

# Mental Health Workforce Workshops

- 1) Wellness Focus, Recovery & Resiliency
- 2) Culturally Competent
- 3) Client and Family Driven System
- 4) Integrated Service Experience
- 5) Community Collaboration

<p>2/29/2008 Campaign for Community Wellness</p>	<p>1. What could Placer County do to <b>increase the diversity</b> of the Mental Health Workforce?</p>	<p>Give presentations to diverse groups: (e.g. Latino Leadership Council “go to them”)            Identify universities with diverse demographics of students to recruit from.            Look for “seasoned multi-cultural” mentors to work w/ new diverse hires.            Write job descriptions that are clearer &amp; attract diversity.            More support in county system – link together supportive work teams. Provide leadership support.            Match clinician to client culturally.            Pay attention to less visible groups – e.g. LGBTQ, psychological disability, etc.            Allow for cultural differences/variation in assessment process.            Allow for nontraditional ways of learning and/or getting into the mental health field (e.g. apprentice, volunteer).            Early intervention.            Up-to-date information – anti-stigma, myths/truths about the field – Provide a fact sheet to potential recruits.            Develop a certification program – (e.g. similar to child development certification).            Exposure in the community colleges.            Look at other models for recruitment – (e.g. Outreach, FRC’s. Navigator program.)            Creation of job classifications that don’t require degrees.            Career ladders – generate avenues into workforce.            Develop professionals inside workforce through training.            Outreach to career centers (High Schools).</p>
	<p>2. How could Placer County attract Mental Health <b>consumers or family members to enter (or advance in) the mental health workforce?</b></p>	<p>Policy – Community – Individual/Family – Academic.            Interview consumer about what it means to be in the system, encourage advancement opportunities.            Collaborate w/community colleges to provide trainings/avenues.            Integrate MHS principles into curriculum.            Develop certification process ( similar to CADAC ).            Stepping stones: opportunities to promote from entry level position, (e.g. promotoras).            Family friendly work environment – flexible schedules, childcare, etc.            Reduce stigma to make safe to identify.            Support consumer from interest to employment.            Stipends, time off for school.            Stigma is a big factor – help reduce to bring in consumer families.</p>

		<p>Support groups – parents &amp; navigators in workforce.          Individual support – part of cultural shift – navigator meeting – include them in “regular” workforce – long-term positions.          Places for undocumented family members / translations.          Consumer / family members: on policy making boards – i.e. SMART, MH +          Training clinic w/ certification program.          Financial incentives (reimbursements).          Count personal experience as part of curriculum / certification.          Patient advocate roles further developed.          Change professional culture to make room for consumers and family members.</p>
<p>2/29/2008 Campaign for Community Wellness</p>	<p>3. What <b>training and technical assistance</b> would help the Mental Health workforce become more Recovery oriented, culturally competent, client and family driven, and an integrated workforce?</p>	<p>Cultural competency: build on what we’ve started – training, support after, policy/procedures to supervise in culturally competent manner– challenge policy making ( Local &amp; State level) groups to support cause.          Have diversity in workforce.          Shadowing opportunities – go to organizations &amp; to cultural groups.          Consumer voice implemented. Create trainings they ask for.          Have trainings in evenings, provide childcare, offer pay.          Family involvement – hear issues that are brought up – make changes – validate.          Train to relationship building / being present.          Culturally relevant risk/protection factors.          Specialized supervision          Self assessments and evaluations (pre/post testing) to measure outcomes and transfer of learning.          Technical assistance – Find out what’s already working.          Mentoring / pairing support.          Paid internships ( key to attracting workforce ).          Training that changes skills – skill development that can be measured.          Newcomers to county should know more about what administration does – continuing education – true for CBO’s as well.          Change culture (MHSA elements need on-going training).          Navigators and Change Agents are helpful w/ this effort.          Language classes / cultural competency trainings.</p>

