

The California Brief Multicultural Competence Scale (CBMCS) Report

July 2016



Prepared by Behavioral Health Services Quality Improvement,
Performance Improvement Team
Data Source: CBMCS Survey, 2015
Date: 7/22/2016



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recovery system
trauma-informed patient-centered values together individual respect safety awareness family health
background trust understanding communication traditions cooperation knowledge culture
beliefs
evidence-based
humility language
potential

BACKGROUND

Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers, family member providers, and professionals that enables that system, agency or those professionals, consumers, and family members to work effectively in cross-cultural situations.

In alignment with the *Live Well San Diego* vision, the Health and Human Services Agency Behavioral Health Services (BHS) Division continually works toward the complete integration of mental health and alcohol and other drug services. Within this integration, BHS is working to fully incorporate the recognition and value of racial, ethnic, and cultural diversity, and sees the

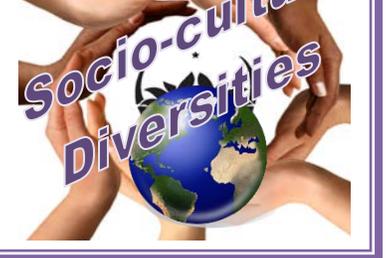


creation of a truly culturally competent and trauma-informed Behavioral Health System as a developmental process. These efforts are demonstrated through BHS' commitment to cultural competence and the trauma-informed systems' efforts to continuously enhance strategies in: reducing racial, ethnic, cultural, and linguistic disparities; strengthening cultural competence evaluation and training activities; developing a multi-cultural workforce; and integrating BHS. To support the needs of our diverse populations, the County of San Diego Behavioral Health Services (SDCBHS) recommends that all providers be committed to prioritizing cultural competence by: incorporating cultural competence throughout the providers' mission statements, guiding principles, and policies and procedures; developing or enhancing the Cultural Competence Plan; periodically evaluating staff and programs; and ensuring that clinical practice is based on cultural awareness, knowledge, and skills.

To assist programs with developing a plan to enhance the cultural competence of their staff and their current capability for providing culturally competent services, the SDCBHS has developed a Cultural Competence Handbook. The Handbook contains resources, tools, and assessments to assist the programs with the efforts to enhance cultural competence levels among staff. The CBMCS survey is one of the tools in the Handbook and was developed in response to the request of the California Mental Health Directors Association for a standardized cultural competency assessment tool. The evidence-based, replicable 21-item scale measures individual, self-reported multi-cultural competency and training needs of behavioral health staff in the following four areas: multicultural knowledge; awareness of cultural barriers; sensitivity and responsiveness to consumers; and socio-cultural diversities. This report analyzes data from the CBMCS survey that was distributed to BHS' Children, Youth, and Families (CYF) and Adult/Older Adult (A/OA) program staff in the fall of fiscal year 2015-16.



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KEY FINDINGS

CYF Programs

- ❖ A total of 849 staff from 115 CYF programs responded to the CBMCS survey – a slight decrease from the previous survey period in 2013. The number of respondents per program ranged from one to 60. The majority of the staff who responded to the survey provide direct services, and the greatest proportion of all respondents has been in the behavioral health field between two and five years.
- ❖ More than half of the respondents indicated proficiency in all four areas of cultural competence, with the largest proportion of the respondents' scores indicating proficiency in the area of Sensitivity & Responsiveness to Consumers.
- ❖ Socio-Cultural Diversities was the area of the greatest need for additional training among the respondents.
- ❖ Similarly, the analysis of the aggregate program scores (versus individual respondent scores) shows the greatest proficiency in the area of Sensitivity & Responsiveness to Consumers, while the greatest need for additional training in the area of Socio-Cultural Diversities. This is consistent with the previous survey period in 2013.

A/OA Programs

- ❖ A total of 829 staff from 138 A/OA programs responded to the CBMCS survey – a decrease from the previous survey period in 2013. The number of respondents per program ranged from one to 30. The majority of the staff who responded to the survey provide direct services, and the greatest proportion of all respondents has been in the behavioral health field between two and five years.
- ❖ Nearly half of the respondents indicated proficiency in all four areas of cultural competence; with the largest proportion of the respondents' scores indicating proficiency in the area of Sensitivity & Responsiveness to Consumers.
- ❖ Awareness of Cultural Barriers was the area of the greatest need for additional training among the respondents.
- ❖ The analysis of the aggregate program scores (versus individual respondent scores) shows the greatest proficiency in the area of Sensitivity & Responsiveness to Consumers, with the greatest need for additional training in the area of Socio-Cultural Diversities. This is consistent with the previous survey period in 2013.

