

12-2019

## **Evaluating the Effectiveness of Cultural Competency Trainings Within the Monterey County Behavioral Health Department**

Maritza Gutierrez  
*California State University, Monterey Bay*

Follow this and additional works at: [https://digitalcommons.csumb.edu/caps\\_thes\\_all](https://digitalcommons.csumb.edu/caps_thes_all)

---

### **Recommended Citation**

Gutierrez, Maritza, "Evaluating the Effectiveness of Cultural Competency Trainings Within the Monterey County Behavioral Health Department" (2019). *Capstone Projects and Master's Theses*. 599.  
[https://digitalcommons.csumb.edu/caps\\_thes\\_all/599](https://digitalcommons.csumb.edu/caps_thes_all/599)

This Capstone Project (Open Access) is brought to you for free and open access by Digital Commons @ CSUMB. It has been accepted for inclusion in Capstone Projects and Master's Theses by an authorized administrator of Digital Commons @ CSUMB. For more information, please contact [digitalcommons@csumb.edu](mailto:digitalcommons@csumb.edu).

Evaluating the Effectiveness of Cultural Competency Trainings in Monterey County Behavioral

Health Department

Maritza Gutierrez

Monterey County Behavioral Health Department

Jill Walker

Collaborative Health & Human Services

California State Monterey Bay University

November 16, 2019

### **Author Note**

Maritza Gutierrez, Department of Health Human Services and Public Policy, California State University Monterey Bay. This research was supported by AGENCY. Correspondence concerning this article should be addressed to Maritza Gutierrez, California State University Monterey Bay, 100 Campus Center, Seaside, CA, 93955. Contact: marigutierrez@csumb.edu

### **Abstract**

Monterey County Behavioral Health Department (MCBH) provides a cultural competency training for their employees; this training includes a foundation in culture, diversity, humility and equity. There was a pre-post survey that was sent out in the beginning and at the end of the training. Participants rated themselves on their skills, knowledge, commitment and awareness. The survey also consists of open-ended questions, and demographic information such as age, gender, ethnicity and their job description. The surveys were entered into a statistical package for social sciences (SPSS) and the data was analyzed. The goal for this project was to examine people's self-ratings using a Likert scale to see if there was an increase in their skills, knowledge, commitment and awareness. As the data was evaluated, it showed that all staff members benefited from the training, and their self-ratings had a statistically significant increase in all aspects ( $p$  value  $<.0.5$ ). On average the category that showed the most change was their self-ratings in knowledge. This suggests that staff members will continue to advance in cultural competency while utilizing the methods that were taught in the ongoing training.

*Keywords: Culture, Diversity, humility, equity, skills, knowledge, commitment, awareness, cultural competency*

### **Agency & Communities Served**

Monterey County Behavioral Health Department (MCBH) proudly serves their community by offering resources to the people who are in need of treatment due to their mental health. MCBH has been around since the year 1850 and has been expanding ever since. The main administration office is in Salinas CA. MCBH mission statement is “The Mission of Monterey County is to excel at providing Quality Services for the benefit of all Monterey County residents while developing, maintaining, and enhancing the resources of the area” (Monterey County Behavioral Health, 2018). Their goals are to “assure a sustainable and diversified economy that builds on Monterey County’s local assets” (MCBH 2018).

MCBH has over 20 programs and services. They have services for adults that provide mental health services, medication support or case management (MCBH, 2018). There are services for adults who suffer from schizophrenia or bipolar disorder. MCBH offers walk-in services in four locations. These offices are located in Salinas, King City, Marina, and Soledad. MCBH makes it possible for people to receive services quickly rather than driving from King City to Salinas. MCBH recognized that people who are not in a good state of mind are getting behind the wheel and driving an hour away to receive services. MCBH understood how dangerous that was. The department took it upon themselves to provide services in four locations where they also have great programs. For example, a program that MCBH funds for is called “MCHOME” where homeless people who are struggling with their mental health receive aid. The homeless will get the opportunity to live in a home, get insurance and receive educational opportunities.

