

DATE: 1/11/19

TRAINING APPROVAL/CONFIRMATION FORM

Please complete this form and provide to your supervisor at least two weeks prior to the start of the training you plan on attending. **NOTE THAT PRE-APPROVAL IS REQUIRED PRIOR TO REGISTERING FOR ALL TRAININGS.** Please keep a copy for your files and provide a copy to your supervisor. PCTI does not need a copy. For external trainings that do not provide certificates of completion, supervisors can use this form to provide confirmation that the training has been completed by their staff.

First Name: <u>Patricia</u>	Last Name: <u>Tarin</u>
Job Title: <u>Billing Accountant</u>	Program/Site: <u>Arcadia</u>
Divisional Director: <u>Joe Wong</u>	Division: <u>Adm - Acctng</u>
Supervisor Name: <u>Niki Nghe</u>	

What is your primary reason for attending? (Select box below)

- Required for license/license renewal
- Required for management/professional development
- Required Culturally Responsive training
- Mandatory training
- Other (Specify)

Please list the Desired Training(s)

- 1 Training Name: SAMSA Pre-Recordings - See Attached
 Date: 1/23/19 Time: 3pm # of Hours: 1.5 Location: _____
 Pacific Clinics Training Pacific Clinics Webinar
 Non-Pacific Clinics In-Person Training Non-Pacific Clinics Webinar Non-Pacific Clinics self-paced online module

- 2 Training Name: Latino Conference
 Date: 5/16/19 Time: _____ # of Hours: _____ Location: San Gabriel
 Pacific Clinics Training Pacific Clinics Webinar
 Non-Pacific Clinics In-Person Training Non-Pacific Clinics Webinar Non-Pacific Clinics self-paced online module

- 3 Training Name: _____
 Date: _____ Time: _____ # of Hours: _____ Location: _____
 Pacific Clinics Training Pacific Clinics Webinar
 Non-Pacific Clinics In-Person Training Non-Pacific Clinics Webinar Non-Pacific Clinics self-paced online module

Please use a new form to list additional trainings.

Supervisor Use Only

Request Approved: 1 2 3 Supervisor Signature: Mike Lyke Date: 1/28/2019
 Supervisor Notes: _____

External Training Completion Confirmation (in lieu of Certificate of Completion)

Training Completed: 1 2 3 Supervisor Signature: Mike Lyke Date: 1/28/2019
 Supervisor Notes: No certificate

FREE Pre-recorded Webinars (CR APPLICABLE)

Here are some options for **FREE pre-recorded webinars** that meet the **CR initiative requirement**. If you deem that the trainings are applicable to the services that you are currently providing, please connect with your Supervisor to review and get written approval to view the course(s) and meet the CR initiative requirement. Note that most webinars will not provide you a **certificate of completion**; therefore, we have created the **Supervisor Training Approval form** to confirm your participation/attendance. Please complete and save for your records – you do not need to submit this form to PCTI.

Click here to download the form: [Supervisor Training Approval Form](#)

Supervisors – Note that all staff is required to receive approval prior to attending any training (in-person, live webinar, pre-recorded webinars) if they are doing it during regularly scheduled work hours. We leave it up to your discretion to approve your team members' participation in any of the pre-recorded webinars below to meet their CR training requirement; however, please ensure that the training is in alignment with the type of services that the team member is providing. Separately, there are a few CR applicable trainings that are scheduled through PCTI specifically for administrative teams, please visit our website www.MyPCTI.org to see the training options coming up.

CIBHS Pre-Recorded Webinars

NOTE: For the following 2 courses, you will have to create a login to obtain access. Both are free, please follow the login instructions provided on the site.

