

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

Community Planning Process - MHA Three-Year Plan

Community Planning Team Session

WORKFORCE EDUCATION AND TRAINING

CATEGORIES

| | |
|--|---|
| | Category 1: Mental Health Career Pathways |
| | Category 2: Residency and Internship |
| | Category 3: Financial Incentives |
| | Category 4: Training and Technical Assistance |

WET CATEGORY 1: CAREER PATHWAYS

GOAL: Strong partnerships and mental health career pathways with local colleges/universities to increase the availability and diversity of the potential workforce pool.

A. PROGRAM, SERVICE, AND/OR INTERVENTION RECOMMENDATIONS

1. Improve or Expand Existing Programs (Exists Already)

| Existing Program | Description | Expand or Add | CPT Recs |
|--------------------------|--|----------------------|-----------------------------------|
| Work with Universities | 1. Continue Affiliation Agreements with local universities to deliver intern placement and training services. (Include: HBCs, Junior and High School) | Expand and Improve | 1, 2, 3, 6, 9, 25, 28, 31, 35, 36 |
| Post-Doctorate Programs | 2. Continue and potentially expand post-doctoral program already in place at Harbor-UCLA. | Expand | 1, 2 |
| Peer Training | 3. Under the direction of the Chief of Peer Services, the Department is committed to securing specialty training to peers interested in employment in the public mental health system. Efforts also include training for securing Medi-Cal certification and overall enhancement of skillset of those already employed in specialty mental health services programs. | Expand | 4, 11, 14, 15, 16 |
| Parent Advocate Training | 4. Potentially expand training program targeted to promote knowledge and skills relevant to individuals interested in working as Parent Advocates/Parent Partners in the public mental health system servicing families and children. | Expand | |

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| The Stipend Program for MSWs, MFTs, Psychiatric Nurses, Psychologists and Psychiatric Technicians. | 5. DMH can explore the viability of offering Stipends to other future workforce front line staff beyond those already identified. | Expand | 6, 7 |
| Career Pathways for new staff | 6. DMH can improve the pathway/access for new interested applicants through MHLA Intensive MH Rehab Specialist program 2023-2024. | | 5 |
| Nurse pathways | 7. Follow up with Chief of Nursing to discuss relationships with nursing schools. DMH already has affiliation agreements with select schools for nursing practicum placement. | Expand | 9, 40 |
| Open Position Outreach | 8. DMH holds regular job fairs that are only available to DMH/mental health employees. The Department also utilizes internal job announcements and advertisings to all current staff. | Improve | 8, |
| Incubation Academy | 9. Increase the number of partnerships with community organizations to better serve communities. | Expand | 41 |

2. Add New Programs and/or Interventions (Does Not Exist)

| Program or Service Recommendation | DMH &/or Partner | CPT Recs |
|--|-----------------------------|-----------------|
| 1. Explore a way to embed youth employment opportunities in the mental health system. | DMH | 20, 47 |
| 2. Explore developing a pilot program for DMH to partner with middle and high schools/school districts to increase the opportunities to into mental health. (outreach, fairs, after school programs, etc.) | DMH | 23, 25, 26, 32 |
| 3. Explore developing a marketing campaign/program for mental health services and careers. | DMH | 27, 47, 48 |
| 4. Explore developing Affiliation Agreements with community colleges to create pathways for potential mental health employees. | DMH | 29, 35 |
| 5. Explore develop pilot project/mentorship program, that abides by civil service process, to create pathways for DMH leadership to | DMH | 34 |

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| reflect diversity of communities they serve. | | |
| 6. Explore developing a program to build capacity among DMH staff to utilize American Sign Language (ASL). | Partner | 46 |

B. ACTION RECOMMENDATIONS: POLICY, PRACTICE, AND/OR ADVOCACY

1. Increase partnerships with universities to find staff who have similar culturally relevant backgrounds to clients served.
2. Continue using inclusive criteria for all pathways to ensure a diverse mental health workforce. [39]
3. DMH is prioritizing hiring diverse staff to be reflective of the County population. [7, 8, 17, 36]
4. Advocate systemwide to increase the value given to peers within the Department. [14]
5. Implement ARDI committee’s recommendations to create a diverse workforce. [33]

CPT RECOMMENDATIONS (through 10/27)

