

Qualified Cultural Navigator – Behavioral Health (QCN-BH) Program

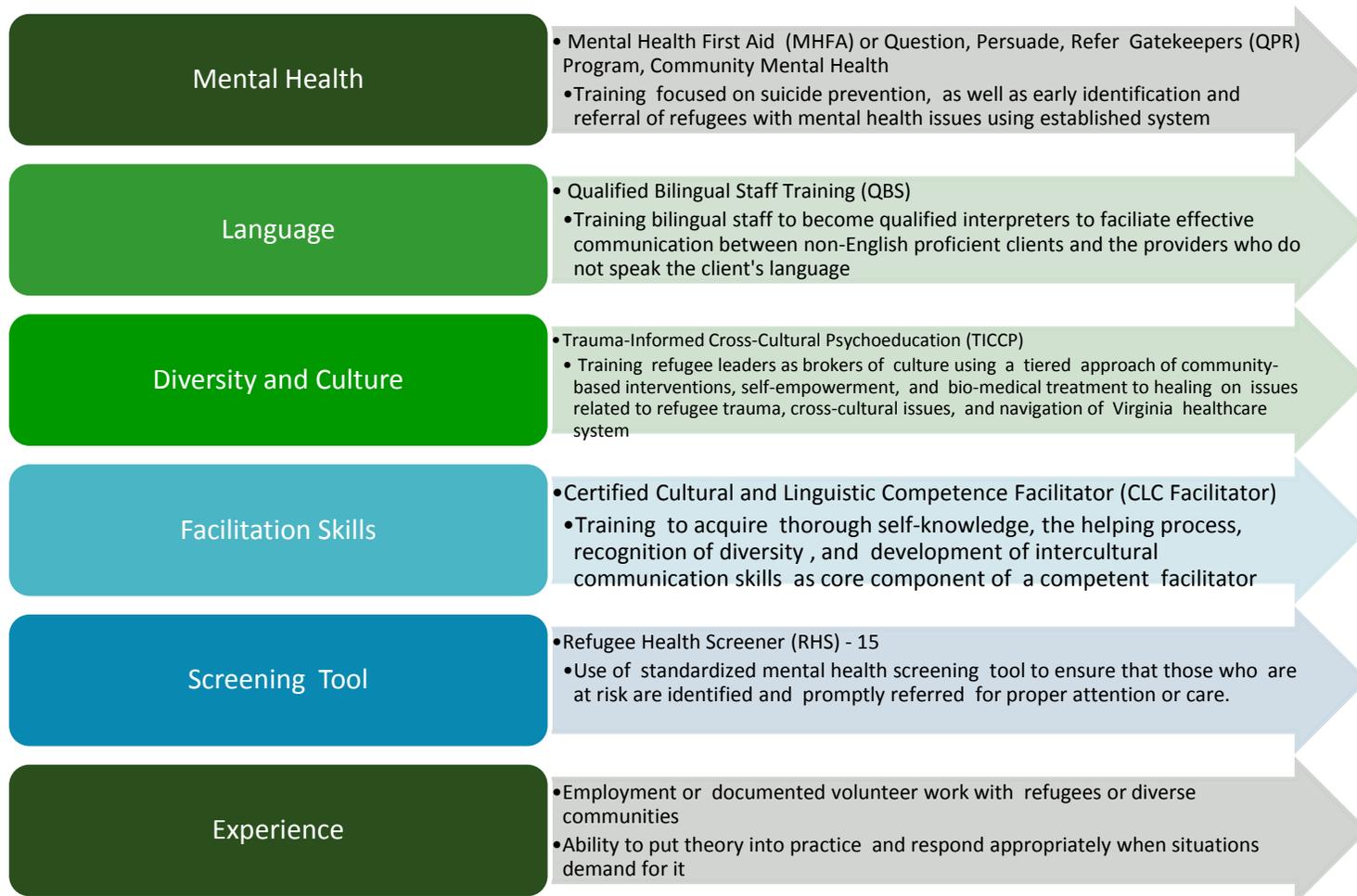
Qualified cultural navigators are individuals who are trained to provide support, information and guidance to new immigrants. Not only do they have the lived experience of having been immigrants/refugees themselves or having worked very closely with refugees for a long period of time, but they have specific knowledge regarding issues of stress, trauma, the psychological impact of immigration and acculturation, and how to support individuals in crisis.

DBHDS provides a qualification process for Qualified Cultural Navigators as a way to recognize this unique set of skills that are not always reflected in school transcripts or resumes. Under this qualification pathway, participants complete a series of workshops and trainings designed to provide them with competencies needed to be competitive in entry level positions in behavioral healthcare.