- **“Cultural Competence - A Preparedness and Orientation Course”**
<https://cibhs.networkofcare4elearning.org/OnlineCourseDetail.aspx?pId=91939>
- **"Ethnic, Racial and Cultural Considerations When Integrating Individuals with Lived Experience as Consumers and Family Members into the Workforce."**
<http://cibhs.networkofcare4elearning.org/OnlineCourseDetail.aspx?pId=87895>

SAMHSA Pre- Recorded Webinars

NOTE: Click on the links below, it will take you to an overview page of archived webinars. On that page click on the link that states **“Webinar Recording”**:

- **Increasing Cultural Competency to Reduce Health Disparities: Approaches for States, Tribes, and Jurisdictions**
<https://www.samhsa.gov/capt/tools-learning-resources/increasing-cultural-competency-reduce-health-disparities-approaches-for-states-tribes-jurisdictions>
- **Increasing Cultural Competency to Reduce Health Disparities: Approaches for Communities**
<https://www.samhsa.gov/capt/tools-learning-resources/increasing-cultural-competency-reduce-health-disparities-approaches-communities>
- **Cultural Competency for Working with Immigrant Populations**
<https://www.samhsa.gov/capt/tools-learning-resources/cultural-competency-working-immigrant-populations>
- **Improving the Behavioral Health of Boys and Young Men of Color: Addressing Data Challenges**
<https://www.samhsa.gov/capt/tools-learning-resources/improving-behavioral-health-boys-color-data>

Patricia Tarin

From: Niki Nghe
Sent: Monday, December 10, 2018 3:19 PM
To: Cindy Chung; Patricia Tarin; Juliet Wong
Subject: FW: My PCTI
Attachments: CR WEBINARS.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

FYI,

Niki Nghe
General Ledger Accountant
W (626) 254-5000 ext 5011
F (626) 294-1710

"The Information contained in this electronic message is privileged and confidential. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking any action in reliance on the content of this information is strictly prohibited."

"If you have received this copy in error, immediately notify the sender by e-mail and delete the information from your system." (W&I Code, Section, 5328, 45 CR 160 & 164)

From: Cary Wong
Sent: Monday, December 10, 2018 1:02 PM
To: Niki Nghe <Nnghe@pacificclinics.org>; Iris Valdez <lvaldez@pacificclinics.org>; Debra Torian <Dtorian@pacificclinics.org>; Jade Wong <Jawong@pacificclinics.org>; James Dawson <Jdawson@pacificclinics.org>; Marina Scholefield <Mscholefield@pacificclinics.org>; Judy Delgado <Judelgado@pacificclinics.org>
Cc: Joseph Wong <Jowong@pacificclinics.org>
Subject: FW: My PCTI

FYI – for you team to schedule.

From: Krikor Saliba
Sent: Monday, December 10, 2018 10:34 AM
To: Cary Wong <Cwong@pacificclinics.org>; Elva Pacheco <Epacheco@pacificclinics.org>
Cc: Joseph Wong <Jowong@pacificclinics.org>
Subject: RE: My PCTI

Hello,

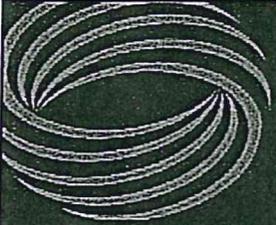
Thank you for reaching out.

Currently, there are no CR courses available on MyPCTI Online.

However, I have attached a document with free CR applicable courses provided by external agencies. Kindly review the document, which outlines the procedures for supervisors' approval on external CR courses.

Please let me know if you have any questions.

1/28/17 3pm
(1:30:25)



Increasing Cultural Competency to Reduce Health Disparities: Approaches for Communities

September 10, 2015

SAMHSA's Center for the Application of Prevention Technologies
(CAPT)

Debra Morris, MPH, Associate Director of Coaching for Success
Maria Valenti, PhD, Epidemiologist, CAPT Northeast Resource Team
Ivan Juzang, MBA, Founder of MEE Productions

captus.samhsa.gov

Partnerships For Success 2013 and 2014 Webinar

This training was developed under the
Substance Abuse and Mental Health Services
Administration's Center for the Application of
Prevention Technologies task order. Reference
#HHSS283201200024I/HHSS28342002T.

For training use only.

Recording

This webinar is being recorded and archived, and will be available to all webinar participants. We may also share this recording with individuals who were unable to participate in this event. Please contact the webinar facilitator if you have any concerns or questions.