Not only does MCBH offer services for adults but for children as well. These services target the youth who are at risk and are struggling with their home placement. There is a program

called “Home Partners” which is a family preservation program. “The program is meant to direct teachers, parenting and problem-solving skills” (MCBH 2018). There are more programs for children/youth that help them with their mental health and MCBH also has daycares.

If people struggle with alcohol and drug abuse, MCBH can help assist clients to overcome these issues and prevent them. MCBH will provide the correct resources to someone who is having alcohol and drug issues. For example, they will refer them to agencies such as door to hope or sun street centers, and both programs have the ability to support clients to overcome substance/alcohol abuse.

The MCBH knows that people are in need of services, but sometimes they might not know where to find them. The MCBH does some outreach and the staff will go to a park in Salinas and gather people to hand out flyers. For example, the MCBH did some outreach in Greenfield outside of the local library and they gave out free tacos. They bonded with people who lived in Greenfield, and the MCBH staff let others know about what services they had, and what nearby offices they must receive these services. The MCBH makes it clear that they will help anyone of any age, and if they cannot help the individual, they will give them resources to go elsewhere and get the help they need.

### **Problem Description**

The problem that has been on the rise is, fewer Hispanics are receiving services at the Monterey County Behavioral Health Department. MCBH safety net population for Latinos is 75% and the number of Latinos being served is 52% (MCBH 2018). MCBH would like to increase the number of clients being served.

According to What is Cultural Competence? Lack of awareness and personal biases will make it difficult to use cultural competency with others. There are four components that staff

members should be familiar with regarding cultural competency which is attitude, knowledge, and skills (n.d). Staff members have their own beliefs and emotions which can cause issues if their biases are not pushed to the side. Clients who come from different backgrounds are in need and seek help while suffering with their mental health. If clients are not being heard, they are not receiving the correct services.

### **Contributing Factors**

#### **Language**

When staff members of MCBH do outreach, they see that it is effective. Unfortunately, some staff don't speak Spanish and the clients might not feel comfortable receiving help because they don't understand their language. The staff members of MCBH and nationwide are overall diverse. According to Gregory Juckett "Latinos are a diverse ethnic group that includes many different cultures, races, and nationalities. Barriers to care have resulted in striking disparities in quality of health care for these patients. These barriers include language, lack of insurance, different cultural beliefs, and in some cases, illegal immigration status, mistrust, and illiteracy" (2013). There are barriers that have been generated between the client and the staff which makes it difficult to communicate.

#### **Lack of Cultural Competency**

Trainings are often offered at the Monterey County Behavioral Health Department. One of the trainings that MCBH holds is a cultural competency training. Being culturally competent is when an individual is able to interact with their clients who come from different backgrounds. If often the staff member isn't bicultural it can affect their work. According to Cultural Competence in order to have a positive change, members of the behavioral health department must understand their target community. (2016). There is a greater possibility the client might

feel frustrated and misunderstood if the staff member is not familiar with different types of cultures. This can lead to the client never coming back and telling their friends or family members how they weren't helped because the employees didn't speak their language.

According to Cultural Competence when practicing cultural competence, one must understand the core needs and designing services to meet those needs for others (2018). When the staff members are not familiar with being culturally competent it makes it difficult to attend the needs of the clients.

### **Clients are Fearful**

The Immigration and Customs Enforcement (ICE) has a history of entering Salinas, CA and has taken people away who are not documented. Essentially, undocumented people who get deported are ripped away from their family members. The indicated is something undocumented people fear especially the ones who are not doing well with their mental health and have committed a crime. Another problem is that people might not know the many resources MCBH have in hand. According to Cultural Competence the Immigration Experience there is a loss of language, separation from loved ones, loss of community and lack of understanding of how jobs, schools, hospitals work for immigrants (n.d). Immigrants feel hopeless because they feel like they have no support and no one to confide in, but behavioral health departments must keep everything confidential. Immigrants who are already frightened won't be able to gain confidence in a MCBH staff member, if that staff member is not culturally competent or familiar with the struggles an immigrant has to go through.