The required programs are designed to connect them with nationally recognized interventions and best practices, which combined with their bicultural and bilingual skills, provide an excellent candidate pool for a diverse and culturally competent entry-level workforce.

Be sure to read this application packet carefully. Once you are ready to apply, you will need to complete the application at <https://www.surveymonkey.com/r/DBHDSQCN-BH>. In order to complete the process, you will need to email documents, forms, and certifications to OCLC@DBHDS.VIRGINIA.GOV.

The following competencies trainings below are components required to achieve the CRCN-BH credential.



MEETING THE REQUIREMENTS

1. **MHFA, QPR, CoMHAS Training.** All focus on mental health and suicide prevention. MHFA can be delivered to English proficient population while QPR is more adaptable to ESL or non-English proficient population. Proof of completion must be submitted. *Certificates do not have to be active but must not be older than ten years. Additionally, the applicant must report the number of times and the dates that they have provided such trainings.*
2. **QBS, Certified Professional Interpreter, or Qualified Mental Health Interpreter.** Submit proof of certification from a recognized training entity.
3. **TICCP.** Applicant must submit proof that they have participated in training on three of the five TICCP units for recognition. The unit entitled Navigating the Virginia Healthcare (or Mental Health System) is a requirement for this aspect of certification.
4. **CLC Facilitator Training.** Applicant can fulfill this component of the qualification program by participating in the DBHDS Cultural and Linguistic Competence Facilitator Training or it could be a similar certificate from other organizations or institutions totaling 24 hours of training in intercultural development and cultural competence. The applicant must report the number of times and the dates that they have provided such

trainings in the past 3 years. If no training has been conducted, the certificate must not be older than five years.

5. **RHS-15.** Training on the RH-15 can be received from VDH Office of Newcomer Services, DBHDS Office of Cultural and Linguistic Competence, or other approved organizations or institutions. A certificate of completion can be provided by VDH or DBHDS. If the applicant was trained where no certificate is offered, the applicant can indicate # of times he/she has administered it (at least 3 times).
6. **Experience.** If the applicant has less than one year of employment or volunteer experience working with refugees and immigrants in a health and behavioral health setting, a 40- hour observation of actual interaction with clients by **shadowing (not practicum)** a direct service provider or a behavioral health provider is required. The applicant must find his/her own provider/agency/direct service worker who can fill out a DBHDS Observation Form*.

Cultural Navigator Qualification Program Culturally and Linguistically Competent Workforce Development Application Form

THIS IS A SAMPLE. ONLY ELECTRONICALLY SUBMITTED APPLICATIONS WILL BE ACCEPTED.

Complete the application at www.surveymonkey.com/r/DBHDSQCN-BH. Email documents, forms, and certifications to OCLC@DBHDS.VIRGINIA.GOV.

Note to applicant:

Before filing this form to submit your credentials to become a Virginia Qualified Cultural Navigator, you must be:

1. At least 18 years of age, and
2. Legally allowed to work in the United States

If these requirements are not met at the time the certificate is issued, your credential is considered NOT valid.

Name:

Last Name

First Name

Middle Name

Complete Address:

Street

City:

State:

Zip Code

Age: _____

Country of Nationality: _____

Contact information: _____

Phone: _____

Email: _____

Social Security No. _____

Part 11. Trainings and Certificates

1	Mental Health	Date of Training	Place of Training	Training Provided by	Upload Certificate Yes/No
	Mental Health First Aid Training				
	Mental Health First Aid Instructor				
	Question, Persuade, Refer Gatekeeper Training				
	Question, Persuade, Refer Gatekeeper Instructor				

2	Language	Date of Training	Place of Training	Training Provided by	Upload Certificate Yes/No

	Qualified Bilingual Staff Training				
	Certified Professional Interpreter				
	Certified Mental Health Interpreter				

3	Diversity and Culture (TICCP) – Modules are offered online and in the classroom. Email oclc@dbhds.virginia.gov for a schedule.	Date of Training	Place of Training	Training Provided by	Upload Certificate Yes/No
	Required: Navigating the Virginia Healthcare System				
	Course component 2 – Leadership Skills				
	Course component 3- Understanding Refugee Trauma				
	Course component 4 - Community-Based Intervention				
	Course component 5 – Stress Management				

