



**Stanislaus County
Behavioral Health and Recovery Services**

Mental Health Services Act

**Workforce Education & Training
First Year Report - FY2008-2009**

December 2009

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Introduction

The Mental Health Services Act (MHSA) provides funding to expand mental health services in California for children, youth, adults, and older adults with the intent of transforming how public mental health care is accessed and delivered using programs proven to be innovative and effective. Workforce Education and Training (WE&T), a key component of MHSA, was created to support the transformation of public mental health workforce by addressing shortages in “hard to fill” or retain positions or occupations, creating career pathways into the public mental health workforce for individuals with lived experience as consumers and/or family members as well as individuals with unique cultural experience and linguistic competence.

In 2007, Stanislaus County Behavioral Health and Recovery Services (BHRS) worked with community stakeholders to develop a local plan for workforce education and training. Based on community input and an extensive workforce needs assessment, 8 new action plans were developed that included education and career pathways, volunteerism, training, and other financial incentives programs.

Each action plan addresses one or more gaps identified in the Workforce Needs Assessment. Some of the gaps identified were not addressed initially due to limitations in the amount of funds available. All actions are intended to bring existing workforce initiatives into alignment with fundamental principles of MHSA; community collaboration, cultural competency, consumer/family member directed, recovery/resiliency/wellness centered, and integrated service experience.

The complete WE&T Plan and other documents may be found at www.stanislausmhsa.com.

Key Elements of Stakeholder Participation

BHRS and Stanislaus County Mental Health Board are committed to forming and sustaining genuine partnerships to establish successful programs that produce meaningful outcomes. Existing and new partners within Stanislaus County have been a source of direction and accountability for planning and implementing WE&T goals and activities.

During the initial community planning process, stakeholder input identified a number of areas to be addressed in workforce development. The following list describes some key gaps identified in the current workforce:

- Bilingual/bicultural staff in all classifications, especially Spanish;
- Licensed mental health clinicians;
- Consumer staff in regular benefited positions;
- African American direct service staff in some programs;
- Consumer and family member staff in all categories;
- Bicultural/bilingual licensed staff who are eligible and trained to provide clinical supervision

Stakeholders suggested, and BHRS has known, that addressing these gaps would significantly re-shape the mental health workforce to more accurately match the prevalence need among diverse populations within Stanislaus County.

BHRS Consumer and Family Member Steering Committee members have consistently participated in community planning process. As an ongoing BHRS Steering Committee, they provide unique input to the implementation of WE&T goals and objectives.

Workforce Development Council was formed to give guidance and direction to implement the WE&T Plan. The Workforce Development Council includes individuals with lived experience as consumers or family members, culturally and ethnically diverse community members, and community partners delivering public mental health services.

Educational Pathways

Sourced in WE&T Plan- Action #6 – Outreach and Career Academies

Community Wellness Project Involves Mark Twain Jr. High School Students:

The first Wellness Project began with staff of West Modesto King Kennedy Neighborhood Collaborative participating in an “Open House” night at Mark Twain Junior High School. The goal for this outreach effort was to provide information about career development opportunities for students and parents. Flyers about the Wellness Project were offered in English and Spanish. A follow-up orientation meeting was held at King Kennedy Center for students and parents who were interested in participating in the Wellness Project.

- Six junior high students were selected for the project. The group’s project was to set up and manage an anti-stigma informational table at the annual “Day of Hope” community event on May 29, 2009.

“I like the idea of helping people, but I never thought of mental health until now.” –Junior High student

The Wellness Project is continuing to outreach new parents and students.

Davis High School Health Academy:

Through outreach with the academy instructor and students, a draft agreement was developed with Davis High School to add a behavioral health component to their existing health academy. The intention is to encourage interest and curiosity for high school students about working in a public mental health profession.

- An agreement is in development between Modesto City Schools and BHRS to offer a behavioral health opportunity to 6 high school students per year. Activities such as job shadowing in mental health settings, in-service training for academy teachers, and stipends for academy graduates would be offered. Partnership with the academy is expected to begin in fall 2009.

“Our goal is to build strong, collaborative relationships within the medical community, developing projects and partnerships in support of our students. When the Stanislaus Behavioral Health and Recovery Services approached us, we thought it was a perfect fit for our health Academy students” –Tammy Miller, Director Davis High Academy

Psychosocial Rehabilitation Curriculum at Modesto Junior College:

California Association of Social Rehabilitation Agencies (CASRA) Certificate program was adopted by Modesto Junior College (MJC) Curriculum Committee on November 4, 2008. The first CASRA class began on January 12, 2009. In addition to spearheading the campaign to accept the CASRA Certification, Dr. Kimberley Kennard was the course instructor. Her enthusiasm and dedication has inspired her students.

- Sixteen students received financial stipends for school costs. Fourteen students completed the semester. All students enrolled in the class had lived experience as consumers and/or family members.

