

CRITERION 5

COUNTY MENTAL HEALTH SYSTEM

CULTURALLY COMPETENT TRAINING ACTIVITIES

- I. **The County System shall require all Staff and Stakeholders to Receive Annual Cultural Competency Training.**
 - A. **The County shall develop a three year training plan for required cultural competency training that includes the following:**
 1. The projected number of staff who need the required cultural competency training. This number shall be unduplicated.
 2. Steps the County will take to provide required cultural competence training to 100% of their staff over a three year period.
 3. How cultural competency has been embedded into all trainings.

Riverside County's Workforce Education and Training (WET) component of the Three-Year Program and Expenditure Plan addresses Cultural Competency training plan. Action # 6 of the WET plan title: Cultural competency and Diversity Education Development Program was approved as part of the WET plan and provides funding for the implementation of Cultural competency Training.

Riverside County is one of the fastest growing counties in the nation. In the year 2000, our total populations was 1,553, 902. By 2006, the population had increased to 2,026,803. With the exception of Caucasian/European origin, all ethnic groups showed an increase during those eight years. The greatest increase took place among Latinos, who went from 36% of the population in 2000 to 42% in 2006. After English, Spanish is the language most preferred by our Department consumers.

Our stakeholders reminded us of the need to understand cultural competency in broader and more nuanced terms. They pointed out the need to recognize diversity within ethnic groups, as well as the need to incorporate LGBT, deaf and hard of hearing, and faith communities under the cultural umbrella. Unfortunately, there still exists a lack of understanding and lack of representation of these groups among our helping professionals. To address this, the WET team will work jointly with RCDMH's Cultural Competency Manager and Cultural Competency Committee in developing a structured and inclusive training program to enhance and expand our workforce's cultural knowledge. All RCDMH staff, including administrative and support staff, will undergo cultural competency training.

RCDMH has already initiated the implementation of the California Brief Multicultural Competence Scale training program to provide on-going cultural competency support for our workforce.

Additionally, our stakeholders identified the need to outreach members of cultural communities in their own language and from their unique perspectives. Capitalizing on the linguistic skills of our bilingual staff, who often serve as the primary interpreters for our linguistically diverse consumers and their families, RCDMH is implementing Interpreter's Training in order to enhance staff's interpretation and translation skills. We will also develop a central, accessible list of bi-lingual and multi-lingual staff in order to create easier access for non-English speaking consumers. Furthermore, Riverside will fund the training of bilingual/Spanish volunteers (preferably consumers or family members) as *Promotores De Salud Mental*. These volunteers will serve as community liaisons and mental health educators. Depending on the success of this program, similar models will be developed to outreach other cultural groups. RCDMH has already offered "Survival Spanish" to staff and will explore its effectiveness. It is also exploring the need to expand this coursework to other languages including American Sign Language.

Upon the implementation of an electronic learning management system through the Information Technologies component of the MHSA, we will explore converting some training topics of this program into electronic courses.

WET funding allocation for cultural Competency and Diversity Education Development Program is estimated based upon prevailing speakers and training cost for the following topics:

- Training for Promotores de Salud Mental
- Californian Brief Multi-Cultural training
- Bilingual Interpreters Training
- Latino Culture Training
- Asian- Pacific Islander Culture Training
- Native American Culture Training
- African American Culture Training
- Lesbian, Gay, Bisexual, Transgender Culture Training
- Deaf and Hard of Hearing and Physically Disable Culture Training

The projected numbers of staff who need the required cultural competency training during the next three years is approximately 811.

A four day California Brief Multicultural Competency Scale (CBMCS) training will be offered two times a year in order to have 100% of our staff trained. Training is mandatory for all staff and consists of a 32-hour curriculum (4 day class). The Department is currently implementing a least two classes per year to train approximately 80 staff. During year 08-09 the department trained a total of 120 staff.

In addition, all of our trainings, regardless of topic have culturally competent information as required for all of our instructors who in turn have embedded it into their course curriculum.

