

T R A I N I N G

Cultural Competence within SAMHSA's Strategic Framework

Friday, February 26, 2010
9:00 am – 3:00 pm

8:30 am - Registration and Continental Breakfast

Location

Homewood Suites by Hilton
Mall of America
2261 Killebrew Drive
Bloomington, MN 55425

Online Directions

homewoodsuites1.hilton.com/

A continental breakfast and lunch will be provided.

Registration

Fee: \$30.00 **Deadline: February 17**

Advance registration is required as there are only 40 spots available.

Fee covers program materials, meeting space and lunch.

Sign Up Today!

Objectives of Training

- Definitions of culture
- Looking at different cultural groups in the metro area and alcohol, tobacco and other drug use prevention strategies
- Definitions of cultural and linguistic competency
 - > Why is it important?
 - > How to achieve it
 - > To discuss what SAMHSA identifies as cultural competence
 - > To discuss how the Strategic Prevention Framework (SPF) and Cultural Competence are connected
 - > To discuss how the state identifies cultural competence
 - > To discuss how SPF SIG communities use cultural competence
- To identify next steps for communities around cultural competence

Who Should Go

This training is open to anyone working in alcohol, tobacco, or other drug prevention in communities within the 7-county metro area who would like to learn more about how to serve in culturally diverse communities.

Presented by

The Minnesota Prevention Resource Center (MPRC), Metro Regional Prevention Coordinator and CSAP's Central Regional Expert Team (RET).

For more information

Contact Kari Erdman at 763-427-5310 x134 or kerdman@miph.org.



PRE-REGISTRATION IS REQUIRED!

Space is limited to 40 participants so be sure to register early. On-site/walk-in registration is NOT available. Register by using one of the following methods:

Online: www.emprc.org/culturalcompetence
Email: cmagdziarz@miph.org

Fax: 763-427-7841
Phone: 763-712-7604

By mail: MPRC, Attn: Cherie Magdziarz
2720 Hwy 10 NE, Mounds View, MN 55112-4092

Name _____

Agency _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Select your payment method:

Check enclosed for \$30.00 payable to MPRC.

P.O. # _____

Visa Mastercard

Card # _____ Expir. Date _____

Signature _____

Card Name/Address (if different) _____

REGISTRATION DEADLINE: February 17, 2010