### **Consequences of the Problem**

#### **Staff Becoming Cautious**

Staff members might be cautious when providing services to their clients who are different ethnicities. Staff members can become prudent because they do not know how things are done in their culture, and employees can take precaution to avoid offending them. According to Cultural Competence in Health Care “Language and communication problems may also lead to patient dissatisfaction, poor comprehension and adherence, and lower quality of care. Spanish-speaking Latinos are less satisfied with the care they receive and more likely to report overall problems with health care than are English speakers” (n.d). Furthermore, the clients wouldn’t receive the correct services because the employees weren’t able to communicate in a professional manner compared to someone who spoke English.

### **Deteriorated Health**

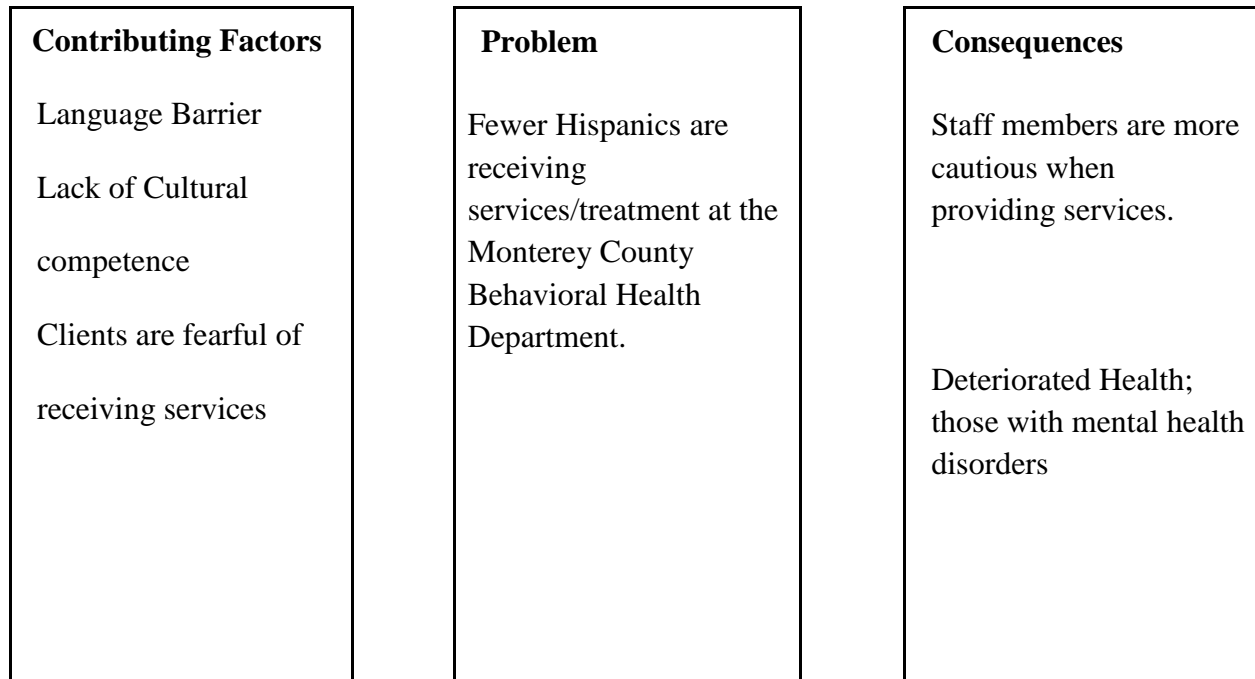
Another problem is when children or adults do not get treated for their mental health it can lead to many risks involving themselves or their families. According to Desert Hope (2017) mental disorders will have specific types or effects that occur as a result of not being addressed. Different mental health disorders have negative effects, and they are all different. People struggling with their mental health problems could end up hurting themselves or other people. In some cases, the people who are struggling with mental health end up having a hard time accepting help. If they happen to seek out for help from a MCBH employee and that employee doesn’t speak their language or understand their culture the client might feel hopeless.

People who do not receive services for mental illnesses can lead to deteriorating health. “Research has identified indicators of mental health deterioration or re-/hospitalization across several SMIs including schizophrenia, bipolar disorder and major depressive disorder. Severe symptoms of deterioration can include mania, psychosis, aggressive behavior, suicidal thoughts and behavior and are well-known risk factors for inpatient admission” (Dewa, Cecil, Eastwood,



Darzi, Aylin, 2018). When a person does not receive services, they can lack medications or special therapy for their illness. Treatment for mental health is crucial.

