

CHANGE

Customs Heritage Ancestry Nationality Gender Equality

County of San Bernardino

Department of Behavioral Health

Volume 1, Issue 2

Office of Cultural Competence and Ethnic Services

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Multiculturalism in Public Administration: Why We Should Encourage Greater Diversity

By Barry Manembu, OCCES Intern

As Californians, sometimes we take things for granted. The diversity issues, for instance. Probably many of us don't realize that we are really blessed to have the privilege to live and make a living in this land of diversity – the existence of many unique individuals in the workplace and in the community; this includes men and women from different countries, cultures, ethnic groups, generations, backgrounds, skills, abilities, and other characteristics that make them who they are.

Unfortunately, we perhaps don't see this as an advantage. As a matter of fact, some of us probably don't really like to be involved in an environment that includes varied groups of people. Normally, we would feel more comfortable dealing with people with the same cultures or ethnic groups as ours. However, as public employees, we need to change this mentality. Hopefully this short article, which is mainly inspired by the Management of Public Organizations class I took at California State University San Bernardino, will motivate us to embrace multiculturalism as we serve the different people in this County.

Generate Creativity and Innovation

I bet we all know that the Department of Behavioral Health is required to have a diverse workforce, based on the demographic/population it serves. It is mandatory. But do you know why this policy came into existence? Are there any positives behind it? Well, the answer is yes.

If management in the public interest involves open participative processes

within and outside of the public organizations, then those processes must be designed to foster the involvement of all types of people with all types of perspectives and worldviews. As our nation becomes more diverse and we increasingly interact with other nations around the globe, it is imperative that public administrators become culturally competent so as to better understand and serve the changing needs of communities and citizens (Denhardt & Denhardt 2002).

Cultivating differences in the workforce is a key competitive advantage. The differences among people of various racial, ethnic, and cultural backgrounds generate creativity and innovation, as well as energy



in the workforce. As we become culturally competent, we will reap the benefits of inclusion and openness to multiple cultural perspectives.

The key concepts are openness and involvement. Those two, I believe, will open the gate towards diversity and multiculturalism in public administration. By being culturally competent, we will improve our ser-

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Multiculturalism in Public Administration cont.

vice to the communities, which is the exact reason why we are here: to appropriately serve the people.

Increase Effectiveness

In the past, organizations would address the question of “why we should encourage greater diversity”, with the answer that discrimination is wrong, both legally and morally. But modern management now provides a second insight, that a more diverse workplace will increase the agency’s effectiveness.

It will lift morale, bring greater access to new segments of the marketplace, and enhance productivity. It is our belief that there is a distinct way to unleash the powerful benefits of a diverse workforce. Although these benefits include increased profitability, they go beyond financial measures to encompass learning, creativity, flexibility, organizational and individual growth, and the ability of a company to adjust rapidly and successfully to market change (Thomas and Ely 1996).

Inevitable

Another reason as to why we need to embrace multiculturalism is that it is actually inevitable. We cannot avoid the effect of globalization. The increasing diversity of the workplace is one of the major trends in today’s public organizations. It is amplified by the emergence of a global society in which the capacity for cross-cultural communications is greater than ever.

Workforce 2000, a report commis-

sioned by the US Department of Labor outlined anticipated changes in the work environment such as the globalization of markets, the growth of the service sector, technological advances, and demographic shifts in the labor force (Johnson and Packer 1987). This report projected that minorities and immigrants would become an even larger share of the labor force. It is estimated that, over the next 10 to 15 years, the labor market will become smaller, older, and significantly more diverse.

Only 15 percent of new entrants into the job market will be native-born white males (this group traditionally has accounted for 47 percent). In contrast, people of color will constitute 29 percent of the future workforce, women 42 %, and immigrants 22 %. Thus, the workplace is and will constitute a diverse group of individuals.

Conclusion

Diversity and multiculturalism are an advantage. It is a solution, not a problem. Since it is unavoidable, especially in this age of globalization, we better prepare for and embrace it. As public administrators, we will need to interact effectively with – and also appropriately serve – people from different backgrounds and do so in a manner that respects their cultures as well as our own.

