



# Evaluation Report

## CBMCS Multicultural Training

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## Table of Contents

INTRODUCTION .....	3
CULTURAL AND LINGUISTIC COMPETENCY (CLC) TRAINING .....	4
Executive Training .....	4
Practitioner Training .....	4
Train-the-Trainer.....	5
EVALUATION OF MULTICULTURAL TRAINING .....	8
Comparison of Change Across Groups.....	9
FOLLOW-UP QUESTIONNAIRES .....	10
7-Day Follow-up Questions .....	10
60-Day Follow-up Questions.....	11
Questionnaire Results .....	11
Changes in Thinking .....	11
Changes in Feeling.....	12
Changes in Behavior .....	13
Conclusions.....	14
Appendix.....	16

## List of Tables

Table 1. Agencies represented at Training .....	6
Table 2. Demographics of Participants.....	7
Table 3. California Brief Multicultural Competence Scale Pre-Post Test.....	8
Table 4. CBMCS Pre-Post Test: Comparison across groups.....	9
Table 5. Changes in Thinking.....	11
Table 6. Changes in Feeling.....	13
Table 7. Changes in Behavior.....	13
Table 8. Agency Discussions.....	14

## Introduction

*Hand in Hand: Planting Seeds for Healthy Families* is an \$8.3 million federally funded six-year cooperative agreement with the U.S. Department of Health and Human Service's Substance Abuse and Mental Health Services Administration. The cooperative agreement is administered by Mental Health Mental Retardation of Tarrant County (MHMRTC) in partnership with Mental Health Connection (MHC). The purpose of Hand in Hand is to institute system-of-care (SOC) reform in Hood, Parker, Tarrant, Palo Pinto, and Johnson Counties. The project is designed to support the growth of a system that will provide seamless care for the behavioral and emotional needs of children age birth through 6.

The primary goals of this initiative are to:

- A. Develop a system of care for children ages 0–6 with serious emotional disturbance and their families;
- B. Transform fragmented services into a high-quality sustainable system of care utilizing evidence-based practices in the target areas;
- C. Establish a system in target areas in which all children (0–6) with serious emotional disorders are identified early;
- D. Keep children (0–6) with SED in community settings with their families by improving their mental health and school readiness;
- E. Empower families to provide leadership in all aspects of the system; and
- F. Provide culturally competent, evidence-based, and consumer guided services in the community.

Hand in Hand, currently in its second year, received its initial funding in September 2008, and will continue through September 2014. Hand in Hand is governed by Mental Health Connection, a collaboration of public and private agencies as well as individuals who need mental health care services and their caregivers. Mental Health Connection works to revolutionize the mental health service delivery system, with a vision of creating “No Wrong Door to the Right Mental Health Resources.”

Strategic planning is an important aspect in systems of care development. Strategic planning involves analyzing the current environment's strengths and needs, developing goals and objectives, and creating an action plan to accomplish the goals and objectives. In year one of the SOC grant, the Hand in Hand strategic plan was developed based on community needs and desires. The strategic plan is aimed at five overarching domains to include infrastructure, services and supports, family empowerment, cultural and linguistic competence, and social marketing. Under each overarching category, goals and objectives have been developed to guide the Hand in Hand initiative to reach the vision set forth by the community. The strategic plan will develop further as goals and objects are met or changed.

An area of weakness identified by the system of care community is the provision of culturally and linguistically competent services to families. A major focus during year two of Hand in Hand has been to provide multicultural competency training to wraparound facilitators and community partners and to develop a train-the-trainer model for the system of care. The purpose

of the training and the development of a train-the-trainer model is to work towards meeting and sustaining the strategic plan objective to *integrate cultural and linguistic competence into SOC through community training, development, and educational activities*. The purpose of this paper is to report on an evaluation of the initial trainings.

### **Cultural and Linguistic Competency (CLC) Training**

Dr. Gloria Morrow, one of the nation's leading clinical psychologists, is a Master Trainer for the CBMCS (California Brief Multicultural Competency Scale) Training Program. This program focuses on four major ethnic groups: African American, Asian/Pacific Islanders, Hispanic/Latino/Mexican American, and American Indian/Native American. Leadership of Mental Health Connection and Hand in Hand invited Dr. Morrow to provide multicultural training to executives and practitioners and to train and prepare local community trainers.

#### **Executive Training**

Executive and senior level managers participated in the first training provided by Dr. Morrow. Executives and managers attended one of two, two-day over-night retreats. The first retreat occurred in October 2009, followed by a second retreat in November 2009. The executive training was developed by Dr. Gloria Morrow to advance the discussion of cultural competence issues as related to policy and system-wide transformation. During the executive retreat, Dr. Morrow facilitated a conversation aimed at addressing the following goals:

1. Exploring the elements of the California Brief Multicultural Competence Scale (CBMCS) and Multicultural Training;
2. Examining the cultural competency strengths and needs of the Mental Health System of Care of Tarrant and surrounding counties;
3. Beginning the process of developing an action plan to enhance cultural competency efforts at all levels of individual agencies as well as the larger system of care; and
4. Discussing the next steps in developing a comprehensive System of Care Cultural and Linguistic Plan to meet the needs of the changing demographics of the target area.

Thirty-one executives representing fifteen different agencies (Table 1) participated in one of the executive training sessions. The majority of executive participants possessed a Masters Degree (61%), and were White (87%) and female (61%). Ten percent were African American and three percent were Asian. Seventy-one percent were between the ages of forty-one and sixty, with nineteen percent under the age of forty. (Table 2)

#### **Practitioner Training**

The next round of training was provided to practitioners in the community. The practitioner training was four days in length. The first two days were held in October 2009 and the last two days were held a month later in November 2009. The goals of the Practitioner Training were aimed at the following:

1. Increasing Multicultural Knowledge - Issues of acculturation, racial/ethnic identity language, etc.;
2. Increasing Awareness of Cultural Barriers - Discuss challenges accessing mental health services;
3. Assisting in Sensitivity to Consumers - Review what it means to be a person of color AND a mental health consumer of services; and
4. Reviewing Socio-cultural Diversities - Review issues of gender, sexuality, aging, social class, and disability.

