COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU

MENTAL HEALTH SERVICES ACT (MHSA)
WORKFORCE EDUCATION AND TRAINING (WET)
ADVISORY COMMITTEE MEETING

September 30, 2009
550 South Vermont Avenue
9th Floor Conference Room
10:00am – 12:00pm

AGENDA

I. Welcome and Introductions

II. Review Agenda

III. Review Minutes from July 8th Meeting

IV. MHSA Updates:

V. Focus Group Summaries:
   a. Mental Health Career Advisor
   b. Family Members
   c. Parent Advocates/Parent Partners
   d. Financial Incentives

VI. Updates:
   a. Stipends
   b. Loan Assumption Program
   c. RFS Process

VII. Next Meeting

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU

MENTAL HEALTH SERVICES ACT (MHSA)
WORKFORCE EDUCATION AND TRAINING (WET) ADVISORY COMMITTEE

September 30th, 2009
Meeting Minutes

Present:

Angelita Diaz-Akahori
Anna Perne
Carlos Sosa
Carmen Diaz
Cora Fullmore
Deborah Tull
Dennis Murata
Dominique Eugene
Elaine Powell
Heidi Techasith
John Griffin
John Oliver
Juan Mata
Karl Burgoyne
Krista Scholton
Leticia Flores
Mariko Kahn
Maurnie Edwards
Richard Van Horn
Rowena Gillo-Gonzalez
Stella March
Teddy McKenna
Tomas J. (TJ) Hill

TASK / ISSUE	DISCUSSION	FOLLOW UP / STATUS	CONTACT
I. Welcome and Introductions	Committee members and guests were welcomed and asked to introduce themselves.		**Angelita Diaz-Akahori**
II. Review Meeting Materials and July 8th Minutes	The following documents were distributed: Agenda, Draft Minutes from July 8th Meeting, WET Focus Group Summaries for Mental Health Career Advisors, Family Member Advocates, Parent Advocates/Parent Partners and Financial Incentives (Loan Forgiveness, Stipend, Tuition Reimbursement and 20/20-10/30 Program) and flyer for RFSQ Training for Providers.	Minutes approved as presented. Participants were encouraged to sign up for the upcoming MHSA PEI RFS training. Stella March committed NAMI to attend the training to learn how to be placed on the MHSA Master Agreement List.	**Angelita Diaz-Akahori**
III. Review Focus Group Summaries	Focus group leads and committee members were thanked for their participation in the respective focus groups. Summaries of the meetings were reported by the leads: <u>Mental Health Career Advisors</u> This action plan targets the existing mental health workforce, regardless of classification. Anyone working in the public mental health system will have access to these services. A third party provider (independent of DMH or contractors) should be considered, such as an employment agency or an educational institution. The third party provider would basically assume a "consultant" role to interested employees. A mental health career advisor would be defined as one offering:	Mariko Kahn stated that she was glad that this plan was expanded to include all staff and not just consumers, family members, and parent advocates.	**Richard Van Horn**

TASK / ISSUE	DISCUSSION	FOLLOW UP / STATUS	CONTACT
	ongoing advice, coordinating financial incentive resources for education, advocacy, information sharing, and linkage to job training, tutoring and mentoring services. The objective would be to support staff to pursue direct services and encourage upward mobility in the public mental health system, therefore opening positions at the "bottom" and allowing for openings to new staff. All services are to be confidential; this program would be considered a safe zone. Services should be available in person, online, or by phone as needed by the employee. The next step is to identify those that meet the third party criteria and encourage them to get on the master agreement list for WET.	Anyone knowing of any potential bidders for this project should contact Krista Scholton.	
	Family Member Advocates –Four meetings were conducted (July 24, Aug. 13, Aug. 27 and Sep. 5) and included providers, family members, clinicians and concerned individuals. A "family member advocate" was defined as a family member who advocates for their adult mentally ill loved one, which includes neighbors, uncles, aunts, or anyone that the consumer identifies as friends or loved one. Currently there are no positions that exist in DMH for Family Member Advocates. Suggested trainings are intended for newly hired family advocates and staff who work with family members. The following training topics were identified : • Dealing with aggressive behavior. • Navigating computers and internet to access resources. • Coping with loved ones. • Navigating the recovery process. • HIPPA laws and its effects on family members. • Advanced skill trainings for current family advocates (for career advancement). • How to prepare documentation of a loved one's history, behavior and medication to provide to law enforcement, hospitals and new providers during a crisis. • Leadership training regarding mental health terminology (to better understand what is said). • How the Mental Health System works (and doesn't at times). • How to effectively work with consumers and family members	Mariko Kahn stated she is pleased that the summary included culturally sensitive trainings, more inclusion of family members and trainings at wellness centers.	**John Griffin and Leticia Flores**

TASK / ISSUE	DISCUSSION	FOLLOW UP / STATUS	CONTACT
	during a crisis. • Overcoming stigma. • Trainings identified for staff other than those in the mental health system including o Familiarizing staff with NAMI trainings. o Working with Family Members. o Training for hospitals and jails to work with Family Members. Identified barriers for Family Members are: • Mental illness stigma. • Afraid to speak up because of possible deportation. • Family members' requests get "lost" in the system. • Hindrances due to HIPPA. • Language barriers. • Economics (i.e. can cause transportation issues). • No positions in DMH. Recommendations to improve situation: • Create a Family Member Advocate position. • Collaborate more with NAMI. • Make website more user-friendly, add a FAQ section and resource links. • Create hotline where resources can be given to family members. • Inform 211 operators about such services. • Improve communication with community based organizations. • Improve outreach efforts to various communities and ethnic minorities. • Trainings for Parent Advocates to become Family Member Advocates when their children become adults. • Create language specific resource brochures. • Develop flowchart of services that is Service Area specific.	Any organization (such as NAMI) interested in bidding for such training services would need to participate in the RFS process. Stella March stated NAMI has the largest anti-stigma training in Los Angeles; it provides Family-To-Family and In Our Own Voice. This year's training was cancelled, but these NAMI trainings required funding.	

