

Workforce Education & Training Summit

*Meeting California's Public Behavioral Health Care Workforce
Needs*

*March 9, 2017
Sacramento, California*

11:00 am – 12:00 pm

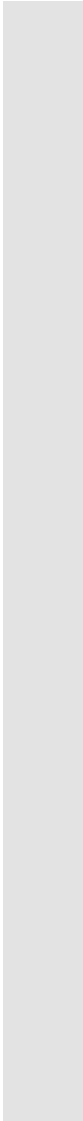

Panel Session 2: Growing a Diverse and Inclusive
Behavioral Health Workforce



PSR Practitioners: The Key to an Ethnically and Culturally Diverse Staff Competent in Recovery-Oriented Practice

Betty Dahlquist, MSW, CPRP

Executive Director, CA Association of Social Rehabilitation Agencies



“ It's so much easier to suggest solutions when you don't know too much about the problem. ”

Malcom Forbes

PSR: More
Than a
Program or
Practice

It is a fundamentally different way of understanding and approaching supporting individuals living with a serious mental illness.

CASRA Workforce Activities

Pre-MHSA

- Core Competencies of PSR
 - *Working in the context of an agency, practitioners partner with persons served to develop and achieve self-selected and self-directed goals for recovery.*
- PSR Practitioners do not:
 - *Provide psychotherapy*
 - *Formulate diagnoses*
 - *Practice independently*
 - *Recommend, prescribe or administer medications*

Core Competencies of PSR

- *Formulate a strengths assessment and assessment across life domains*
- *Explore and evaluate choices and identify goals and options for services*
- *Identify and address barriers that interfere with goal achievement*
- *Provide service coordination*
- *Provide supportive counseling*
- *Provide skills training*
- *Assist accessing community resources*
- *Provide outreach and engagement*
- *Assist in accessing non-mental health services and supports*

PSR Courses

- *Introduction to Psychosocial Rehabilitation*
- *The Helping Relationship*
- *Rehabilitation and Recovery*
- *Community Integration*
- *Fieldwork Seminar*
- *A Culture-Centered Approach to Recovery*
- *Understanding Recovery*
- *Barriers to Recovery*
- *Goals, Values and Principles of PSR*
- *Recovery Promoting Relationships*
- *Community Inclusion*

MHSA WET Activities

- *Developing Systems and Services that Support People in Wellness and Recovery: A Primer (2005)*
- *Standards for Recovery-Oriented Training (2007)*
- *Curriculum and Training Resources for MSW Programs (2009)*
- *PSR Certificate at Contra Costa College (2009)*
- *4-Course PSR Certificate (online) State Central College District*
- *Curriculum and Training Resources for MFT Programs (2010)*
- *"Consumers in the Mental Health Workforce" online course (2010)*

Strategies

- Promote the availability of recovery-oriented rehabilitation services provided by trained rehabilitation professionals, both licensed and non-licensed, including persons with lived experience
- Develop and disseminate training and education resources that reflect the core competencies of recovery-oriented practice
- Partner with universities, community colleges, county mental health departments and provider organizations to implement training and education programs that are recovery-oriented.
- Promote the adoption of the Certified Psychiatric Rehabilitation Practitioner credential as the only national credential specific to recovery-oriented practice.

Challenges

- Increasing disconnect between the wellness/recovery orientation of the original rehab option concept and implementation of specialty mental health services by county Mental Health Plans.
- MediCal recipients that are entitled to Specialty Mental Health Services have uneven access to rehabilitation services that according to the State Plan are medically necessary to address the disabling effects of mental illness
- Under appreciation that rehabilitation services must be provided by rehabilitation professionals (both licensed and non-licensed)
- Increased oversight of rehabilitation services by licensed practitioners (not trained in PSR) is undermining the effectiveness of rehabilitation services.