Twenty-six practitioners representing fifteen community agencies (Table 1) participated in the four-day practitioner training. A diverse group of child serving agencies such as mental health, education, social services, and faith-based were represented. Eighty-eight percent of the practitioners attending the training possessed either a Bachelor (50%) or Masters Degree (38%) (Table 2). The majority of practitioners were females (85%) between the ages of 31 and 50. Thirty-one percent were African American, 19% Hispanic, 46% White/Non-Hispanic, and 4% identified as other.

### **Train-the-Trainer**

The next round of training was focused on developing local CLC trainers in a train-the-trainer model. Dr. Morrow returned to the community in late February 2010 to provide a week-long, intensive training on CBMCS to a select group of practitioners who had attended the practitioner training in October and November. Under the supervision and guidance of Dr. Morrow, trained practitioners will provide the cultural competency training to others in the community. Those who went through this intensive training were:

- Sharron Herrera, Fort Worth ISD
- Estrella Griggs, Santa Fe Youth Services
- Jacinto Ramos, Jr., Tarrant County Juvenile Services
- Sonya Mosley, Lena Pope Home, Inc.
- Stacy Williamson, MHMR of Tarrant County
- Walter Taylor, MHMR of Tarrant County
- Virginia Hoft, Sana Fe Youth Services

In April 2010, the newly trained CBMCS trainers provided their first community training. The training took place across four consecutive days and a total of twenty-one practitioners and supervisors from several community agencies participated. The majority of participants in this training were front-line workers (i.e. case managers, counselors, rehabilitation specialists) with a Bachelors Degree (60%). Twenty percent identified as African American, 20% Hispanic, and 60% as White/Non-Hispanic. Each trainer presented portions of the training and led discussions and related activities. Dr. Morrow was in attendance all four days to provide supervision and feedback to the individual trainers and the training team.

**Table 1: Agencies represented at Training**

Executive Training	Practitioner Training
Hand in Hand	Promise's/Hand in Hand
Fort Worth ISD	Ruth's Place/Hand in Hand
Tarrant County Juvenile Services	The Women's Center
All Church Home for Children	MHMR of Tarrant County
Lena Pope Home, Inc.	Multicultural Center
Tarrant County Challenge	Santa Fe Youth Services/Hand in Hand
MHMR of Tarrant County	The Parenting Center/Hand in Hand
Santa Fe Youth Services	Tarrant County Juvenile Services
The Women's Center	Lena Pope Home/Hand in Hand
Catholic Charities	Catholic Charities
Pecan Valley MHMR	Alliance for Children
Alliance for Children	Fort Worth ISD
The Parenting Center	Cook Children's/Hand in Hand
Early Childhood Intervention of North Central Texas	All Church Home for Children
Ruth's Place	Tarrant County Juvenile Services

**Table 2: Demographics of Participants**

	1 <sup>st</sup> Practitioner Training		Training by Community Trainers		Executive Training		Total	
	N	%	N	%	N	%	N	%
Total Participants	26		16*		31		73	
<b>Education</b>								
High School	3	12%	0	0%	0	0%	3	4%
Bachelor Degree	13	50%	10	62%	11	35%	33	45%
Masters Degree	10	38%	5	33%	19	61%	34	47%
Doctoral Degree	0	0%	1	6.7%	1	3%	2	2%
<b>Years Experience</b>								
1-5	8	31%	3	20%	2	6%	13	18%
6-10	6	23%	3	20%	4	13%	13	18%
11-15	6	23%	4	27%	2	6%	12	17%
16-25	6	23%	4	13%	15	48%	25	34%
26-35	0	0%	2	13%	6	19%	8	11%
36 or more	0	0%	1	7%	2	6%	3	4%
<b>Number of Employees in Agency</b>								
1-5	3	12%	1	7%	1	3%	5	7%
6-15	2	8%	0	0%	3	10%	5	7%
16-50	4	16%	5	33%	8	26%	17	23%
51-100	3	12%	2	13%	2	6%	7	10%
101-250	4	16%	4	27%	8	26%	16	22%
250 or more	9	36%	3	20%	9	29%	21	29%
<b>Position / Role</b>								
CEO/President	0	0%	0	0%	9	29%	9	12%
Executive	0	0%	0	0%	15	48%	15	21%
Administrator	0	0%	3	20%	6	19%	9	12%
Supervisor	8	31%	3	20%	1	3%	12	16%
Front Line – Service Delivery	11	42%	10	67%	0	0%	21	29%
Support (receptionist, clerical)	2	8%	0	0%	0	0%	2	2%
Parent	1	4%	0	0%	0	0%	1	1%
Program/Training Director	2	8%	0	0%	0	0%	2	2%
HR	1	4%	0	0%	0	0%	1	1%
Vol Coord./Comm Liason/Translator	1	4%	0	0%	0	0%	1	1%

\* Sixteen out of the 21 participants are included in table due to missing data.

### Evaluation of the Multicultural Training

For all of the trainings provided, each participant completed the California Brief Multicultural Competence Scale (CBMCS), a self-reported measure of multicultural competence, prior to and at the completion of training. The CBMCS measure is composed of 21 items utilizing a four point likert scale aimed at measuring multicultural knowledge, awareness of cultural barriers, sensitivity and responsiveness to consumers, and socio-cultural diversities. Participants were asked to rate responses from 1 to 4 (strongly disagree to strongly agree).

In total, 73 participants completed the CBMCS. At pre-test the weakest areas noted by participants were ability to assess the mental health (MH) needs of persons who are gay or lesbian, to identify strengths and weaknesses of psychological tests in terms of their use with persons from different cultures/racial/ethnic backgrounds, to critique multicultural research, and knowledge of acculturation models for various ethnic minority groups. The strongest areas at pre-test were awareness of the challenges of being born a minority, that being born a white person in this society carries certain advantages, of how a professional's own values might affect the client, of how cultural values and experience influence a person's own attitudes about psychological processes, and that counselors frequently impose their own cultural values. Paired item t-tests indicated that all but one area (appropriate communication skills) showed significant improvement from pre to post-test for the combined scores. (Table 3)

