

CALIFORNIA MENTAL HEALTH PLANNING COUNCIL
Human Resources Committee
Meeting Highlights

June 16, 2010

Committee Members Present:

Susan Mandel, PhD, Chair
Toni Tullys
Stephanie Thal
Jorin Bukosky
Michael Cunningham
George Fry
John Ryan
Viviana Criado
Kathleen O'Meara
Doreen Cease
Renee Becker

Staff Present

Brian Keefer
Narkesia Swanigan

Others Present

Karen Allen, Ca Department of Education
Marianne Baptista, CASRA
Dorbea Cary, Stanislaus Co. BHRS & CSUS
Adrienne Shilton, CiMH
Sabine Whipple, CiMH
Harriett Markell, CCCMHA
Zoey Todd, DMH
Mariann Ruffolo, Co. of San Bernardino Department of Beh. Health
Carla Cross, Ventura Co. Behavioral Health Department
Darien DeLu, CADP, COD Unit
Joanne Myers, San Luis Obispo Co. Family Care Network
Lisa Hoet, San Luis Obispo Co. FCNI
May Farr, CalMHB
Gwen Foster, CalSWEC
Ann Gimpel, Mono Co.
JoAnne Garibay, FCNI Solano County
James Hurley, Stanislaus Co. Behavioral Health & Recovery Services
Celia Sotelo, San Luis Obispo Co. Family Care Network

Susan Mandel, Chair, convened the meeting at **8:30 a.m.** Mandel reviewed the Human Resources Committee (HRC) operating policies and procedures and welcomed members and guests.

Standing Item: Workforce Education and Training Activities

Regional Partnerships Update

Sabine Whipple, MA, Program Director provided the following update on workforce projects in state:

- In the Superior Region efforts continue to develop an online BSW program between Chico and Humboldt State Universities.
 - Writing MOU between Chico State and Humboldt State to allow students to enroll in either one of the schools and complete any practicum at any site in the area to receive credit at the local school.
 - Mapping existing courses offered by Community Colleges in the area. Most courses for the BSW are already online and students can start the program. The courses offered by Community Colleges are already articulated to the CSU program. Several regions are working on core competencies.
- Whipple reported that she is bringing the regional coordinators together and preparing information on what each region is doing.
 - Coordinators can exchange information, resources, and materials for common activities.
- Whipple provided that Healthcare reform and workforce efforts are large looming issues she has been attending to and working on with regards to Section V of the Affordable Care Act (Health Care Reform).
 - Whipple is working with regional coordinators to understand the workforce implications of the Act.

DMH Update

Zoey Todd, LCSW, Chief of Prevention, Education and Training, Department of Mental Health (DMH) announced that she will be presenting to the full planning council during the general session and that presentation is her update on the latest State activities.

Presentation: County Panel

Brian Keefer, Project Manager, Human Resources Project explained that since last June the HRC has had county panel presentations with primarily small counties. The HRC has also looked into other counties implementation of the Workforce Education and Training component. For the June meeting Keefer worked with Adrienne Shilton to archive a variety of counties for a county presentation.

Shilton, Program Director, Workforce, Education, and Training, California Institute for Mental Health (CiMH), introduced the panel of presenters. Shilton explained that Mono was picked because Mono was the first county to get WET Plan approved, San Bernardino was the first county approved for the full allocation of WET funds, and Ventura was the first county to do project planning for WET.

Ventura County

Carla Cross, LMFT, ATR-BC, WET Coordinator, Ventura County, provided a brief overview of the challenges Ventura County (Ventura) has encountered with implementing the WET component. Cross stated that everything about Ventura's workforce has centered around collaboration and inspiration. The main challenge has been bringing together a

diverse group of people and trying to get them to work together. Ventura has collaborated with community colleges, consumers, and other partners. Cross pointed out that everyone comes to the table and creates an integrated and exciting approach to some of the workforce issues, however, they all bring different perspectives, which has been the overall challenge.