**The second part of this article, which will be published in the next CHANGE edition, will talk about how to learn and increase cultural awareness as well as to become culturally competent.*



“Diversity and multiculturalism are an advantage. It is a solution, not a problem.”

NAMI– National Alliance on Mental Illness

On September 12, 2009 NAMI-San Bernardino Affiliate will celebrate the completion of the first NAMI Familia-a-Familia (Family-to-Family) class in Spanish. The NAMI Family-to-Family Education Program is a free, 12-week course for family caregivers of

individuals with severe mental illnesses. The class was taught by Carmen and Erica Limon. Twelve individuals will graduate from the first class. The participants received education on the various mental illness topics along with support from their fellow

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NAMI– National Alliance on Mental Illness cont.

classmates to continue their journey of caring for their loved ones suffering from a mental illness. Through the course the future graduates have learned about advocating for their loved ones and how to bring awareness to their communities about the needs of the mentally ill.

The Course included the following topics among others:

- Information about schizophrenia, major depression, bipolar disorder (manic depression), panic disorder, obsessive-compulsive disorder, borderline personality disorder, and co-occurring brain disorders and addictive disorder
- Up-to-date information about medications, side effects, and strategies for medication adherence
- Current research related to the biology of brain disorders and the evidence-based, most effective treatments to promote recovery
- Gaining empathy by understanding the subjective, lived experience of a person with mental illness
- Learning in special workshops for problem solving, listening, and communication techniques
- Acquiring strategies for handling crises and relapse
- Focusing on care for the caregiver: coping with worry, stress, and emotional overload
- Guidance on locating appropriate supports and services within the community
- Information on advocacy initiatives designed to improve and expand services

For more information about NAMI see www.nami.org.

For more information about NAMI-San Bernardino Affiliate contact
Doris Turner at 909-421-4624.

Talk to Someone Who Understands Someone Like You

NAMI Family Support Group is now up and running in the High Desert. Meetings take place the third Wednesday of each month from 7-8:30 PM at the Victor Valley Clubhouse located at 12625 Hesperia Rd., Suite B; Victorville, CA 92392.

The NAMI Family Support Group is for individuals 18 years and older who are family members or care about someone who has a mental illness.

The NAMI Family Support Group offers, respect, understanding, encouragement, and hope.

The NAMI Family Support Group is lead by trained family members who are also working to support a loved one's recovery from mental illness and understand the challenges faced by individuals who live with mental illness and those who loved them. Meetings are held in a flexible, casual, and confident environment.

For more information contact Dedie at 760-553-5752 or Dave at 760-553-5725.

Or Via-Email at namihighdesert@yahoo.com.



“The future graduates have learned about advocating for their loved ones and how to bring awareness to their communities about the needs of the mentally ill.”



Crisis Intervention Team (CIT): A Uniform Approach

By Lisa Hamilton, Forensics Mental Health Education Consultant

“Are we cultivating a culture that stigmatizes law enforcement as much as the mentally ill?”

As Joe stood on the corner waiting for his partner and rubbed his hands feverishly to induce warmth from the cold fall air, he couldn't help but pause when he saw his reflection in a nearby department store window. No one greeted him. In fact, they tried their best not to get too close. They stared and whispered, “I hate it when they just stand around like that don't they have something useful to do?” As he looked around the city, the older people shook their heads in disapproval and shared stories about him and his kind. The teenagers taunted him as they glided by on their scooters.

As Joe walked the big city it seemed to get smaller. “Good morning,” he said with a smile to a yuppie with Starbucks latte in one hand and scone in the other. “I saw on the news that some cop shot someone who didn't even have a weapon, too much power, too much power,” replied the investment banker as he hurried across the street with his morning treats. Joe felt vulnerable by the heralded news; “the streets are no place to be, especially when you feel isolated,” he thought.

Joe's thoughts were interrupted by the cries of a little boy. As he turned towards the father and his crying son, the father tells his son, “if you don't stop crying, the policeman will lock you up for being bad.” The boy takes deep frantic breaths, inhales his sniffles, and quickly quiets down. Just then, Joe sees a familiar face, it's his part-

ner, someone who patrolled with him for seven years. “Joe, we gotta go, there's a call from dispatch about a guy who is suicidal and wants to jump off a bridge!”