**Table 3: California Brief Multicultural Competence Scale Pre-Post Test (N = 73)**

	Pre	Post	Diff.	P Value
Aware of challenges of being born a minority	3.50	3.81	.31	< .001
Aware of how own values might affect client	3.49	3.70	.22	< .05
Able to assess the MH needs of persons with disabilities	2.41	2.66	.25	< .01
Aware of institutional barriers that affect the client	3.23	3.47	.23	< .01
Able to assess the MH needs of lesbians	1.97	2.53	.56	< .001
Able to assess the MH needs of older adults	2.25	2.58	.32	< .001
Able to identify strengths & weaknesses of psychological tests for different cultures	2.10	2.65	.56	< .001
Aware that counselors frequently impose own cultural values	3.14	3.58	.45	< .001
My communication skills are appropriate for my clients	3.22	3.31	.08	n.s.
Aware that being born a white person carries certain advantages	3.31	3.77	.46	< .001
Aware that cultural background and experiences influenced my attitudes about psychological processes	3.21	3.63	.43	< .001
Able to critique multicultural research	2.20	2.73	.54	< .001
Able to assess the MH needs of men	2.27	2.63	.37	< .001
Aware of institutional barriers that may inhibit minorities from using MH services	3.05	3.54	.49	< .001
Can discuss w/in a group, differences among ethnic groups (eg., low vs. high SES)	2.25	2.77	.52	< .001
Can identify my reactions that are based on stereotypical beliefs	2.92	3.40	.48	< .001
Can discuss research on MH issues and culturally different populations	2.43	3.15	.72	< .001
Able to assess the MH needs of gay men	1.88	2.43	.56	< .001
Knowledgeable of acculturation models for various ethnic minority groups	2.11	3.03	.92	< .001
Able to assess the MH needs of women	2.61	2.93	.32	< .001
Able to assess the MH needs of persons from poor SES	2.56	2.92	.36	< .001
<b>Total</b>	<b>2.67</b>	<b>3.11</b>	<b>.45</b>	<b>&lt; .001</b>

### Comparison of Change across Groups

When executive, practitioner, and community group (those trained by the local trainers) scores were analyzed separately, executives did not experience a significant level of change with the exception of three items. The items with significant improvement for the executives included ability to assess the mental health needs of lesbians, ability to discuss research on mental health issues and culturally different populations, and knowledge of acculturation models (Table 4). In comparison, all items for practitioners had a significant level of change except for three items. Items for practitioners without a significant level of change were ability to assess mental health needs of persons with disabilities, awareness of institutional barriers affecting clients, and communications skills. The community group experienced a significant level of change across all items except one, communication skills.

In general, at pre-test executives rated themselves higher than practitioners or community members on awareness of the challenges of being born a minority, that counselors frequently impose their own cultural values, of how their own values might affect clients, and of the mental health needs of men. However, on most other areas, practitioners rated themselves higher than executives or community members at pretest, particularly on the ability to discuss research on mental health issues and culturally different populations, ability to engage in group discussion on differences among ethnic groups, awareness of institutional barriers that may inhibit minorities from using mental health services, ability to assess the mental health needs of persons with disabilities, and ability to identify strengths and weaknesses of psychological tests for different cultures. The community group rated themselves lower than the other two groups on awareness of how own values might affect clients, awareness of institutional barriers, awareness that counselors frequently impose own cultural values on clients, and awareness that being born a white person carries certain advantages. However, they tended to rate themselves higher than the practitioner group and executives on all items related to ability to assess mental health needs across groups.

**Table 4: California Brief Multicultural Competence Scale Pre-Post Test: Comparison across Groups**

	Executives (N = 20)		Practitioners (N = 33)		Community Group (N = 21)	
	Pre	Post	Pre	Post	Pre	Post
Aware of challenges of being born a minority	3.70	3.75	3.42	3.76**	3.43	3.95**
Aware of how own values might affect client	3.60	3.45	3.47	3.76*	3.43	3.86*
Able to assess the MH needs of persons with disabilities	2.15	2.40+	2.47	2.66	2.58	2.95*
Aware of institutional barriers that affect the client	3.15	3.15	3.34	3.47	3.14	3.76** *
Able to assess the MH needs of lesbians	1.80	2.25*	2.09	2.50**	1.95	2.85** *
Able to assess the MH needs of older adults	2.25	2.35	2.19	2.50*	2.37	2.95*
Able to identify strengths & weaknesses of psychological tests for different cultures	1.75	2.10+	2.13	2.68** *	2.38	3.14** *
Aware that counselors frequently impose own cultural values	3.30	3.45	3.15	3.67** *	2.95	3.57** *
My communication skills are appropriate for my clients	3.00	3.15	3.22	3.28	3.45	3.50
Aware that being born a white person carries certain advantages	3.45	3.55	3.36	3.82** *	3.10	3.90** *

Aware that cultural background and experiences influenced my attitudes about psychological processes	3.25	3.40	3.19	3.69** *	3.19	3.76** *
Able to critique multicultural research	2.00	2.30	2.10	2.77** *	2.52	3.10** *
Able to assess the MH needs of men	2.30	2.50	2.16	2.58**	2.40	2.85*
Aware of institutional barriers that may inhibit minorities from using MH services	2.85	3.10+	3.24	3.76** *	2.95	3.62** *
Can discuss w/in a group, differences among ethnic groups (eg., low vs. high SES)	1.90	2.05	2.38	2.91**	2.38	3.24** *
Can identify my reactions that are based on stereotypical beliefs	2.80	3.05	2.97	3.45** *	2.95	3.65** *
Can discuss research on MH issues and culturally different populations	2.10	2.75* *	2.62	3.19** *	2.45	3.50** *
Able to assess the MH needs of gay men	1.80	2.05+	1.91	2.47** *	1.90	2.75** *
Knowledgeable of acculturation models for various ethnic minority groups	1.90	2.55* *	2.18	3.12** *	2.19	3.33** *
Able to assess the MH needs of women	2.50	2.55	2.59	3.00**	2.75	3.20** *
Able to assess the MH needs of persons from poor SES	2.55	2.50	2.56	3.09** *	2.55	3.05*
<b>Total</b>	<b>2.58</b>	<b>2.78* *</b>	<b>2.71</b>	<b>3.16** *</b>	<b>2.70</b>	<b>3.37** *</b>

Note: +p < .10; \*p < .05; \*\*p < .01; \*\*\*p < .001

### Follow-up Questionnaires

In addition to the pre and post tests, a questionnaire was developed to determine if participants had changed the way they think, feel, and behave towards minority consumers and to determine what changes in policy or practice, if any, took place at their agencies as a result of the training. At 7 days and again at 60 days following completion of training, participants were contacted via phone or email to complete the questionnaire.

