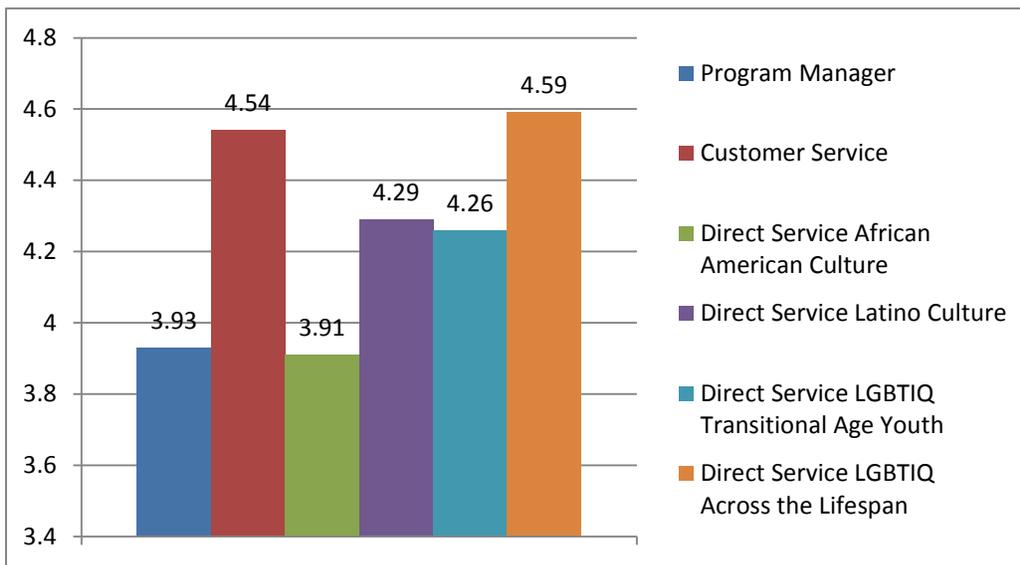


Cultural Competency Academy Impact

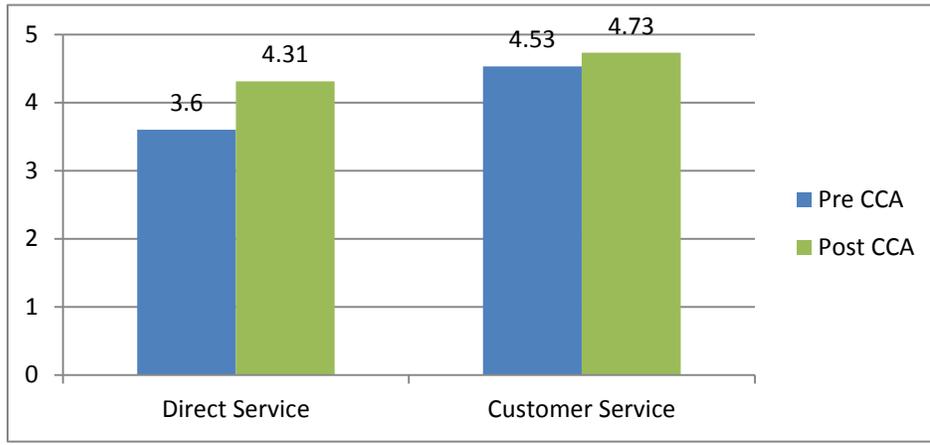
CCA is available for San Diego County and County-contracted Behavioral Health providers at three levels of service with separate year-long intensive cultural competency training tracks with 57-64 hours of curriculum tailored to enhance their specific job responsibilities. CCA participants also work as a team to apply their knowledge and skill with a practicum to create lasting change in their agency/program. In order to accomplish this each program that registers for the series is required to provide a minimum of one program manager, one support staff, and two direct service providers. Registering as teams allows each participant to feel supported when implementing change and allows change to happen at a larger programmatic scale when working together. Thus far, 195 staff has attended CCA. Of these participants, 57 have graduated having completed the yearlong training and practicum. We have a potential 42 additional graduates from the current cohort who will complete the CCA in October 2014.