TASK / ISSUE	DISCUSSION	FOLLOW UP / STATUS	CONTACT
	Parent Advocates/Parent Partners – Four focus groups were organized. Meetings revealed that DMH and its contractors view the role of the Parent Advocate/Parent Partner differently. Some duties are the same but not all. The focus groups recommended training for supervisors of Parent Advocates/Parent Partners to ensure consistent understanding of Parent Advocates/Parent Partners roles. The focus groups included Parent Advocates/Parent Partners of 16-18 year olds; the parents of these youths are considered their legal guardians until age 18. Additional information regarding the Parent Advocates/Parent Partners is available in the attached summary. The contractors have been highly successful in integrating the Parent Advocates/Parent Partners in treatment teams. Most child contracted programs mandate that a Parent Advocate/Parent Partner be part of a team. Cora Fullmore added that the focus groups were quite informative. A summary of their concerns and recommendations were shared with the DMH Deputy Director for Child, Family and Youth Services, in particular the need to define and clarify the Parent Advocate role. Financial Incentive – Two focus groups were held, and the summaries outline the groups' recommendations. Discussions included general ideas about eligibility criteria, the applicant's financial need, and consideration for combining action plans #19 and #20. The group recommended that these action plans be implemented FY 10-11.		**Carmen Diaz** **Mariko Kahn**
IV. Updates	Dennis Murata provided the following updates:		

TASK / ISSUE	DISCUSSION	FOLLOW UP / STATUS	CONTACT
	• Given the limited employment opportunities in our public mental health system, stipends will be cut 50% to MSWs (26) and MFTs (36) With the implementation of PEI, additional positions may be available; increasing the number of available stipends will be re-evaluated January 2010. In regards to pay back requirement for stipend recipients, volunteering has been considered. However, liability issues may hamper such consideration.	John Oliver informed the group that the schools have just incorporated that into the MOUs. Also since other schools are about to earn accreditation, the number of slots can not be cut too much. He wants further discussion for joint planning.	**Dennis Murata**
	• Offering stipends to other disciplines may be considered **.**		
	• The group was reminded that MHSA WET funds are for direct services personnel; EMT strongly supports this idea. Support/clerical staff could take advantage of any financial incentive programs only if such career paths are moving towards direct services. Support staff pursuing an administrative career ladder would not be eligible.	Mariko Kahn expressed concern over this issue. She had understood from past discussions that it would be open to administrative personnel for career advancement in their field, to the benefit of the mental health system. Agree to disagree Richard Van Horn stated that the spirit of the MHSA law is not directed at benefiting administrative staff. Teddy McKenna requested additional training for management because of the influx of consumers, family members and parent advocates/parent partners into the mental health system.	
	• Would contractors be opened to implementing a 20/20 or 10/30 program? For DMH it's not a good time since staff may be participating in PEI training. The system might benefit more from this 20/20 or 10/30 program versus a stipend program. The only foreseeable hurdle might be a high need within the existing workforce. How can this be an incentive with new personnel?	Some committee members felt they are ready to implement such a program including Mariko Kahn. She felt the action plan should not be delayed and supported having it be implemented in FY 10-11 or FY 11-12.	
	• WET is looking into sole sourcing or amending an existing contract with some of the action plan funds since the RFS		

TASK / ISSUE	DISCUSSION	FOLLOW UP / STATUS	CONTACT
	and RFP processes are lengthy; however, this would be done only when appropriate. It is important to remember that PEI will be developing 50 RFS. • For the Mental Health Recovery Specialist Program part of the target participants will be shifted to existing consumers in the mental health system.		
V. UPDATES ON WET ACTIVITIES	Angelita Diaz-Akahori provided the following updates: • Action plans already moving forward if clearly defined. • For MSW stipends in FY 08-09, at least 80% have been employed. For the MFT stipends 68% have found employment. The criteria have been relaxed for pay back commitments. • The Loan Assumption Program, funded by SDMH WET funds: ➢ LA County was allocated $675,000. ➢ LA County submitted 333 applications, largest applicant pool in the state. ➢ 157 applicants met the county's high need criteria. ➢ 78 applicants were awarded. ➢ 69% went to contractors' staff, 31% to DMH staff. ➢ Next cycle probably will be in October, but we will let everyone know when it opens up. • National Health Service Corp ➢ Requires a matching allocation from the site. ➢ Administered by the Office of Statewide Health Planning and Development. ➢ WET funds may be used for the match. ➢ Use Health Professional Shortage Areas (HPSA). Most of LA County qualifies, but paperwork has not been done. • The Licensure Preparation Program RFS has been submitted and in Contracts for review. It will provide licensure		**Angelita Diaz-Akahori**