Facilitator



Molly Ferguson
CAPT National and Cohort
Services Manager

Presenters



Debra Morris
CAPT Associate Director of
Coaching for Success



Maria Valenti
CAPT Epidemiologist



Ivan Juzang
Founder of MEE
Productions

Objectives

- Describe the connections between behavioral health disparities, cultural competency, and other key terminologies
- Describe approaches for identifying and addressing behavioral health disparities among identified sub-populations throughout SAMHSA's Strategic Prevention Framework (SPF) process
- Identify approaches for building community-level readiness and capacity to address behavioral health disparities among identified sub-populations

Short Answer Poll

What is the most confusing thing about addressing behavioral health disparities?



**The *What* of Addressing Behavioral Health Disparities:
Understanding the Language**



Behavioral Health Disparities

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Healthy People 2020 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.”¹

Behavioral Health Disparities Experienced by Vulnerable Populations

Behavioral Health Disparities and Our Road to Health Equity²

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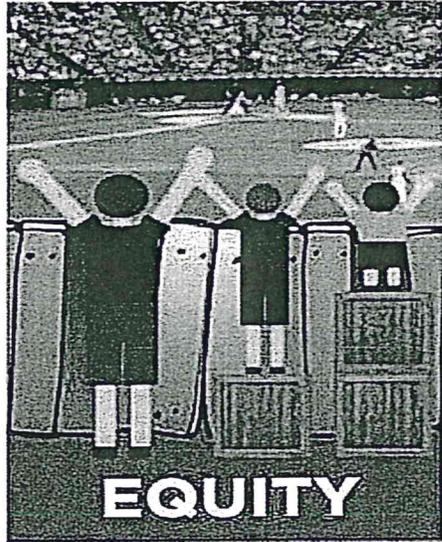
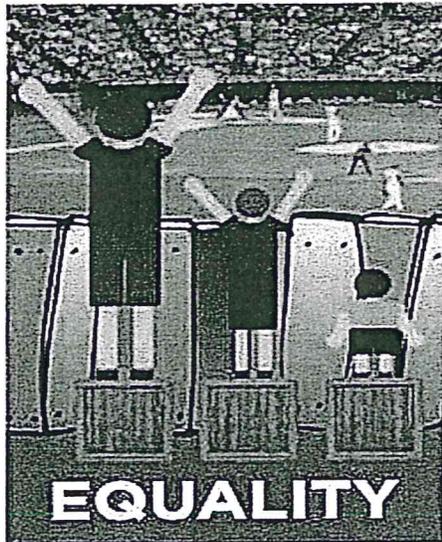
Eliminating disparities between populations has been identified as a U.S. Department of Health and Human Services-wide priority goal, as this will **assist in moving our nation toward health equity.**

Reduction of Behavioral Health Disparities



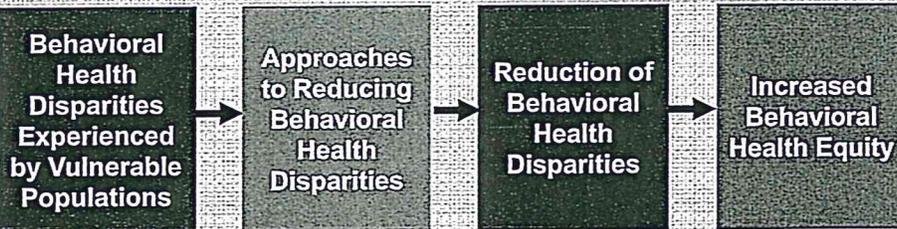
Increased Behavioral Health Equity

Health Equity



The Connection Between Disparities and Health Equity

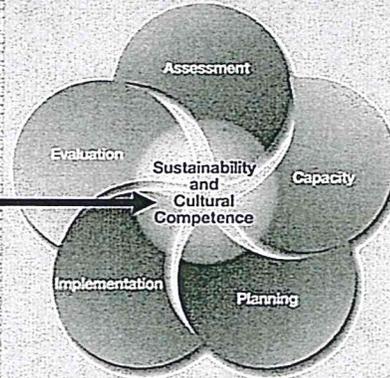
12



The Role of Cultural Competency in Reducing Behavioral Health Disparities

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Approaches to Reducing Behavioral Health Disparities



Cultural competence⁴ describes the ability of an individual or organization to interact effectively with people of different cultures.