### **Problem Model**



### **Project Purpose**

The purpose of this project is to help employees become culturally competent through training. The cultural competence training teaches the clients how to face challenges with individuals from different cultural backgrounds. This training also provides a foundation not only in culture, but humility, diversity and equity as well. The goal is to ensure the client's needs are being met while practicing cultural competency.

### **Project Justification**

“Cultural competence in research plays a critical role in study design and implementation processes, including the development of research questions and hypotheses, outreach and recruitment strategies, consent activities, data collection protocols, analyzing and interpreting research findings, drawing conclusions and presenting the results” (Harvard Catalyst, 2010). Cultural competency trainings will teach staff how important it is to be aware that there are people with different upbringings. The data set from MCBH shows a low percentage of Latino clients being served. It is up to employees to get that percentage higher and serve the clients thoroughly.

### **Project Implementation**

The data was analyzed to evaluate the findings and outcomes of the pre and post course survey. The data was inserted into an excel spreadsheet. To implement and analyze the data the MCBH used a data analysis software called Statistical Package Social Sciences (SPSS). This software will collect the data and turn it into reports or graphs, which will be easier to detect what area people improved on. Analyzing the data and using this implementation would give MCBH a clear answer if the cultural competence training is beneficial.

### **Scope of Work**

A pre and post survey was created and passed out in the beginning and at the end of the cultural competency training. Staff members had to fill out both of these two surveys, and MCBH had them inserted into excel. There was a program that was also used called Statistical Package Social Sciences (SPSS). The data that was in excel was transferred into SPSS. SPSS was able to collect all the data and run one-sample t-tests. SPSS was also able to create graphs of

the many demographics that attended the training. Through SPSS we were able to see that the training had an impact on all behavioral health staff.

## **Project Results**

### **Project activities**

Staff members who would attend the cultural competency training would fill out a pre and post survey to find out if the training had an impact on employees. There was a total of 6 trainings which turned out to be 278 pre-post surveys. After the surveys were collected, the data was then entered into excel, and it was then transferred into a Statistical package of social sciences (SPSS). This package was used to find new insights from the data. As we were able to run a one sample t-test to evaluate the improvement staff members had made. SPSS was able to conduct the information to create bar charts and pie charts. Figure 1. shows the different types of ethnicities that attended the training. Figure 2. Shows the gender of people who have attended the training. There were 237 females and 43 males who attended the training. Figure 3. Shows the age range of people who attended the training. The average age of people who attended was from 25-34 years old. Before running the data there were some hypotheses made as to who was going to benefit from the training the most. There were four questions in the pre and post survey asking staff members how they would rate their knowledge, skills, awareness and commitment. It was hypothesized that people's awareness was going to increase using a Likert scale, 1 being the lowest and 5 being the highest.

### **Figure 1.**

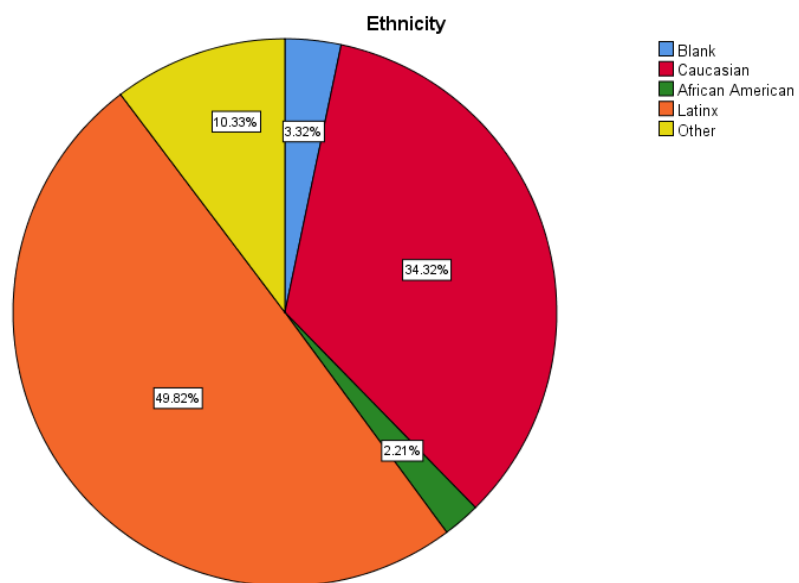


Figure 2.