What Do The Results Mean?

- ❖ The aggregate survey results suggest the most need for additional training among all behavioral health staff in the areas of Awareness of Cultural Barriers and Socio-Cultural Diversities, consistent with the previous survey period in 2013. However, a closer look at the score distribution of individual responses shows a need for additional training in all four areas of cultural competence.
- ❖ While the largest proportion of the respondents whose scores indicated a need for additional training in cultural competence have been working in the field of behavioral health for more than five years, the training should focus on all staff regardless of experience in the field.

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SURVEY METHOD

The areas of the CBMCS measure the following aspects of cultural competence:

Multicultural Knowledge	Includes recognizing deficiencies in research conducted on minorities; psychosocial factors to consider when providing services to a culturally diverse consumer population; providing a culturally competent mental health assessment; diagnosis and understanding; and evaluating wellness, recovery, and resilience.
Awareness of Cultural Barriers	Includes awareness of self (cultural self-awareness, worldview, racial/ethnic identity) and awareness of others (oppression, racism, privilege, gender differences, sexual orientation).
Sensitivity & Responsiveness to Consumers	Includes acknowledgement and understanding of divergent social values; communication styles; and ability to understand consumers' experiences of racism, oppression and discrimination.
Socio-cultural Diversities	Includes knowledge of socio-cultural groups in which ethnicity may not be the major or immediate focus of professional attention (i.e., age, gender, sexual orientation, social class, physical-mental intactness, and disability status); awareness of bias, oppression and discrimination experienced by members of socio-cultural groups; and knowledge about best practices and treatment considerations for members of socio-cultural groups.

SCORING

The answers to each of the 21 survey questions were assigned a number and totaled according to the pre-determined areas of cultural competence. The scores were then analyzed based on thresholds to identify proficiency levels and training needs among the respondents.

Area of Cultural Competence	Rating Scale	Score Range	Result Thresholds
<i>Multicultural Knowledge</i>	4-point Likert Scale: 1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree	5 – 20	5-11 = in need of training 12-20 = proficient
<i>Awareness of Cultural Barriers</i>		6 – 24	6-17 = in need of training 18-24 = proficient
<i>Sensitivity & Responsiveness to Consumers</i>		3 – 12	2-8 = in need of training 9-12 = proficient
<i>Socio-cultural Diversities</i>		7 – 28	7-19 = in need of training 20-28 = proficient

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GENERAL RESPONDENT INFORMATION

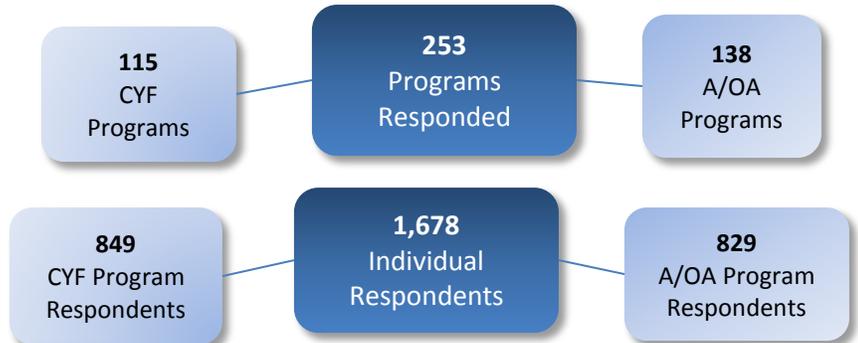
1,678 staff from 253 behavioral health programs completed the survey, (39 individuals did not indicate a program name).

While a large proportion of the respondents were born in the United States (81.6%), staff indicated 59 countries of origin on the survey. Furthermore, the respondents indicated a total of 49 spoken languages and/or dialects, with a large number of respondents indicating that they speak between two and six languages. The majority of the respondents (58.2% or 977) indicated English as the only spoken language.