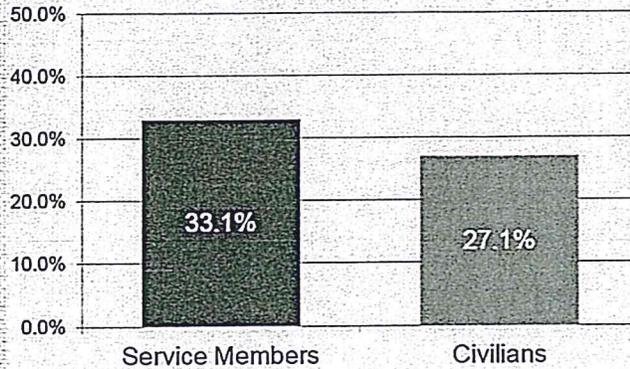
The *How* of Addressing Behavioral Health Disparities: Cultural Competency in the SPF Process



Identifying Behavioral Health Disparities Institutional Example: Military⁶

Assessment

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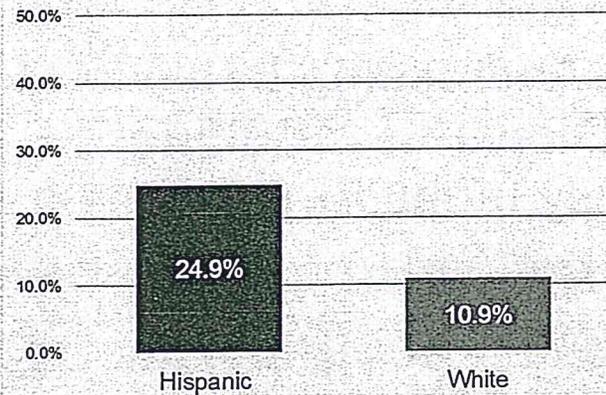


A greater portion of active service members (6% more) reported binge drinking in the last 30 days compared to the civilian population.

Identifying Behavioral Health Disparities Racial/Ethnic Example: Hispanic vs. White population⁷

Assessment

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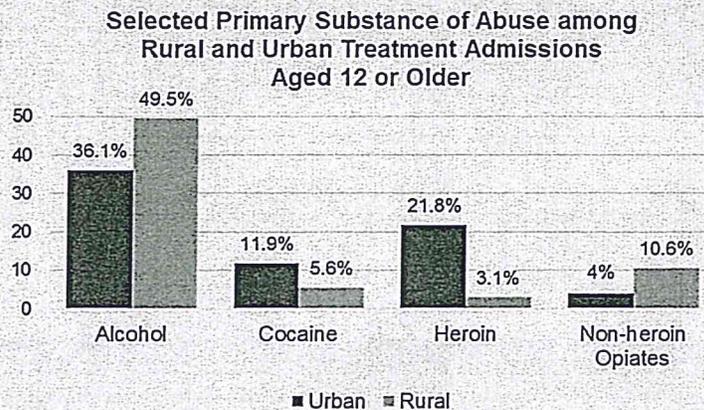


24.9% of Hispanic students surveyed indicated that they had "taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription" at least once, compared to 10.9% of White students.

Identifying Behavioral Health Disparities Geographic Example: Rural vs. Urban⁸

Assessment

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Case Example: Anystate and Anytown, USA



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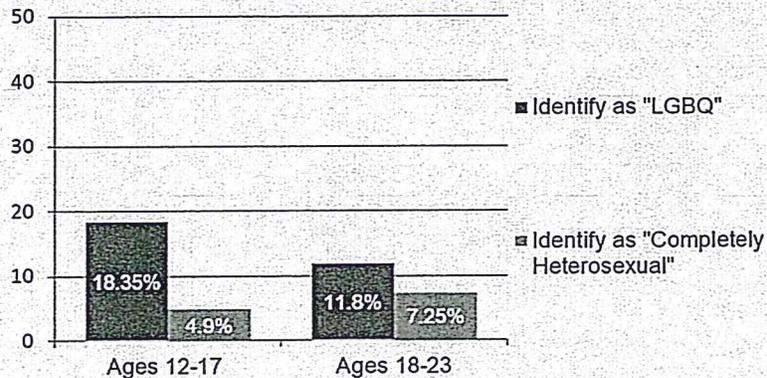
- Lesbian, gay, bisexual, questioning, and queer (LGBQ) populations have been identified as the vulnerable population of focus
- Anystate has funded nine high-need communities to prevent prescription drug misuse among 12- to 25-year-olds
 - Mix of rural and urban settings and one tribal community