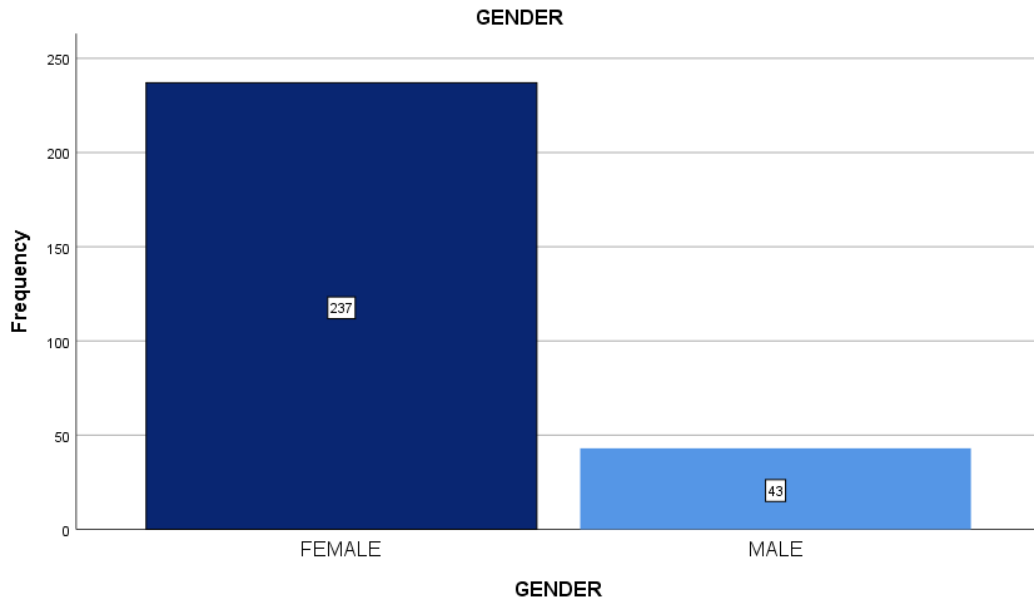
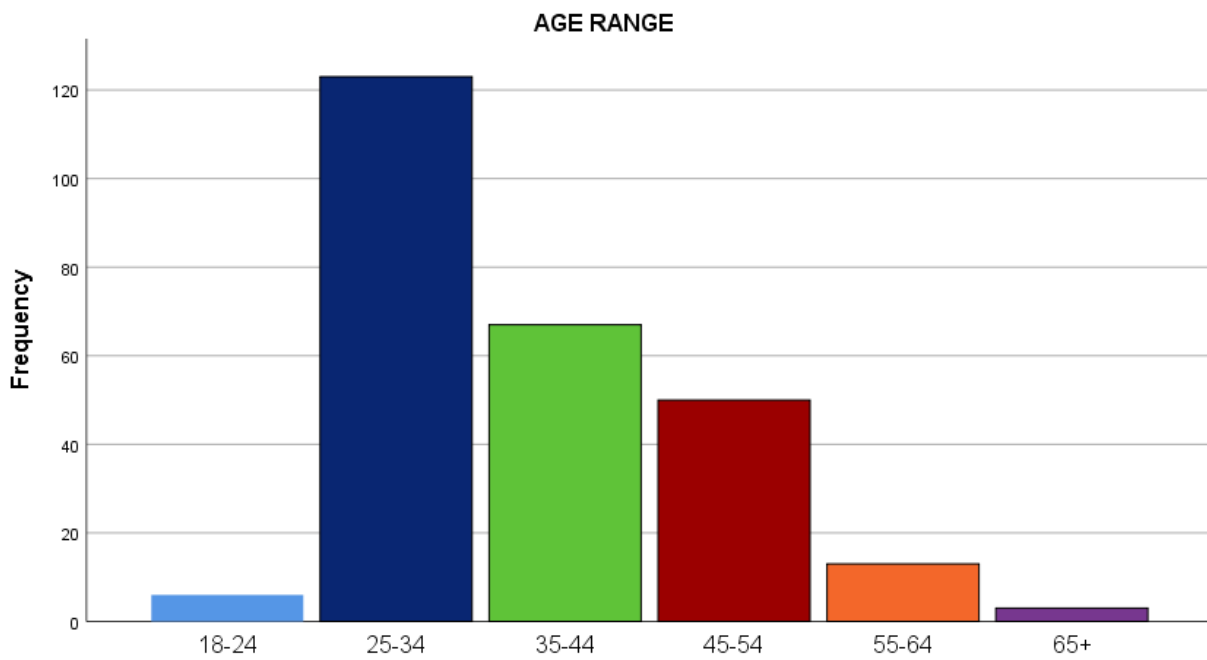