TASK / ISSUE	DISCUSSION	FOLLOW UP / STATUS	CONTACT
	preparation training for MSWs, MFTs and psychologists. • Recovery Oriented Supervision Training is its final draft and to be forwarded to Contracts. This will be released as an RFS. • Interpreter Training program will be sole sourced. A potential provider has been located who can deliver the services required in the County of Los Angeles. The training would be for the interpreter and clinician using the interpreter. There would be no fee for contractors to attend these trainings. • Mental Health Career Advisors is being finalized. • Mental Health Recovery Specialists is in the early draft stage. Eduardo Vega's staff is taking the lead writing the Peer Support Training RFS as well as the family members' RFS. • With regard to the Parent Advocates/Parent Partners, additional details are being worked out, and the RFS will be drafted shortly. • An RFS is being written for the purpose of soliciting a fiscal intermediary to manage the financial incentive action plans.		
VI. Other Issues	Mariko Kahn suggested that the Committee revisit the WET budget allocations. She understands that the allocations are fluid, and therefore, should be reexamined.		
VI. Next Meeting	October 26th , 2009 10:00 am-12:00 pm 2nd Floor Conference Room		**Angelita Diaz-Akahori**

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU

MENTAL HEALTH SERVICES ACT (MHSA)
WORKFORCE EDUCATION AND TRAINING (WET) ADMINISTRATION
MENTAL HEALTH CAREER ADVISORS FOCUS GROUP SUMMARY
JULY 24, 2009, 10:00AM – 12:00PM

Participants:
Anna Perne
Rowena Gillo-Gonzalez
Susan Moser
Melinda Bradshaw
Leticia Flores
Richard Van Horn
Krista Scholton

	ACTION PLAN #12
PLAN DESCRIPTION	Mental Health Career Advisors
TARGETED PARTICIPANTS	• Existing workforce. • All categories of staff: clinical and non-clinical, including administrative / support staff.
PURPOSE OF THE MH CAREER ADVISOR	• Provide assistance to all employees in the public mental health system to support career mobility.
ROLE OF THE MH CAREER ADVISOR	• Provide on-going advice, coordination of financial assistance for schooling, advocacy, and information sharing. • Provide linkage to job training, mentoring and tutoring services.
IMPLEMENTATION IDEAS	• The MH Career Advisor should maintain a neutral position. This will only be accomplished by having someone outside of the mental health field provide this service. o There is not enough money ($1.1M) for every mental health agency to hire someone to provide this service for their own staff. o Having an outside entity benefits the employee by providing a 'safe zone' and the employer by eliminating any conflict of interest or concerns that could arise from having another mental health agency provide assistance to their staff. o This could be a Career Counseling agency or Educational Institution. • The Career Advisor would provide career assistance that would ultimately benefit the public mental health system, which may mean directing someone out of direct service or the mental health field completely. • Mentoring is extremely important for career mobility. While there is not enough money to fund mentors for everyone who needs it, the Mental Health Career Advisor could provide train-the-trainer workshops/seminars for agencies so that they could develop their own mentor networks. • WET would provide oversight and track outcomes (qualitative – "I feel more supported," "I feel better about my job," and quantitative – usage, mobility, etc).
SERIVCES PROVIDED	• These services would include those typically done by career counselors e.g. aptitude tests when an individual is struggling or unhappy with their job.

	ACTION PLAN #12
	• Public Mental Health Agencies, WET and the MH Career Advisor would be responsible for making this service known to employees. • Services would have to be confidential for employees to feel safe. • The services should include one-on-one, group and workshop formats. • Services should be available in person, on-line and over the phone to best meet employees' needs.
SKILLS / EXPERIENCE NEEDED	• Personnel experience – including aptitude tests, etc. • Knowledge of appropriate referral resources – EAP, Unions, and Human Resources Liaisons for the various public mental health agencies (this could be learned and not necessarily known upfront). • Knowledge of all financial incentive programs to help employees go back to school – including those funded by MHSA, other publically funded, and privately funded resources. • Knowledge of behavioral health systems/culture. • Must be sensitive to the specific barriers consumers, family members and parent advocates face in the system, and work in coordination with systems that develop through Action Plans 9, 10 & 11. • All Advisors would have to be culturally and linguistically capable.
FOLLOW-UP QUESTIONS	• Total number of employees in the public mental health system? • Would this committee be able to participate in the development of the RFS since CBOs would not be eligible to bid? • What other sorts of services does the typical career counseling agency provide? We would want to research desired services to include in the Statement of Work.
CONCLUSION	• Mr. Van Horn will share the information collected during the Focus Group with the WET Advisory Committee.

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU

MENTAL HEALTH SERVICES ACT (MHSA)
WORKFORCE EDUCATION AND TRAINING (WET) ADMINISTRATION
FAMILY MEMBER ADVOCATES FOCUS GROUP SUMMARY

