.

Mexicans are not lazy; their concept of time is simply different from that of many Westerners. As Shinichi Tsuj, a Japanese anthropologist put it, the “mañana” attitude may “go against the principles of productivity and efficiency, but productivity and efficiency have nothing to do with the inherent joy of living.”
Mexican Culture

- Mexican food culture is something to be appreciated
- Food, in all its flavors and textures and colors, is meant to be savored, and meals are a delicious sensory experience that is shared with family, friends and neighbors.
- A meal is a bonding experience, an important way to create community and kinship, and modern Mexican food culture is still influenced by the ancient civilizations.

Latino Behavioral Health & Recovery Services (LBHRS) has been in existence since 1994, formerly Latino Mental Health.

- It began with collaboration between El Concilio, San Joaquin County Behavioral Health Services & the University of the Pacific.
- Under the leadership of Co-Directors Alice G. McNally, LCSW and Wilton J. Wielenga, LCSW - LBHRS was created.
- Through SAMHSA funding outreach, resource & referral and case management services were offered in both English and Spanish languages throughout San Joaquin County.
- In 2008 El Concilio and San Joaquin County Behavioral Health Services collaborated to provide Full Service Partnership Programs
  - Clinica La Familia, Children & Youth Services (CYS) and Gaining Older Adult Life Skills (GOALS)
- Together we provide mental health services to Spanish speaking children, adults and older adults.
- Through family advocacy, outreach and recovery coaches, awareness and access to mental health services is facilitated.
El Concilio/LBHRS

• El Concilio participates in order to better serve the Latino and overall community. It is an opportunity to collaborate with SJCBHS.

• Like the VISION STATEMENT states it is a way to share ideas, empower consumers, families, volunteers and care providers toward building hope, addressing disparities, and fostering wellness and recovery through individual strength-based treatment.

• The benefits are that we become aware of community resources, trainings and we build lasting relationships with other community partners.

• Enhancements - with MHSA, El Concilio has been able to partner with the Full Services Partnerships Programs - La Familia, CYS, GOALS and provide a Cultural Broker in the community.

Latino Cultural Broker - PEI

• Provide outreach and presentations decrease stigma

• Educate community about mental health and available services

• Presentations on Depression, Anxiety and Postpartum Depression and about available services.

• Recruit and train community volunteers on the promotora model and mental health issues such as depression, anxiety, post-traumatic stress disorder.

• Promotoras: The bridge between healthcare system and diverse populations.

• Promotoras impact community health by:
  • Increasing consistency of care
  • Improving follow through of treatment
  • Increasing underserved community’s access to healthcare.
  • The Promotora Model Model
  • A strategy to reduce Health Disparities and improve wellness.
Southeast Asians: The New Americans

Cambodia
Thailand
Laos
Vietnam
Hmong
The Role of Historical Trauma on Individual Cultures: New Americans

- Southeast Asians: Cambodian, Hmong, Thai, Laotians, and Vietnamese

- The impact of war and post war trauma on Southeast Asians
  - Vietnam War (Laos, Hmong, and Vietnamese)
  - Cambodian genocide (Khmer Rouge era)

Post War & Trauma on the New Americans

- Journey to America (immigration experience)
  - Transitional camps, refugee camps, boat people
- Home far way from home
- New World
- New Land
- New Language
- New WAY OF LIFE
- New CHALLENGES
New Americans: Challenges in the New Land

- Health and mental health disparities:
  - Cultural barriers
  - Language barriers
  - Untreated emotional challenges
  - Physical and internal wounds
  - Loss of loved ones
  - Acculturation & Assimilation
  - Poor Socio-economic level

MHSA-Consortium

A Bridge to Cultural Understanding and Collaboration to meet the needs of Southeast Asian communities.

More culturally sensitive and responsive service of delivery

A place for the community to work together: to share and combine knowledge and resources.
The Role of Historical Trauma on Individual Cultures: African Americans

- 200 years of slavery and the development and evolution of Racism.
- 1863: President Lincoln issues the Emancipation Proclamation and frees all slaves.
- First 10 years of reconstruction supported through force under the protection of Union Troops. Many gains were made within the African American community.
The Role of Historical Trauma on Individual Cultures: African Americans

- 100 years of separate but equal????
- 2013 the Travon Martin Incident: A backward step for America.
- 2013 The supreme court strikes down key elements of the Voters Right Act.
  - Back to the old ways as viewed by many African American. Some things change but some things seem resistant to change.

Consortium: Cultural Competency

African Americans Lesson Learned

- African Americans hide our historical and present pain well.
- African Americans are story tellers so one must listen.
- The Church is still the foundation of the African American Community
- Many African American families are three generation systems and the role of the grandmother is often central in the family.
- A strong spiritual orientation is a major aspect of life for African Americans
- Churches continue to serve numerous functions for members of the African American Community.
Consortium: Cultural Competency
African Americans Lesson Learned

• African Americans have serious distrust in government.
• African Americans view therapy as being for “crazy people”.
• African Americans often need to be oriented to mental health services: Myths must be discussed and dispelled.
• Communicating with respect is critical to successfully engaging and African American caller.
• Avoid professional jargon
• Relate in a directive but supportive manner
• Avoid addressing adults by their first name unless instructed.