II. Annual Cultural Competency Trainings

Training Event	Description of Training	How long and often	Attendance by Function	No. of Attendees and Total	Date of Training	Name of Presenter(s)
CBMCS	Overview of multicultural knowledge, awareness of cultural barriers, sensitivity and responsiveness to consumers, and socio-cultural diversities.	Four day training (total of 28 hours of instruction time). Offered two times a year.	*Direct services county *Support services	19 1 Total: 20	March 2, 3, 10 and 18, 2010	Myriam Aragon, Renda Dionne, Rudy Lopez, Benita Ramsey
Evolution of the Consumer Movement	To gain insights to help consumers while understanding the origins of the movement.	Three hours, offered it twice.	*Direct service county *Direct service contractor *Community member *Consumers	61 7 2 15 Total: 85	February 25, 2010	Jay Mahler
Psychopharmacology	To learn about the current treatment of consumers with psychotropic medications.	Three hours, offered two times a year.	*Direct services county *Direct services contractor *Community member	32 9 2 Total: 43	February 9, 2010	Jerry Dennis
Illness Management and Recovery	Emphasizes hope, personal responsibility, education and self advocacy and is designed to empower consumers to manage their illness, find their own goals for recovery.	Two day training (total of 11 hours) annually.	*Direct services county *Community member	37 1 Total: 38	May 13 and 14, 2009	Harry Cunningham
Seeking Safety	A present focused therapy to help people attain safety from trauma/PTSD and substance abuse.	Two day training (total of 11 hours) annually.	*Direct services county *Direct services contractor *Community member	80 4 11 Total: 95	April 23 & 24, 2009	Lisa Najavits
Bridges out of Poverty	To identify the challenges of living in poverty and the underlying factors that perpetuates it.	5.5 hour training, annually.	*Direct services county *Direct services contractor *Community member *Support services	30 1 2 6 Total: 39	April 7, 2009	Jodi Pfarr

III. Relevance and Effectiveness of All Cultural Competency Trainings

A. Training Report on the relevance and effectiveness of all cultural competence trainings, including the following:

1. Rationale and need for the trainings: Describe how the training is relevant in addressing identified disparities;

According to the report on the California Brief Multicultural Training pilot project, the CBMCS Multicultural Training Program was quite effective in improving the cultural competency of RCDMH staff. That is, results suggest that the training program had a positive impact by increasing the overall level of participant's self-perceived cultural competency. For RCDMH, the results are promising and are congruent with the results of other counties who have implemented this training program. Specifically, across four other California counties, results indicate that the CBMCS pre-post self-report multicultural competence score improved significantly on three modules (i.e., Multicultural Knowledge, Awareness of Cultural Barriers and Socio-cultural Diversities) and found no change on Module III (Sensitivity and Responsiveness to Consumers). The CBMCS 21-item scale has been used in the past to identify those who need training. Pilot test results from other studies suggest that those who are in most need be "targeted" for training (i.e., those who score relatively low on a given CBMCS subscale measure (Attachment # 32).

1. Results of pre/post tests (Counties are encouraged to have pre/post testing for all trainings).

The Department doesn't provide pre/post tests for all the trainings. The training unit provides post tests for substance abuse counselors who receive CE per their board requirement. The California Brief Multicultural Training program (CBMCS) is the only training with pre/post tests.

2. Summary report of evaluations.

The Department Training Unit offered 69 trainings in 2008-2009. All 69 evaluation summaries are located in the U drive - MHSA WET - Training & Tech Assistance - Staff Development - Forms - Evaluation Summary (Attachment # 33 is an example of an evaluation summary).

3. Provide a narrative of current efforts that the County is taking to monitor advancing staff skills/post skills learned in trainings.

See response for Item 4.

4. County methodology/protocol for following up and ensuring staff, over time and well after they complete the training, are utilizing the skills learned.

The Department does not have an established methodology or protocol for following up and ensuring that staff is utilizing their learned skills. The Department is currently looking at developing a modified Chart Audit Checklist that will include culturally competent and recovery language indicators considered in assessment, planning & services, as well as recovery language. This is a simple effort the Department is trying to exercise.

The current goal is to obtain a baseline related to identification, planning and service outcomes, current evidence of family inclusion in services, and current levels of cultural consideration in assessment, planning and services.

If the Department can establish a baseline, figure out how to increase staff's awareness, and change practice across domains, then should begin to see evidence of progress in charts via chart audits, which contains evidence of more consistently documenting family and cultural elements during assessment, planning, and services.

After the Department gets a sense of baseline, will work to change practice via increased awareness, targeted skill building, coaching, etc. As well as, do some more work around measuring change in which planned intervention and services reflect active inclusion and effective service provision supported by better treatment outcomes.