Project Management Approach

Cross highlighted the project management approach Ventura used to develop the WET plan. Ventura hired a consultant to assist with the process. It took about a year to complete the planning stage and develop the WET plan. Ventura used a methodological approach that focused on what they were doing, why they were doing it and how the county planned to carry out the plan. Developing a Mission Statement was the first step, then Ventura defined their project objectives by listing and itemizing their objectives in a measurable way. Cross also provided that Ventura developed goals and risks, then they analyzed them. Ventura took time to develop the WET plan and the whole process took a year before the plan was written up and submitted for approval.

Peer Training and Consumer Employment Program

Cross shared with the HRC that Ventura has implemented a peer training and consumer employment program. Before the WET plan process started Ventura contracted with an agency from Arizona, which is now California Recovery Innovations for California, to provide peer training and employment. When Ventura began the WET plan process a portion of the WET funds were allotted to support this training and employment program.

Success Story

Cross read the success story of a young lady sharing her experience as a consumer with RICA. Through RICA she obtained 70 hours of training through a course over two weeks enabling her to provide peer support. In the story the young lady talked about how her personal growth inspired her to apply for a peer support specialist position, which she now has.

Cross discussed the challenges encountered with bringing consumers into Ventura's Department of Mental Health Services, the first challenge is with current staff. Cross reported that there is a lot of apprehension of staff, particularly with the early generation of licensed professionals brought up under a certain paradigm. Cross also mentioned that the dual role consumers assume as a confidant to their peers and team member to the treatment team presents challenges around confidentiality.

Training Institute

Cross reported that Ventura has a conceptual training institute with representatives from educational institutes around the County, contracted agency providers, professional organizations and consumers. Cross noted the unique partnerships and how the trainings are starting to connect with initiatives within the department. Through the Training Institute four quarterly trainings are provided. The first training was in February and the two hour training developed into a full three year project including some regional partnership collaborations.

Entry-level Training & Employment

Cross informed the HRC that one of their workforce challenges in their department is entry-level employment of case managers and crisis team members. Ventura found that the

managers were having difficulties with the lack of uniformity in training and competence with entry level staff. The case managers have high case loads, but many lack writing skills and basic counseling and interviewing skills to carry out their work. The consensus among Ventura's behavioral health department was to develop a certificate program in mental health services with the local Community College. This certificate program would also enable staff to continue in their education, if desired, through the career pathway in the WET plan.

Consequently, Ventura has been working with the local community college to develop this certificate program. The program will involve training on counseling-interviewing skills, case management documentation, and mental health wellness and recovery planning. Cross indicated that state budget issues impacting the community colleges have posed challenges as well as the community college's concern over the use of outside consultants and finding the right instructor to teach the course.

Internships and Stipends

Through the WET funding Ventura now has funding available for internship stipends. Cross pointed out that one of the challenges in Ventura County is that the students come from multiple schools and the funding cannot be arranged with the schools. There are 20-25 students in internships and traineeships and Cross is working with approximately 10 to 15 different schools. To solve for this challenge, the County has contracted with a local foundation that is in place to provide support to the Health Care Agency in Ventura County. A stipend program was set up with the foundation and the students are receiving stipends through the foundation.

Cross also mentioned that Ventura has appropriated WET money for future scholarships for consumers and staff. The WET team is currently working to set up policies and procedures for these programs.

Other WET Plan Issues

Cross discussed how it would have been helpful to have more technical assistance during the WET planning process in certain areas such as loan assumptions. Having a more standardized process would have been invaluable.

Cross provided that State stipend programs have not been useful as Ventura is competing with Los Angeles County for students. Cross claimed it would have been helpful for Ventura to have their own stipend program awarded by the state.

Toni Tullys inquired about how Ventura County is looking at sustainability.