Lessons Learned

- We must recommit to the goals, values and principles of a recovery-oriented system of services that requires us to not just treat the symptoms of mental illness, but to improve the quality of life, community connection and economic self-sufficiency of people living with mental illness.
- We need to address the growing disconnect between a wellness/recovery vision and the implementation of specialty mental health services.
- Recognize the legitimacy of the non-licensed, rehabilitation workforce and expand the use of mental health rehabilitation specialists or certified psychiatric rehabilitation practitioners, so that counties can more strategically utilize licensed staff
- Systems should contract with community-based providers whenever possible to meet the goal of a diverse, culturally competent, recovery-oriented workforce.

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www.psychrehabassociation.org/certification
Meaningful Roles for Peer Providers integrated
Healthcare: A Guide (download from website)

Join Us!
May 2-3, 2017
Concord, CA

*“Recovery through Economic
Empowerment and Community
Connection”*

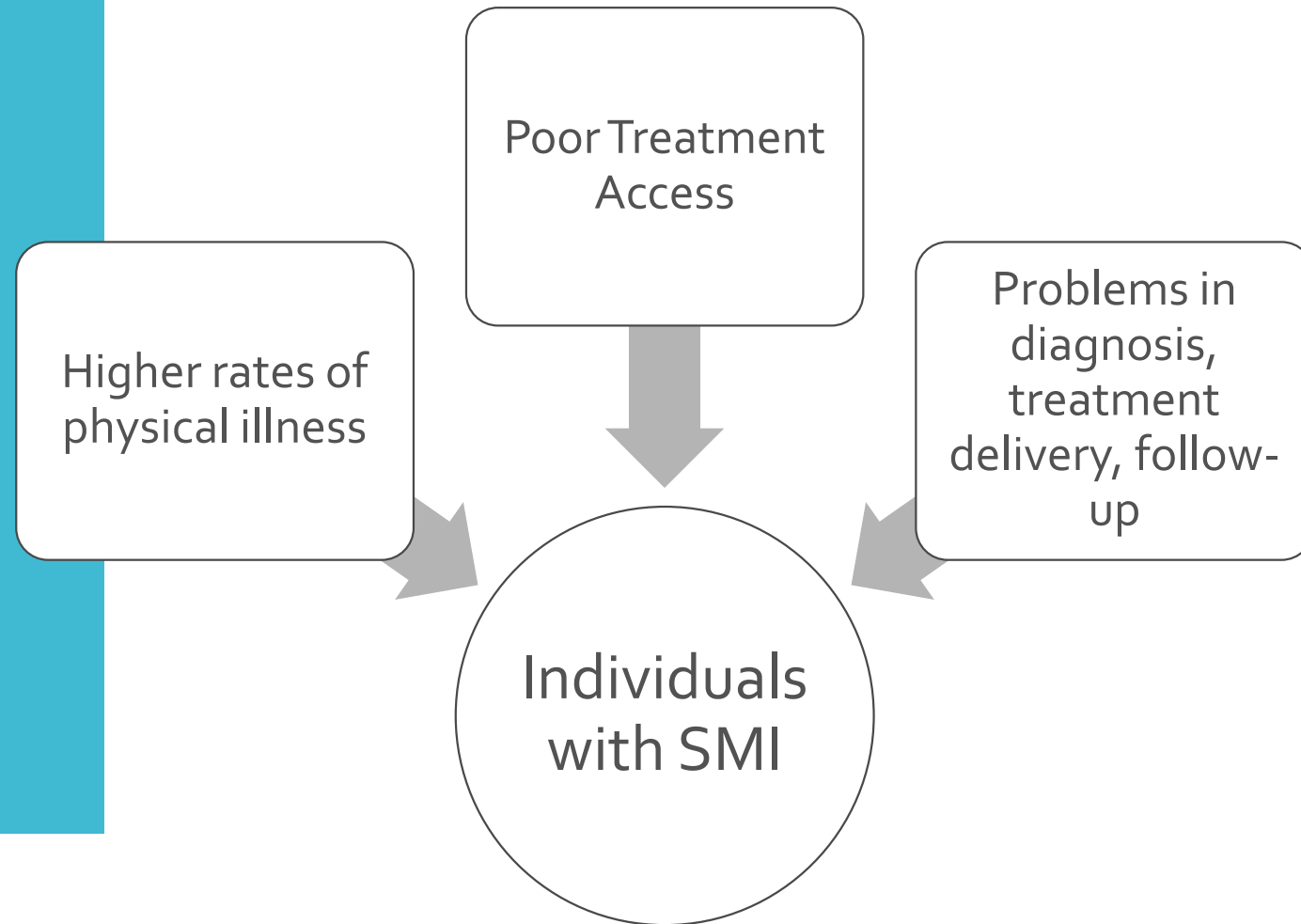


Health Navigator Certification Training: Project Bridge[®]

The USC School of Social Work *in collaboration with* Pacific Clinics