We use multiple tools to evaluate. The APPLI33 (Application Potential of Professional Learning Inventory) is an evidence based survey of 33 close-ended questions administered at the end of a training series/training day and was designed to assess factors which influence transfer of learning. We have adapted it to 24 close-ended questions. To date we are finding the results of the APPLI24 useful in determining the Transfer of Learning potential of training offered by the Academy and identifying areas where training and supports can be strengthened. The below chart shows the APPLI scores for each training track, based on a 5 point scale. Some considerable differences between the tracks can be partially linked by the participants in the program Manager's track and the Direct Service African American track lower scores on "My supervisor helped to prepare me by discussing my learning needs and potential application".

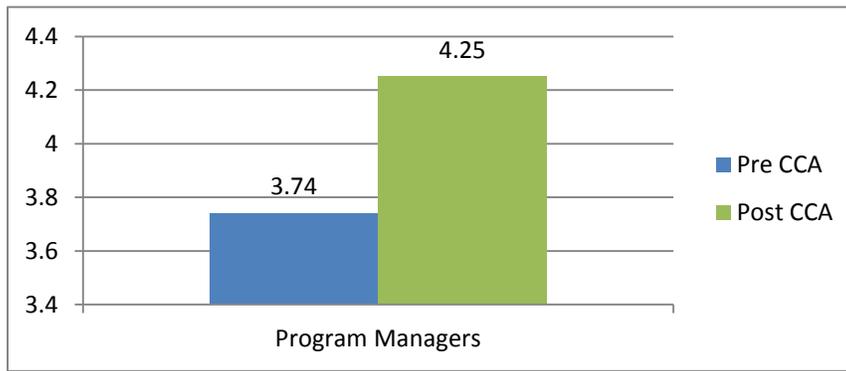


The California Brief Multicultural Competence Scale (CBMCS) measures individual's multicultural knowledge, awareness of cultural barriers, sensitivity to consumers, and socio economic diversities. Participants in the direct service tracks and customer service tracks complete the CBMCS before and after the series. These participants in the first and second

cohort significantly improved their scores after having completed CCA. Scores are a five point scale with five being high.



We also measure the Program Managers progress with a pre and posttest using the Culturally Competent Program Annual Self-Evaluation (CC-PAS). The CC-PAS tool is used by programs to rate themselves as to their current capability for providing culturally competent services. These participants in the first and second cohort improved their scores after having completed CCA. Scores are on a five point scale with five being high.



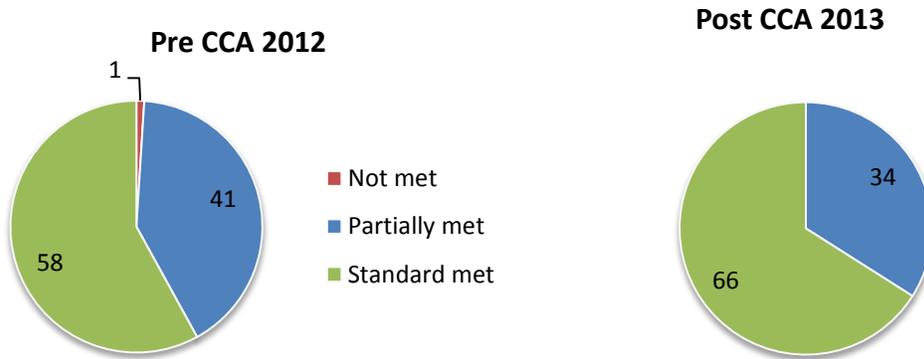
We all come in with our own world view and simply providing information does not easily shift how a person thinks or acts. Therefore before a participant learns new skills, sensitivity and reflective exercises are incorporated into foundational training. This allows the participant to connect with how alarming some of the disparities are and to view the world from a different perspective. To capture these shifts, we use a qualitative daily follow up survey. The highest mode answers for how they have used the information learned are: Increased knowledge of Motivational Interviewing, Trauma Informed focused skills, view clients from a different cultural lens, aware of microaggressions, and most importantly an increased personal awareness. The most common answer for what was most needed was more support from supervisors and administration.