	Family Member Advocates Focus Group Summary	
	July 24, 2009, August 13, 2009, August 27, 2009, September 15, 2009 Focus Group Minutes Summary	NEXT STEPS
Summary Of Family Member Advocates Need in the Public Mental Health System	• Definition of a Family Member Advocate ○ family member who advocates for their adult mentally ill loved ones in the public mental health system and can be inclusive of neighbors, uncles/aunts. • There is currently no item/position for family member advocates in the system. • **Specific training for newly hired Family Member Advocates which addressing the following:** ○ Dealing with aggressive mentally ill adult consumers. ○ Computer training on how to use the computer and on navigating the internet to assist with resources. ○ How to cope/manage with family of loved ones. ○ How to help and support family member through recovery. ○ HIPAA laws and how it affects family member when advocating for love one. ○ Advance skill training for volunteers working in the system in order to prepare them for employment at higher level positions. ○ How to prepare documents/letter of loved ones history, behaviors and medications to provide to law enforcements/hospitals at time of crisis. ○ Language specific leadership trainings for family members. ○ Education for family members on how the mental health system works. • **Trainings for Departmental staff, Community Partners (as expressed by family members to better serve them):** ○ How to effectively work with consumers and family members during a crisis situation. ○ Cultural/family sensitivity training across the board. ○ Collaborative trainings on sharing information/resources and providing to family members ○ Training on overcoming stigmatization of the mentally ill. ○ Trainings for Community Partners on aspects of mental illness and how to better serve the family members involved in the system	• Present findings to WET Advisory Committee

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MENTAL HEALTH SERVICES ACT (MHSA)
WORKFORCE EDUCATION AND TRAINING (WET) ADMINISTRATION
FAMILY MEMBER ADVOCATES FOCUS GROUP SUMMARY

	Family Member Advocates Focus Group Summary	
Summary Of Family Member Advocates Needs in the Public Mental Health System	○ Familiarizing DMH staffs with trainings offered by NAMI so they can better assist family members. ○ Departmental line staff training on what is mental illness and mentally ill consumers. ○ Education of case managers on how to deal with family members of consumers. ○ Training for hospitals/schools staff on how to effectively communicate with family members/consumers. • **Barriers experienced by Family Member Advocates/others:** ○ Stigma associated with mental illness ○ Family members afraid to get involved due to deportation issues. ○ Family members not following through with inquiries to the system. ○ HIPAA hindrance ○ Financial hardships and lack of transportation prevents them from effectively assisting loved ones. ○ Language barriers (trainings only in English). ○ Family members resistant to mental health because of feeling ashamed, denial of illness or cultural issues. ○ No known trainings outside of NAMI ○ No positions available in the public mental health system for family member advocates. • **Suggestions/recommendations to improve the system:** ○ More collaboration between DMH and NAMI on sharing information, outreach and engagement. ○ Navigators are key to outreach and engagement in the hospitals/schools. ○ FAQ link on DMH Homepage, website. ○ Get hospital/jail staff to understand importance of family member involvement. ○ One number where family members can speak to 1 person and get resources/information needed, not the run around. ○ ACCESS and 211 should be trained on family oriented sensitivity. ○ Address communication gap between providers (clinical staff, community organization/agencies) and family members. ○ Improve outreach efforts to various communities and ethnic minorities. ○ Assist family members in making transition from parent advocate to family member with services/resources.	• Present findings to WET Advisory Committee

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MENTAL HEALTH SERVICES ACT (MHSA)
WORKFORCE EDUCATION AND TRAINING (WET) ADMINISTRATION
FAMILY MEMBER ADVOCATES FOCUS GROUP SUMMARY

	Family Member Advocates Focus Group Summary	
Summary Of Family Member Advocates Needs in the Public Mental Health System	○ Include family members more in discharge planning and treatment plan. ○ Make trainings at Wellness Centers more accessible to family members.	• Present findings to WET Advisory Committee

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU

MENTAL HEALTH SERVICES ACT (MHSA)
WORKFORCE EDUCATION AND TRAINING (WET) ADMINISTRATION
PARENT ADVOCATE/PARENT PARTNERS FOCUS GROUP SUMMARY

	Parent Advocates/Parent Partner Focus Group Summary	
	July 20, August 6, September 2, and September 3, 2009 Focus Group Minutes Summary	NEXT STEPS
Summary Of Parent Advocates and Parent Partner Needs in the Public Mental Health System	• Definition of Parent Advocate/Parent Partner (PA/PP) ○ a parent or caregiver of a child 0 to 18 yrs of age who is or was serviced by the public mental health system. • Importance of defining the duties and responsibilities of a PA/PP and consistency of such definition across the L.A. County Public M.H. system. • Training for newly hired PA/PPs which addressing the following: ○ Orientation training that includes "shadowing" w/ experienced PA/PPs ○ Scope of practice (what they can and can not do) ○ Home visitation protocols and dealing with intense family situations ○ Ins and outs of working with a multi-disciplinary team ○ Documentation training ○ Development or enhancement of communication skills targeted at individual work w/ parents, agency personnel, etc. ○ Working w/ parents w/ children ages 0 to 18 yrs (developmental and system concerns) ○ Issues relevant to working specifically w/ parents w/ adolescent children ○ Training relevant to conducting support groups, community groups and/or meetings ○ Inclusion of WRAP Around, CSOC, FSP, AB3632, IEPs training ○ Navigating systems: Juvenile Justice, Regional Center, DCFS, Schools, public mental health system, housing, DPSS, and Courts, etc. ○ Self-Care and stress reduction ○ Big "A" vs Little "A" advocacy role.	• Present finding to WET Advisory Committee

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WORKFORCE EDUCATION AND TRAINING (WET) ADMINISTRATION
PARENT ADVOCATE/PARENT PARTNERS FOCUS GROUP SUMMARY