As Joe and his partner exit their vehicle, they hear the crowd yell “don't shoot him, don't shoot him!” while others chant, “jump, jump!” Joe makes his way to the middle-aged man—whose garbled words speak of pain, fear and isolation—he extends his hand and says, “I'm here to help you and I want you to live.” Thirty-three minutes later, the crowd applauds as the man descends from the bridge with the officer. “Thank goodness they didn't shoot him,” one onlooker sarcastically commented.

As he got into the squad car, Joe asked his partner, “do you think there is a uniform approach to cops?” “No,” his partner replied, “there's a cultural approach.”

Are we cultivating a culture that stigmatizes law enforcement as much as the mentally ill?

The Crisis Intervention Team (CIT) program fuses behavioral health and law enforcement cultures to bridge the gap between people and perceptions. Let's remember to extend words of support and understanding to our law enforcement teammates, because several hopeful voices create one strong extended hand to those who may find themselves on a bridge in crisis. ■

Spirituality Workgroup

The Cultural Competence Advisory Committee (CCAC) has created a Spirituality Workgroup to address the needs of Spirituality and Recovery. The Workgroup held their first meeting on August 3, 2009 at the Upland Clinic, where David Miller was appointed Chair of the Spirituality Workgroup. Members of the Workgroup include faith based organizations, consum-

ers, community members, and Department staff. The topic of discussion at the August 3rd meeting was the California Mental Health & Spirituality Initiative based at the California Institute for Mental Health. The Department of Behavioral Health is participating in this statewide Initiative.

The Initiative's goals include:

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Prevention & Early Intervention (PEI) Update

Happy Anniversary PEI! It was one year ago this September that the Mental Health Services Oversight and Accountability Commission approved the County of San Bernardino's Prevention and Early Intervention (PEI) plan. A total of twelve different programs were proposed as a result of an intensive community planning process. The programs employ a variety of strategies and services that work to reduce risk factors associated with the development of mental illness and provide interventions in natural settings. Eight of the twelve programs are in full implementation. The final four programs will be released for bid in late 2009. Those programs are the Family Resource Center, Promotores de Salud, Promoting Resilience in African-American Children, and the Native American Resource Center. In addition, the standard across all of the PEI programs is to provide prevention and early intervention services in a culturally and linguistically competent manner. The integrity of our cultural competency efforts are directly overseen by the DBH Cultural Competency Officer, Veronica Kelley. This direct communication with the Cultural Competency Officer allows PEI to make great strides in providing quality programs to the diverse populations residing in the County of San Bernardino.

A large portion of delivering superior PEI services in our county is building and maintaining a qualified group of agencies

and organizations that will deliver services in a manner most effective for the communities they serve. While PEI is a component of the Mental Health Services Act that is still being developed and implemented statewide, the County of San Bernardino is taking an active role in providing guidance and technical assistance to agencies interested in providing PEI services in our local communities. We are working with the County of San Bernardino Grants Office to offer a special training for agencies and organizations interested in responding to the PEI Request for Proposals and Request for Qualifications that will be released later this year. The training being offered is an intensive 2 day workshop that will provide attendees with a greater understanding of what the Request for Proposals and Request for Qualifications are asking for and the fundamentals of writing a proposal that will accurately convey how their agencies can deliver the desired services. The training will also include an accounting module that will examine the principles of completing budgets and schedules related to their operating costs. The trainings dates are October 23rd and Nov 6th at the County of San Bernardino Sheriff's Headquarters in San Bernardino. Pre-registration is required.

Please contact the Office of Prevention and Early Intervention at (909) 421-4601 for more information. ■

“The training being offered ... will provide attendees with a greater understanding of what the RFP and RFQ’s are asking for...”

Spirituality Workgroup cont.

- Increasing awareness of spirituality as a potential resource in mental health prevention, early intervention, and recovery.
- Encouraging collaboration among faith-based organizations, mental health services providers, consumers, faith members, and communities in combating stigma and reducing disparities in access to services for diverse populations.