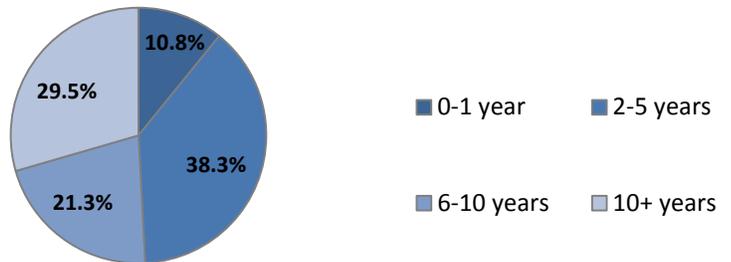
The largest proportion of the respondents have between two and five years of experience working in the behavioral health field (38.3% or 643), followed by the respondents with 10 or more years of experience (29.5% or 495).

Direct service providers represent the majority of the respondents (59.2% or 993).

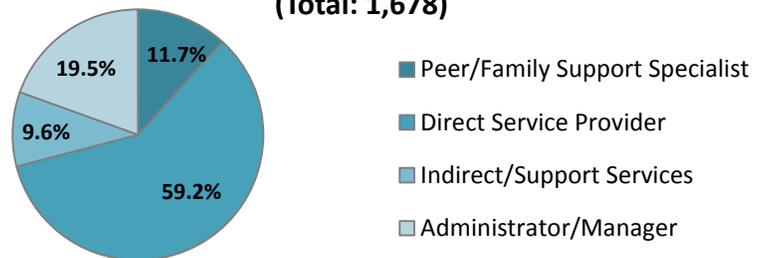
Additionally, when looking at education level, individuals with a Master's degree represent the largest proportion of the respondents (47.6% or 798).



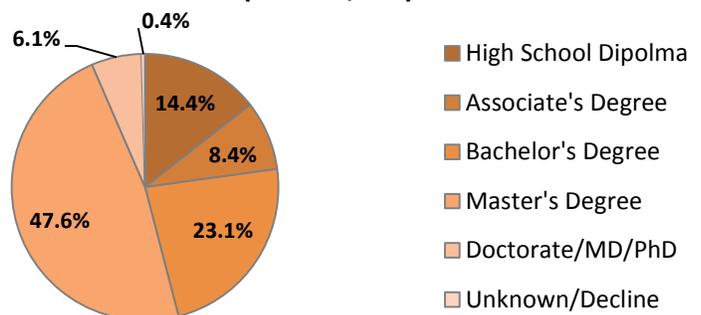
Respondents by Years in the Field
(Total: 1,678)



Respondents by Position
(Total: 1,678)



Respondents by Education
(Total: 1,678)



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PROFICIENCY AMONG RESPONDENTS: AGGREGATE RESULTS

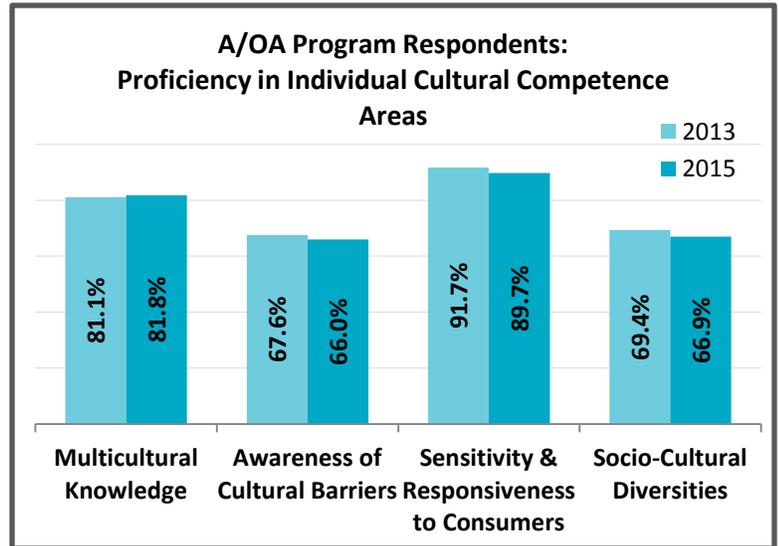
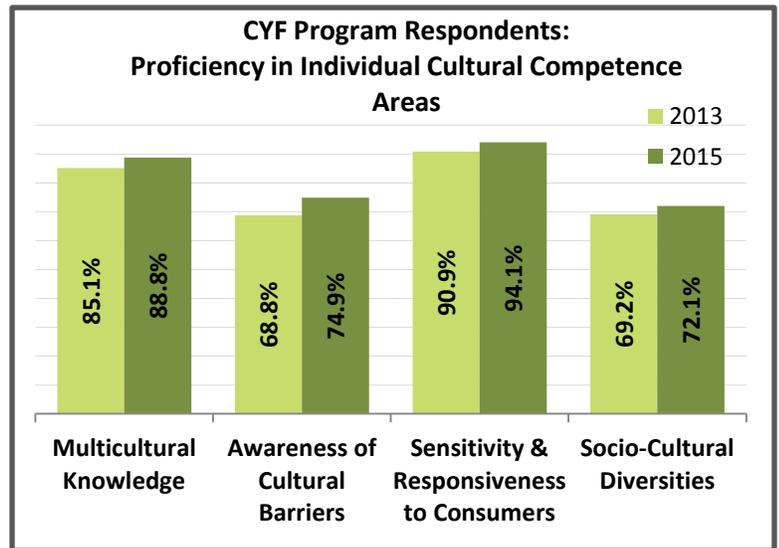
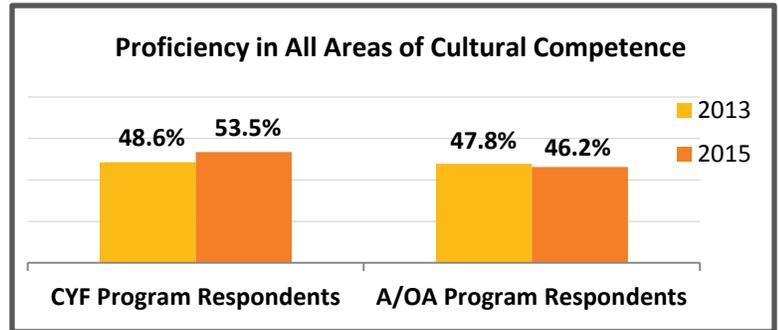
Scores for nearly half of all respondents (9.9% or 837) indicate proficiency in all four areas of cultural competence – a 10% decrease from the last CBMCS survey period.