***“I didn’t know if I could make it. I have not been to school for 20 years. I was scared. Dr. Kennard is an awesome teacher. I’m able to understand the things we are learning. I know I can do it now.”
– Bill, CASRA Student***

- A fiscal arrangement was negotiated with MJC Business Office, MJC Pirate Bookstore and BHRS that facilitated payment of CASRA students’ registration fees and school supplies. This unique arrangement allowed for direct payment to MJC from BHRS Accounts Payable Department with a minimum of staff time required and maximum benefit of stipend resources. Kudos to all who made this work!
- Fall 2009 semester is expected to bring the start of a new group of CASRA students and a continuing group of students. For most of the continuing students, fieldwork placements in a community agency will be part of their educational experience.

Stipends for MSW Students at California State University (CSU), Stanislaus:

In October of 2008, a contract was successfully negotiated between BHRS and California State University, Stanislaus, Master of Social Work (MSW) Program to offer stipends to MSW students to prepare them for careers in public mental health. Four MSW students were awarded stipends in fiscal year 2008–09 for a total of \$37,000. Among the students who received the stipends, 3 identified themselves as Latina; 2 were bilingual in Spanish and 2 self-identified as a consumer or family member.

- Four students successfully completed their stipend year. Two of the four students will be eligible to seek another stipend next year.
- The contract with CSU Stanislaus School of Social Work has been renewed for fiscal year 2009-10.
- Work is in progress to develop a similar contract with the Psychology Department at CSU, Stanislaus to expand and offer stipends for Masters of Science students – those students in the Marriage and Family Therapist track, and 6 stipends for seniors seeking bachelor’s degree in psychology, social work or sociology leading to a career in public mental health. It is anticipated that a contract will be in place for fall 2010.

“As a Latina, I am the first in my family to go for a Masters degree. My parents are so proud.” –MSW Student

Consumer and Family Member Volunteerism with a Theme of Education and Employment

Sourced in WE&T Plan- Action #5 – Consumer and Family Member Volunteer Program

During the community planning process for the WE&T Plan, consumers/family members and other stakeholders prioritized the need to have a structure that supports and provides opportunities for volunteerism within the behavioral health system. To begin this effort, a workforce education and training-focused consumer and family member-oriented volunteer program began to support existing volunteers and new volunteers within BHRS.

All CASRA stipend students were invited to participate in this volunteer program. Six students joined and completed the semester. This group of volunteers provided recovery supports to others with a focus on education, employment, and opportunity to “try out” volunteerism that could lead to future employment. They assisted individuals with registration for CASRA certification program at MJC, conducted a weekly CASRA study group, offered other supports to fellow students, and facilitated two support groups weekly for individuals receiving services at the Co-Occurring Tract at Stanislaus Recovery Center (SRC).

- WE&T Volunteer Coordinator identified and hired in November 2008
- One new and 5 returning volunteers participated in the program
- WE&T and SRC volunteers trained together on the use of the Self Help Group Model
- WE&T volunteers took a field trip to Napa State Hospital. As people with lived experience, they found this field trip to be emotionally impactful and educationally significant.

Transforming BHRS Job Descriptions to MHSA

Sourced in WE&T Plan- Action #1 – Title: Workforce Education and Training Plan Coordination and Implementation

With the goal of reducing barriers in hiring consumers, family members from diverse communities and with the intent to bring transformation to all aspects of the public mental health workforce, the WE&T Manager worked in collaboration with BHRS Human Resources Manager and others to review and revise a number of BHRS recruitment flyers/job descriptions.

- Added the following to the “Desirable Qualifications” and “Minimum Qualifications” sections:

Knowledge of Mental Health Services Act (MHSA) components and essential elements and how they inform the transformation of the public mental health system

- Added the following to the “Desirable Qualifications” section:

Lived experience as a consumer or family member

- Revised job descriptions for Clinical Service Technicians, Behavioral Health Specialists, and manager positions.
- MHSA knowledge related questions are being included in interviews for all levels of BHRS positions.

Training Highlights

Sourced by WE&T Plan- Action #4 – Workforce Development

Development of Three-Year System-Wide Training Plan:

A three year (FY2009-12) Workforce Education and Training Plan that supports transformation was developed with stakeholders including BHRS staff, consumers and family members, and contract agency staff during a series of meetings sponsored by the Workforce Development Council.

Workforce Development Council members requested and reviewed the existing BHRS training plan, including core competencies, for the purpose of identifying training needs and gaps within existing training. The review was conducted within age groups and by systems of care. Recommended training topics were then prioritized through a multi-voting process. The final training plan was presented and approved by BHRS Senior Leadership.

Development of Consumer and Family Member Training Track:

In addition to drafting a three-year plan, the Workforce Development Council created a list of training topics to support and prepare consumers and family members for employment (**Action #5 – Consumer and Family Member Volunteer Program**). A training plan for consumer and family members was in development when this occurred. Their input significantly added to that effort. From this process we began to develop an assessment tool for consumer and family member training needs.