Cross responded that certificate courses will be set up so the courses are applicable to various human services positions so it will have a broader appeal. The courses will also be integrated into the community college system as electives for AA degrees and hopefully transferrable to CSU system as elective classes. Cross stated that she plans to collect data regarding the internship program regarding costs and revenues. With this information it hopefully will be possible to develop a formal budget and demonstrate that the internship program stipends are self sustaining through billable services.

San Bernardino County

Mariann Ruffolo, Mental Health Services Act Coordinator/Administrative Manager, San Bernardino County provided a brief update on the latest WET efforts and challenges.

Ruffolo reported the following information on San Bernardino County's (SB) on-going operations of workforce efforts:

Training Institute

Ruffolo stated that SB had to be more concrete so SB now has their own building for the Training Institute. SB has also made sure the training institute is as technically advanced as it was specifically designed for training, including online training so staff does not have to drive six hours away for a 3 hour training. SB had their very first online training a few weeks ago and got very good feedback. The training facility has a computer lab that holds 17 people. SB's training institute provides skill-based training for resume building and also computer applications such as Microsoft Word as requested by consumers during the WET planning stages. There is also a library with hard copy materials for staff and consumers.

Employee Internship Program

Ruffolo reported that currently there are 43 interns this year, 11 of which who are employee interns. Three of the 11 will graduate this year and are hoping to get clinical positions. SB was able to work out challenges with the schools who were concerned that students repeating internship with SB would not be able to get a wide variety of experience. The colleges are now aware of the 40 programs within SB that provides a variety of programs for interns. The employee interns are able to get paid for a 40 hour job and use half of their time completing training hours. This year two MFT intern students are able to do so through job share to complete hours.

Ruffolo added that SB has been able to do more customized training, specific to what the crisis team, for example, experiences out in the field. Through customized trainings SB is able to provide one on one training development so each of the programs in SB are afforded specialized training in their specialty area.

Consumer Employee Programs

Ruffolo also informed the HRC that SB had paid consumer and parent employee advocates since the beginning of MHSA. On-going training is provided for them as they are so embedded in SB's workforce. SB has several trainings developed by consumers that is part of stigma reduction efforts.

Us + Them = We Program, was developed and delivered by consumers and has been done everywhere in the county including schools. Both universities have requested the training for students going through the psychology, MFT and social work programs.

SB also has the Shaken Tree program which was developed in San Luis Obispo. SB started delivering it at all the internship programs, hospitals, and training institute. This program has been very effective as well for stigma reduction.

Laughter Therapy was very exciting and was provided by DMH through Mayberg's office.

Programs Implemented This Year

License Exam Prep Program is one of the challenges SB encountered in WET plan, they have a very large, disproportionate number of pre-licensed staff to licensed staff. SB surveyed staff to see what materials they used to prepare for licensing exams, did the materials work, and did staff pass exams the first time. In an effort to support employees, SBC purchased Gerry Grossman's and Psych Prep's exam prep materials for 59 staff and 21 passed the exam and have become licensed in first year. SB applied and was rewarded

stimulus money to use to purchase Gerry Grossman's and Psych Prep's materials. SB is a recipient Award of Excellence by the National Association of Counties for this program.

Challenges

Ruffolo informed the HRC that the biggest challenge is the hiring freeze. SB is training interns but have no jobs for them. SB is trying to put a pool together next year for graduates of available jobs.

Another big challenge is how to allow students under 18 years old to do an internship. SB had a successful program last summer, where they had five ROP teachers spend a week with SB and had the opportunity to do job shadowing. These were teachers who taught some of the healthcare classes so they had students who are interested in going into the healthcare field. The teachers went back and incorporated mental health into their healthcare classes and students had to do reports on mental illnesses and issues. The program was so successful that SB has a lot of students who want to do internships, but they are still trying to work out with HR how to permit students under 18 with the opportunity to do intern or volunteer.