Laura Pancake, LCSW, Vice President of Wellness and Recovery,
Integrated Care and Training
Pacific Clinic

Why Health Navigation?



Why Health Navigation?

People with severe mental illness have a life span that is **20-25 years shorter** than the general population in the US

What is the Health Navigation Intervention?

Designed to teach consumers with mental health and co-occurring issues the skills needed to impact the following areas of their lives:

- Improve access to and utilization of appropriate levels of physical care and substance use services = using more cost-effective outpatient services instead of emergency rooms or urgent care facilities
- Improve health status
- Self-manage their healthcare needs

What is the Health Navigation Intervention (“Project Bridge”)?

A **comprehensive** health care **engagement** and **self-management** intervention

What is the Health Navigation Intervention (“Project Bridge”)?

Comprehensive

- Connect consumers to **mental health, primary care, substance use, and specialty health care** services

What is the Health Navigation Intervention (“Project Bridge”)?

Engagement

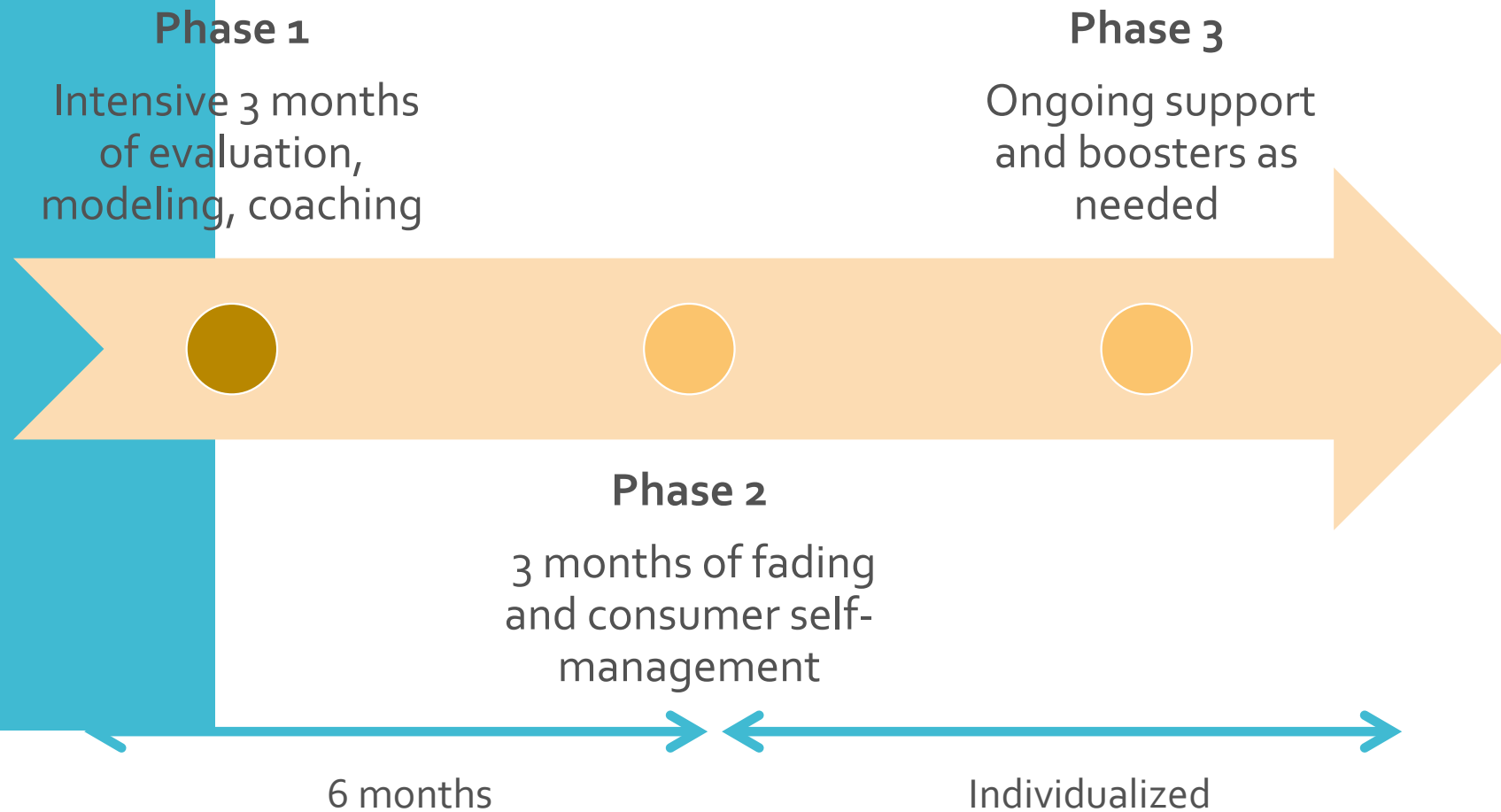
- Many of the SMI population were **unable to successfully engage a consistent primary health care provider (a healthcare home)**, or gave up trying to access and use outpatient primary care