	Parent Advocates/Parent Partner Focus Group Summary	
	• Other Trainings to include: ○ Intermediate and Advanced level training for PA/PPs ○ Specialty trainings ○ Quarterly and/or annual updated trainings for PA/PPs • Certification of PA/PPs across the Public M.H. System: Standardized training across the system • Need to identify PA/PPs for TAY population • Trainings for Supervisors and Program Managers on the roles and responsibilities of PA/PP ○ How to work w/ PA/PPs ○ Trainings/presentations should include the partnering of professionals and PA/PPs. • Support for monthly mandatory meeting for DMH PAs • Support for SA monthly PA/PP Meetings • Need to review and revise policies and procedures for management of PA/PPs by experienced PA/PPs ○ administrative vs. clinical supervision • Importance of establishing a well defined career ladder for PAs; PPs in contract agencies have moved forward with career pathways.	• Present finding to WET Advisory Committee

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU

MENTAL HEALTH SERVICES ACT (MHSA)
WORKFORCE EDUCATION AND TRAINING (WET) ADMINISTRATION
FINANCIAL INCENTIVES FOCUS GROUP SUMMARY

Participants:

Angelita Diaz-Akahori	Dino Koutsolioutsos	Karen Gunn	Leticia Flores	Thomas J. Hill
Anna Perne	Eydie Dominguez	Karen Morris	Luis Escalante	
Brenda Ingram	Hector Garcia	Karl Burgoyne	Mariko Kahn	
Carlos Sosa	Heidi Techasith	Juan Mata	Shari Doi	
Dennis Murata	James Cunningham	Krista Scholton	Teddy McKenna	

	FINANCIAL INCENTIVE FOCUS GROUP SUMMARY	
	JULY 20 & 31 FOCUS GROUP MINUTES	NEXT STEPS

SUMMARY OF FINANCIAL INCENTIVE RECOMMENDATION AND ISSUES	• Ensure WET trainings do not overlap with PEI or other on-going DMH trainings.
	• Develop eligibility criteria for the Action Plans that take into account prioritizing individuals who:
	  o Are working / will work in high need areas both geographically (e.g. Health Shortage Areas) and specialties (e.g. 0-5, gerontology, co-occurring).
	  o Are bilingual and / or bicultural.
	• Eligibility requirements and payback commitments should be worked out beforehand, including how to enforce commitments.
	• Should financial need be considered as an eligibility requirement?
	• Focus group stated the need for both administrative and direct line staff to be eligible for these programs.
	• Focus on 2010 – 2011 so as planning must be started now to meet administrative deadlines. Decisions on focus and funding can be adjusted in subsequent years to accommodate shifting workforce needs and lessons learned.
	• What educational institutions will be allowed? Accredited vs. approved institutions is more a DMH issue when hiring than CBOs.
	• How will award amounts be determined when education costs vary depending on disciplines and institutions; would dollar amounts be variable as well? What formula would be used?
	• All Action Plans must be ready for implementation for 2010-2011. This means developing them now.
	• Can individuals access more than one program? If so, is there a 'lifetime cap'? May not be an issue because of the limited timeframe we can pay for the programs.
	• What are the payback commitments? If there aren't jobs available in LA County, can stipend interns work in other counties? Most participants did not feel this was feasible since it does not increase the workforce in LAC.
		• Determine where current staffing needs exist.
		• Present focus group findings to the WET Advisory Committee.

	ACTION PLAN #19 Tuition Reimbursement		
	JULY 20, 2009 MINUTES	JULY 31, 2009 MINUTES	NEXT STEPS
TARGETED PARTICIPANTS	• Existing workforce. • Inclusive of AA and BA level degrees. • Support higher educational goals allowing for career advancement. • Suggested priority for bilingual / bicultural applicants. • Need for professionals with specialty training (i.e. gerontology, substance abuse, 0-5).	• When focusing on specialty areas (e.g. 0-5, gerontology, co-occurring), this would be a degreed program that has a concentration in one of the specialty areas. The degree may not specify the specialty, but the coursework would reflect it. • There are also post-masters and other certificated programs that may qualify.	
CURRENT PROGRAMS	• In DMH, tuition reimbursement was only provided to those pursuing a Masters Degree and higher. • Only 5 nurses had gone back to school and rec'd TR. Many nurses returned to school, but paid for the programs on their own as they were told by DMH that they could not get TR. • Nurses are now opting for Azusa Pacific Program because they get $18,500 stipend from State DMH.		
IMPLEMENTATION IDEAS	• Retrain staff to allow transformation to occur. • Reimbursement can be paid out gradually throughout the years to ensure recipients stay in public mental health. • Start with a multi-year pilot for clinical and administrative staff in combination with a 20/20 or 10/30 program. • Create 2 unique pilot projects, one for DMH and another for community based organizations (CBO). CBOs are not tied to Civil Service rules. • Reimburse staff attending a licensure examination preparatory class. • Set eligibility requirements and payback commitment for recipients of tuition reimbursement. • Current DMH policy for most of the Financial Incentives programs allows individuals to participate in one Financial Incentives program.	• Individuals should have the option of selecting just Tuition Reimbursement; just 20/20 or 10/30; or a combination of Tuition Reimbursement and 20/20 or 10/30, because some programs where the Tuition Reimbursement is needed also require work release time. • When does reimbursement take place? In some places, it is paid once successful completion of the program can be proven.	• Verify whether the Department would approve the combination of Financial Action plans #19 and #20.

