

Mental Health Services Act  
WORKFORCE EDUCATION AND  
TRAINING DRAFT PLAN



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**TRI-CITY MENTAL HEALTH SYSTEM'S  
WORKFORCE EDUCATION AND TRAINING PLAN**

A Proposal to the Tri-City Mental Health Center Board  
in Accordance with the Mental Health Services Act

**EXECUTIVE SUMMARY**

**October 2012**

# **TRI-CITY MENTAL HEALTH SYSTEM WORKFORCE EDUCATION AND TRAINING PLAN**

## **EXECUTIVE SUMMARY**

### **INTRODUCTION**

For the last five years, Tri-City Mental Health Center (TCMHC) has been spearheading an effort to transform and evolve a comprehensive system of care in the tri-city area. A central premise of this effort is that services are essential, but insufficient to fully meet the needs and provide comprehensive support for people who live and work in Claremont, La Verne, and Pomona. The gap between available services and the needs of people in the three cities has always been great, and is growing.

Grounded in this reality, TCMHC and our partners have worked both to expand services and formal supports for people most in need, and strengthen the capacity of individuals, families, and communities to promote their wellbeing without ongoing reliance on services.

The Mental Health Services Act (MHSA) has provided a primary impetus for this effort. To date, we have completed three of the five mandated MHSA plans: the Community Services and Supports plan, the Prevention and Early Intervention plan, and the Innovation plan. These three plans have focused on increasing and improving services for people who are seriously mental ill, as well as a broad continuum of people who do not yet suffer from mental illness, including people in the general population to groups and individuals who may be more at risk of mental illness.

The fourth mandated MHSA plan is the Workforce Education and Training (WET) plan. The central question for this plan is: how can we better support and improve the effectiveness of people providing services and supports? Rather than focusing on services and supports directly, the WET plan seeks to improve the effectiveness of people currently providing services and supports in the tri-city area, and strengthen the pool of people who may be available to provide services and supports in the future.

Given that the unfolding transformation includes both efforts to expand and improve formal services and efforts to increase the capacity of individuals, families, and communities to promote their own wellbeing, the WET plan focuses on a wide array of people who provide services and supports, including clinical staff providing treatment services, staff who provide prevention and wellbeing supports, family and community caregivers and volunteers who offer informal but vital support to loved ones and others.

### **FUNDING**

The state allocation of WET funding to Tri-City Mental Health Center is \$1,114,000. These are one-time funds, and must be expended by June 30, 2016. Once these funds are expended, if we decide to continue any of the efforts initiated through the WET plan, we can do so using up to five percent (5%) of our ongoing CSS allocation.

## **THE WET PLANNING PROCESS**

TCMHC has a long track record of expansive community engagement and stakeholder processes. As a demonstration of our commitment to engaging community stakeholders, TCMHC created a permanent delegates structure in July 2011. The focus of this sixty-member delegates group is to oversee ongoing MHSA planning efforts, and help extend the development of a comprehensive system of care that is founded on but extends far beyond services provided directly by Tri-City Mental Health Center.

Tri-City staff and consultants began research and other preparations for the WET planning process in the spring of 2012. Delegates began meeting in June 2012 to review the preliminary research regarding the workforce, mental health needs, and community-wide demographics. Delegates also reviewed trends and emerging issues documented through interviews with key leaders outside of TCMHC, as well as through an internal staff survey that included contractors. More detail on the process used to develop our Workforce Needs Assessment can be found in Exhibit 3.

After reflecting on this data, delegates organized several workgroups to explore potential areas of investment. Ultimately the workgroups' efforts cohered into two proposals: 1) A set of actions to develop a systemic approach to learning and improvement among current staff, volunteers, and community partners; and 2) A set of actions to engage and better prepare volunteers and future employees for work in a community mental health system. Delegates reconvened in September 2012 and, after extensive small and large group discussions, unanimously endorsed both proposals.

## **THE EIGHT ACTIONS**

To comply with mandated state forms, we have integrated the two projects into a series of eight actions that will unfold over the next four years.