Transition: Wellness, Recovery, and Empowerment

• Hope
• Personal Responsibility
• Education
• Self Advocacy
• Support
Consumer Transition: Wellness, Recovery, and Empowerment

• The new role of the Consumer in relation to treatment
• The role of Consumers in teaching and training
• The role of Consumers in vocational programs
• The role of Consumers in employment within CBO's and SJCBHS
• Empowerment-The Wellness Recovery Action Plan (WRAP)
  o Developing a personalized plan for each consumer

The new role of the Consumer in relation to treatment

• Mental Health Care Is Consumer Driven
• It involves consumers fully in orienting the mental health system toward recovery
• It is individualized and person-centered and sees the whole person, regardless of diagnosis, with strengths and real life needs
• Consumers make choice whether to receive services and who delivers those services, the types of services they receive, the setting where those services will be delivered, and the goal or the outcome of their treatment services
• Consumers can participate in specialized services without being required to participate in all services
• Consumers receive all the services necessary for them to be successful
• For people to be in recovery they need to achieve some meaningful role in their lives that is separate from their illness.
The role of Consumers in teaching and training

- Trainings and activities should include multi-cultural communities, differing sexual orientations, and the diverse psychologies and needs of men, women, girls and boys
- Providers and communities embrace, value, support, learn and celebrate recovery with consumers
- Everyone who connects with consumers needs to continually advance cultural sensitivity and linguistic responsiveness through service delivery and system transformation
- They should also support the concept of: “NOTHING ABOUT US WITHOUT US”
- Consumers need to be included in every aspect of service delivery along with employment
- Peer specialists (People with lived experience) are now accepted as essential participants in mental health treatment
- Supports such as Working Well Together should be utilized in order to guarantee success to consumers in the public mental health workforce.

Successful Collaboration with Community Organizations

- Complaint brought to MH & SA Board
- Meet with Staff to address issues
- Meet with providers of B & C
- Neighborhood Forum at local library
- NAMI – In Our Own Voice presentation
- Q & A regarding mental illness
- Address Neighborhood Concerns
- Follow-up Forum
- Providers and neighbors dialogue
California Memorial Project speakers and participants
Stockton Rural Cemetery 2010

Empowerment

• Hope needs to be focused on things they can do for themselves rather than a quick fix from someone else
• Consumers may need encouragement and support to start focusing on their own strengths instead of their losses
• Often people have to experience success before they believe they can be successful...encourage baby steps and acknowledge small successes
• In order to move forward, people need to have a sense of their own capability and personal power

Yes! I can be successful

• W.R.A.P. can play an integral role in a person’s recovery

• By following a Daily Maintenance Plan and having a Wellness Toolbox, consumers use coping skills that are conducive to their individual recovery

• Consumers become more aware of triggers and can use their skills to avert a crisis

• If a crisis does occur, having a plan in place beforehand helps consumers recovery sooner.

Families Transition: Wellness, Recovery, and Empowerment

• The new role of the Family in relation to treatment
• The role of Family Members in teaching and training
• The role of Family Members in employment within CBO’s and SJCBHS.
Families Transition: Wellness, Recovery, and Empowerment

The new role of the Family in relation to treatment and participation with providers and educators:

• Family members play an important role in supporting the recovery of individuals with mental health challenges. When family members are educated about mental illness, they are better able to identify symptoms, recognize warning signs of relapse, support treatment goals, and promote recovery.

• Historically the treatment of persons with mental illness was left up to institutions. As society moved away from this practice the need for family, intervention, interaction, education and advocacy became a challenge. What do we do? Who can help us?

• NAMI, The National Alliance on Mental Illness was established by family members in 1979 to address this and has become the most formidable grassroots mental health advocacy organization in the country.

• NAMI was a supportive partner in the MHSA Consortium development from the beginning. The acknowledgement that a holistic approach to Wellness, Recovery and Empowerment is much more effective by promoting the communication, strategies and course of treatment between family, providers and educators.

• The acceptance that the entire family needs support and education.

The role of Family Members in teaching and training:

• Embracing and encouraging family members to train and teach educational programs on Mental Health and awareness has proven to have a highly positive impact on communities. Sharing the “lived experience” cannot be replicated. The understanding and acceptance from a teacher sharing relatable experiences provides for a stronger connection to acceptance and hope.

• NAMI offers the understanding that only those with the lived experience of mental illness can provide. Volunteers work every day to provide Support, Education, Awareness, Advocacy and Research.

