

Fresno County Department of Behavioral Health

2012 Cultural Awareness Self-Assessment

The 2012 DBH Cultural Awareness Self-Assessment was administered to Fresno County behavioral health personnel and service providers to determine people's awareness of cultural competence and identify possible baseline for cultural competence training curriculum development and implementation in accordance with Fresno County Department of Behavioral Health's Cultural Competence Plan as required by State Cultural Competence Plan Requirements (CCPR). Under the direction of MHSA Division Manager and supported by the Cultural Diversity Committee and subcommittee effort, jointly developed and implemented DBH's first Cultural Awareness Self-Assessment utilizing Survey Monkey, an online survey data collection tool. The assessment took place between July 16th and August 17, 2012.

The graphs below represent collective perceptions and impressions of cultural competence awareness and sensitivity status for Fresno County behavioral health service providers and personnel. A total of 409 responders from DBH (280) and contract (129) behavioral health service providers in Fresno County. The following summary provides insight information to be mindful as DBH embarking upon the implementation of Fresno County's Cultural Competence Plan work activities in the next few years.

- The largest group of workforce ages 31-40 works for both DBH and Contractor, while Contractor retained almost 10% of employees age below 30 and over 60 distributed evenly, with the least of those under 60 years old currently employ at DBH.
- Majority of responders currently working for DBH less than one year, while contractor retains the same age group from one to three years in length of services. The least group employ between 15-20 years with DBH, while significantly fewer of the same age group with contractor. The economy the way it is may be a factor for more new hires with DBH due to funding availability/stability whereas contractor relies on periodic grant cycles limited employee retention and career track for longer tenure of service.
- A significant DBH responders work primarily with consumers in providing direct contact or billable services, while contractor's work in support positions.
- Significantly lower than 10% responders work as division leader or upper level management positions with similar variations for both contractor and DBH.
- More responders currently hold administrative support staff and supervisor positions with contractor by comparison to DBH.
- Most of DBH and Contractor service are billable with significantly higher (89%) for contractor.

- DBH incurred more non-billable of service in comparison to its contractor counterpart.
- Majority of behavioral health services are provided 80% (DBH) and contractor (70%) within the metro areas of Fresno.
- A little less than 30% of DBH and at least 25% of contractor services are provided to individuals in rural areas.
- Majority of contractor responders are working in the areas of servicing children vs. DBH with adult mental health.
- There's no significant variation for all other areas with the exceptions of DBH for 20% MHSA and contractor 25% in substance abuse.
- Overall rating of 4 highest in cultural competence knowledge in all areas for both DBH and contractor (Department, Contractor Org., Program, and individual working within the organizations), while contractor rated individual highest over 50% and 5 point on a 1-5 point Likert scale.
- Overall rating of high 4 for all groups in cultural awareness with contractor organization being highest with slightly below 50% in comparison to both contractor and DBH programs.
- Cultural skills rated high 4 for all group with the exception of contractor personal above 50% among all others.
- Contractor personal rated highest 5 and above 50% for overall commitment to cultural competence.

ADDITIONAL COMMENT NARRATIVES ON ORGANIZATIONAL CULTURAL COMPETENCE

Department of Behavioral Health

- Prioritize bilingual staff positions (More Hmong & Latino).
- Department is culturally competent, but could do better.
- Sensitivity education on LBGTQ & Native American Indian populations
- Sensitivity & commitment is present, but needs to improve knowledge on diversity.
- Concerns the lack of Hispanic speaking staffs metro/rural areas due to Board of Supervisor and DBH leadership dependency.
- Department mission lacks cultural competence encouragement.
- Great cultural competency ideals and standards, but lags execution and implementation.
- Need more Hispanic Interpreters.
- Do penetration ratio for all threshold populations.
- More cultural awareness & cultural specific training.
- Cultural competence is more than translate documents.
- More diversity training, including management.

- Providing interpreting doesn't mean culturally competent, people often get it mixed up.
- Cultural competence is like co-occurring that people talk a good fight, but we don't deliver or know how.

Contractor

- Matched diverse staffs w/population clients served, trained & competent people
- Found beneficial to provide ongoing training for staff with what they need to understand clients
- Loss information relate to client service when no interpreter or unavailable in the languages needed
- Lack of manpower makes it difficult to be culturally competent in servicing the clients
- Need more training how to work with gang-affiliated, post-incarceration clients, LBGTQ, Native American and veterans
- Administrator is out of touch with line staff & what's going on in the unit
- "Thanks DBH for the enlightened cultural competence training programs"
- 1-2 training per quarter would greatly be appreciated
- "We do great job in cultural competence."

ADDITIONAL COMMENT NARRATIVES FOR PROGRAM CULTURAL COMPETENCE

Department of Behavioral Health

- Not enough time devote to culturally competent service intervention.
- Staffs are intelligent, competent & sensitive to other's needs.
- Cultural competence training on LBGTQ and Native American Indian.
- Asking none English speaking clients to wait, while locating interpreter is not culturally sensitive.
- Better interpretation affects both clients and revenues
- Office Assistant staffs need to learn Spanish

Contractor

- 100% cognitive of sensitive interaction with people from other cultures
- Lack of culturally sensitive community resources to serve our clients
- Difficulty with attaining interpreter due to lack of funding from DBH
- New start up programs will need the continuity of cultural competence training and education to ensure practice and application of knowledge acquired on the job.

ADDITIONAL COMMENT NARRATIVES FOR PERSONAL CULTURAL COMPETENCE

DBH Comments

- Needs access to community cultural competent service availability.
- Clients have to wait too long to receive service.
- One does not realize how his /her actions impact other until being told about it.
- Believes staff will benefit from cultural competence training.
- Recruit & retain more diverse workforce to meet program and service needs.
- Subculture intra-group communication pattern education.
- Prioritize rating cultural competence specific topics for training.
- Some people just don't care about clients.
- Education on co-occurring recovery culture.
- Reduce mental health stigmatize for all cultural groups.
- More tools & knowledge needed to better serve young people.
- Consider how poverty impacts access to health care.
- Cultural competence is as important as mental health illness.

Contractor

- Beliefs fully committed & understands the need to continuing learning about other cultures as a person and professional on the job
- More training on subcultures of LGBTQ, drug, street, prison populations

RECOMMENDED AREAS TO FOCUS FOR CULTURAL COMPETENCE TRAINING

- Cross-Cultural clinical skills
- Cultural-Specific
- Consumer Specific Issues
- Key aspects of cultural competence
- Understanding the impact of stereotyping
- Health disparities and factors influencing health
- Use of Interpreters
- Spirituality