#### Seven Days Follow-up Questions

1. Has the training caused you to think differently about how your own cultural values and beliefs may affect others?
2. In what ways has the training changed the way you feel about the challenges that minority consumer's face?
3. How has your behavior since the training changed how you address the mental health needs of culturally different populations?
4. Have there been discussions about how to make changes or do things differently within your agency as a result of the training?
5. What do you expect will be the biggest challenge in putting your agency's Action Plan (developed during the training) into effect?

### Sixty Day Follow-up Questions

1. Has the training caused you to think differently about how your own cultural values and beliefs may affect others?
2. In what ways has the training changed the way you feel about the challenges that minority consumer's face?
3. How has your behavior since the training changed how you address the mental health needs of culturally different populations?
4. Please describe what successes your agency has had in implementing the Action Plan (developed during training).
5. What challenges have you or your agency faced in putting the Action Plan into effect?

### **Questionnaire Results**

Out of 26 practitioners attending the training, 25 participated in the 7-day follow-up interview, and 18 completed the 60-day follow-up. Twenty-eight out of 31 executives completed the 7-day interview. The number of executives participating in the 60-day interview dropped to 17. For the community group, 16 out of 21 completed the 7-day follow-up. The community group's 60-day follow-up has not yet occurred; therefore, this group is not included in this section. Complete quotes from both practitioners and executives can be found in Appendix A.

Changes in Thinking: In response to the first question, "Has the training caused you to think differently about how your cultural values and beliefs may affect others," 20 practitioners (80%) said the training had changed the way they think about the effects their cultural values and beliefs have on others at 7 days post training. This number dropped to 12 practitioners (67%) at sixty days. While it cannot be determined, it is possible this drop from the first to the second interview was a result of study attrition rather than a change in opinions.

Of the 28 executives who completed interview one, 18 (64%) answered "yes" to the question, 5 answered "no", and 5 answered "somewhat." During the 60-day interview, 10 executives (59%) responded "yes" to the question, 5 (29%) responded "somewhat", and 2 (12%) responded "no". Again, it is possible that the difference in answers at the 7-day interview compared to the 60-day interview could be attributable to study attrition.

**Table 5: Changes in Thinking**

<b>Has the training caused you to think differently about how your own cultural values and beliefs may affect others?</b>												
	<b>Practitioners</b>				<b>Executives</b>				<b>Total</b>			
	<b>7-Day</b>		<b>60-Day</b>		<b>7-Day</b>		<b>60-Day</b>		<b>7-Day</b>		<b>60-Day</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
<b>Total Participants</b>	25		18		28		17		53		35	
<b>Yes</b>	20	80%	12	67%	18	64%	10	59%	38	72%	33	63%
<b>No</b>	1	4%	1	6%	5	18%	2	12%	6	11%	3	9%
<b>Somewhat</b>	4	16%	5	28%	5	18%	5	29%	9	17%	10	29%

Changes in Feeling: In response to the question “In what way has the training changed the way you feel about the challenges that minority consumer’s face,” the most common answer across both groups at both data points was they had gained a greater insight or understanding of the challenges minority consumer’s face (practitioners, 60% and 62% respectively; Executives, 64% and 40% respectively). Practitioner responses regarding changes to their thinking were similar to these responses:

*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.*

Executive participants reported similar feelings as practitioners:

*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. I thought the stigma had been reduced but apparently he was wrong (given the reaction of some in the discussion).*

*It has made me more aware of how minorities might feel in different situations I continue to believe that minority consumers face considerable challenges when seeking to access services.*

*Makes me think a little bit more about what concerns they have daily.*

The next most common answer for both practitioners (24% at first data point, 19% at second) and executives was participants felt they were already aware of the challenges facing minority consumers before the training (Table 4). A smaller number of practitioners reported they had not had a change in feeling regarding challenges faced by minority consumers and were already aware of the challenges. Sentiments by this group of practitioners were along these lines:

*My feelings have not changed. I feel I am very aware of the challenges minority groups face. The training re-enforced that these challenges are very real and sometimes underestimated by others.*

*Strengthened my conviction that families' cultures must be taken into account at every step of service delivery, from outreach, to assessment, to service delivery, ongoing case management, evaluation, and leadership.*

**Table 6: Changes in Feeling**

: In what way has the training changed the way you feel about the challenges that minority consumers face?												
	Practitioners				Executives				Total			
	7-Day		60-Day		7-Day		60-Day		7-Day		60-Day	
	N	%	N	%	N	%	N	%	N	%	N	%
Total Participants	25		16		28		15		53		31	
More Sensitive	1	4%	1	6%	1	4%	1	7%	2	4%	2	6%
Greater Insight/Understanding	15	60%	10	62%	18	64%	10	40%	45	62%	16	52%
Already was Aware	1	4%	3	19%	5	18%	1	7%	6	11%	4	13%
Was Aware but Good for Others	0	0%	2	13%	1	4%	1	7%	1	2%	3	10%
Agencies /Community Need to Do Better	1	4%	1	6%	2	7%	2	13%	3	6%	3	10%
Became More Proactive	2	8%	2	13%	5	18%	1	7%	7	13%	3	10%
Was Aware but Served as a Reminder / Confirmation	5	20%	0	0%	3	11%	1	7%	8	15%	1	3%

Note: Responses may total over 100% due to multiple areas mentioned.

**Changes in Behavior:** The next question asked was “Has your behavior since the training changed how you address the MH needs of culturally different populations.” The majority of practitioners said they had changed the way they address the mental health needs of culturally diverse populations at both the 7-day (83%) and 60-day follow-ups (88%). Fewer executives answered “yes” to the question, particularly at the second follow-up (59%, 25% respectively). Table 7 shows a breakdown of response categories.

**Table 7: Changes in Behavior**

Has your behavior since the training changed how you address the MH needs of culturally different populations?												
	Practitioners				Executives				Total			
	7-Day		60-Day		7-Day		60-Day		7-Day		60-Day	
	N	%	N	%	N	%	N	%	N	%	N	%
Total Participants	23		17		29		16		52		33	
Yes	19	83%	15	88%	17	59%	4	25%	36	69%	19	58%
No / Not Much	1	4%	0	0%	1	3%	9	56%	2	4%	9	27%
No / Not Much, Already Aware	1	4%	1	6%	3	10%	1	6%	4	8%	2	6%
Somewhat / Not Sure Yet	0	0%	0	0%	2	7%	1	6%	2	4%	1	3%
No, because not a provider	2	9%	1	6%	2	7%	2	13%	4	8%	3	9%
No Opportunities Yet	0	0%	0	0%	1	3%	0	0%	1	2%	0	0%
No, But Will Make Changes	0	0%	0	0%	4	14%	0	0%	4	8%	0	0%

When asked “Have there been discussions about how to make changes or do things differently within your agency/organization as a result of the training,” at the first data point, the majority (71%) of practitioners and 34% of executives reported there had been meetings or discussions regarding the changes. Seventeen percent of practitioners and 21% of executives reported there had not been any discussions.