More than half of CYF program respondents' (53.5%) and nearly half of A/OA program respondents' (46.2%) scores indicate proficiency in all four areas of cultural competence. Compared to the previous survey period, there was a 5% increase in the overall proficiency among the CYF program respondents and a slight decrease (1.5%) in the overall proficiency among the A/OA program respondents. Additionally, more than half of all MHS program respondents (51.4% or 715) and slightly under half of ADS program respondents (41.5% or 110) indicated proficiency in all four areas of cultural competence.

One third of the respondents (37.2%) have 6-10 years of experience in the behavioral health field, followed by the respondents with 2-5 years of experience (32.3%). When looking at education level, individuals with a Master's degree represent the majority of the respondents (63.9%), followed by the respondents with a Bachelor's degree (17.7%).

Compared to the previous survey period, the proficiency among the CYF program respondents has increased for all four individual areas of cultural competence, with the largest increase (6.1%) in the area of Awareness of Cultural Barriers. In contrast, the proficiency among the A/OA program respondents has decreased slightly with an exception of the area of Multicultural Knowledge which has remained the same.

It is important to note that the areas of Awareness of Cultural Barriers and Socio-Cultural Diversities had the least number of the respondents whose scores indicated proficiency among CYF and A/OA program respondents.



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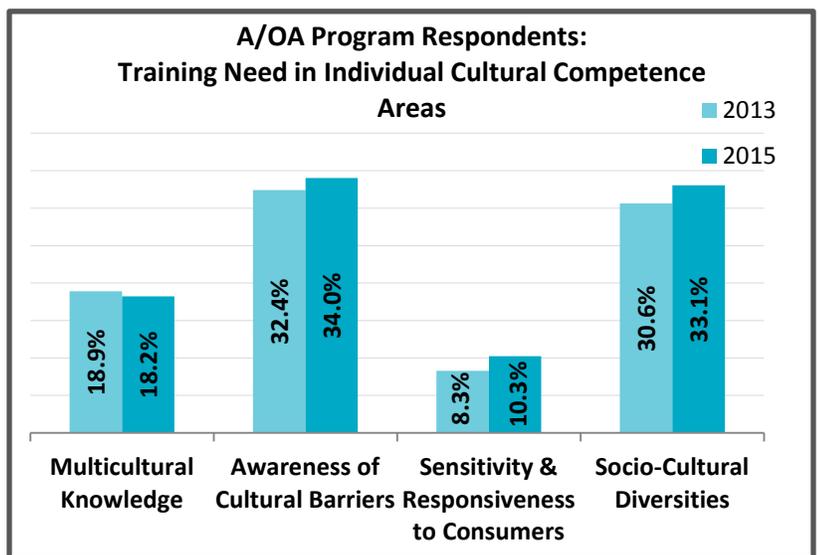
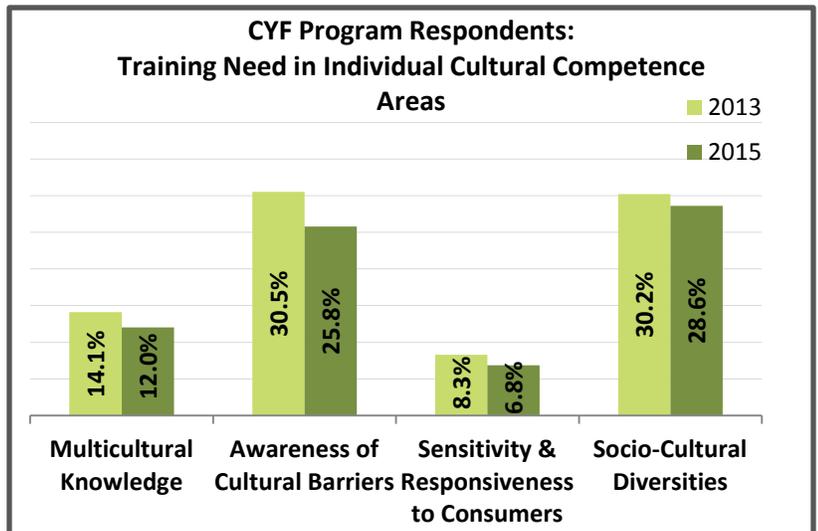
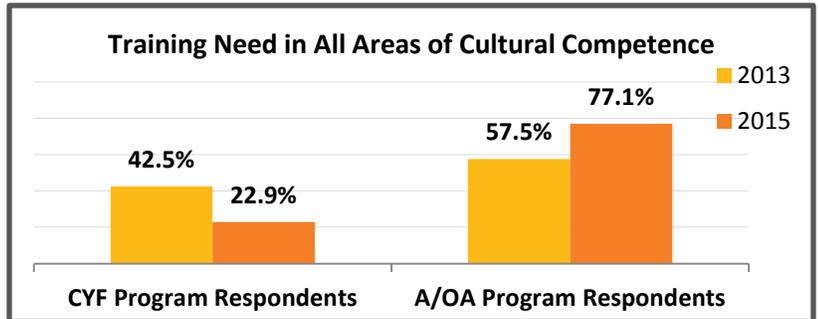


TRAINING NEEDS AMONG RESPONDENTS: AGGREGATE RESULTS