4	Cultural and Linguistic Competence - Modules are offered online and in the classroom. Email oclc@dbhds.virginia.gov for a schedule.	Date of Training	Place of Training	Training Provided by	Upload Certificate Yes/No
	Required: Course component 1- Self-Awareness				
	Course component 2 – Helping Others				
	Course component 3- Cross-Cultural Facilitation				
	Course component 4 - Networking				
	Course component 5 - Empowerment				

5	Mental Health Assessment Tool	Date of Training	Place of Training	Training Provided by	How many times have you administered and scored the RHS-15?
	RHS-15				

6	Experience				
a	Name and title of preceptor, if applicant has no qualifying experience		Training date	Total No. of Hours	Upload Observation Certificate
b	Name and address of agency, if applicant has qualifying experience	Your work title	Date of Employment	No. of months in service	Upload Employment Certificate
c	Name and address of agency, if experience listed is less than 1 year	Your work title	Date of Employment	No. of months in service	Upload Employment Certificate

Part 111. Cultural Competence

Instruction:

Please write a comprehensive essay of 200-600 words addressing each of the situations described below:

Awareness

Scenario 1. Your new job involves working with diverse communities – refugees, immigrants, LGBTQ, trauma victims, etc. From your training, you learned and understood the importance of relating well with clients, even if their beliefs, values, practices, and ideology differ from yours.

1. What activities have you done to assess your own cultural identity?
2. What activities have you done to understand diversity and recognize the cultural identity of members of diverse communities?
3. How do you assess the impact of different factors (social, political, and economic) affecting diverse communities within a cultural context?

Knowledge

Scenario 2. Ali, a 22 year old refugee from the Middle East, arrived in the United States six (6) months ago with his wife and 2 young children. This is the first time he and his family are outside of their home country. They are really trying hard to adjust and adapt, but he is close to the breaking point. In their native culture, everyone in the family

depends on him for safety, survival, and better life. He confided to you that he is shocked by the sudden changes in their lives, but it is not safe to go back home. He had a talk with his religious leader but still, he is not firm on what to do. He expects that in 4 – 6 weeks, he will decide if they stay in the United States or go back home, even if the situation is still very unstable.

1. Why is it important for cultural brokers to understand the values, beliefs, and practices associated with illness, health, and well-being of cultural groups in the helping process?
2. How do you see traditional or indigenous health care system within diverse communities?
3. Describe the importance of medical, health care, and mental health care systems in helping members of diverse communities?

Skills

Scenario 3. It was established that Mrs. Lin needed behavioral health care to prevent harm to herself or her family. A widow who came to the United States with her adult son and daughter, she was used to “running her household” and keeping the family together. After 2 years in the United States, she saw that the family dynamics have changed. She spoke basic English but not enough to really articulate what she wanted to say to people who do not speak her language. As this situation lingers on, her temperament worsen, her personality greatly changed, and she is about to lose her job. Considering that Mrs. Lin speaks a different language than you:

1. How will you effectively communicate in cross cultural setting?
2. How will you advocate with and on behalf of clients/patients/consumers?
3. How will you negotiate behavioral health care and other service delivery systems?
4. How will you mediate and manage conflict between client and provider?

Briefly write down other factors not mentioned here that can help DBHDS establish your competence as cultural navigator (200 words or less).

Department of Behavioral Health and Developmental Services Cultural Navigator Observation Form

For applicants with less than 1 year full time experience working with the refugees or diverse communities

1. Personal Information

Name: _____

Last Name	First Name	Middle Name
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Complete Address: _____

Street		
City:	State	Zip Code

Age: _____

Country of _____

Nationality: _____

Contact information: _____

Phone: _____

Email: _____

Social Security No. _____

2. Preceptor Information

Name: _____

Last Name	First Name	Middle Name
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Work Address: Street _____

City:	State:	Zip Code
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Contact information: Phone _____

Email: _____

Job Title: _____

Licensure, if applicable
(Ex. LCSW, RN, QMHP, etc): _____

3. Checklist of Observations

To Preceptor: Please complete the form while the applicant was trying to get exposure and achieve competence in the following areas through 40-hour shadow observation.

	Focus area of observation (sample)	No. of times observe	Ethnic origin of client/s
1	Establishing rapport with clients		
2	Professionally address client/s concerns		
3	Professionally write or verbally communicate reports		
4	Refer clients to proper agencies		

5	Recognize diversity		
6	Adapt to changes or crisis situations		
7	Network with providers to address client/s needs		
8	Value and importance of diversity		
9	Cope with language barriers		
10	ETC...		

Other comments or suggestion for applicant to improve or acquire competency

Acknowledgement:

I attest to the correctness of the above record of observations for _____.
(Applicant's name)

Signature of Preceptor

Date: _____