One of the items the Department needs technical assistance in, is developing protocols to ensure that the trainings are effective and that the skills learned are utilized as a tool for clinical supervision and coaching.

B. The training plan must also include, for children, adolescents, and transition age youth, the parent's and/or caretaker's, personal experiences with the following:

1. Family focused treatment;
2. Navigating multiple agency services; and
3. Resiliency

Recovery Management Training Program

The Recovery Management Training also known as Illness Management Recovery (IMR) is one of the six SAMHSA evidence based programs. It consists of weekly sessions where practitioners help consumers develop personal strategies for coping with mental illness and moving forward in their lives. It generally lasts between eight to twelve months in an individual or group format (Attachment # 34).

Parent Partners Program

Parent Partners are hired to work in clinics with families and professional staff to assist in the planning and provision of treatment for children and families. This includes, but is not limited to: Orientation for families newly entering the mental health system; parent education; support groups; monitoring; advocacy and parent-to-parent support.

In Attachment #35 you will find a report of The Parent Support and Training Program for 2008-2009. Parent Partners are involved with "Parents and Teachers as Allies" that is a training that will soon be facilitated at local schools countywide. They also have I.E.P. trainings for parents; both the EES Classes and Open Doors Support Groups are in English and Spanish. Parent Support & Training Program also does presentations at Community agencies, Clinics, and Mental Health Board Meetings.

Family Advocate Program

The primary function of the Family Advocate Program is to assist family members in coping with the illness of their adult family member through the provision of information, education, and support. In addition, the Family Advocate Program provides information and assistance to family members in their interaction with service providers and the mental health system in an effort to improve and facilitate relationships between family members, service providers, and the mental health system in general. The Family Advocate Program also provides weekly support groups in both English and Spanish.

The family Advocate Program staff are themselves family members so families may feel confident that they will be dealing with individuals who are sensitive to their concerns.

NAMI Family- To Family Education Program

Since 1997, the Department has coordinated the NAMI Family-to- Family Education Program in Riverside County. The NAMI Family-to Family Education Program is a 12-week course for family members and significant others who are in need of education, information and support. Courses are offered at various locations throughout Riverside County on an ongoing basis. These classes are also offered in Spanish. To date, over 1000 family members in Riverside County have completed the course.

Children's Clinic Orientation

Parents are given information about clinic services, resources, and expectations. These are presented by parent partners who mostly provide families with needed information on services, role, and rights. This was developed by parents and meant to empower the families of consumers.

Educate, Equip, and Support

This training program is presented by trained parent partners to provide parents information and skills on family focused treatment, navigating multiple agencies services, and treatment resiliency.

Wraparound Orientation

This training/orientation informs potential families about their role in this family focused program. It empowers them to direct the services and support that they will receive.

The tracking of trainings that are provided to staff, families and consumers, regarding Consumers' Culture has not been well done. The Department's Training Unit only has information on the trainings that were coordinated by them, and usually trainings that provide Continuing Education Units. Each of the programs and clinics do provide trainings to staff, consumers, and family members, but those trainings are not reported to the training unit.

IV. Counties Must Have a Process for The Incorporation of Client Culture Training Throughout the Mental Health System.

The Department hired a Director of Consumer Affair to facilitate and implement consumer's culture training and to promote consumer's involvement and participation in the training of consumer's culture.

The Department has ongoing training on Consumer Culture provided by consumers, family members, Parent Partners, and Family Advocates:

Peer Support Training Program

Keeping Recovery Alive presentations are done at the clinic's regular staff meetings, and other special staff meetings. It is done by consumers hired by the Department to provide their expertise in implementing recovery programs.

Jay Mahler training; "The Evolution of the Consumer Movement" training has been conducted at the department.

Jefferson Transitional Program, "In Our Own Voice" presentations throughout the year in clinics and in the community.

Culture of Poverty Training

Bridges Out of Poverty: The Department provides this training at least once a year. Bridges Out of Poverty training was developed to identify the challenges of living in poverty and the underlying factors that perpetuate it, and assists professionals to create a better relationship with the customer, and gain insight to be more effective in the delivery of human services. It develops an accurate mental model of generational poverty and explores the impact of poverty on those served by the organization, reviews research on the causes of poverty, explores the hidden rules of economic class, examines the impact of poverty on family structures and explores registers of language, discourse patterns, and cognitive issues. This training helps to identify ways in which the information can be used to improve relationships and outcomes: individual, organizational, and community.