**Table 8: Agency Discussions**

<b>Have there been discussions about how to make changes or do things differently within your agency/organization as a result of the training</b>						
	<b>Practitioners</b>		<b>Executives</b>		<b>Total</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Total Participants	24		29		53	
Already Had Meetings/Discussion	17	71%	10	34%	27	51%
Have Plans to Follow-up	3	13%	8	28%	11	21%
Waiting for Others to be Trained	0	0%	5	17%	5	9%
Was Doing this Prior to Training	0	0%	2	7%	2	4%
No / Not Yet	4	17%	6	21%	10	19%

Note: Responses may total over 100% due to multiple areas mentioned.

### Conclusion

The CBMCS trainings have been a great success for the 73 members of the community who participated in the training to date. Comments from participants across all three trainings were very positive regarding Dr. Morrow and both the format and the content of the training. The findings of the evaluation suggest that the CBMCS training was effective across the executive, practitioner, and community group in improving participants overall knowledge of multicultural issues, awareness of cultural barriers, sensitivity and responsiveness to consumers, and socio-cultural diversities. To ensure continued success, on-going multicultural training will be provided to the system of care community by the newly-trained local community trainers with Dr. Morrow continuing to provide consultation.

As previously noted, practitioners showed greater overall improvement than did executives. The community group showed the greatest overall improvement. One possible explanation may be due to differences in pre-test scores between the groups. The executives tended to rate themselves higher across items at pre-test suggesting they were more confident about their knowledge and skills in dealing with multicultural issues than the other two groups. The community group tended to rate themselves lowest across items at pre-test compared to the other groups, suggesting they were least confident at pre-test about their knowledge and skills. Another explanation for the differences in improvement may be due to the varying formats of training received by each group. The executives received two days of training provided by Dr. Morrow. The practitioners received four days of training by Dr. Morrow with two days of training occurring one month and the next two training days occurring a month later. The community group received four consecutive days of training conducted by the newly trained trainers under Dr. Morrow's supervision. Finally, differences could be due to issues of testing. The pre and post tests were administered across groups at different time periods with the executives being two days apart, the practitioner group being a month apart, and the community group being four days apart.

An area identified across all groups as being the weakest at pre-test were in their ability to assess the mental health needs of gay men and lesbians. While a significant level of improvement occurred for all groups, the post-test scores were lower than any other item on the CBMCS.

Based on the pre- post-test scores, more focus should be given to the issues faced by the gay, lesbian, and bisexual communities. The transgender community was not a focus of the training and should be included in future trainings.

One of the open ended questions asked of participants was “*What do you expect to be the biggest challenges in putting your agency's Action Plan (developed during the training) into effect?*” The most common challenges noted were time constraints, financial or resource constraints, lack of minority representation, and changing people’s mindsets. These are difficult barriers that must be fully addressed and monitored to ensure these barriers do not affect the system of care’s ultimate goal of providing culturally and linguistically competent services to youth and families. Next steps in the Hand in Hand strategic plan aimed at meeting this ultimate goal will include conducting an annual community CLC self-assessment and utilize the results to recommend and implement systematic reforms, implement a community CLC plan.

## Appendix A

### Responses to Qualitative Questions

**In what way, if any, has the training changed the way you feel about the challenges that minority consumer's face?**

#### Practitioner Responses

- A lot, we can't judge the way we feel about minorities they can't help it if they are rich or poor or educated. A person can learn a lot from a person that has no schooling, for example their life experiences.
- Some of the challenges are different for each culture.
- It has awakened a desire in me to be more vocal. I'm also challenged to learn and read more information regarding cultural issues.
- I was explicitly unaware of many daily challenges related to an identity in opposition to the dominant culture.
- It gave me insights to their plights.
- Everyone faces challenges and discrimination, but giving the time and effort to listen and understand these differences can only build stronger ties.
- My feelings have not changed. I feel I am very aware of the challenges minority groups face. The training re-enforced that these challenges are very real and sometimes underestimated by others.
- As a minority, looking at the challenges of other minorities and being able to relate to the similarity in their struggles.
- Eye opening...must always connect heart with mind.
- The training gave me a clearer understanding of cultural challenges that minorities may face. I really did not realize the legal challenges that kinship relationships suffered in receiving services in the African American community until we dissected the issue in the retreat.
- I believe it has helped me to be more sensitive.
- 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 tx may not be that they have no interest, but may be more of a cultural issue.
- It seems to be an everyday struggle for minorities.
- The training confirmed the way I feel about the challenges minorities face.
- I have always known that minorities face more challenges, due to the nature of my work. I try to do my part to advocate on behalf of my minority consumers-whether it's active listening or assisting them w/ navigating service barriers.
- It reinforced the many challenges minority consumers face on a daily basis. It also reminded me of the importance of recognizing and acknowledging these challenges when needed/appropriate.
- Everyone views are not always the same as my view. My challenges may appear to be

the same but in reality are not.

- More aware of cultural challenges to minorities other than blacks.
- It has enhanced and confirmed some practices in the workplace I felt strongly about. Privileges the dominant culture was/is not aware of and in my opinion unwilling to part with. Positions of power & authority particularly supervisory roles.
- It has made me look outside the box.
- It has made me more aware of the difficulties they face.
- Strengthened my conviction that families' cultures must be taken into account at every step of service delivery, from outreach, to assessment, to service delivery, ongoing case management, evaluation, and leadership.
- I have remained mindful of the challenges faced by minorities. My membership in a minority group helps me to be somewhat sensitive to rights issues, issues of cultural ignorance, etc. I believe the information on cultural syndromes was enlightening, but I would have liked to see more content on GBLT issues.