Figure 3.



Findings and Results

A paired sample t-test was put in place to see if staff members made an impact on their knowledge, awareness, skill and commitment. There was a total of four questions asking staff members how they would rate their knowledge, awareness, skills and commitment before and after the cultural competence training. According to table 1 and their scores, it shows that everyone who attended the training found it beneficial. Their pre and post scores show a difference and there is an increase in all four categories. The mean score for knowledge in the pre-survey was a 3.51 and 4.24 in the post survey with a p.value of <.05. The mean for awareness pre survey was 3.79 and 4.39 in their post-survey with a p.value of <.05. The mean for their skill pre-survey was 3.49 and 4.12 in their post survey with a p.value of <.05. Lastly, the mean for their commitment pre-survey was 4.04 and their post survey was 4.58 with a p.value of <.05. The category that was impacted the most was knowledge, and our hypothesis was incorrect because we thought people's awareness was going to increase.

**Table 1: Comparison of pre-survey and post-survey on how cultural competency had an impact on staff members. (N=278)**

Category	Mean Score Pre-Survey	Mean Score Post-Survey	Correlation	P-Value
Knowledge	3.51	4.24	.290	<.05
Awareness	3.79	4.39	.328	<.05
Skill	3.49	4.12	.363	<.05
Commitment	4.04	4.58	.310	<.05

### **Outcomes**

Overall, the project exceeded the expected outcomes because the data showed us that people have been impacted by this training. The pre surveys showed that they had a small understanding of what cultural competency means, and the post survey showed us that people self-ratings increased their knowledge, awareness, skills and commitment. On average staff members knowledge increased more than the rest of the categories. Which leads us to believe that if people can increase their knowledge, they can soon increase their skills, commitment and awareness. When staff members are culturally competent, they can essentially help their clients to improve their lifestyle and one's own self-awareness to remain sensitive to other people's cultures.

### **Conclusion**

To conclude, the data and information that was received from the surveys was great because employees were able to benefit from the training. The analysis showed us an improvement between the pre and post survey. This project should be continued because Monterey County Behavioral Health (MCBH) would be able to analyze and compare more demographics. My recommendation would be to have these trainings in a smaller group. This way it would be more intimate, and employees would feel more comfortable. Another recommendation would be to have a smaller data set. It would be beneficial for the next intern, so they can have more time to focus on the needs of MCBH employees.

### **Personal/Professional Growth**

I learned that the Monterey County Behavioral Health Department (MCBHD) had the issue of not having cultural competency because of the lack of training. Throughout my

internship, I learned MCBH was taking steps to reach out to the community to find out how to better serve the community. MCBH has been taking proactive measures by using a scale that is numbered 1-5, 1 being the lowest and 5 being the highest on their employees before and after the cultural competency training. The scale consists of rating there: commitment, knowledge, awareness, and skills pertaining to cultural competency. The training gave the employees a foundation of culture about the people they serve. In Monterey County, the predominant culture is the Hispanic/Latino, and Caucasian culture. The training gives an insight of the longstanding traditions in both cultures and how they differ.