What is the Health Navigation Intervention (“Project Bridge”)?

Self-Management

- **Train and empower consumers** to be assertive self-managers of their health care so that their interactions with care providers can be **more effective**

Phases of Health Navigation



What Have We Learned So Far?

Results from the most recent study – randomized controlled trial

- 150 consumers received Health Navigation
- Significantly greater improvement in access and use of primary care health services
- Higher quality of the consumer-physician relationship
- Decreased preference for emergency, urgent care, or avoiding health services and increased preference for primary care clinics
- Improved detection of chronic health conditions
- Reductions in pain
- Increased confidence in consumer self-management of healthcare.

The gains from the intervention were maintained for six months post-intervention.

Health Navigation Certification Training Program

- Developed in Collaboration with the USC School of Social Work, Dr. John Brekke
- Initial Funding Provided by Los Angeles County DMH
- **Established an effective, clearly defined role in the provision of Integrated Care for Providers with Lived Experience or Peers**
- **Contributes to a Career Ladder for Providers with Lived Experience**

Health Navigation Certification Training Program

• Training Topics

- Role of the Health Navigator
- Research Behind Health Navigation
- The Recovery Model & Health Navigation
- Screening Process for Health Navigation
- The Engagement Process
- The Evaluation Process
- Wellness Coaching & Modeling Skills
- Motivational Interviewing Skills
- Creating Wellness & Lifestyle goals
- Assisting the Consumer to Use Coping Skills
- Consumer Empowerment and Self Management

Health Navigation Certification Training Program

- **Training Structure**

- Supervisor Orientation – 3 hours
- Participant Classroom Instruction - 33 hours
- Supervisor Implementation Instruction – 3 hours
- Navigation Coaching Sessions – 9 hours
- Certification awarded following completion of all training components and the demonstrated completion of Health Navigation Competencies

Why *Peer* Health Navigation

- Personal history of mental illness and similar life experiences can enhance Peer Health Navigators' **credibility** with the consumer
 - Allowing them to **model and reinforce effective coping skills**
- Peer-run programs have been shown to **enhance empowerment** and decrease symptoms
- Peer support has been associated with a **reduction in crisis events** and an **increase in social functioning and quality of life**