### Executive Responses

- 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. I thought the stigma had been reduced but apparently he was wrong (given the reaction of some in the discussion).
- Relearned some things. Become more conscious of it. Had training with trainer before.
- It has made me more aware of how minorities might feel in different situations
- I continue to believe that minority consumers face considerable challenges when seeking to access services.
- Makes me think a little bit more about what concerns they have daily.
- Minority consumers highly aware of the potential for being treated unfairly and not being understood
- Been on receiving end of discrimination living in a Hispanic community and she was white. The visual they did was a real where they came into the room and as they gave examples of discrimination, she was still very far ahead of others that were minorities. While she considers her experiences to be real, she understands just how much more minorities are affected.
- The training brought this to my attention again as far as agency paperwork and procedures. I don't think it changed the way I feel, but I plan to evaluate our practices and see how we can be more culturally competent.
- I am more aware of cultural differences than ever before.
- It had made me much more thoughtful about my role in interacting with those from another culture. I can see how my own biases affect my day to day interactions. I also understand that it is impossible for me to understand fully another's culture without engaging in personal experience and surroundings rather than just ethnicity or race. I am much more aware of the power differential that takes place between two people and the stages that each individual goes through in coming to terms with their own culture and their response to others' culture.
- It has helped me see the daily "oppression" that a person of color or others who have outwardly noticeable attributes or attitudes that might make them stand out from the

mainstream. I have always been able to get behind noticeable, "big", events of injustice, but never really could grasp what oppression might look like. Most of the time, it is subtle, but cumulatively, it is relentless.

- The training has cause me to think differently about the challenges minorities deal with on a daily basis regarding access to mental health system, how there are viewed by services providers, their distrust of the system, and degree of readiness to receive services.
- I look at situations differently and think about what challenges a minority might face vs. the challenges that I don't face.
- Heightened my awareness of the barriers and limitations imposed by my agency
- More aware of the impact of institutional racism

### **How has your behavior since the training changed how you address the mental health needs of culturally different populations?**

#### Practitioner Responses

- I believe I continuously attempt to understand the cultural of the person being treated before offering interventions.
- That mental health affects everyone regardless of their cultural background. Also, that every person has different mental needs. I always assumed that everyone who had mental health problems were all the same!
- It has made me aware of the disparities that still exist and strive to educate myself and others in order to provide quality services to the families we serve. It has also reinforced the belief that change starts with me and that I can make a difference!
- Take more time to analyze consumer's point of view
- Because I do not have any clients at this time, I feel this question does not apply.
- Listen more and talk less.
- I am more aware of the importance of not judging others and the importance of learning about others experiences before drawing a conclusion that may be false.
- Having a better understanding of their culture and addressing each culture individually, according to the needs of the clients. Looking at their support system and incorporating their natural supports into their treatment.
- I have had a heightened empathy toward understanding cultural differences. I have also been more aware of not putting my own values on others. Specifically, I have an AD/HD student whose mother recently had a new baby. He showed up to class lethargic. After asking why he was so tired, he explained that his whole family has been at his home partying celebrating that the newborn was home from the hospital. Instead of bringing my own value system into the situation and pushing for better sleep for this child that is on medication, I was more understanding that culturally the family gathers around the baby during this celebratory time.
- I try to slow down more and really listen to what the client(s) are saying to me. I try to really understand where they are coming from.
- I take culture into consideration when trying to engage clients into services as well as during service delivery. I'm more cognizant of it now.

- None
- I try even harder to make sure all of their needs are met and admit that I may not be the person who can help in every area. I worked harder on partnerships in the community to assist.
- I am more sensitive to the fact that certain cultures don't feel comfortable in accessing mental health assistance. As a service provider, I need to look at all aspects of my clients & meet them where they are at. I need to practice "the best fit" for the client.
- Trying not to jump to any conclusion about an individual's behavior, particularly by not viewing it through my own cultural lens all the time.
- You must address the mental health need as a whole. Mind soul body and spirit.
- N/A
- I feel it has cemented some of my beliefs and practices to a point where I doubt myself less. Understanding the levels of multiculturalism is of great benefit.
- I see the peers that I work with differently. I see the people we care for in a different light.
- Yes, it has made more aware of the challenges they face in gaining services.
- Enhancing my desire to be responsive to different cultures
- No---believe that it didn't need much change--I truly value diversity and cultural input from others.

#### Executive Responses

- Don't feel behavior has changed. Feel competent in understanding of different cultures.
- Not sure it has
- Behavior has not changed
- A little more sensitive to culture.
- We will give urgency to improving the cultural awareness of our staff in the work they do and actively participate in the MHC project
- Increased awareness and sensitivity. Already talked to her staff about it. She doesn't see clients but her staff does.
- The training stressed the importance of striving to be more culturally competent and I have reflected on the training when working with clients from different populations.
- I hope that my greater awareness is evident in my actions, behavior and conversations.
- I am much more aware of those things we need to better understand for each family in order to serve them with sensitivity and responsiveness. My awareness of differences is heightened and I believe that will continue to make me more respectful of others.
- I really want to take the time to get to know, both coworkers and clients, from the perspective and place from which they get to the table. It is really about hearing the voice and the story of the other person, and using that to see how you can help. It is also about partnering with coworkers to help them access roads and bridges where they have never been, felt comfortable, or may even not have been allowed to go.
- I'm not a mental health service provide therefore this question is not applicable to me. However, in general I try to be more conscious of who I'm around, how I treat people and

present myself to others, and try be mindful of my own culture bias.

- n/a, not in a clinical position
- Personally seeking broader minority representation in leadership positions within the agency.
- Already began discussions with staff about projecting values created in a situation of privilege onto those living without them

**Have there been discussions about how to make changes or do things differently within your agency/organization as a result of the training?**

Practitioner Responses

- Yes, my supervisor has asked me to train my staff on what I learned in the training.
- Yes, if you have to speak up during the training, cause of a comment that was said we have a right to say or speak up. Just cause we are parents we do not have to feel intimidated! Although I am not part of an agency/ organization, I still work for one.
- Our agency has started a monthly diversity training and book club. Dr. Lovett (TCU) is the facilitator. We are currently reading a book titled " The Spirit Catches You and You Fall Down". It's a anthropological and culturally informative book involving the Laotian population in California and their religious and medical practices and how they intertwine with the American medical system.
- I am not aware of any as of this time.
- There has been discussion and we are addressing some of the ways to go about these changes.
- Yes. There is a strong desire to create an environment within the agency that encourages openness and the safety to communicate and learn from other staff about cultural issues. The specifics on how to make this plan work are not complete.
- I have discussed with my Program Director and will provide training for my staff and other staff at different sites on cultural competency and how to address the needs of services of culturally different clients. I will also be hiring more bi-lingual staff for our Latino clients.
- Visitors for our clients will now include those persons that provide emotional support for the clients instead of the agency's definition of family.
- No, not yet!
- Yes. It has been a relief to be able to feel safe to be more open about challenges that we face as an agency as far as cultural competency is concerned. I feel as though ears are more apt to hear since the training.
- No
- Yes, the chief has spoken about doing more training for the staff and exposing them to doing things in a different way.
- Yes, our agency has had cultural competency training for all staff and plans to make this an ongoing priority.

