

Hand-in-Hand Cultural and Linguistic Competence Trainings Evaluation Report: Summary 2010

The purpose of Hand in Hand is *to institute system-of-care reform to support the behavioral and emotional needs of children age birth to six in Hood, Parker, Tarrant, Palo Pinto, and Johnson counties*. Through collaboration, strategic planning, education, and evaluation, Hand-in-Hand promotes positive systems changes and works to develop or enhance sustainable infrastructure, address disparities, and empower families with the skills, resources, and confidence to become leaders in their communities. Hand-in-Hand's primary goals are to:

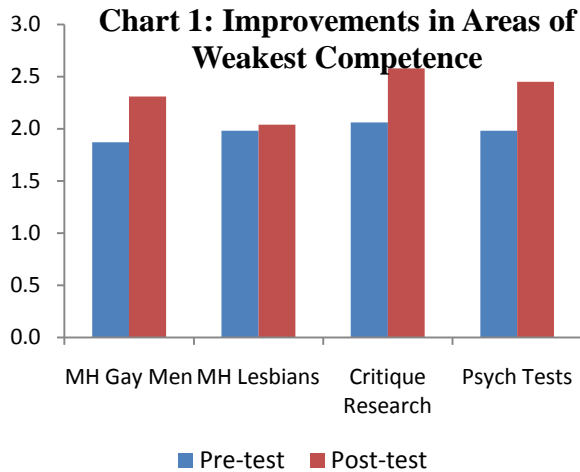
- Develop a system of care for children ages birth to six with serious emotional disturbances and their families.
- Transform fragmented services into a high-quality sustainable system of care utilizing evidence-based practices in the target areas.
- Establish a system in the target areas in which all children ages birth to six with serious emotional disorders (SED) are identified early.
- Keep children ages birth to six with SED in community settings with their families by improving their mental health and school readiness.
- Empower families to provide leadership in all aspects of the system.
- Provide culturally competent, evidence-based, and consumer guided services in the community.

Hand-in-Hand is administered by Mental Health Mental Retardation of Tarrant County (MHMRTC) and Mental Health Connection (MHC), a coalition of mental health providers and consumers. During the last two years, Hand-in-Hand has focused primarily on the first goal and its two objectives to (1) *organize local trainers and recruit outside trainers to provide ongoing trainings supporting early childhood education and interventions* and to (2) *integrate cultural and linguistic competence into the system of care through community training, developmental and educational activities*. (The brochure, System of Care Trainings, discusses the first objective).

To accomplish the second objective, Hand-in-Hand hired Dr. Gloria Morrow, who is one of the nation's leading clinical psychologists and a Master Trainer for the CBMCS (California Brief Multicultural Competency Scale) Program, to provide trainings on culturally and linguistically competent services. A total of 57 professionals completed training: 31 executive and senior level managers attended two-day trainings while 26 practitioners participated in four-day trainings. These participants represented various community-based, juvenile justice, early childhood, school, and health organizations.

Evaluation

Pre and post-tests were used to evaluate the effectiveness of the trainings. At pre-test, the strongest areas of competence were awareness of: how a professional's own values might affect the client, the challenges of being born a minority, how being born a white person in this society carries certain advantages, institutional barriers that affect the client, and how counselors frequently impose their own cultural values on clients. Conversely, the weakest areas of competence at pre-test were the abilities to: assess the mental health (MH) needs of gay men and of lesbians, critique multicultural research, and identify strengths and weaknesses of psychological tests in assessing persons from different cultures and



racial/ethnic backgrounds. As shown in Chart 1 (left), all participants showed improvements in the areas of weakest cultural and linguistic competence.

In addition to the pre and post test, participants received two follow-up questionnaires, one seven days and one sixty days after the completed training, to determine if participants had changed the way they think, feel, and behave towards minority consumers and what changes in policy or practice, if any, took place at their agencies as a result of the training.

Results revealed that 80% of practitioners and 64% of executives said the training had changed the way they think about the effects their cultural values and beliefs have on others on the seven day questionnaire (67% and 59% on the 60 day questionnaire, respectively). Further, at the seven day mark, 60% of practitioners (62% at 60 days) and 64% of executives (40% at 60 days) said that the training changed the way they felt about the challenges that minority consumer's face. Chart 2 (below and left) illustrates these changes. Participant comments (left) provide further insight.

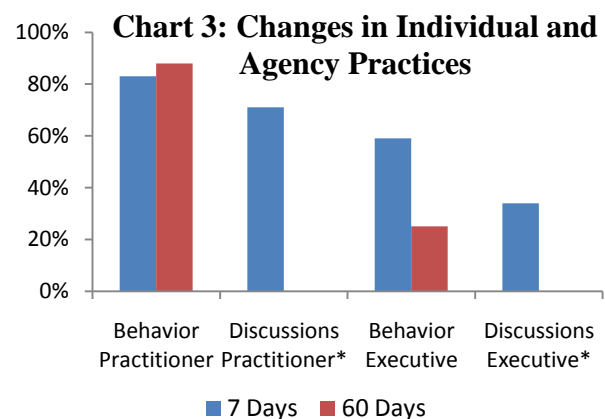
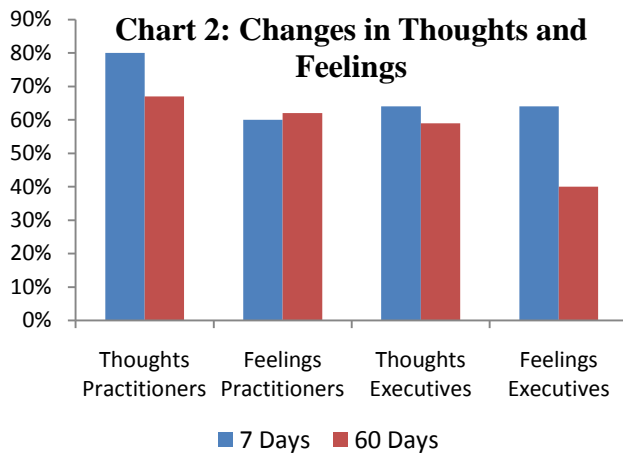
Participant Comments Regarding Thought and Behavior Changes

It has helped me to understand the importance of taking culture into consideration when engaging a client into service.

I've learned that their hesitation for treatment may not be that they have no interest, but may be more of a cultural issue.

The training caused me to feel we were not as far along as I thought the community was in the area of gay and lesbian rights.

It has made me more aware of how minorities might feel in different situations.



* Data for Discussions not available at 60 days.

As displayed in Chart 3 (above right), the changes in thoughts and feelings resulted in behavior changes for both practitioners and executives. The majority of practitioners said they had changed the way they address the mental health needs of culturally different populations at both the 7-day (83%) and 60-day follow-ups (88%); 59% of executives reported behavior changes at 7 days and 25% at 60 days. On a broader scale, 71% of practitioners and 34% of executives reported there had been agency meetings or discussions about the changes at seven days. (This data was not available at 60 days).

Through these trainings, Hand-in-Hand has made progress toward accomplishing program goals.