	ACTION PLAN #19 Tuition Reimbursement		
BENEFITS	• Retention of existing staff members who may desire career advancement but can not afford the cost of higher education. • Opportunity to include non-clinical, non-direct services staff (i.e., administrative, clerical, accounting) as long as they remain in the public mental health system. • More economical to retrain existing staff vs. training new staff. • Improves continuity throughout programs • Staff morale/satisfaction increases. • Addresses the needs of underserved ethnic and specialized communities. • Priority to bilingual / bicultural staff since they can be utilized in multiple areas. • Improvement in consumer access and satisfaction with increased bilingual staff.		
BARRIERS	• Action plan language set aside 50% of slots to target consumer, family members, and parent advocates. Would there be a large enough pool of employed candidates? • Prevention and Early Intervention (PEI) transformation requires delivery of Evidence Based Practices (EBP) and the staffing for those require licensed professionals. • Work site release time. If not sufficient, individuals are not willing to participate. • How to determine the number of candidates for this program? • Approved vs. Accredited school? DMH Policy doesn't allow for participation in a non-accredited school but CBOs do not have this restriction. • Bilingual staff whose English is a second language demonstrate a higher rate of failure in licensure examination. Also they often require a longer period of time to matriculate.		

	ACTION PLAN #20 20/20 and/or 10/30 Program		
	JULY 20, 2009 MINUTES	JULY 31, 2009 MINUTES	NEXT STEPS
TARGETED PARTICIPANTS	• Existing Workforce, both clinical and administrative staff • Psychiatric technicians (PT) – create a career ladder. Allow them to "upgrade" to Registered Nurse (RN) from licensed psychiatric technician (LPT). Within DMH, LPTs currently have a very limited role. • Provides an opportunity for consumers, family members and parent advocates to pursue educational advancement if they are currently hired. • Need for professionals with specialty training (i.e. gerontology, substance abuse, 0-5).		
CURRENT PROGRAMS	• DMH's program was more of a 32/8 Program. 16 hours of schooling, 16 hours of field work, and 8 hours at assigned work site. • Unlike other programs, this program did receive a larger amount of applicants.	• The DMH program did include tuition reimbursement for the employee in addition to work release.	
IMPLEMENTATION IDEAS	• Develop a "pre-test", to screen for candidates and ensure success. • Include bilingual services to better prepare the English as a second language candidates. • Set eligibility requirements and payback commitment. • Current DMH policy for most Financial Incentives Programs allows individuals to participate in only one Financial Incentive program. • Establish a liaison to support participating students. • Need to establish eligibility requirements and payback commitment. One suggestion was to set a minimal time of employment before one can apply for this incentive.	• Individuals should have the option of selecting just Tuition Reimbursement; just 20/20 or 10/30; or a combination of Tuition Reimbursement and 20/20 or 10/30, because some programs where the Tuition Reimbursement is needed also require work release time.	Verify whether the Department would approve the combination of Financial Action plans #19 and #20.

	ACTION PLAN #20 20/20 and/or 10/30 Program		
BENEFITS	• Better retention of bilingual staff. • At a CBO, a promotion or pay raise is easier to do than in DMH after graduation. • Staff receives additional training providing an opportunity for career advancement. • Retention of staff experienced in the institutional culture. • Job satisfaction is increased when staffs feel they are nurtured and encouraged to improve their skills. • Have a more highly trained staff who are cross-trained		
BARRIERS	• What if a participant takes longer than anticipated to complete their education? • Release time from work site is crucial. • No promise of promotion upon completion of courses. • DMH staff not guaranteed a promotion upon completion. • How to develop requirements for those applying for this incentive?		

	ACTION PLAN #21 Stipends		
	JULY 20, 2009 MINUTES	JULY 31, 2009 MINUTES	NEXT STEPS
TARGETED PARTICIPANTS	• Recruitment of new mental health professionals for DMH and CBOs. • Provides professional development for existing staff for CBOs. • Given the economic environment, would recruitment be for new positions within the public mental health agencies or more geared for replacement due to attrition. . • Focus on disciplines that have not been previously stipend, such as Nurse Practitioners, Psychologists, etc. • Need for professionals with specialty training (i.e. gerontology, substance abuse, 0-5).		
CURRENT PROGRAMS	• County-funded program only focused on Marriage and Family Therapists and Masters of Social Work. • MFT and MSW students received up to $18,500 and were required to work in public mental health position for one year.		
IMPLEMENTATION IDEAS	• Redistribute existing slots to include additional disciplines. If this is a multi-year plan, the amounts per discipline may vary from year to year. • Who would qualify for be stipends to become Psychiatric Technicians? • The stipends focus is to “hook” people to work in public mental health. • Someone who is already employed by DMH is not eligible to receive this stipend. • Someone who is employed at a contract provider may receive this stipend and continue their position or be reassigned to a new position within the organization. . • Need to know the attrition rate for interns who were stipend in prior years – how many remain in public mental health and for how long after their one year commitment? • Set eligibility requirements and payback commitment. • Individuals can receive a stipend or loan forgiveness, not both.	• At what point do we look at the allocation of the funding and shift it to one of the other Action Plans or other disciplines, based on what the system can sustain? • When looking at the various disciplines to fund, may need to take into account what services they will provide, or what they bring to the system. An example was that Psychologists in many programs provide the same services as a Social Worker or MFT.	• Survey workforce needs. • Need to develop a timeline if there will be changes in the stipend categories or allotted slots per discipline so schools can adjust and prepare their students.