Case Example: LGBTQ Disparities in Anystate, USA



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Past-Year Prescription Drug Misuse Among LGBTQ vs. Heterosexual Young Adults



Case Example: Anytown, USA cont.

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- Anytown, a primarily suburban community, has been funded by the state's PFS grant.
- Anytown has a student survey that includes questions on prescription drug misuse, but there has been resistance from the school board to include specific questions on sexual orientation and gender identity.
- The survey does include questions about students' experiences of safety and bullying at school.
- Anytown has recently formed a youth health task force to address rising rates of prescription drug misuse among youth, with a focus on LGBTQ youth.

Please Share: Implementing a Culturally Competent Assessment in Anytown

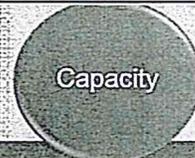


Based on your experience, what advice would you give the Anytown Task Force about approaches it could use to fill gaps in data on prescription drug misuse among LGBTQ populations in Anytown?

Infusing Cultural Competency

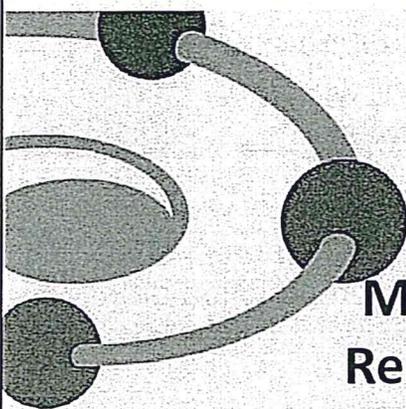
What are some approaches Anytown could use to include representatives from LGBTQ populations in data collection and dissemination efforts?

Assessing & Building Capacity to Address Disparities



Infusing Cultural Competency

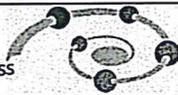
Involve the priority population in efforts to raise awareness, engage stakeholders, and strengthen collaborative groups.



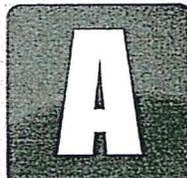
MEE's Approach to Reaching & Engaging Underserved, Hard-to-Reach Communities/Audiences (A Review)

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Building Community Readiness 

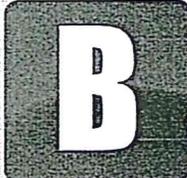
Supporting Communities on Their Journey to Optimal Health



**Health Disparities
(Stress/Trauma)**

- Poverty, Violence & Other Social Determinants
- Lack of Access to Quality Care
- Institutional Racism
- Unhealthy Relationships
- Food Deserts
- Chronic Disease
- Dysfunctional/Unstable Homes





**Improved Health Outcomes
(Thriving)**

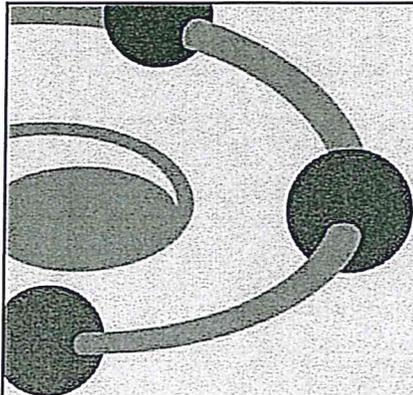
- Effective Parenting
- Early Childhood Education
- School Success
- Resiliency Skills
- Life Plan
- Connectedness to Positive Influencers
- Health for Life



Sender Messages Channel Receiver

24

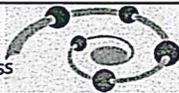




Why Community Engagement?

