Fresno County Department of Behavioral Health

Cultural Diversity in Mental Health Training Evaluation (CC101)

As part of DBH's ongoing commitment to cultural competence, we are pleased to share the following evaluation results on the Cultural Diversity in Mental Health training course. We hope to gain knowledge on the validity of this foundation training as well as additional information pertaining to participants' interests for future cultural competence training and curriculum development. This foundation training is prerequisite to enroll in all the other cultural competence training courses to be offered in the next few years.

The Cultural Diversity in Mental Health (CC101) training was assigned to 417 employees of County and contractors to take between May 21, 2012 and August 17, 2012. Total 356 individuals completed the course and passed, two staff will repeat and 59 need to take the course as of August 17, 2012. The 59 individuals are either on leave of absence, vacation and/or no longer employed during the training period. Those completed this course may now engage in future cultural competence training most suitable to his/her level of expertise and interests.

Summary of findings are in the following:

- The course rated overall 4 on a 1-5 point scale as suitable cultural competence training and above average (4-4.5) on all areas to provide sufficient knowledge useful for behavioral health personnel;
- Participants believed the training has exceeded expectations; presented clearly & in an understandable way;
- Information was relevant and applicable to his/her line of work and has increased participant's understanding of cultural diversity in mental health;

1. Suggestions/Recommendations for cultural competence training curriculum development

- How to interact with clients
- Specific culture and diversity (Hindi, Hispanic, Hmong, Vietnamese, cultural blocks they face in needing mental health; gender; LGBTQ); spiritual & meaning aspects of culture; rural traditions/values vs. the more progressive attitudes in Fresno)
- More face-to-face training vs. online as less effective, no Q/A, & interaction, etc.

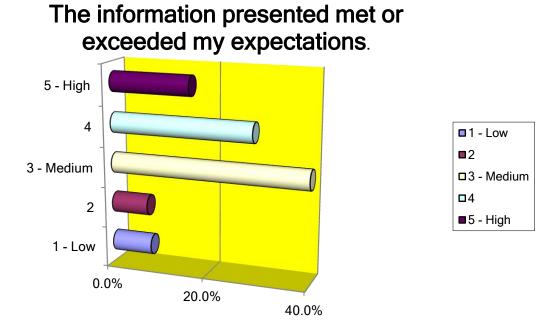
- Leadership support of culturally competent programs should be promoted through newsletters, at staff meetings, general e-mails, etc.
- Specific examples of how to be culturally sensitive & appropriate in clinical work
- Provide examples of the good and bad experiences when entering a system of service
- Provide certificate of recognition upon completion
- More application vs. principles
- Consumer panel (cultural expectations from consumers & family members)
- Specific examples of different culture view mental illness
- Training on how mental health medicines help consumers
- Specific clinical practice relate to various cultures/groups, such as LBGTQ, youth, adults, religions/groups with different spiritual beliefs, client cultures, etc.

2. Next Step

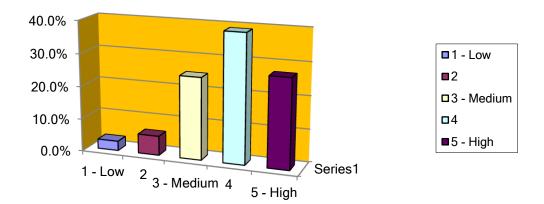
The Cultural Competence (CC101) is prerequisite and available for all existing employees to take and incorporates in the new employee orientation training curriculums before advance to enroll in other cultural competence courses. The following recommended training topics are to be implemented as part of the Cultural Competence Training series:

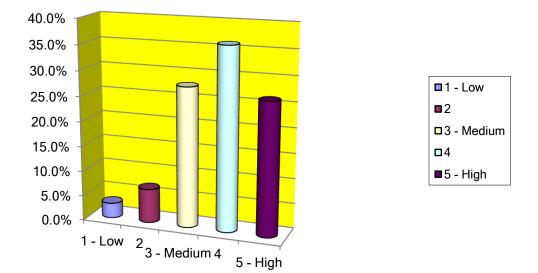
- Cross-Cultural clinical skills
- Cultural-Specific
- Consumer Specific Issues
- Key aspects of cultural competence
- Understanding the impact of stereotyping
- Health disparities and factors influencing health
- Use of Interpreters
- Spirituality

2. The following graphs will demonstrate information on the evaluation results.



The information was presented clearly in an understandable way.





The information was relevant.

The training increased my understanding.