### **1. Hire a Learning Ally (a.k.a. the WET Coordinator)**

TCMHC will hire a Learning Ally to oversee the development of the strategic learning plan, and the development of the infrastructure to implement the learning plan. The Learning Ally will be hired during fiscal year 2012-13.

### **2. Assign a presentation coach to support staff and volunteers**

The presentation coach will support staff and volunteers who wish to share their knowledge and experience but who lack the ability to create and deliver effective learning materials. TCMHC already has identified current staff who can fill this role.

### **3. Hire a Volunteer and Future Career Coordinator**

TCMHC will hire a Volunteer and Future Career Coordinator by early 2013. During the four years of the WET effort, the Coordinator will:

- Oversee the development of a map of volunteer opportunities;
- Build a system for identifying priority needs for volunteers;
- Recruit and prepare volunteers;
- Coordinate efforts to build relationships with area high school and college leaders; and
- Coordinate presentations and other efforts to inform and educate high school and college students about opportunities to engage with the community mental health system.

#### 4. Draft and implement a strategic learning plan

In collaboration with community partners, TCMHC will draft and implement a strategic learning plan to support the emerging system of care over the next 4 years and beyond. This plan will build upon the work already done for WET planning, the emerging Results Based Accountability performance measures for each program, and other unfolding developments.

The steps to develop this plan will include work to:

- Catalog existing learning resources across the system of care—e.g., the Mental Health Toolkit for teachers, MHFA training and materials, NAMI and Pacific Clinics programs and materials, Wellness Center programs, Family Wellbeing programs and materials, roleplay based training for Integrated Services programs, and others;
- Conduct periodic surveys of staff, providers, and volunteers, including individuals with lived experience of mental illness and family members, to identify gaps and priority learning focus areas; and
- Develop strategic learning activities based on identified priorities that expand upon and do not supplant current efforts.

Learning activities will likely include:

- Formal courses and training sessions led by current staff, volunteers, and/or consultants to meet an identified learning priority;
- Informal learning sessions to focus on particular practices or topics in a more relaxed way—e.g., one-time workshops, drop-in periodic activities, ongoing “Lunch and Learn” sessions for staff and volunteers;
- On-line learning activities—e.g., self-guided and interactive tutorials focusing on particular skill sets and practices; and
- Periodic Learning Summits for staff, volunteers, and/or the larger public to educate, share resources and best practices, recognize outstanding contributors, and celebrate successes through story-telling and other activities.

All topics for learning covered by the WET Plan will help to further the intent of MHSA. Examples of topics to be addressed through one or more learning activities include:

- Cultural competency awareness, skills about the specific ethnic and cultural groups in the Tri-City area, and foreign language instruction;
- Evidence-based practices, best practices, and promising practices grounded in recovery and resiliency;
- Coping skills for people who are in treatment;
- Co-occurring disorders and advanced skills needed for developing treatment plans and strength-based engagement, particularly for TAY;
- Effective engagement of communities, especially underserved groups to reduce stigma and support wellbeing;
- Essential skills for working effectively within diverse groups such as presenting and group facilitation; and
- Sharing “stories from the field” by seasoned clinicians and volunteers, including individuals with lived experience and family members to deepen understanding about effective engagement and recovery processes.

Staff and volunteers will be relied upon whenever possible. If a priority learning need cannot be met through currently available resources and personnel, TCMHC will engage consultants to develop the necessary content and processes. The Learning Ally will work with presenters and use the learning management system (see Action #5) to systematically assess the effectiveness of learning activities and improve future activities.

#### 5. Develop a learning support infrastructure within TCMHC

TCMHC will develop an infrastructure to support the implementation of the strategic learning plan. A major component of this infrastructure will be an on-line learning management system to facilitate the development, coordination, tracking, and assessment of system-wide learning activities.