MEE
Mental Health Education

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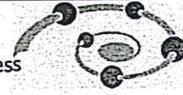
Building Community Readiness 

Why Community Engagement is Critical

- Addressing challenges to promoting health & wellness and preventing risky behaviors in underserved, hard-to-reach and low-income communities requires collaboration
 - Broad Range of Community Partners
- Messages reinforced by people the audience knows and trusts (have more credibility/impact)
- Rebuilds the community from the inside out
 - Trauma-Informed Approach Supports Healing/Coping
 - Reciprocity
 - Long-Term Gains

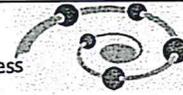
MEE
Mental Health Education

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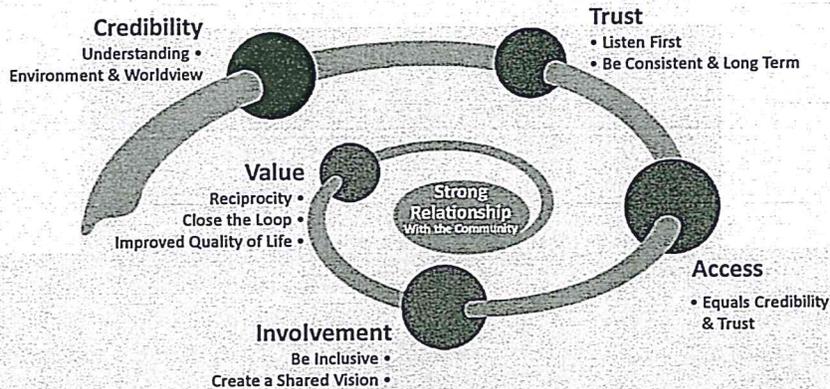


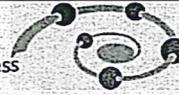
Why Community Engagement is Critical

- The Goal: Gaining Credible Access and Reach
 - Your own distribution channel (*that competes effectively with media messages*)
 - “Multiplier Effect” (from 25-to-1 up to 100-to-1)
- The Benefits (The 3 C’s)
 - Cost-effective (vs. traditional media)
 - Culturally relevant (credibility & trust)
 - Community ownership
- The End Game
 - The 3 D’s: Display/Disseminate/Dialogue
 - Word-of-mouth
 - Referrals (to Access Programs & Services)

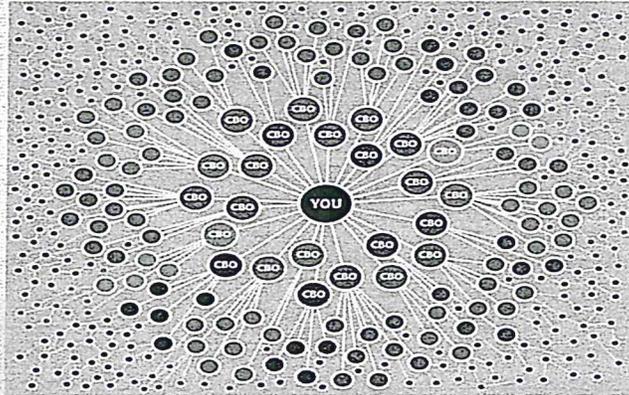


Keys to Effective Community Engagement

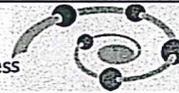




The CBO “Multiplier Effect”

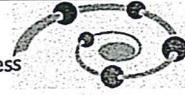


“The Power Channel” (from 1-to-25 up to 1-to-100)



Reflecting Oral Communications Culture

- Particularly important in communities of color
- Word-of-mouth is a key way information is shared; communication in a social context
- Allows your message to live beyond initial push
- Through dialogue & discussion, community takes ownership (i.e., changed awareness, attitudes, norms)
- Highly interactive: argument/counter-argument exchange
 - Challenge and/or question the sender (defend position, convince)
 - Messages and ideas are debated (on way to legitimacy)
 - Receiver: venting, sharing realities (“why” behind the behavior)



Moving from Engagement to Activation

- Success will be all about building and maintaining trusting and authentic community relationships
- Every level of the community must be engaged and mobilized (not just low-hanging fruit)
- Creating word-of-mouth supports community taking ownership of the message



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MEE Productions Inc.