	ACTION PLAN #21 Stipends		
	• If the new disciplines are included they would require Board of Supervisors' approval. Planning requires at least one full year before a new discipline can be added for stipends in most cases.		
BENEFITS	• Allows the participants to experience working in the public mental health system after graduation. A significant number of participants report that they would not have considered this without the stipend. • Increases the pool of qualified candidates committed to work in the public mental health field. • After completion of required "payback" time in public mental health system of one year, roughly 70 % of participants remain. No data are available on how long the stipend participant remains in the system after that. • Opportunity to place staff in highly specialized programs, such as Full Service Partnerships, Service Area Navigators and Jail Programs. • Increases the number of applicants who will work in difficult to place locations such as SA1 and SA6.		
BARRIERS	• Salaries are an issue. For example, PTs who train at DMH are often hired away by State Metropolitan Hospital because State pays more. • Stipend for PTs ($1,800 – 2,000) is too low and would not be sufficient to increase interest. This needs to be changed or tied to another financial incentive action plan. • Difficult to recruit nurses because of workforce shortage in the entire field. • How to determine need and job availability for these potential employees since a condition of the stipend is that they work for a public MH agency for one year.	Inability to accurately project jobs in the current economy.	

	ACTION PLAN #22 Loan Forgiveness		
	JULY 20, 2009 MINUTES	JULY 31, 2009 MINUTES	NEXT STEPS
TARGETED PARTICIPANTS	• Existing workforce • CBOs may make this available to new staff as a recruitment incentive.	• Incumbents and Existing Workforce for both directly operated (specifically MDs) and CBOs. • Discussion included loan forgiveness to all disciplines currently being stipend.	• If Loan Forgiveness is focused on direct service staff, then portions of Tuition Reimbursement and 20/20 or 10/30 should be held for administrative / support staff.
CURRENT PROGRAMS	• To be further discussed in the next focus group.	• There is a Health Foundation running the State Loan Forgiveness Program, totaling $675,000. • Unlicensed and licensed professionals are eligible. • Individuals must be working in hard to fill areas and/or have bilingual capabilities (LA County used the same standards that were used for Stipends). • LA had about 300 people that applied, about 60-70 accepted. • Award amount is sent directly to the lending institution. • There are also existing Loan Forgiveness programs that leverage matched money, which should be investigated.	• Identify other Loan Forgiveness programs that offer matched dollars.
IMPLEMENTATION IDEAS	• Payback of loans can be done gradually (i.e., 20% each year for 5 years) • Set eligibility requirements and payback commitment • Individuals can participate in only the loan forgiveness or the stipend program, not both. • Determine the amount of the loan forgiveness.	• Can be used as an incentive to bring people into the workforce, especially in place of, or in conjunction with, stipends. • Use to reward licensed clinicians, especially since they now have increased administrative responsibility due to SFPR policy changes. • Prefer to outsource if / when possible, especially when we can shape criteria for local needs. • When using as an incentive for the existing workforce, look at the retention rates and apply this to those areas too. • Should the criteria include financial need? E.g. looking at loan: debt ratios. • TJ sited a Loan Forgiveness program he was familiar with that targeted recent graduates, not senior staff, because their loan amounts would be higher and they would need the most help (to keep them in the public system so that they did not	• What would the loan repayment amount look like for the various disciplines?

	ACTION PLAN #22 Loan Forgiveness		
		follow job offers that would lead to more money.) • Consider varying loan amounts according to the amount of the loan, or typical cost of the degree. E.g. Education is more expensive for MDs.	
BENEFITS	• Staff get loans paid back gradually ensuring full commitment is met and DMH receives full value. • May be considered more helpful by the recipients depending on the amount of the loan forgiveness. • Makes it easier to track the length of time the recipient stays in public mental health.	• This is the only Plan that could address the financial needs of Psychiatrists and be affordable to the WET plan. Loan forgiveness could be available to already employed and licensed RNs, Social Workers, and Psychologists. • Because Loan Forgiveness is paid gradually and incremental, monitoring is inherent since if recipients leave they won't get paid. • Retention of staff.	
BARRIERS	• No program in place currently under the WET funding. Will need to develop all aspects of this.	• Implementation strategies – may be cumbersome. • Is there enough money to fund the positions that we would want.	

FINANCIAL INCENTIVE PROGRAMS

WET Home

Plan Components

Approved Plan

Advisory Committee

Financial Incentive Programs

Contact Us

Stipend Programs

WET Funded

Program Name	How Much?	Who Can Apply?	Contact Information
Social Work Stipends	Maximum $18,500	2nd Year Social Work Students. Awardees fulfill service obligation working in a high need area of the County of Los Angeles public mental health system	Contact your school's Social Work Department for more information.
Marriage and Family Therapy Stipends	Maximum $18,500	2nd Year Marriage and Family Therapy Students. Awardees fulfill service obligation working in a high need area of the County of Los Angeles public mental health system	Contact your school's MFT Department for more information.