Overall, a very small proportion of the respondents' scores indicate a need for additional training in all four areas of cultural competence (2.9% or 48) – a 20% increase from the last CBMCS survey period in 2013. Compared to the previous survey period, there was a 20% decrease in the proportion of the CYF program respondents and a 20% increase in the proportion of A/OA program respondents whose scores indicate a need for additional training.

One third of the respondents (35.4%) have 2-5 years of experience in the behavioral health field, followed by the respondents with 6-10 years of experience (22.9%). When looking at education level, individuals with a high school diploma represent the majority of the respondents whose scores indicate a need for additional training (52.1%), followed by the respondents with an Associate's degree (16.7%). It is also important to note that the proportion of the respondents with a Bachelor's degree whose scores indicate a need for additional training has decreased by nearly 16% (from 32.5% to 16.7%).

Compared to the previous survey period, additional training needs among the CYF program respondents have decreased for all four individual areas of cultural competence, with the most significant increase (4.7%) in the area of Awareness of Cultural Barriers. In contrast, additional training needs among the A/OA program respondents for the individual areas of cultural competence have increased with an exception of the areas of Multicultural Knowledge which decreased very slightly.



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ASSESSMENT OF INDIVIDUAL RESPONSE DISTRIBUTION

Assessment of Response Distribution

The CBMCS scoring tool definitively categorizes the respondents into two predetermined groups (proficiency or training need); however, the distribution of individual responses in these charts shows that many respondents scored closer to the cut-off between proficiency and training need (with an exception of the area of Multicultural Knowledge).