Philadelphia, PA

Atlanta, GA

Los Angeles, CA

www.meeproductions.com



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Polls: Community Engagement

- Have you encountered any challenges around engaging community members in your prevention efforts? If so, what are the greatest challenges you've encountered?
- Describe any successes that you have had in building relationships and trust among community members you are trying to engage.

Heather Schjenken, STEP Coalition
Deer River, MN

**Infusing Cultural Competency To
Address Disparities At The Local Level**

Who we are:

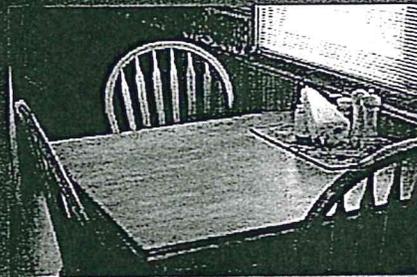
Standing Together Embracing
Prevention Coalition **(S.T.E.P.)**
The Movement

Prevention Work around Underage Drinking
within School District 317 Deer River

Planning and Implementation grant funded by:
MN Department of Human Services-Alcohol & Drug Abuse Division



Relationships matter:
Who sits at your Table?



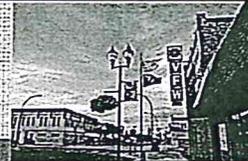
**"If you are here to help
me, then you are
wasting your time.
But, if you have come
because your liberation
is tied up in mine, then
let us begin."**

Lilly Walker, Australian Aborigine

Messaging - Are you hearing from everyone?

PILOT TESTING

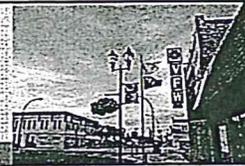
Case Example: Anytown's Capacity to Address the Identified Disparity



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- The Task Force has the support of involved parents and some local school staff to address youth prescription drug misuse with a focus on LGBTQ youth.
- Several community partners have emerged, including local prescribers and pharmacists.
- Focus group data reveals that Anytown residents largely do not believe that prescription drugs are as harmful as other substances.

Discussion: Anytown's Capacity to Address the Identified Disparity



- **Resources:** What are examples of resources (human, fiscal, and organizational) that are still needed to address prescription drug misuse among LGBTQ youth?
- **Readiness:** How ready is the community to address the problem of prescription drug misuse among LGBTQ youth?

Case Example: Factors Influencing Rx Drug Use among LGBTQ youth in Anytown



Anytown Task Force collected additional focus group data and reviewed research literature to fill identified gaps, and prioritized the following risk and protective factors for substance use among LGBTQ youth:

- **Risk factor:** Harassment, victimization, bullying at school¹⁰
- **Protective Factor:** Positive school climate - anti-bullying policies, gay-straight alliance clubs¹¹

Selecting Interventions: Things to Consider¹²

Planning

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Effectiveness

- Is the intervention effective?

Conceptual Fit

- Will the intervention impact the selected risk factor?

Practical Fit

- Is the intervention feasible for the community?

Infusing Cultural Competency

Consider not just the priority problem, but also the identified vulnerable population experiencing the behavioral health disparity.

Case Example: Selecting an Intervention for Anytown, USA



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Priority problem: Prescription drug misuse among youth, with a focus on LGBTQ youth

Risk factor: Harassment, victimization, bullying at school

Possible Interventions:

- Develop and deliver a school-based social marketing campaign to address school climate issues
- Deliver a parent education program aimed at increasing perception of harm
- Push the School Board to update the student survey questionnaire to include more questions focused on LGBTQ issues

Poll: Selecting an Intervention for Anytown, USA



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Considering what you know about youth prescription drug misuse in Anytown, including among LGBTQ youth, which strategy would you select to implement? Why? Consider effectiveness and fit