The last challenge is the scholarship program. SB is trying to get the program going but are experiencing challenges around how to get the program going, how do to pay staff, does SB just pay the school. SB has a union contract that includes tuition assistance so how to work around that contract. SB now has the money allocated to the scholarship now in the WET budget, but just need to figure out how to get the program going.

Ruffolo stated that SB plans to use the Training Institute as a revenue stream to begin offering the trainings developed to other people.

Mono County

Ann Gimpel, Ph.D., Mental Health Director, Mono County (Mono) presented an overview of Mono's workforce challenges, strengths, and goals. Gimpel provided the following information:

Mental Health Field

Mono is a very small county and has a small mental health field that consists of three licensed psychologists, two MFTs, two MFT interns, one certified nurse specialist, and one part-time psychiatrist.

Additionally Mono is 3,110 square miles with a population of 14,000.

Workforce Challenges

One challenge is the lack of qualified local workforce because the higher learning centers are not in close proximity, the cost of living is relatively high, long winters, and isolation-this rural/frontier environment is certainly not for everyone.

Another challenge is the unique recruitment issues; salaries are competitive but it costs a lot to live there, limited air transportation, and people can not afford to relocate.

Mono County Strengths

Mono is small enough that all the people know one another, there is good cooperation amongst the county agencies, HPSA designation for mental health, and Mono is one of the most beautiful locations in California.

Mono County Workforce Goals

One of the goals is to “grow our own” as it is a hard to find and retain mental health staff. Another goal is to continue to develop a stable and qualified workforce who is committed to maintaining a residence in Mono county. Depending on the state budget crisis, Mono’s next goal may become survival since having to lay off staff would severely curtail services to a very needy population. Since attending the Central Area Collaborative meetings are difficult due to distance, Mono hopes the Collaborative will provide a roving LCSW supervisor to support staff enrolled in the rural track MSW program at CSU Sacramento. Without this provision the staff would have to leave Mono County to go to a county where supervision is more easily accessible.

WET Project

There are four components to the WET program. The first component is a loan repayment program for students through the NHSC. Mono currently has one psychologist waiting to be approved for this funding source. The next component is a student loan repayment program through Mono’s WET funds. The third component is subsidized learning for paraprofessional consumer-staff and the last component is an additional work-based support paraprofessional consumer-staff.

Stephanie Thal advised that she thinks the law is changing for MFT students to obtain supervision by teleconference and it may be changing for MSW’s as well so it would be worth looking into.

Marianne Baptista added that she knows MFT students can do supervision by video so someone my want to call the BBS to find out if that holds for MSW’s.

Brian Keefer stated that staff will look into it.

Susan Mandel thanked the county panel and inquired as a provider to Ventura and San Bernardino about how their private contract agencies are involved other than being recipient for people if they have vacancies.

Mariann Ruffolo responded that San Bernardino have 100 staff just like county staff the only exceptions is internship programs, mainly because the county rules are different than with contract agencies, but we do not put our interns with contract agencies although the contract staff work with all of the state schools so the contract agencies are benefitted as all of their programs are for contract staff as well.

Carla Cross replied that Ventura contract agency involvement is the same, they provide and invite the contract staff to participate in trainings at no cost. In terms of the stipends, there is not a need because the contract agencies do not have doctoral level staff. At the masters level Cross stated that Ventura has to see how things go and they are looking into the community college level as well.

Keefer thanked CiMH for helping to set-up the panel presentation. Mono was the first plan submitted and it was a real learning experience for everyone involved in reviewing the plan. Keefer suggested that as a committee moving from implementation to evaluation we should acknowledge what small counties did, as they had a small allocation and were held to the same budgetary and program description standard, look at what they did with \$450 thousand dollars. When we look at evaluation, we should not make the same mistakes we made going in, we need to look at small counties separately and evaluate them on their own unique circumstance and conditions.

Vianna Criado stated that going back to the challenges, particularly Mono the issue could go beyond current population. We need to take a look, we have to get people help.