• The NAMI Family-to-Family Education Program is a 12-week program for families of individuals living with a mental illness. The program covers common needs and concerns of families, including review of diagnoses, medications and treatment options, problem solving, communication skills, self-care, and advocacy. On-going support groups are available as well.

• Consortium via CBO’s and SJCBHS supports and encourages family participation in NAMI and other available family support and educational services. We learn from each other of the various local support services and refer accordingly among each other.

The role of Family Members in employment within CBO’s and SJCBHS:

• Family Members/Consumers play a vital role as employees within CBO’s and SJCBHS.

• “I share your lived experience.”
San Joaquin NAMI Collaboration with Consortium: Education and Advocacy

• Partnership with Wellness Center on Peer to Peer Program
• Advocate for Family and Consumer Outreach Workers.
• Continuous relations on as a member.
• Hope and dreams
MHSA Plan

- Community Services and Supports (CSS) Plan
  - Consortium to be comprised of Community-Based Organizations (CBO), consumers, family members, social service organizations, community members, primary care providers, tribal and faith-based organizations
  - Continue inclusiveness that was started by MHSA planning process
  - Education through program orientation, cross training on mental illness and co-occurring disorders
  - Focus on unserved and underserved communities
  - Emphasis on wellness and recovery
  - Community strengths and resilience identified and supported
  - Reduce cultural, racial, ethnic and linguistic disparities with mental health delivery system
  - Community collaboration
  - Ethnic Services/Cultural Competency Manager involvement

Consortium: Historical Lessons Learned

- MHSA CSS plan- Approved by Board of Supervisors January 2007
- Changes in the way Mental Health does business implemented with specific cultural driven services and outreach efforts.
- “Language and Persons of Likeness” at the forefront of new cultural outreach and support services as a new approach to cultural competencies.
Consortium

Mission
• Collaborative partnership
• Transform and support the implementation of the Mental Health Services Act process
• Planned meetings and trainings
• Learn from and about each other to develop a greater understanding of the cultural groups we serve
• Meet the needs of the Mental Health Consumer and Family Members that are served by San Joaquin County Behavioral Health Services

Consortium

Vision
• Increase mental health awareness in the community through education
• Serve consumers and family members through the provision of culturally competent programs, services, and sites
• Acknowledge people's strengths and cultural differences
• Actively promote the MHSA philosophy
• Provision of evidence-based and effective treatment and services
Consortium Participants

- ANKA
- APSARA (Asian Pacific Self-Development And Residential Association)
- Catholic Charities of Stockton
- Central Valley Low Income Housing Corp. (CVLIHC)
- Community Partnership for Families
- Consumers & Family Members (at large)
- Dignity Health
- El Concilio, Council for the Spanish Speaking
- Human Services Project, Inc.
- Lao Family of Stockton
- Mary Magdalene Community Services
- Mental Health & Substance Abuse Board- SJC
- NAMI San Joaquin (National Alliance on Mental Illness)
- Native Directions, Inc./ Three Rivers Lodge
- Practical Counseling of Stockton
- PREP (Prevention & Recovery in Early Psychosis- Family Service Agency)
- SJ AIDS Foundation
- San Joaquin County Behavioral Health Services (SJCBHS)
- SJC Office of Education
- Service First
- University of the Pacific (UOP)
- Victor Community Support Services, Inc.
- VIIVO (Vietnamese Voluntary Organization)
- Women’s Center- Youth & Family Services
- Veterans Affairs

Consortium Sharing and Caring Topics

Topics/ Presentations have included:

- Black History
- Vietnamese culture
- Homeless
- Recovery
- Laotian culture
- Hmong culture
- Cambodian culture
- Prevention & Early Intervention
- Muslim culture
- Native American heritage
- Domestic violence prevention
- Veterans
- Innovation
- Family Advocacy
- Cultural Brokerage
- Filipino Culture
- Wellness Recovery Action Plan
- Evidence-Based Practices
- Stigma
- Older Adult culture
Consortium: Cultural Competency Lesson Learned

- Consortium evolution
- Transition from a contractors meeting to an open community meeting
- Move towards best practices through shared education by each culture based Community Based Organization (CBO)
- Enhancing the learning opportunities together
- Cultural enrichment through celebration of others holidays & traditions

Consortium: Cultural Competency Lessons Learned

- Consortium co-facilitated by County manager and CBO manager
- Consortium agenda developed in coordination with 2-3 Community Based Organizations and Consumer Outreach staff
- Active participation encouraged with all providers of BHS treatment and or training.
- Open, yet structured forum with active participation.
- Stay current with the county providers and statewide efforts
Consortium: Cultural Competency Lessons Learned

• Community consortium input
• Open door policy for active participation by any human service provider who may refer consumers to BHS for treatment and training.
• Sharing of services and outreach effort to targeted communities including churches, doctors office’s, dentist, health centers.
• Use of Health Care public events to market services and program availability.

Questions/ Comments