To advance the capacity of mental health

service providers in California to prevent mental health problems and to support individuals and families in recovery by including spirituality as an aspect of cultural competency and natural community supports.

For more information about the California Mental Health & Spirituality Initiative visit www.cimh.org

For more information or to join the CCAC Spirituality Workgroup contact Jennifer Gonzalez at (909) 873-4423. ■

Latino Behavioral Health Week Proclamation

On September 15, 2009, the Board of Supervisors presented the following proclamation, declaring the third week in September as *Latino Behavioral Health Week*:



WHEREAS, the Latino population represents a significant percentage of California's population; and **WHEREAS**, the Latino population continues to increase at a rapid rate;

WHEREAS, Latinos suffer from mental illness and from alcohol and other drug addictions in the same proportion as the

general population; and **WHEREAS**, Latinos historically underutilized early intervention and preventative public behavioral health services; and **WHEREAS**, underutilization of behavioral health care results in unnecessary pain and suffering by Latino families; and **WHEREAS**, the State of California desires to eliminate unnecessary pain and suffering of behavioral health disorders in the Latino community; and **WHEREAS**, the State of California strives to provide quality behavioral health care to the Latino community: **NOW, THEREFORE, BE IT RESOLVED** that the San Bernardino Board of Supervisors does hereby proclaim that the third week of September each year be proclaimed "Latino Behavioral Health Week" and **BE IT FURTHER RESOLVED**, that San Bernardino County will conduct activities promoting awareness through community education, screening and referral to linguistic and culturally appropriate services, organized and implemented by community health, drug, and mental health agencies. ■

Here I am

By Dino R. Federico, suicide survivor

Here I am.

Now... back from the edge

Well, okay I'll admit
Back from the abyss that's over the
edge That endlessly deep terror Which
is the end for most.

Here I am.

How? I'm not quite sure.

Well, okay, I'll admit
I'm sure my end was not to be.
I'm sure Providence intervened for me.
Why? (Ha! I don't ask that question
anymore.)

Here I am.

Now... alive and living. (Period!)

Living the promise to find reasons to live.
Living my pledge to ALWAYS love and
to give.

Yet...

Here I am.
How? Well, certainly different from before.

Definitely more of a man than ever before.

Here I am.

Now... striving to convince myself;
Striving to prove to all... I AM ALIVE.

Yet...

I want no more of the rat race;
I want no more of the labels, the pigeon
holes, the stereotypes, The age appropriate
expectations.

I retain my right to live in naiveté,
which in truth is my choice to live realistically.
I retain my right to refuse the superficial,
the facades, the culturally perpetuated
myths.

So...

Here I am.

Eternally humble
Eternally free
Eternally satisfied to be eternally me.

September Cultural Competency Excellence Award Recipient

Angela Sanchez is the first honoree to be awarded by the Mental Health Commission and Office of Cultural Competence and Ethnic Services as someone who exemplifies Cultural Competency.

Angie provides a link with the Latino community, especially the Spanish speaking monolinguals. She goes the extra mile always to ensure that the commu-

nity has access to services. Everyone she is contact with is treated with respect and dignity.

Angie is a Peer and Family Advocate II who has worked with the CCRT West Valley for seven months. She works primarily with the Latino community conducting home visits and facilitating family support groups in Rancho Cucamonga. ■



October Cultural Competency Excellence Award Recipient

David Miller was next to be honored by the Mental Health Commission and Office of Cultural Competence and Ethnic Services with the Cultural Competency Excellence Award.

David is a Peer and Family Advocate II who has worked with the Amazing Place Social Club at Upland Community Counseling for two and a half years. David adminis-

ters six client groups each week at the Amazing Place. He sits as chair on the Cultural Competency Spirituality Workgroup, as well as participating in five additional committees and task forces.

David is inclusive of all those interested in participating in his groups and creates a safe environment for people to share. He is a good role model who has respect for all. ■

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 and inter-office mail it back to us and we'll make sure this employee or consumer gets acknowledged in our next newsletter. Our inter-office mail code is 0920.

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

Name: _____

Work address: _____

Discipline: _____

Why you believe he/she is Culturally Competent:

Example of dedication to Cultural Competency:

What is the difference between a person who is “deaf,” “Deaf,” or “hard of hearing”?