There is no better way to transfer learning than to actually practice and the practicum is each participant's opportunity to do so and knowing that they will be presenting encourages them to polish what they have learned and be recognized for it. Having a practicum holds them accountable and allows them to make the shifts that need to happen to make behavioral changes at their own pace. Every participant conducts a significant practicum to create change. We are also able to measure the impact of CCA by what has been accomplished in the practicums. We will also be conducting follow up on the past practicums to see if the changes made were sustainable. Below are just a few examples of what has been accomplished so far:

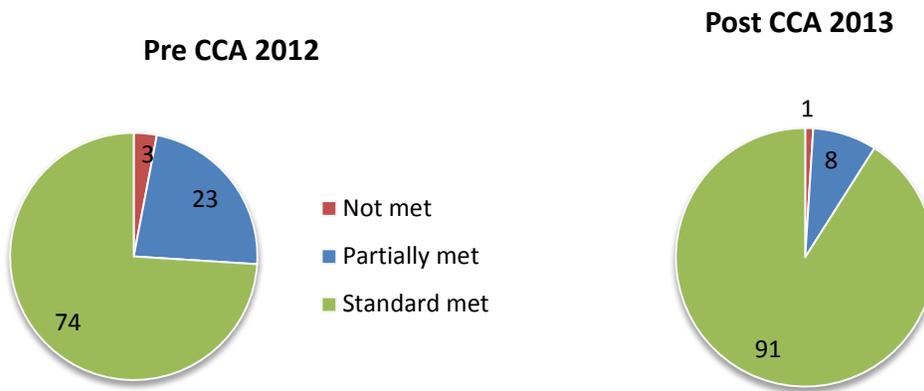
- Often participants choose to provide training back in the workplace as their practicum to further spread the knowledge gained. Allowing us to reach more than just the initial participants
- Many add questions to the BHA where often the Culture question is left blank. In particular this becomes an opportunity to ask if there are family members that should be involved in treatment and in sessions.
- Creation of Cultural Competence plan specific to the program
- Set aside time to meet monthly as a team discuss cases from a cultural perspective and to get help from each other
- incorporated culture and spiritual concepts in mindfulness practice trainings which they were then expected to use
- Policies have been created in inpatient settings in regards to clients who identify as transgender
- Development of group therapy session designed for a specific population
- The creation of safe spaces at programs for LGBT population and additional question of “preferred name” added to contact information sheets as well as adjusting wording on forms to include gender neutral & culturally sensitive terms

We went a step further and have begun a macro evaluation of the training impact. We are in the process of analyzing penetration and retention rates of programs before and after attending CCA. However this has been difficult since data is collected differently from SANWITS, HOMS, and Anasazi. The CBMCS collected by BHS had previously been categorized by contracted entity and has recently changed to categorizing by program making results more applicable to measuring impact. We look forward to being able to analyze the results of the next CBMCS data collection. We were able to look at the changes in CC-PAS for the first cohort of African American Culture Participants. Although we cannot factor for extraneous variables, the results came out very positive in raising the standards especially in questions of knowing the community. Below are some of the results found.

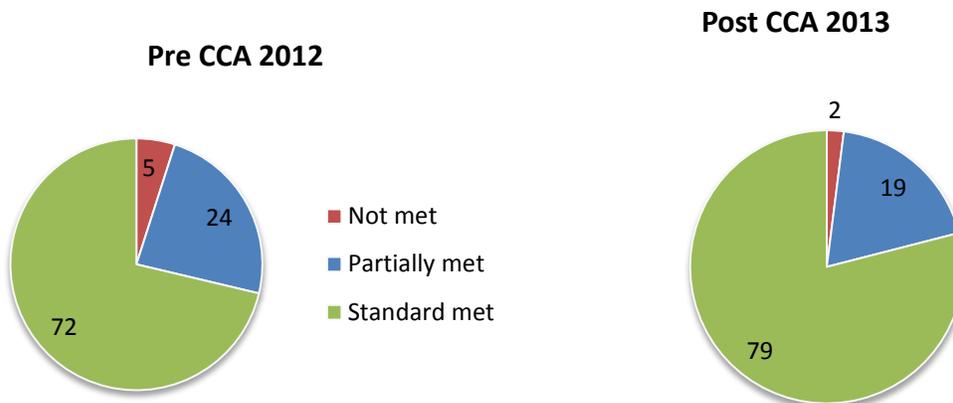
The program/facility has assessed the strengths and needs for services in their community.



The program conducts outreach efforts appropriate for the population in the community



Services provided are designed to meet the needs of the community.



Anecdotally, CCA has also shown success. At the start of the current cohort much praise was given at the ADSPA from contractors who had teams in CCA. At the WET collaborative a former CCA participant was able to describe to the group how to develop and maintain a diverse workforce which she had learned from attending the CCA Program Managers track. CCA was also mentioned this year at the Behavioral Health Awards Dinner during the Program of the Year speech indicating that their participation in CCA was a contributing factor to their success. These three instances demonstrate the pride and value staff has in attending.



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