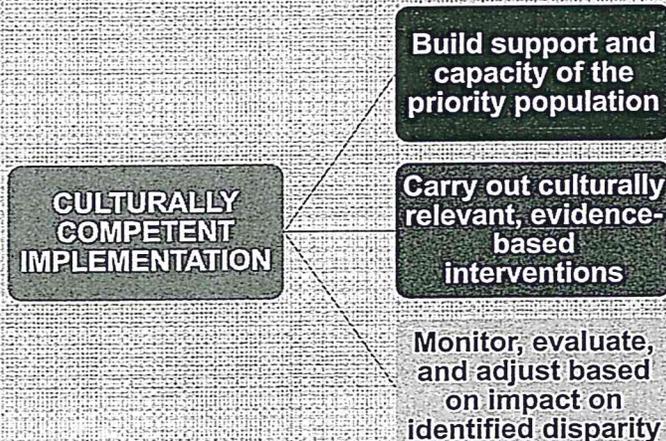
Possible Interventions:

- Develop and deliver a school-based social marketing campaign to address school climate issues
- Deliver a parent education program aimed at increasing perception of harm
- Push the school board to update the student survey questionnaire to include more questions focused on LGBTQ issues

What Does Culturally Competent Implementation Involve?

Implementation

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Case Example: Implementation in Anytown, USA



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Build support and capacity of the priority population

Involve school personnel and LGBTQ youth in the development and delivery of the social marketing campaign

Carry out culturally relevant, evidence-based interventions

Tailor the campaign to fit Anytown's community characteristics and feedback from LGBTQ youth

Monitor, evaluate, and adjust based on impact on identified disparity

Pilot test the campaign and refine based on preliminary results and feedback from school personnel and LGBTQ youth

Evaluation

Evaluation

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- Conduct both process and outcome evaluations
 - Process: Did we do what we said we would do?
 - Outcome: What changed?

Infusing Cultural Competency

- The priority population is represented in the evaluation process
- Data collection tools reflect their culture
- Evaluation findings are disseminated back to the priority population

Case Example: Evaluating Outcomes in Anytown, USA



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- **Anytown Task Force's evaluation activities:**
 - Conducted pre- and post-surveys and a focus group with school staff and students to discuss impact of social marketing campaign
 - Tracked adaptations made to programs, including use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS), for LGBQ youth
 - Conducted key informant interviews on impact of efforts to customize task force images and terminology on prevention program materials to be inclusive of LGBQ youth
- **Outcomes:**
 - Increase in number of students reporting on student survey that they feel safe at school
 - Small reduction in prescription drug misuse among LGBQ students

Poll:

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- Thinking about what you've learned today, what can you do in the next 3-6 months to increase cultural competency in your prevention efforts?

Contact Information

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If you have any questions, please don't
hesitate to contact:

Jess Goldberg

Training and Technical Assistance Associate

jgoldberg@edc.org

Evaluation

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Please click on the link below to provide
feedback on this event:

[https://www.surveymonkey.com/r/feedback-
CAPT-0984-2](https://www.surveymonkey.com/r/feedback-CAPT-0984-2)

Your feedback is very important to us!

References

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1. U.S. Department of Health and Human Services, Healthy People 2020 (n.d.). *Disparities*. Retrieved from <http://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>
2. U.S. Department of Health and Human Services (2012). HHS action plan to reduce racial and ethnic health disparities. Retrieved from http://www.minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf
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About the Conference

Nearly 45,000 suicides occurred in the United States in 2016, more than twice the number of homicides — making it the 10th-leading cause of death.

Among people ages 15 to 34, suicide is the second-leading cause of death. Nationwide, suicides have increased nearly 30 percent since the turn of the century.

The purpose of this year's conference is to increase participation in a collaborative approach to suicide prevention and early intervention and to pool resources on suicide prevention activities and public policies. We also aim to facilitate the continuation and development of quality suicide prevention competencies with those who deliver services and provide the best available support to those who are vulnerable, at-risk, and/or disenfranchised.

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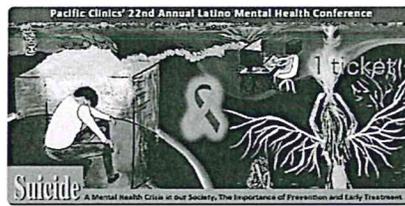
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