Health Navigator Interview Findings

- People who provide critical services receive benefits themselves (the “helper principle”)
 - Increased self-esteem
 - Newfound confidence
 - Increased sense of job satisfaction as a result of navigating consumers
- Health Navigators were more likely to obtain medical care for their own health care needs after navigating consumers

Health Navigator Certification Trainings Provided

- Los Angeles County Department of Mental Health – **WET Funded**
 - **5 Training Cohorts: 3/12 – 4/16**
 - **211 Trainees Completed Training**

Health Navigator Certification Trainings Provided

- **Private Cohort Trainings**
 - 8 Training Cohorts
 - 203 Trainees Completed Training
- **Agencies**
 - Ventura County Behavioral Health
 - City Impact
 - NAMI Next Steps – San Diego
 - Conard House Supportive Housing
 - Transitions Mental Health
 - Southern CA Health & Rehabilitation Program
 - KITSAP Mental Health

Lessons Learned

- All levels of management must actively support the implementation of the model
- All levels throughout the organization should review and discuss the decision to adopt this new model (HN Implementation and Sustainability Manual can be used as guide)
- All levels of the organization should identify how the HN will be utilized and how they will work with various programs and populations
- Local QIC teams must be included the initial training of HN's and HN Supervisors

Lessons Learned

- Supervisors of Peer HN's should receive training on how to supervise individuals with lived experience.
- Peer Health Navigators must be fully integrated into the mental health team.
- Peer Health Navigators must be provided with access to consumer charts.
- Peer Health Navigators benefit greatly from regularly scheduled group supervision/resource sharing/support.

Lessons Learned

- Health Navigation can be successfully implemented in a variety of social service agencies with a many different populations.
- Health Navigators can serve a valuable role in successfully coordinating integrated care for populations that often do not access physical health care services and, as a result, die much earlier than the general population.



Health Navigation
Pacific Clinics

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www.healthnavigation.org



Building a Diverse and Inclusive Workforce

Peer Service Providers
in Riverside County

Steve Steinberg, Behavioral Health Director

Peer Services Prior to MHSA

- ❖ Family Advocate Program
- ❖ Parent Partners
- ❖ Jefferson Transitional Program

Office of Consumer Affairs

- ❖ Mental Health Services Act
- ❖ Consumer Peers and Transformation
- ❖ New BH Director's Vision
 - Management level
 - Infuse peer culture into programs
 - Training

Jefferson Transitional Program

- Consultation on Peer Culture in Workplace
- Peer Classes for Planning
- Peer Employment Training

Human Resources

- ❖ Family Liaison position
- ❖ More inclusive with promotional track
- ❖ Some concern from HR
- ❖ Key player: Assistant HR Director

Peer Positions

- ❖ Mental Health Peer Specialist Trainee
- ❖ Mental Health Peer Specialist
- ❖ Senior Mental Health Peer Specialist
- ❖ Mental Health Peer Policy and Planning Specialist

Non- Peer Staff Response

- ❖ Mostly positive
- ❖ Expressed concerns
- ❖ Some confusion
- ❖ Little antagonism
- ❖ Recovery trainings
- ❖ Keeping Recovery Skills Alive
- ❖ Lots of Support and Training for Peers

Today

- ❖ Over 200 peers (volunteers, interns, FTEs)
- ❖ 96% retention rate
- ❖ 80% of trainees promote to journey level
- ❖ All peer staff bill Medi-Cal
- ❖ Peer Centers
- ❖ Recovery Learning Center
- ❖ Peer Navigation Line
- ❖ Peers have a role in every aspect of what RUHS does

Funding

- ❖ WET funds
 - Peer Employment Training
 - Peer Intern Program
 - Peer Volunteer Program
 - Peer services admin costs
- ❖ All other peer services are funded through program budgets

High School Behavioral Health Programming

Kristin L. Dempsey, LMFT, LPCC

Greater Bay Area Mental Health and Education Workforce Collaborative



the
Collaborative

The Greater Bay Area Mental Health & Education
Workforce Collaborative



Strategy – Brief and Impactful Behavioral Health Career Events for Students

Many counties and their Community Based Organizations are interested in creating meaningful behavioral health career programming for students.