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">2/29/2008 Campaign for Community Wellness</p>	<p>4. What <b>community partnerships and collaborations</b> would assist us in developing the ideas generated from previous questions?</p>	<p>JC's / Universities          Latino Leadership / Native Network          Youth Groups\Professional groups – e.g. CAMFT, etc.          Consumers          Multi-disciplinary teams          Needs of elderly          School psych., counselors, etc.          Culture &amp; Language competency– CLC Guide          EDD office          School Counselors          Sierra College – higher educational institutes, American River          CSU system – school counseling education, school psychology          Adult Education          Apprentice Program          Tahoe Forest Hospital          Parent          Consumer          Youth          Faith-based community          William Jessup University          Latino Leadership          MH CBO's          FRC's          Substance Abuse          Nursing          Drexel University          Chamber          PCN</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">3/3/2008 Cultural Competency Committee (7 members)</p>	<p>1. What could Placer County do to <b>increase the diversity</b> of the Mental Health Workforce?</p>	<p>Targeted recruitment.          Design job description w/diversity @ the table.          Attractive recruitment.          Destigmatize mental health.          Have bi-cultural hires perform cultural specific duties.          Create a cultural model in the workforce that is fiscally &amp; concept supported.          Discuss culture in training / orientation / job assignment of new hire ... ask them about how they want to utilize their diversity (e.g. caseload match/mix, career counseling)          Encourage existing staff to identify with what their cultural identity is.</p>
<p>2. How could Placer County attract Mental Health <b>consumers or family members to enter (or advance in) the mental health workforce?</b></p>	<p>Greater flexibility / understanding – work around “real life” issues – work schedules, job sharing.          Prepare existing staff how to work w/ consumers as co-workers – both sides need to be prepared.          “Lived experience” needs to be given more value – allow “lived experience” to qualify as educational requirement.          Write job descriptions differently.          Look @ pay rather than minimum wage.          Make it equitable.</p>	

3/3/2008 Cultural Competency Committee (7 members)	3. What <b>training and technical assistance</b> would help the Mental Health workforce become more Recovery oriented, culturally competent, client and family driven, and an integrated workforce?	Cultural competency training. Family strength. Culture specific training. Co-occurring. Translate materials into native languages. Ongoing training about being culturally appropriate in our written documents. Operationalize cultural best practices – hire someone to help through the process – technical assistance to manage data.
	4. What <b>community partnerships and collaborations</b> would assist us in developing the ideas generated from previous questions?	Native network Latino Leadership Council NAMI LGBTQ groups Support for Professionals of Color Board of Supervisors City councils Private sector businesses Youth voices Family advocates Schools – career pathway in school “Native Pipeline”
The Placer Family & Youth Network – non-profit (12)	1. What could Placer County do to <b>increase the diversity</b> of the Mental Health Workforce?	Spanish classes / lessons for staff. Attend more job fairs and recruit for SOC- both children and adults Attract senior workforce as volunteers first.
	2. How could Placer County attract Mental Health <b>consumers or family members to enter (or advance in) the mental health workforce?</b>	Provide childcare that meets the needs of SED children & teens (particularly after school). Pay consumers and family members to attend meetings Increase authenticity by listening to consumers / family members & implement feedback. Expanding practices around hiring while still receiving services. Decrease stigma around dual relationships. No room for advancement – create career ladders.

<p style="text-align: center;">The Placer Family &amp; Youth Network (12 participants)</p>	<p>3. What <b>training and technical assistance</b> would help the Mental Health workforce become more Recovery oriented, culturally competent, client and family driven, and an integrated workforce?</p>	<p>When families come in w/reputation they can't break it. Help people to see clients and family member's strengths before reading chart &amp; writing family off.  50% of staff strive to be child family driven, mandated workers have a harder time embracing- invite law enforcement/justice professionals to trainings.  See consumer/family members as equal, with something to offer- staff can be patronizing.  Some consumers/ family members have done so much reading/ study of mental health that they should be considered "Paraprofessionals".  Still "less than" - afterthought - tokenism.  Take more seriously, implement ideas.  Strengths based, decrease blame to parents.  Equalize the hierarchy.  Assertiveness = problem parent - we still sometimes look for blame get staff to look toward solutions and strength.</p>
	<p>4. What <b>community partnerships and collaborations</b> would assist us in developing the ideas generated from previous questions?</p>	<p>The Placer Family and Youth Network- non profit that needs support and funding  High Schools  Jr. Colleges</p>