1. Strengthen connections with local universities and/or colleges to create pathways and mentorships.
2. Strengthen relationship with private schools to provide employment pathways.
3. Increase career planning opportunities in mental health during junior high school.
4. Increase partnerships with universities to find staff who have similar culturally relevant backgrounds.
5. Create clear pathways for people outside of the system who want to enter the system (i.e., with an AA, BA or no degree).
6. Increase the number of master’s level staff who are clinically focused or interns in the system.
7. DMH workforce, particularly clinical staff, and leadership/executive management should be reflective of the County population which is nearly 50% Latino
8. Increase outreach and awareness of internal job openings for current DMH and/or mental health employees.
9. Strengthen the relationship with nursing schools to promote mental health nurse opportunities.
10. Designate point person to assist Latino/Spanish-speaking applicants, to become peer specialists
11. More culturally inclusive and ethnically diverse so the “mental health promoters” are multi-cultural, diverse equitable and inclusive. [Not within WETs capacity]
12. Designated point person to assist BAH applicants in becoming peer specialists. [Not within WETs capacity]
13. Increase value given to peers.
14. Intentional peer support and action plan?
15. Integrate people with lived experiences (i.e., peers) as trainers.

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16. Improve the ability of BIPOC people to attain certification to become professionals.
17. Increase the amount of staff. [Not within WETs capacity]
 - a. Increase in the recruitment of Black psychiatrists and interns for the BAH community.
 - b. Prioritize the recruitment of bilingual psychiatrists, especially child psychiatrists, and interns for the Latino community given the massive shortage compared to current and future projected need.
18. Severe and chronic shortage of bilingual and bicultural Latino mental health professions; DMH has not developed a comprehensive plan in collaboration with the Latino UsCC and bilingual bicultural Latino clinicians in DMH to intentionally recruit more bilingual (Spanish-speaking) clinicians. [Not within WETs capacity]
19. Increase the embedded youth employment component in mental health. [Not within WETs capacity]
20. Create a pathway for pastors. [Not within WETs capacity]
21. Develop a youth workforce tailored to meet their needs [Not within WETs capacity]
22. Increase opportunities at the high school level to go into the mental health field.
23. Develop a youth workforce tailored to meet their own needs. [Not within WETs capacity]
24. Include middle and high school, not just universities.
25. Increase supports in math (specifically algebra) to increase qualifying staff.
26. Increase effective marketing campaign for mental health services and/or careers.
27. Outreach with HBC to start dialogue to recruit from across the country. The need is great for African American therapists especially black men.
28. Community colleges included in recommendations. They are not currently but need to work on making a pathway for those folks.
29. Include pathways for skills center and occupational centers as many kids live in disadvantaged areas to give them a new start an opportunity. May have been kicked out of high schools. [Not within WETs capacity]
30. Outreach to middle and high education institutions for BAH workforce
31. Utilize existing models (ex: STEM-MESA) to ensure potential staff has the capacity needed.
32. Create/cultivate a supportive environment for BIPOC staff members to have a diverse workforce.
33. Develop leadership pathway programs so DMH leadership staff reflects the diversity of the communities they serve.
34. Provide resources and trainings at school that directs prospective applicants to what is looked for in resume and application submission.
35. LAC DMH Latino stakeholders would like Los Angeles County Department of Mental Health to work with community mental health organizations, high schools, community colleges, etc. to develop the mental health labor force/pipeline to meet current/future needs of the Latino community.
36. Improve staff retention by addressing roadblocks to keep staff in DMH. [MOVED TO WET CATEGORY 3: FINANCIAL INCENTIVES]
37. Latino community members, including recent graduates are applying for DMH jobs but become discouraged by the complexity of the application process and minimal-to-no support [Not within WETs capacity]
38. Increase the number of male providers.