TCMHC will engage an e-learning consulting firm to help assess software options, identify priorities, and develop this on-line management system. The consultant(s) will work with TCMHC staff to:

- Research available learning management system software options and determine the optimal software for Tri- City's existing information technology and learning needs;
- Conduct a survey of TCMHC staff members and volunteers, as needed, to assess preferred learning styles and preferences related to electronic learning delivery options - e.g. videos, on-line instruction, webinar, and other technology; and
- Purchase and install a learning management system software package, including cameras and other equipment needed to capture, deliver, and facilitate learning activities.

In addition, TCMHC will create a learning resource library with books, papers, audio and video resources, and other materials related to the public mental health workforce and

community mental health. The learning resource library will be available to staff, volunteers, and possibly the larger public.

TCMHC will also explore the possibility of offering incentives to encourage staff and volunteers to actively engage in learning activities. Incentives may include informal and formal recognition processes, continuing education units (CEUs), and others to be developed.

#### 6. Increase pool of diverse, engaged and effective volunteers

The need and demand for mental health services in the Tri-City area far exceeds the current and projected availability of services. Given this reality, the more effective we can become at recruiting and using volunteers to augment recovery and wellbeing supports provided by staff, the greater the positive impact we can have for people struggling with mental health issues. In addition, recruiting and supporting volunteers in the mental health system is an effective anti-stigma strategy, not only for the volunteers themselves, but for the people they are in relationship with as well.

To increase volunteers within the system of care, TCMHC will first develop a map of existing and projected volunteer opportunities to provide tangible support to program staff and the people they serve across TCMHC programs and our partners. Next, we will develop and implement a plan to identify, recruit, train and match volunteers to existing and projected volunteer opportunities.

Activities conducted through this plan will likely include:

- Health and wellbeing fairs coordinated as appropriate with other partners and community offerings;
- Community presentations;
- Inspirational videos; and,
- Other culturally appropriate means to attract diverse and effective volunteers.

#### 7. Increase the pool of local high school students informed about and interested in careers in community mental health, particularly in the Tri-City area.

While currently there is little demand for new staff members, either within TCMHC or our partners, this will not always be the case. Turnover and the evolution of the system will generate need for new staff members over time. Developing a more systematic approach to encouraging high school and college students to realistically consider a career in the community mental health field in the Tri-City area will have long-term benefits for TCMHC and our partners.

To increase the pool of high school students interested in engaging with the community mental health system, TCMHC will:

- Cultivate relationships with area high school Regional Occupational Program (ROP) faculty and administrators in the three school districts;

- Facilitate the expansion of existing Health Careers program with curriculum about careers in community mental health;
- Develop and coordinate opportunities for Tri-City staff, volunteers, and partners to present to high school students about career and volunteer opportunities; and
- Connect interested students with community service, internship, or shadow-for-a-day opportunities related to community mental health.

8. Increase the pool of local college students informed about and interested in careers in community mental health, particularly in the Tri-City area.

Activities that TCMHC will pursue to increase the pool of local college students informed about and interested in careers in community mental health include developing and coordinating opportunities for:

- Tri-City staff, volunteers, and partners to strengthen relationships with mental health counselors, career counselors, faculty, deans, and administrators at local area colleges and universities;
- Tri-City staff, volunteers, and partners to impact curriculum in related courses to better prepare college students for careers in community mental health, particularly in the Tri-City area;
- Tri-City staff, volunteers, and partners to serve as guest lecturers and/or instructors to ground students in the realities of community mental health practice and to encourage them to consider these fields of service and support;
- For undergraduate and graduate programs to participate in on-site learning opportunities at the Wellness Center and/or clinic;
- For local area students to participate in formal internship and volunteer opportunities within TCMHC and the larger system of care; and
- For Tri-City staff, volunteers, and partners to participate in career day fairs and related activities.

## **CONCLUSION**

We believe the mental health system now emerging in the tri-city area is becoming stronger and more effective than anything that has gone before. The actions recommended by the delegates to be funded through the Workforce Education and Training plan will greatly enhance the system's capacity to learn and improve, and to attract qualified volunteers and potential new staff. We are excited to get started.