“How people ‘label’ or identify themselves is personal and may reflect identification with the deaf and hard of hearing community, the degree to which they can hear, or the relative age of onset.”

The deaf and hard of hearing community is diverse. There are variations in the cause and degree of hearing loss, age of onset, educational background, communication methods, and how individuals feel about their hearing loss. How people “label” or identify themselves is personal and may reflect identification with the deaf and hard of hearing community, the degree to which they can hear, or the relative age of onset. For example, some people identify themselves as “late-deafened,” indicating that they experienced a loss of hearing later in life. Other people identify themselves as “deaf-blind,” which usually indicates that they have some degree of hearing loss and some degree of vision loss. Some people believe that the term “people with hearing loss” is inclusive and efficient. However, some people who were born deaf or hard of hearing do not think of themselves as having lost their hearing. Over the years, the most commonly accepted terms have come to be “deaf,” “Deaf,” and “hard of hearing.”

“Deaf” and “deaf”

According to Carol Padden and Tom Humphries, in *Deaf in America: Voices from a Culture* (1988):

We use the lowercase deaf when referring to the audiological condition of not hearing, and the uppercase Deaf when referring to a particular group of deaf people who share a language – American Sign Language (ASL) – and a culture. The members of this group have inherited their sign language, use it as a primary means of communication among themselves, and hold a set of beliefs about themselves and their connection to the larger society. We distinguish them from, for example, those who find themselves losing their hearing because of illness, trauma or age; although these people share the condition of not hearing, they do not have access to the knowledge, beliefs, and practices that make up the culture of Deaf people.

Padden and Humphries comment, “this knowledge of Deaf people is not simply a camaraderie

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Heritage Days

Hispanic Heritage Month

Hispanic Heritage Month begins on September 15, the anniversary of independence for five Latin American countries—Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua. In addition, Mexico declared its independence on September 16th and Chile on September 18th. September 15–October 15 is a time in which the people of the United States honor the achievements of Hispanics. The celebration was first authorized in 1968, when the U.S. Congress adopted a resolution asking the president of the United States annually to issue a proclamation designating a week in Sep-



tember including September 15 and 16 as “National Hispanic Heritage Week.” In 1988 Congress expanded the celebration to a 31-day period beginning September 15. The resolution calls “on the people of the United States, especially the educational community, to observe National Hispanic Heritage Month with appropriate ceremonies and activities.”

National American Indian Heritage Month

National American Indian Heritage Month is celebrated in the month of November.

This year the DBH Native American Sub-Committee, Cultural Competency Advisory Committee will hold a



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What is the difference between a person who is “deaf,” “Deaf,” or “hard of hearing”? cont.

with others who have a similar physical condition, but is, like many other cultures in the traditional sense of the term, historically created and actively transmitted across generations.” The authors also add that Deaf people “have found ways to define and express themselves through their rituals, tales, performances, and everyday social encounters. The richness of their sign language affords them the possibilities of insight, invention, and irony.” The relationship Deaf people have with their sign language is a strong one, and “the mistaken belief that ASL is a set of simple gestures with no internal structure has led to the tragic misconception that the relationship of Deaf people to their sign language is a casual one that can be easily severed and replaced.” (Padden & Humphries)

“Hard of Hearing”

“Hard-of-hearing” can denote a person with a mild-to-moderate hearing loss. Or it can denote a deaf person who doesn’t have/want any cultural affiliation with the Deaf community. Or both. The HOH dilemma: in some ways hearing, in some ways deaf, in others, neither.

Can one be hard-of-hearing and ASL-Deaf? That’s possible, too. Can one be hard-of-hearing and function as hearing? Of course. What about being hard-of-hearing

and functioning as a member of both the hearing and Deaf communities? That’s a delicate tightrope-balancing act, but it too is possible.

As for the political dimension: HOH people can be allies of the Deaf community. They can choose to join or to ignore it. They can participate in the social, cultural, political, and legal life of the community along with culturally-Deaf or live their lives completely within the parameters of the “Hearing world.” But they may have a more difficult time establishing a satisfying cultural/social identity.