John Ryan commended the panel presentation saying it was great. Ryan addressed the issue that was brought up in the cultural competency committee about the burden on small counties experience in writing the plans. Specifically about how the requirements to write the plans are the same for small counties as large counties like Los Angeles and that is a horrendous demand on them. Ryan suggested that they get some flexibility.

Criado inquired about whether San Bernardino's customized training includes older adults.

Ruffulo replied not yet, but they do have an aging program that is funded through their CSS component.

George Fry stated that there is a real challenge, people in the state of California forget that there are 30 rural/small counties.

Presentation: Stanislaus County

Jim Hurley, MFT, Manager, Workforce, Education & Training and Dorbea Cary, LCSW, Training Coordinator provided an overview of Stanislaus County's (Stanislaus) WET results. Hurley and Cary's presentation covered an eight week series of trainings for volunteers, consumers, and family members providing an orientation to working in public mental health; their partnership with Davis High School Health Academy; and the supervisor and line staff training to support transformation of the "workforce culture" through hiring and welcoming of staff with lived experience.

Eight Week Series Training for Volunteers

Cary reported that Stanislaus held their first eight series of trainings for volunteers, consumers, and family members from January 13- March 3, 2010. The series of trainings served as an orientation for consumer and family member volunteerism and/or future employment in public mental health. The training was developed from stakeholder input including consumer and family members, contract agencies and BHRS.

Cary added that the series of eight workshops included an orientation to behavioral health, resources and supports for individuals and families, the important role of culture and impact of stigma on individuals and families, an overview of psychiatry and treatment for mental illness, patients' rights, becoming a volunteer or provider in mental health, facilitating self-help groups and developing effective communication skills, and getting started: how to apply for entry level employment in county and at agencies.

Stanislaus received the following recommendations from participants for the next series:

- Include self-help and the consumer movement
- Include more information on AOD and co-occurring addiction with mental illness
- Advertise to general public and get more people to attend
- Make the workshops more interactive
- Move the topic on facilitation skills toward the beginning of the series
- Provide more time for the Patient's Rights Advocates to present

Partnership with Davis High School Health Academy

Stanislaus secured a contract with Davis High School Health Academy to add a Behavioral Health component to the Academy. For the first time, on March 22, 2010, Academy Seniors "rotated" through Behavioral Health and Recovery Services as part of their Practicum,

offering students a behavioral health option as a career choice. The practicum included a young adult staff person sharing her lived experience as a consumer. This first hand account from someone close in age of the Academy students, was wonderful and impactful.

Hurley and Cary shared that the next steps are setting up classroom presentations, field placements or volunteer opportunities, stipend/scholarship criteria; review Health Academy curriculum; develop some training and relationship with academy; and develop some training and relationship with academy teachers.

Changing the Workforce Culture

Hurley and Cary expressed the need to transform public mental health services by increasing the employment of persons with lived experience as consumers and/or family members in the workplace; stigma and stereotyping associated with people with lived experience exists in the workplace; can lead to a work environment that is unsupportive and isolating; supervisors must be able to address issues of stigma, role confusion, confidentiality and personal boundaries in their work settings; outcomes include: staff being valued, job and role clarity, welcoming environment, and non-stigmatizing workplace.

Stanislaus dilemma in doing this training is the need to focus on the importance and necessity of supervision of consumer and family member staff, balanced by, not highlighting this issue out of proportion such that it stigmatizes or segregates consumer or family member staff within our teams or programs.

Stanislaus' trainings to transform the workplace provide an opportunity for supervisors to dialogue about how to address the issues and challenges in their program, set the tone for mentoring and supporting all staff they supervise, and change the culture of the work environment.

Hurley and Cary reviewed the social and medical model comparison of mental health and addiction treatment models. Many new staff working in Stanislaus are trained in social model recovery principles and are entering mental health programs that are still primarily medical model.

Hurley and Cary concluded the presentation by reviewing Stanislaus' learning objectives and next steps, please review attached power point for more details.