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39. Lack of nurses and other qualified workers available.
40. Increase partnerships with community organizations that can better serve communities.
41. Lack of employment opportunities for TAY [Not within WETs capacity]
42. Education opportunities for business and entrepreneurship. [Not within WETs capacity]
43. Bring and update therapists from other countries like Mexico. If universities in California create many barriers for students who speak Spanish to be able to enter or receive training as therapists, we have to create links with professional therapists in Mexico and Central America. [Not within WETs capacity]
44. Expand opportunities for Latino workforce members with disabilities. [Not within WETs capacity]
45. Create opportunities for staff to learn ASL and use it on the job and in the community.
46. Inform students with disabilities of opportunities in the mental health field.
47. Recruit people with disabilities
48. Certified disability studies major. [Not within WETs capacity]
49. Certificate in disability studies. [Not within WETs capacity]

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WET CATEGORY 4: TRAINING AND TECHNICAL ASSISTANCE

GOAL: Highly trained DMH workforce with the skills and capacity to deliver quality services

A. PROGRAM, SERVICE, AND/OR INTERVENTION RECOMMENDATIONS

1. Improve or Expand Existing Programs (Exists Already)

| Existing Program | Description | Expand or Add | CPT Recs |
|---|--|----------------------|-----------------------------|
| Digital and Technology skill development | 1. DMH currently provides online training for its entire workforce through Udemy (for technical skill development). | | 1, 5 |
| Workforce Training on Cultural Competence and Culturally Competent Practices | 2. DMH's Training Unit coordinates and delivers training covering these topics, many with consultation from the UsCCs. All staff also have an annual cultural competency requirement. | Expand | 5, 6, 9, 10, 12, 17, 35, 41 |
| Trainings to retain workforce | 3. DMH provides training on how to manage high levels of stress to avoid burnout and compassion fatigue. Additional resources through UCLA Wellbeing site that offers accessible trainings. | Improve | 7 |
| Interpreter Training Program | 4. DMH has an existing interpreter training program for all mental health interpreters. | | 8, 23 |
| ?? Workforce Training on Cultural Competence and Culturally Competent Practices | 5. Trainings for staff regarding mental health issues impacting the LGBTQIA2-S and can be expanded to include a culturally diverse focus (including, but not limited to: specific Latinx LGBTQIA2-S) | Expand | 11, 15 |
| Intake Trainings | 6. The department provides trainings on the clinical intake process. Can look into expanding and improving regarding immigration. | Expand/Improve | 13 |
| UsCC Related Trainings | 7. DMH currently has ongoing training related to all UsCCs yearly. Can expand to include other topics related to: immigration, Eastern European/Middle Eastern population) | Expand/Improve | 12, 13, 14, 16, 17, 28 |

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| Peer Certification | 8. The Certified Peer Specialist program exists to certify peers to work in clinical settings. | Improve & Expand | 25, 27 |
| Peer Training | 9. Internal program to provide peers training/practicum opportunities to build their capacity. | Expand | 26, 30, 31 |
| Customer Service Training | 10. Ongoing DMH trainings to all staff on how to provide appropriate customer service. | Expand/Improve | 20 |
| Training Unit | 11. Currently offering training that covers 5150 and 5250 in partnership with LPS authorization, Patient's Rights Office and Public Guardian. | Expand/Improve | 21 |

2. Add New Programs and/or Interventions (Does Not Exist)

| Program or Service Recommendation | DMH or Partner | Rec. |
|--|-----------------------|-------------|
| 1. Explore potential trainings for ASL interpreters on working with individuals with mental health disabilities. | DMH | 2, 5, 6 |

B. ACTION RECOMMENDATIONS: POLICY, PRACTICE, AND/OR ADVOCACY

1. Assess accessibility to Human Resources for individuals from underserved communities. Use findings to create a more welcoming environment and improve access.
2. Advocate for HR to review internally delivered customer services training for own staff.
3. Develop system to identify, and notify DMH staff of third party trainings that meet requirements/criteria and fill a gap/need within the system. [18]
4. DMH is working with Human Resources (HR) and County Civil Service to improve clarity in job descriptions/titles. [24]
5. DMH has a priority to hire staff and contract providers that have cultural/linguistic capacity to reach underserved populations. [29, 39]

CPT RECOMMENDATIONS (through 10/27)

1. Increase trainings focused on digital literacy and functional technology skills.
2. Strengthen capacity of American Sign Language (ASL) interpreters with mental health background.
3. Increase accountability in the system via an accountability structure to provide staff members a method to safely report and address bias or hostility in the workplace.
4. Improve customer service experiences within Human Resources.
5. Provide trainings for people already inside DMH.
6. Increase training that focuses on providing cultural relevant and generational services.
7. Maintain the current DMH workforce that is doing more with less and dealing with higher levels of stress, burnout, and compassion fatigues.