Schools also want to participate.

Issues:

Time

Finances

Program and school structural barriers

Time

Career Days and four-day Career Summer Institute are seen as an opportunities to engage large number of students and provide very focused and meaningful behavioral health programming



Counties Involved

- **Contra Costa**
- **San Francisco**
- **Alameda**
- **Monterey**
- **Santa Cruz**
- **Santa Clara**

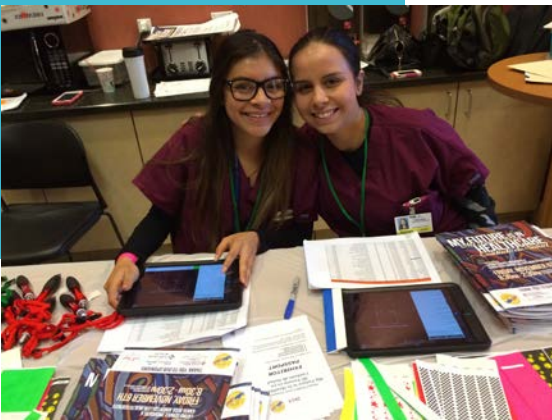


Why High School Conferences?

- Concentrated programming within a limited time frame
- Limited commitment from all partners
- Allows more than one school to benefit from career exposure
- A large number of students and community partners can participate
- Format allows for a variety of programming
- Does not impact the day to day clinic operations
- Excitement around having so many youth around – youth feel they are part of something big
- Novelty of leaving campus, giveaways, interactive activities

Workforce need addressed by the program

- Literature states that we need to connect with students when they are young to start shaping career choices
- Careers conferencing and workshops enable us to work with youth from diverse communities
- Career programming connects youth
 - Career pathways
 - Behavioral health information and resources
 - Stigma reduction efforts
 - Allied professions
 - Potential employers
 - Social justice and equity issues
 - Self-understanding



Outcomes: progress so far

GBA Collaborative has been involved in the following events:

Since March 2015 to the present: 7 events – 6 high school conferences and one 4-day workshop

Two in the North Bay, four in Alameda County and one in Monterey County (CSU Monterey Bay)

Estimated total attendance: 950

Ethnic composition over 90-95% students of color

Majority of youth leaving the event report wanting to pursue careers in behavioral health with social work, psychology and psychiatry consistently being top choices

Youth identify stigma–reduction or knowledge/skills development as important takeaways.



Challenges



- Working between systems – behavioral health and CBOs and schools takes work as different systems have their own policies, practices, and cultures to navigate
- Schools and their culture dominate and we need to work with their systems
- Schools are not resource rich, so they can need significant support to free up students. We need to be creative and innovative in solving these issues
- The evidence indicate that internship or work activities are the best way to engage youth in behavioral health careers. High school conferences do not provide these experiences
- Students want to be further engaged after the conferences and the challenge is finding work-based activities for them



Lessons Learned

- Youth are very engaged in learning about themselves, the brain, addiction, and how they can support their friends, family, and communities.
- Even if they are not sure about careers, they are open to hearing about integrated behavioral health opportunities.
 - We need to be creative in how we communicate about our work and consider innovation in future jobs.
 - Understand the workforce of the future. They seek more balance, novelty, and teaming.
- A little intervention can go a long way. How do we leverage what we have to engage youth.
 - Staff as mentors
 - Public spaces and meetings – invite students to sit on boards and committees

Sustainability

- The cost for doing these events ranges from about \$5,000 to \$10,000 per day to hold depending on ability to obtain in-kind support
 - Food
 - Buses – in kind possibility
 - Rooms
- Can consider smaller events, such as school career events
- Consider meaningful opportunities for youth to participate in behavioral health jobs
 - Places in organization where youth can participate such as wellness centers or food banks

Thank You!