

**Mental Health Services Act Challenge: Workforce Development and Deployment
February 9, 2006**

Report from Participant's Feedback

1. What are some short-term strategies that can be used to improve our workforce shortages?

a. Foreign Trained Professionals

- ✓ Would like to see “Welcome Back-SF” come to the Bay Area Workforce Collaborative (1 vote)
- ✓ Advertise and recruit foreign trained professionals
- ✓ Ensure that clear accurate information is readily available to foreign educated individuals who are attempting to gain licensure in CA
- ✓ Ensure that information about the “Welcome Back Program” is widely circulated to licensing boards prospective participants, employment services, community colleges and county mental health programs

b. Paraprofessionals

- ✓ To increase diversity in workforce, provide intensive training for paraprofessional staff
- ✓ Maximize use of community colleges to train paraprofessional staff

c. Website

- ✓ Make information available regarding promising and innovative programs on employment programs from the State and nation on the CiMH website
- ✓ Make use of website in other geographical areas
- ✓ Develop website protocol that facilitates the connection between a job seeker with cultural/linguistic competency and desire to work with underserved
- ✓ Use the internet to advertise (1 vote)

d. Hire Consumers

- ✓ Hiring consumers: sequential, graduated training and work experience; ongoing support for consumer employees peer-to-peer and professionals if needed
- ✓ To increase diversity in the workforce, train consumers and family members to be mental health providers
- ✓ Partnerships ...”On the Job Training” where possible, each consumer should be made a partner in their recovery. Using peer studies ‘awareness,’ education and community as guidelines. After their recovery, they would be a perfect “Peer Counselor.” (2 votes)
- ✓ Use clients and family members (2 votes)
- ✓ Training led by clients re: the recovery model which clients in the first place, initiated (See Surgeon General’s Report Chapter on “Recovery”)
- ✓ Consumer and family public funded internships for placement at CBO (1 vote)

- ✓ Inventory of available curricula, Regional Certifications, programs targeting consumers/family members paid by MHSA (2 votes)
- ✓ DMH develop MOU with Department of Rehab on service in MH programs-resources that will be available for hiring consumer through local DR offices (9 votes)
- ✓ To attract people with psychiatric histories (clients) at all levels of employment, use the following words in ads that are placed not just in system publications or client or family publications, but all the internet and newspapers: “past and present mental health clients especially encouraged to apply
- ✓ DMH require each county training and education plan to have a section on hiring consumers with budget or counties will not receive any training and education dollars (4 votes)

e. Collaboratives

- ✓ Use one time MHSA funds to hire staff for Regional MH/Educ Collaborative communities and a job provider that way utilize those skills (1 vote)
- ✓ Local collaborations advocate/assist in shift in academic programs, county mental health and mental health employment agencies
- ✓ Develop a cooperative approach to workforce recruitment between county mental health and contract agencies
- ✓ Develop toolkits for development of Regional Workforce Collaborative (2 votes)

f. Leadership

- ✓ Support for leadership
- ✓ It is not a simply a matter of shortage-we need a qualitative transformative change to a recovery-oriented system. Hiring MH professionals with traditional training is anti-theoretical to client/family driven system. MH leadership (Directors) must be in the forefront advocating and implementing substantive change, e.g. hiring clients who will provide meaningful recovery services. Leadership must be emphatic in leading cultural change-systems transformation not system renaming. Put clients in upper management, but for their knowledge and legitimize client integration in the workforce. A real problem is that staff operates, essentially by the traditional disempowering medical model. Mandatory trainings as by CASRA, UACC as well as client groups are essential to change the existing culture to recovery.

g. Other

- ✓ Use collective bargaining processes to ensure to attract and retain diverse staff
- ✓ Consider recruitment tools to disperse to counties use in their recruitment
- ✓ Start addressing loss, relationship and mental illness in grade school
- ✓ Provide training for unlicensed bachelor levels staff to develop recovery-based competencies (1 vote)
- ✓ Greater use of part-time employees-especially those who have recently retired
- ✓ “Best Practice” training strategies summaries for local use
- ✓ Dissemination strategies for competency based curriculum (1 vote)

- ✓ Evaluate current competencies of existing workforce to target needs
- ✓ Focus on outcome measurements in all training programs (5 votes)
- ✓ Work actively with various departments to support internships for such departments as psychology, social work, nursing, etc. (1 vote)
- ✓ Cross country mentoring (6 votes)
- ✓ To inform recruitment efforts and retain diverse staff, listen to the perspective of current staff
- ✓ Adopt national recovery-oriented practice credential (Certified Psychiatric Rehab Practitioner - CPRP) in Medi-Cal (5 votes)
- ✓ Hire CASRA to put together required basic trainings for consumers/family members in recovery-oriented practice