### **Strengths/Successes**

I was able to conduct a pre and post survey which analyze the data through Statistical Package of Social Science (SPSS). I was able to see how the training had an impact on the employee's outlook on their clients. I was able to run a one sample test through SPSS which analyzed the growth in the categories of: commitment, knowledge, awareness, and skills. The study revealed employee's "knowledge" of cultural competency improved from the beginning of the training to the end of the training. I would say that this was my biggest strength because I have never worked so intensely close with Excel or SPSS in my life. It has taught me how to manage data and make graphs, and this skill will stick with me in the future.

### **Challenges**

The surveys were a great method, but we had a little bit of time at the end. There was a lot of tests and new data we could have done, but there wasn't enough time to run the analysis and make new tables. The employees wished the training focused on the Hispanic/Latino and Caucasian community. The training focused on an Asian American community. The employees



could have taken the information directly from the training to the clients they serve. The training was beneficial but not entirely relatable for the direct community they serve.

### **Broader Social Significance**

#### **Social Problem**

The issue/need is that Hispanic/Latino's were not receiving the services they needed because of the language barrier and cultural barrier. The employees were unable to relate to their clients which left the employees assuming the services they needed were fulfilled.

#### **What could have been done**

The Monterey County Behavioral Health Department trainings are too large for the sensitivity of the topic. My mentor and I discovered the number of participating employees were few to none. If the training was broken into smaller groups, the employees would participate more in the training. Cultural Competency is not only a professional topic but a personal topic as well.

#### **Future Capstone Students**

I recommend future capstone students to enter this agency with not only an open mind but an open heart. The behavioral health department is a personal journey that serves our community and I hope that future students that intern here are dedicated. There may be times in this internship where you question if you're making an impact, and I hope they realize they are.

### References

Cultural Competence in Health Care: Is it important for people with chronic conditions?

(n.d). Retrieved from <https://hpi.georgetown.edu/cultural/>

Desert Hope. (2017). The Negative Effects of Going Untreated for a Mental Health

Disorder. Retrieved from <https://deserthopetreatment.com/co-occurring-disorders/going-untreated/>

D3 DATA DRIVEN DECISIONS. (2017-2018) Retrieved from <http://qi.mtyhd.org/wp-content/uploads/2018/09/D3-FY2017-18-FINALv3.pdf>

Dewa, L.H., Cecil, E., Eastwood, L., Darzi, A., Aylin, P. Indicators of deterioration in young adults with serious mental illness: a systematic review protocol. (2018). Retrieved from

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6097392/>

Juckett, G. Caring for Latino Patients. (2013). Retrieved from

<https://www.aafp.org/afp/2013/0101/p48.html>

Mission, Values and Goals. (n.d.) Retrieved from

<http://www.co.monterey.ca.us/government/about/mission-values-goals>

On Good Authority. (n.d). Cultural Competence: The Immigration Experience. Retrieved

from [https://www.ongoodauthority.com/individual\\_catalog/192](https://www.ongoodauthority.com/individual_catalog/192)

Substance Abuse and Mental Health Administration. (2016). Cultural Competence.

Retrieved from <https://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence>

U.S. Department of Health & Human Services. (2018). Cultural Competence. Retrieved from <https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-paf-resources/cultural-competence/index.html>

What is Cultural Competence & How is it Measured? (n.d). Retrieved from <https://diversityofficermagazine.com/cultural-competence/what-is-cultural-competence-how-is-it-measured-2/>

### Appendix A

<b>Activities</b>	<b>Deliverables</b>	<b>Timeline/Deadlines</b>
Brainstorming how to make questions for the survey be clearer.	Making the pre and post survey	Feb. 18th-March 6th
Attending the Cultural Competence Training	Taking the pre and post surveys	Ongoing/ August

Analyzing the pre and post course surveys	Inserting the data on excel and transferring that data into SPSS.	May 15th
Creating a hypothesis Before analyzing the data	Comparing two demographics and seeing who benefitted the most. For example, male or female.	July 15th
Putting the data on to STATA software	Reviewing the findings will Dr. Walker and seeing what area people benefitted the most.	October 13th.