State Funded

Program Name	How Much?	Who Can Apply?	Contact Information
California Social Work Education Center (CALSWEC)	Maximum $18,500	2nd Year Social Work Students. Awardees fulfill service obligation working within the California public mental health system	Please contact your School's Department of Social Work for more information.
Stipend Programs for Graduate Level Psychiatric Mental Health Nurse Practitioners, Clinical Psychologists and Marriage and Family Therapists	Maximum $18,500	Psychiatric Mental Health Nurse Practitioners. Awardees fulfill service obligation working within the California public mental health system	Contact Participating Schools: • University of California, San Francisco • Azusa Pacific University • California State University, Fresno
	Maximum $20,772	Psychologists, Awardees fulfill service obligation working within the California public mental health system	Contact Participating Schools: • California Psychology Internship Council • Pacific Graduate School of Psychology • Alliant University
	Maximum $18,500	Marriage and Family Therapists, Awardees fulfill service obligation working within the California public mental health system	Contact Participating Schools: • Loma Linda University • Phillips Graduate University

Loan Assumption Programs

Program Name	How Much?	Who Can Apply?	Website
Mental Health Loan Assumption Program (MHLAP)	Maximum $10,000 per year	Licensed or registered psychologists, psychiatrist, clinical social workers, marriage and family therapists, and psychiatric mental health nurse practitioner. Also includes postdoctoral psychiatric trainees and assistants. Awardees fulfill service obligation working within the California public mental health system,	http://www.oshpd.ca.gov/HPEF/LMHSPLRP.html
Licensed Mental Health Service Provider Education Program (LMHSPEP)	Maximum $15,000 over 2 years	Licensed or registered clinical social workers, marriage and family therapists, and psychologists. Awardees fulfill a two-year service obligation working in publicly funded or non-profit mental health facility in California.	http://www.oshpd.ca.gov/HPEF/LMHSPLRP.html
National Health Services Corps/ State Loan Repayment Program (NHSC/SLRP)	Initial award is for up to $50,000 for 2 years, then can reapply for 3rd ($35,000) and 4th ($35,000) years.	Physicians (MD/DO); physician assistants; nurse practitioners; certified nurse midwives; general practice dentists (DDS/DMD); dental hygienists; clinical or counseling psychologists, clinical social workers; licensed professional counselors; psychiatric nurse specialists; and marriage and family therapists working in a HPSA designated area*. **This program requires a matching contribution from the site provider.** WET funds may provide the matching contribution in the future. However, implementation is currently in the planning stages.	http://www.oshpd.ca.gov/HWDD/SLRP.html

* Many areas of the County of Los Angeles still need to be HPSA (Health Professional Shortage Area) designated. Workforce Education and Training (WET) Administration will disseminate information regarding the HPSA application process by the end of November 2009. To find out if your delivery site is already designated, please visit http://hpsafind.hrsa.gov/HPSASearch.aspx (search Los Angeles County, mental health discipline)

"How to Become an MHSA PEI Contractor"

A Free Training for Potential Providers

Tuesday, October 13, 2009
9:00 – 11:30 am
St. Anne's – Foundation Room
155 N. Occidental Blvd., Los Angeles, CA 90026



What?

Training is intended for community organizations interested in becoming a Department of Mental Health contract agency under the Mental Health Service Act (MHSA) Prevention and Early Intervention (PEI) Plan. It focuses on the first step an organization must take to become a PEI contractor: responding to the Request for Statement of Qualifications (RFSQ).

- Learn the basics of the MHSA contracting process
- Learn how to get on the MHSA Master Services Agreement List
- Learn how to respond to the Request for Statement of Qualifications for MHSA PEI services

Who should attend?

Organizations interested in providing mental health prevention or early intervention services as described in the LA County PEI Plan. Training is intended for NEW providers, specifically agencies that do not currently have a county contract and are unfamiliar with the contracting process. Agencies from non-mental health sectors, including education, health, social services, law enforcement, community family resource centers, and agencies serving underserved communities are encouraged to attend.

RSVP requested no later than Friday, October 9th, 2009

Pre-registration is recommended. Please see attached form for details. Space is limited to 275 participants*.
*In the event that capacity is reached, agencies will be limited to 2 representatives. For more information e-mail MHSAPEI@dmh.lacounty.gov, call (213) 738-2331, or visit our website http://dmh.lacounty.gov/AboutDMH/MHSA/MHSA_Plans/pei.html

Hosted by the Los Angeles County Department of Mental Health - Prevention and Early Intervention Administration

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
MENTAL HEALTH SERVICES ACT (MHSA)
PREVENTION AND EARLY INTERVENTION (PEI)

"How to Become an MHSA PEI Contractor"

Tuesday, October 13, 2009 – 9:00 to 11:30am
155 N. Occidental Blvd., Los Angeles, CA 90026
PRE-REGISTRATION FORM

Please type or print:

First Name:	Last Name:	
Title:	Agency/Organization:	
Street Address:	City:	ZIP code:
E-mail address:	Telephone Number:	

What age groups does your agency serve?

☐ Young Children (0-5) ☐ Children (6-15) ☐ Transition-age Youth (16-25)

☐ Adults (26-59) ☐ Older Adults 60+

What sector or group does your agency most closely identify with?

☐ Education
☐ Health
☐ Law Enforcement
☐ Providers of Mental Health Services
☐ Mental Health Consumers
☐ Parents/Families of Mental Health Consumers
☐ Social Services
☐ Underserved Communities
☐ Media
☐ Employment
☐ Community Family Resource Centers

What is your contracting history with DMH?

☐ My agency is not a current DMH contractor and has never been a DMH contractor.

☐ My agency is not a current DMH contractor, but has contracted with DMH in the past.

☐ My agency is a current DMH contractor.

Return by Friday, October 9th, 2009
E-mail: MHSAPEI@dmh.lacounty.gov
Fax: (213) 351-2026

For more information:
E-mail: MHSAPEI@dmh.lacounty.gov
Telephone: (213) 738-2331