3. What are some long-term strategies that can improve our workforce shortages?

a. Foreign Trained Professionals

- ✓ Establish links with professionals in other countries with wish to relocate exchange programs; expand...
- ✓ Establish 'Welcome Back' in all counties throughout CA-bring current CA immigrants into the workforce quickly, systematically (1 vote)

b. Training

- ✓ Interdisciplinary retraining of the workforce (1 vote)
- ✓ Adopt in UACC 'equip' curriculum for child and adolescent MH providers who are Parent Partners, and revise it to train 'professional' providers (11 votes)
- ✓ Consumer training programs should yield college credits (1 vote)
- ✓ Grow our own-start young
- ✓ Formulate a comprehensive, ongoing consultative and training approach at regional levels rather than shotgun "do this" try that "approach"
- ✓ Engage high school students (and educating high school counselors) through regional occupations programs
- ✓ Develop a professional mental health academy in partnership with community colleges in each county
- ✓ Local system strategic initiatives to 'spread' knowledge at all levels
- ✓ Recruit and train cohort of local trainers versed in adult learning and the core PSR competencies (e.g., using CASRA curriculum).

c. Hire Consumers

- ✓ Support use of MHSA funds to improve respectable pay and benefits for consumers and family members as direct care strategy to support regionalized training programs
- ✓ Have a job for someone who will help people navigate the H.R. system in counties
- ✓ Requirements for counties to hire consumers or no \$ (talk with Jay or Eduardo)

d. Eliminate Barriers

- ✓ Based on employee exit interviews #1 reason for staff leaving mental health field is overly rigid, onerous, documentation (behavioral/med model) required of Medi-Cal. No real transformation can occur without changing documentation requirements. (5 votes)
- ✓ Elimination of regulatory barriers (background checks that don't allow recovery individuals to enter workforce)
- ✓ We are the only industry that puts the affordable housing needs of our clients before those of our workforce. Housing!
- ✓ Leadership in private and government agencies must challenge all elements of the work environment to promote a culture that encourages and supports family and consumer staff to share and contribute their perspectives as recipients of service to challenge or educate on the implementation of their actions and beliefs

4. Support Strategies for Consumer Employees

a. Creating jobs

- ✓ Include in RFP's to the contractors that they must hire consumer employees (2 votes)
- ✓ Use of political will to make changes in civil service
- ✓ ID competencies needed for employment-ways to assess instead of education requirements (CMHPC Dacum tool)
- ✓ Need to develop statewide strategy for working with civil service requirements-relaxation of rules (2 votes)
- ✓ Affirmative Action-hiring consumers in all different jobs (1 vote)

b. Retention

- ✓ Promoting self-care for all employees (not just consumers)
- ✓ Provide services where people (consumers) congregate
- ✓ Support groups specific to being employed in MH and a consumer vs. general support needs
- ✓ WRAP-we need to make a commitment to employees' well-being (all employees)
- ✓ Flexible benefit require program policy changes (2 votes)
- ✓ Supports for persons working in private sector-information/resources
- ✓ Provide supports to all employees to increase retention (1 vote)
- ✓ WRAP provided in an Employee Assistance model: available , but optional
- ✓ Facilitated monthly meeting of client staff and other staff to talk about what is working
- ✓ WRAP-varies greatly based on how it is implemented-needs to be available to everyone or it can become stigmatizing
- ✓ Employees-employees starting point is not to separate our consumer employees 'different' leads to stigma

c. Culture Change

- ✓ Wellness/Recovery culture in workplace

- ✓ Promote changes in work culture/values to consider employee=employee=employee
- ✓ Consumers helping others can do things differently-requires a pronounced effort
- ✓ A critical mass of consumers-employees changes the work culture, some choose to keep a dual role, others to choose to provide or receive services at separate locations/organizations. It's an individual choice. Consumer employment works-leads to a more diverse workforce.

c. Training

- ✓ Have consumers lead support groups for all entry level staff (2 votes)
- ✓ Active Minds-education and awareness in college setting
- ✓ Support group to help with transition from clients to consumer provider
- ✓ Training: each employee to train others (subordinates or volunteers, consumers, etc)
- ✓ DMH to collaborate with Dept. of Rehab to increase local DOR support for the training/employment of consumers in MH

d. Other

- ✓ "Welcome Back"- using persons who have been immigrated as a source of MH employees (1 vote)
- ✓ Major effort on paperwork reduction (1 hour client contact to 1/3 or less of paperwork) (1 vote)

5. Strategies for Consumer Placements

- ✓ Use consumer newsletter to get the word out to consumers about training/employment (2 votes)
- ✓ Use WIEP hotline for consumers to get information about work incentives-transition from SSE
- ✓ Listing consumer/fm preference in all the jobs you list
- ✓ Use internet to inform people about job openings
- ✓ Establish plan for career building from part-time peer counselors to top level management. Education/career leader
- ✓ Garner support from Professional Guilds for the employment of consumers-see letters of support (2 votes)
- ✓ Get Medi-Cal to recognize CPRP as qualified MHP, assist consumers with obtaining CPRP