The shaded area highlights the scores that fall below the threshold (see page 3) and indicate a training need. **This breakdown demonstrates that the results of the survey might not be as conclusive as they appear from aggregate data, indicating a greater need for additional training in all areas of cultural competence regardless of the aggregate results that place the scores on either side of the scoring threshold.**

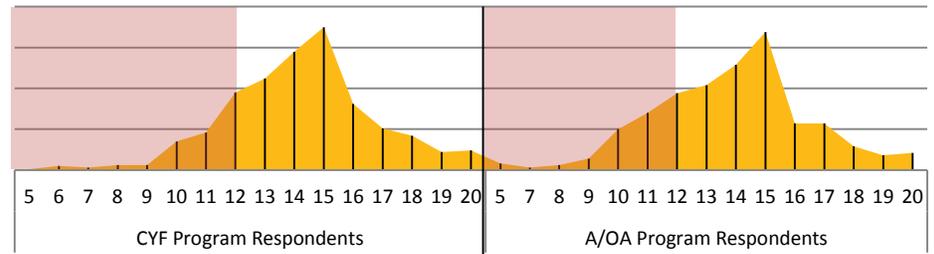
Multicultural Knowledge: a large proportion of CYF and A/OA program respondents scored between 12 and 16.

Awareness of Cultural Barriers: the largest number of CYF and A/OA respondents scored 18 – the cut-off number between proficiency and training need.

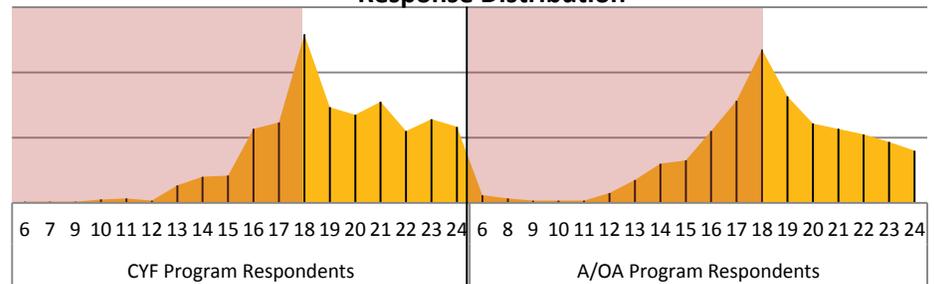
Sensitivity & Responsiveness to Consumers: the largest number of respondents scored 9 – the cut-off score.

Socio-Cultural Diversities: the largest number of CYF and A/OA respondents scored 21 – one point above the cut-off score.

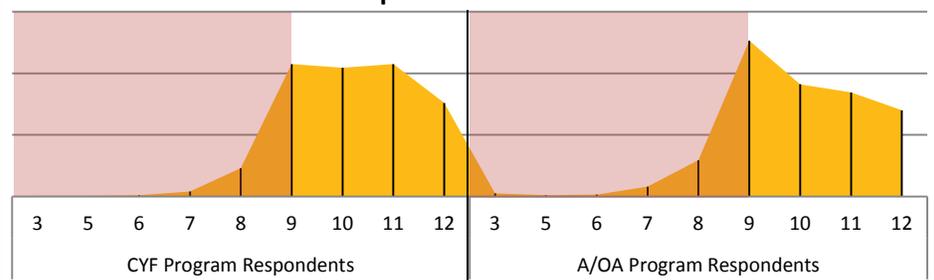
Assessment of Multicultural Knowledge - Response Distribution



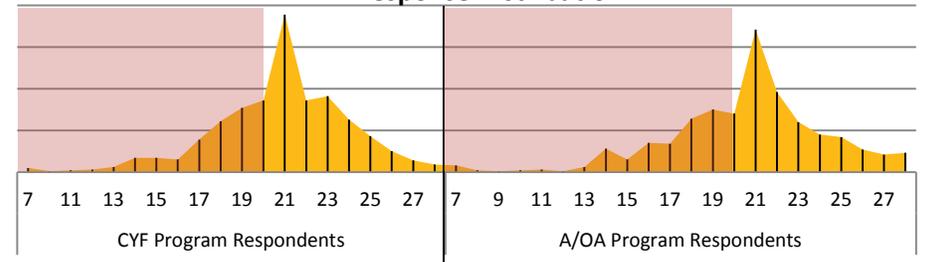
Assessment of Awareness of Cultural Barriers - Response Distribution



Assessment of Sensitivity & Responsiveness to Consumers - Response Distribution



Assessment of Socio-Cultural Diversities - Response Distribution



See page 3 of the report for the breakdown of the scores.