Training Evaluations Support Transformation:

Emphasizing MHSA this year, training content and design were reviewed and updated to ensure that the essential elements of MHSA were included. To ensure a quality approach to content and design, course evaluations were revised for all BHRS sponsored trainings to track whether consumer/family member expertise, cultural competency, and recovery and resiliency were included in these trainings.

- The BHRS Training Department offered 20 courses that specifically included the transformational aspects of MHSA and evidence-based practices to BHRS staff, volunteers, and partner employees.
- Of the 20 courses offered this year, 10 MHSA “core” training evaluations were selected for review.
- 93% of participants rated 10 trainings as doing a good job of including consumer/family member perspective.
- Over 91% of training participants indicated that the trainings they attended included content on diversity.

Developing Leadership in Anti-Stigma and Culturally Competent Practices:

BHRS Strategic Plan for Cultural Competency included 4 training topics offered quarterly and facilitated by managers, coordinators, and supervisors in their staff meetings. Four topics identified:

- Stigma and language in the workplace
- Cultural humility with the Latino population
- Promoting Recovery and Resilience
- Education about the Lesbian, Bi-sexual, Gay, and Questioning (LGBQ) population

An anti-stigma training called “Labels are for Jars: Using Person First Language in the Workplace” was piloted in October 2008. The “training-in-a-box” idea was identified as a best practice and presented by Dorbea Cary to the Stanislaus County Equal Rights Commission in April 2009.

- 288 staff participated and 35 program managers have facilitated this training.

“This information makes you think before speaking” and “Group participation is a great way to learn and understand ideas. Great job!” - Training participants

In March of 2009, at the BHRS Monthly Leadership Meeting, training was presented entitled “Engaging the Latino Community through Cultural Humility”. The intent was for managers and coordinators to subsequently deliver the training to their teams. Due to the current economic crisis resulting in program reductions, implementation has been slower than anticipated.

- 56 staff and 11 programs have completed this training.

BHRS staff developed a training entitled “Spirituality and Wisdom in Behavioral Health.” On May 1, 2009, the WE&T Manager provided training on the Spirituality and Wisdom training design to approximately 85 individuals (primarily county personnel) on a statewide teleconference. Subsequently, the WE&T Manager made a similar presentation at the California Mental Health & Spirituality Northern California Conference on June 1 and 2, 2009.

Expanding Clinical Supervision

Sourced in WE&T Plan Action #7 – Expanded Internship and Supervision Program

During the community planning process, a key barrier to adequate levels of supervision was identified as a lack of enough staff time to do the supervision and comply with the constraints of federal reimbursement requirements and revenue generation.

All contract agencies were invited to attend a supervision focus group on March 25, 2009. Representatives from Aspira, Sierra Vista, Center for Human Services, Turning Point Community Programs, West Modesto King Kennedy Neighborhood Collaborative Center, and CSU Stanislaus attended.

As a result of their input, BHRS has developed a community-wide clinical supervision plan to increase 10 additional internship slots annually for MSW/MFT students and pre-licensed interns. The plan requires supervision within the context of the essential elements of MHSA to encourage learning central to transforming the Public Mental Health system. BHRS policy on clinical supervision was also revised.

Next steps include development of contracts to allow agencies to access resources to pay for supervision.

Statewide Initiatives Supporting Local Efforts

Loan Repayment:

Health Professions Education Foundation and the State Department of Mental Health offered a mental health loan assumption program that authorized repayment of educational loans for “hard to fill or retain” positions in exchange for one year of service in a public mental health program or agency.

BHRS facilitated submission of 9 applications. Four public mental health clinicians were awarded; two within BHRS, two employed by community agency contractors.

Regional Partnerships:

As part of the Central Regional Partnership for WE&T implementation of statewide goals, Stanislaus County BHRS has taken a lead role in developing competencies for training. Training competencies could significantly add to transformation efforts because they would support the transfer of knowledge of the essential elements of MHSA to staff practices and service delivery. It is expected that over the course of fiscal year 2009-10, a draft version focused on recovery/resilience for young adults will be developed.

WE&T Goals or Objectives Deferred or Not Developed

In addition to the statewide loan repayment, BHRS WE&T Plan also included loan repayment for Psychiatrists and Nurse Practitioners. Loan repayments serve as an incentive to attracting potential staff to be hired in Stanislaus County. There have been no new hires, and no loan repayments were applied for or awarded this year.

Existing BHRS policies for stipends, volunteerism, and loan repayments were reviewed. WE&T plan requires an update and revision of existing policy and practices be done in a timely fashion. Existing policy and practices were sufficient for this year; they will be further developed during the current fiscal year.

Conclusion

Implementation of Stanislaus County’s BHRS Workforce Education & Training Plan is well underway. Together with community agencies and community partners, we are developing educational and career pathways; volunteer programs; financial incentive programs; and other strategies that will address gaps in the workforce and support transformation of how public mental health care is accessed and delivered. If you have questions about this report or WE&T implementation, please contact James Hurley, MFT, Manager for Workforce, Education & Training at 209.525.5324 or by email: hurleyj@stancounty.com