Deaf Life, “For Hearing People Only” (October 1997).

Individuals can choose an audiological or cultural perspective. It’s all about choices, comfort level, mode of communication, and acceptance. Whatever the decision, the NAD welcomes all Deaf, deaf, hard of hearing, late-deafened, and deaf-blind Americans, and the advocacy work that the NAD does is available to and intended to benefit everyone.

National Association of the Deaf. (n.d.). *Community and Culture-Frequently Asked Questions*.

Retrieved September 1, 2009, from

<http://www.nad.org/issues/american-sign-language/community-and-culture-faq>

“The richness of their sign language affords them the possibilities of insight, invention, and irony.”

Heritage Days cont.

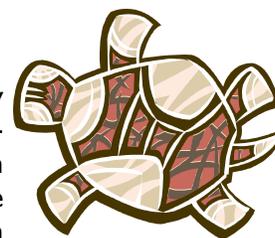
celebration, celebrating National American Indian Heritage Month: Healing through Education on November 6th at the Behavioral Health Resource Center Auditorium in Rialto. All are invited to come to the full day celebration and learn about our indigenous peoples.

Native American Day

Native American Day is an official state holiday that is celebrated the fourth Friday of September. It is a time to celebrate and honor the indigenous people of California.

Former Gov. Ronald Reagan officially acknowledged the contributions of California’s Native Americans in 1968, when he signed a resolution proclaiming the fourth Friday of September as American Indian Day. In 1998, the California Legislature passed Assembly Bill No. 1953 (Baca), establishing Native American Day as an official state holiday.

For more information please visit: <http://www.nativeamericanday.com/>





Community Events...

Cultural Competence Advisory Committee (CCAC)
3rd Thursday of the month
1:00-2:30 PM
BHRC Room F119/120
Info: Megan Johnson (909) 421-4677

NAMI Walk

Saturday, November 7, 2009
8:00 AM
Diamond Valley Lake, Hemet CA
Info: Kristen Martinez (909) 421-4642

Joshua Tree 1st Annual Pow Wow & Cultural Days
October 16-18, 2009
10:00 AM– 10:00 PM
6225 Sunburst St., Joshua Tree 92252
Info: (760) 408-3944

Native American Indian Heritage Month Celebration

Friday, November 20, 2009
10:00 AM– 4:00 PM
BHRC Auditorium
Info: Maribel Gutierrez (909) 421-4608

What's
Happening...

COUNTY OF SAN
BERNARDINO

DEPARTMENT OF
BEHAVIORAL
HEALTH

Behavioral Health Resource Center
BHRC
850 East Foothill Boulevard
Rialto, CA 92376

Phone: 909-421-4677
Fax: 909-873-4466
E-mail:

cultural_competency@dbh.sbcounty.gov



Coalitions and Sub-Committees...

African American Mental Health Coalition
1st Monday of the month
6:30-8:00 PM
Knott's Family Agency
Info: Linda Hart (909) 881-6146

Native American Sub-Committee

4th Wednesday of the month
10:00-11:30 AM
Behavioral Health Resource Center (BHRC)
Info: Maribel Gutierrez (909) 421-4608

API Coalition

2nd Tuesday of the month
10:00 AM-12:00 PM
Location TBA
Info: Jennifer Gonzalez (909) 873-4423

Spanish Speaking Sub-Committee

Meeting times/dates TBA
Locations: TBA
Info: Maribel Gutierrez (909) 421-4608

Latino Coalition

July 30, 2009,
9:00- 10:30 AM
El Sol Neighborhood Education Center
Info: Maribel Gutierrez (909) 421-4608

Spirituality Sub-Committee

2nd Tuesday of the month
1:00-2:30 PM
Upland Community Counseling
Info: Jennifer Gonzalez (909) 873-4423

LGBT Sub-Committee

Meeting, times/dates TBA
Locations TBA
Info: Jennifer Gonzalez (909) 873-4423

Women's Sub-Committee

2nd Friday of the month, 1:00-2:00 PM
Behavioral Health Resource Center (BHRC)
Info: Jennifer Gonzalez (909) 873-4423