- Very little at this time but they are taking place. I guess you could say we are on our way.
- Not much, but I'm going to schedule a mtg soon w/ my Director to start the dialogue.
- We have talked about how to incorporate some of the materials from the training into some of our educational programs.
- Yes also how every employee should be made to take the training. Due to the fact it allows you to not only see the need to improve how we view mental health but also how we view everyone as a whole.
- Yes with some of the other attendees from my agency.
- Yes. Within the 4 of us that went representing our agency and our senior management staff. Great dialogue.
- No
- yes
- Yes--discussion of how an agency must examine the relationships between its employees of different cultures before engaging in the next stage of training at service level
- We are considering reviving the cultural diversity group only concentrating on issues of cultural competence in both clinical and HR settings. Have already approached chief of HR and some of the other members of our agency who attended this training regarding the possibility.

#### Executive Responses

- Discussion in the meeting was more about a macro change in the community. How is the MHC going to change attitudes that are apparently still present that are very discriminatory to gay and lesbians. There is a meeting for him and the CEO of his agency to discuss issue with the MHC President.
- No meeting about changes. Training will be done on the topic and his department will be involved in it when it occurs. No plans he is aware of to change any other part of the organization (district)
- No
- no
- Not yet, just with others that attended.
- Not yet
- Not gone that far yet. Had one meeting. Who is going to apply for the training thing going on? Meet with the two staff that attended the practitioner training in the very near future and discuss positive needs and goals that can be accomplished.
- Yes. We were already evaluating our paperwork and practices. We will continue to evaluate what we do.
- Yes. We will be meeting to address any changes that are needed.
- Not yet. However, I conducted a cultural competency training the day after our retreat and had to completely change what I had planned in light of what I learned. We currently have a meeting scheduled with all those who attended with intentions of bringing a plan for "next steps" to our CEO.
- There have, but they seem to be surface at this point. Without the agency having had the perspective of those who attended the training, it is very difficult to get them to see the same thing.

- The hasn't been formal meetings to review the training material however the attendees are developing plans to share this information with entire management team and staff.
- Those discussions are just beginning.
- Yes, but only on a preliminary basis, with the expectation of more formal conversations to follow.
- Yes

**What do you expect to be the biggest Challenges in putting your agency's Action Plan (developed during the training) into effect?**

Practitioner Responses

- Time constraints.
- I am not in an agency.
- The multidisciplinary approach since we have different agencies partnering with us.
- Lack of minority representation in staff to offer differing viewpoints
- N/A I was there for educational purposes, not to be a trainer.
- Getting those with a "chip on their shoulder" to open up and accept that some changes are possible if we can work together.
- Creating a safe enough environment where staff feel that they can communicate openly and honestly.
- I have not encountered any roadblocks in my discussions with management, however I would imagine, changing the mindset of the agency as a whole to start thinking in terms of cultural competency and culturally incompetent. Getting the agency to be honest about their feelings and thoughts and the ability to be open to change.
- Politics...:(
- I believe that those who have operated a different way for many years will have a difficult time buying into a new plan and changing their current mindset. Even though old ways have some positive outcomes, implementing these new strategies will manifest themselves not only as much better service to our clients, but also for much better staff relations as well.
- I think the biggest challenge will be to bring the whole agency (2000 employees) on board.
- Getting the entire team on the same page
- Addressing adversity to the changes
- Not sure due to the fact that I'm new to the agency & its culture.
- I do not remember developing an agency Action Plan in the training.
- Everyone willingness to attend the training. Also to keep an open mind while attending.
- The level of resistance from some administrators and supervisory staff of which

most is Anglo. Unwilling to truly listen to the issues within our department.

- Getting everyone on board.
- Creating buy-in from everyone we work with
- Unsure what my agency's action plan is?
- ongoing commitment of resources

#### Executive Responses

- Staying focused on the action plan for MHC. Borrowing and exchanging of ideas. Lot of discrimination about those who are addicted. Little knowledge about brain research.
- More education needed.
- Bringing decision makers to the table. (those outside the immediate social service arm of the school district)
- People are busy and feel that they understand multicultural issues well
- NA
- Unsure at this time
- We didn't develop an action plan in our training
- Part of it is going to be having a staff or an entire clinical staff that is not well represented by minority's clinicians. Not for a lack of trying. Can't go out and hire Spanish speaking therapist so how do you get this type of work force. Train those within that have a propensity toward cultural competence and abilities such as bilingual?
- Time and budget always play a role. I don't imagine any resistance from staff.
- I don't expect any.
- We need to have everyone trained so that the expectation is set and workers know what our "new standards" will be.
- Training an entire agency staff before action can be a big undertaking. That is the biggest hurdle.
- The biggest challenge will be getting staff to open up and feel comfortable talking about such a sensitive subject.
- Not yet aware. No formal agency action plan developed that I can recall.
- Size of organization.