Presentation: Use of Psychiatric Nurse Practitioners and Physician Assistants

Bonita House, Inc.

Dr. Floyd Brown, Medical Director, Bonita House provided a presentation on the programs offered. Such programs include a Dual Diagnosis Residential Treatment Program (TRP), Supported Independent Living Case Management Program (SIL), Homeless Outreach and Stabilization Program (HOST), and Creative Living Center (CLC). Brown provided a brief overview of Bonita House's current primary care services, mid-level psychiatric services, and historical development of primary care services.

Brown highlighted that the issues to be considered are the scope of practice, model used, funding of services, integration with Behavioral Health Treatment Team, and space, equipment, and other practical considerations.

Brown informed the HRC of their lessons learned, making sure they recruit providers who are the “right fit”, expanding the role of case managers to help consumers with medical conditions and primary care, and providing supervision and coverage to mid-level practitioners.

LifeLong Medical Care

Britta Nelson, PA & Brenda Goldstein, LifeLong Medical Care presented on the Integration of the Primary Care/Behavioral Health Model. Goldstein provided an overview of LifeLong Medical Care, including the model they use to integrate primary care and how the model goes beyond the medical model to address the psychosocial issues of consumers. Goldstein and Nelson explained that LifeLong’s medical homes are integrated, expands the community’s capacity for early intervention and triage to appropriate level of services, and how consumers respond well to a holistic approach. Goldstein and Nelson reported that their primary care model includes MDs, mid-levels, Psychiatrist, and LCSWs/Psychologist who prescribe and provide access to psychiatric medications, consults, and coordinate with County and City mental health programs when individuals qualify for services.

Goldstein and Nelson reviewed LifeLong’s spectrum of care, community collaborations, and duties of non-licensed staff. Goldstein discussed the issues to be considered and potential solutions to the issues.

Please review attached power point for additional information.

John Ryan inquired about who LifeLong bills to as an FQHC.

Goldstein responded that the State is billed through MediCal. She added that they have Manage Care but for mental health they primarily bill MediCal/SSI.

Goldstein replied that as a FQHC they have negotiated an amount with the State of California and will receive that amount regardless of if the services are rendered by a MD, psychiatrist or LCSW. It is the state rate per encounter, there are restrictions making billing for mental health difficult; if services are provided in a group can only bill for one person in the group, cannot get reimbursed for MFTs, and cannot bill more than one encounter in one day.

Brian Keefer stated that the State Rural Health Association and the National Rural Health Association provide MFT reimbursement on a platform in the health system.

Goldstein added that it is not a good time ask for anything at the state level that is perceived to increase cost, but designation of allowable FQHC providers is at the federal level so there is more potential to see approval for inclusion of MFTs as FQHC providers.

Viviana Criado inquired about how long the crisis facility is.

Brown responded that they do not have a crisis facility.

Criado stated that she thought Bonita House was a crisis residential program

Brown explained that Bonita House is a psychosocial rehabilitation program not a crisis center.

Criado how do you provide primary care when clients are discharged.

Brown answered that when people are in the Bonita House they receive the primary health care services they need.

Goldstein added that one of the reasons primary care was added is because most people cannot get services through the county system because it is limited and if a client is uninsured they cannot receive services. They knew that it would be important for people to access and the best model would be an integrated model. One of issues that have come up is people call wanting mental health services and LifeLong is not a mental health clinic, they will only provide services to people who are also receiving primary care. It is an integrated package, people seeking mental health services must get primary care and have to see a primary care provider prior to seeing a mental health provider.

Toni Tullys emphasized that the HRC always talk about champions and both LifeLong Medical Care and Bonita House organizations are innovative thinkers, they have extensive collaborations, and both organizations always put clients first. What you are seeing is incredible leadership up and down the organization and partnering for the community good.

The meeting was adjourned at **11:30 a.m.**

Respectfully Submitted,
Narkesia Swanigan