#### **Do you have anything else you would like to share about the retreat, Dr. Morrow or the training?**

#### Practitioner Responses

- Dr. Morrow was great, very professional, intelligent and genuine person. I believe she was the perfect person to learn from.
- I enjoyed the training of Dr. Morrow. One thing that really bothered me about the training was the fact that in the beginning she talked about respect and how we would each be expected to show respect for one another and our opinions in the meeting. She really emphasized this. Then, on the second day, she seemed to do the opposite of what she had said to a participant when Dr. M said something about not taking long when the participant raised her hand as if she had been talking a lot but she had not said much all

day. Not only did Dr. M say something about hurrying but she gestured with her hands throughout as if trying to hurry the speaker. I thought she was perhaps showing a demonstration of how culturally incompetent people can misuse their power. Like the one in control of a group, disrespecting one of the group. I was bothered even more when that was not the case. She was really being disrespectful and it was not a demonstration or a joke. People laughed because it was obvious they felt uncomfortable, too, like me. I was uncomfortable to open my mouth to speak after that incident. Especially because I am a family member working with other families on a part time basis and if I weren't already intimidated by all the professionals, I certainly was after that incident. I feel if a person is coming to do a training on cultural competency, they should enforce what they are saying with their actions and words, not just do the training. Another comment is that I felt that Dr. Morrow offered some good examples but she kept referring to her own experiences with her husband and her church so much so that I feel we were life-long acquaintances. But that wasn't helping us toward Cultural competency. It seemed like it cut down so much in time and focus on what we were there for, like sharing with each other, getting to know the others in our community and trying to solve some of the cultural competency problems we have here, not only between races, but also with other cultural differences. Then we kept being rushed to finish, which might not have been necessary if she had not talked so much about herself and her church and husband. I feel she spent way too much time on her own personal life. I feel the exercise at the beginning when we had to learn a lot about the person next to us at our table and then share it with the room was a great exercise and we should have had more opportunities like that instead of just sitting like an audience. Overall, the goal of getting us together was successful and I'm happy to have attended.

I am really glad they have surveys like this to explain how we really feel about trainings because it is hard to express things in person when you don't want to hurt someone's feelings or be misunderstood.

- I considered it a privilege to be part of such an awesome experience, I hope to continue to carry the torch on behalf of the underprivileged and misunderstood.
- No.
- It was great and wish that everyone could have the same experience to not only learn about others but to also look within yourself.
- I enjoyed the training. I appreciate that agency executives were included in the training because sustainable change usually does not occur in an agency if the executive leadership is not committed to the change.
- Dr. Morrow is a wonderful speaker. I learned so much about myself and other cultures. She makes it very easy to share in a non-threatening environment. She also challenges you to make changes in your attitude upon leaving the retreat, and to change the environment you work in. She is truly awesome. I thought the participants were excellent and the dialogue was great.
- Dr. Morrow ROCKS! :)
- The time went by so fast, I don't feel as though I absorbed as much as I would like. I thank all who participated that gave me better insight as to who we are as a community of social service workers. I thank all those who worked tirelessly in putting the retreat together. I thank Dr. Morrow for all of her expertise and advice. The retreat made for a special bonding among those who put in sweat and tears to improve our community each

and every day.

- The training was great and I hope to become one of the facilitators.
- I felt the training was absolutely wonderful. I love the training style. The processing was great.
- The first two days were VERY slow and not what I was expecting. However the last two days were great. We got much better information and did more hands on activities.
- I truly enjoyed myself and felt honored to be a participant.
- I think the retreat was a meaningful & productive opportunity. I really enjoyed getting away from the office & getting to know others in the community. I think we had a great group that was willing to touch on some very difficult topics. I feel we forged a bond of trust w/in our service provider network. I believe Dr. Morrow is a very passionate & effective change agent. I hope we see her again!
- I enjoyed the opportunity to meet everyone who participated in the training and appreciate Dr. Morrow's talents and abilities to adapt to the group's feedback.
- This training was an eye opening experience. Things I thought I was aware of I was not, which is an indicator that some time we don't know that we don't know ..totally unaware of things that we thought didn't concern us, when in fact is all about us.
- Very enlightening.
- It was a great retreat! Dr Morrow is an amazing human being & heaven sent. Great job my the Committee and many thanks for the opportunity. It was a privilege to share the experience with my co-workers and colleagues in the community.
- The exercise that she (Dr. Morrow) did that asked us a variety of questions that divided the class into a front half (privilege) and the non-privilege really opened my eyes that our peers do not see us the same way. When the class was asked to change places with anyone in the back of the room and a team mate states "for how long?" That really said a lot. The questions can be asked in any format and you find a different answer.
- Great training, would love to see it expand beyond mental health and focus on community-level change
- Dr. Morrow is a great facilitator--with a fairly rowdy group, she was able to corral our focus when it became necessary. Her clinical background is a plus.

#### Executive Responses

- A complicating factor was the time was significantly reduced to cover topic areas due to time. Rather than cultural diversity as the topic, it became the racial and ethnic diversity forum. There was a 5 minute discussion on gay/lesbian/bi-sexual issues. Apparently, a very vocal group voiced rejection of the rights of this minority group and the respondent didn't feel that his right to express his opinions in a safe environment was violated. Bible verses, bad science, and personal opinion was used against him and the moderator did not intervene. Some people did come up to him afterwards that and say they couldn't believe that he was treated that way. He definitely felt unsafe. One thing that complicated things was the discussion was the last thing on the agenda
- Dr. Morrow worked very hard to get the training done in two days. They really needed another day to discuss some of the subjects more in-depth. How to make change.
- Trainer was great and brought a new perspective to the multicultural training
- I believe the training should focus on issues other than race and ethnicity. The session I

attended focused exclusively on race and negated the importance minority groups.

- It was a very good training and the outcomes of the training exercises were interesting.
- The training was well organized and professionally led.
- There were some things that might have been more productive. A lot of background time spent. Would like to have spent more time on developing the plan and gave an example. Valuable training and liked material.
- I think it's important to build on the momentum from this training. We need to continue the work we started and make changes throughout our agencies in order to have a culturally competent mental health community.
- Enjoyed it. Wish the executives had remained 4 days.
- It was freeing to know that I can be culturally competent and responsive without giving up my own values. I did not understand that before and it always made me feel awkward. Respecting others is a value in itself that I think everyone shares.
- It was excellent, and very needed in our community. We need to have the follow through to see the plan come to fruition.
- Dr. Morrow did a great job of presenting the material and managing the discussion. I found it interesting to observe that at the end of the "White Privilege" exercise, the black men were still left behind the reminder of the group.
- Should have devoted less time to the video presented at the end regarding LGBT persons. The issue is very important but the material became redundant and at times, not germane to the workshop. Time could have been devoted to discussing Tarrant agency's responses to this population in the consumer and workforce populations.
- Dr. Morrow was outstanding. I think allowing more time to discuss future and next steps would have been ideal. I am sure having everyone on the same page will pay off in the long term but spending two days without more action oriented pieces is challenging to justify.