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8. Need for quality improvement of as well as additional number of mental health interpreters as virtual appointments have resulted in increased demand.
9. Everyone should receive implicit bias training and attend cultural competency workshops (this is suggested to be mandatory) i.e., Racial Equity Institute 2-day training.
10. Latino community has reported experiencing anti-Latino bias in LACDMH, including anti-immigrant bias and racism, such as being told services are not available in Spanish or to speak English and stop speaking Spanish. Need for training to address anti-Latino bias (implicit and explicit) and xenophobia in LACDMH.
11. LACDMH and community mental health organizations need training specifically geared towards mental health issues in the “Latinx LGBTQ” community (focus on intersectionality).
12. DMH should mandate sensitivity training for all DMH staff and funded agencies that includes intersectionality of language, culture, immigration status, etc. to address bias/discrimination.
13. Need for specific training on discussing topic of immigration during clinical intake and therapy.
14. Provide training to mental health professionals on how to work with EE/ME youth members.
15. Mental health providers in general are often not polyamorous/non-monogamy informed which has an impact on folks regardless of identity, but also specifically impacts the greater LGBTQ+ community. Education and training to elevate mental health providers' knowledge and cultural competence around polyamory is something I see in the community in an increasing way. I think having that as an additional focus area in the WET planning would be a critical point of care.
16. EE/ME Community has been undergoing crises and trauma. Community members have been experiencing crises, (i.e. Second Nagorno- Karabakh War, Israel – Hamas War, relocation of peoples, etc.). Conduct trainings to mental health professionals regarding the mental health effects of this on the EE/ME Community members.
17. Provide training to mental health professionals on how to work with EE/ME youth members.
18. California Association of Care Specialists doing training and services for specialists. Next one beginning in January but currently accepting applications. [Not within WETs capacity]
19. Train staff on customer service, including volunteers Bilingual and bicultural does not mean that those people are culturally competent.
20. Customer service and quality of services provided to Latino community is uneven across Service Areas and MH Clinics necessitating more/effective training in customer service.
21. Training on understanding of 5150 and 5250.
22. Training hospital staff on trauma informed care. [Not within WETs capacity]

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23. Need for DMH to provide adequate number of trainings for clinical staff to understand clinical terminology that may carry different meanings depending on country of origin in Latin America.
24. Improve clarity of job descriptions (titles) regarding the type of work that will be performed.
25. Provide training opportunities for peers to work in clinical settings (i.e., Certified Peer Specialist).
26. Provide practicum opportunities to build capacity among peers.
27. Specific outreach and recruitment to marginalized community members with lived experiences who can become peer specialists through appropriate training and support.
28. Conduct more outreach to the Middle Eastern Community members. Connect with outside providers who are part of the EE/ME Subcommittee to increase culturally sensitive mental health care.
29. Big shortage of LGBTQIA2-S providers.
30. Need training in the social recovery model that will support peer growth and development.
31. Need training in the social recovery model that will support peer growth and development.
32. Not enough quality assurance – curriculum (core competency for peer cert) – training was 120 hours and now decreased to 80 hours -much is self directed (videos, reading) because other trainings are doing this – doing training/certification quickly – need to review/revise curriculum – training on evidence based practices – recovery model is foundational – supervisor training – what role do we play as a PAC in quality and curriculum – is it evidence based/quality training vs. going through the motions – identify orgs providing peer trainings, specifically quality training
33. Lack of quality assurance for peer certifications. [Not within WETs capacity]
34. Strengthen the workforce retention system for DMH program and line staff. [Moved to Financial Incentives]
35. Accelerate the human resource process for hiring new staff. [Not within WETs capacity]
36. Raise the level of listening, hearing, and understanding. Have a model that shows what is cultural competency. This is how to cut out your judgement and be more empathetic to others. Cultural competency is not just the course but how you interpret and react
37. Streamline personnel recruitment/hiring process. [Not within WETs capacity]
38. Trainings
 - Provide conservatorship support for PEH providers
 - Provide trainings on mental health to PEH providers
 - Provide more training on domestic violence and housing for PEH providers
 - Provide more cross-trainings for PEH providers
 - Provide empathy training to PEH providers
 - Provide job training programs in housing contexts

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- Create a training or education program for faith communities to partner with DMH for those living in that housing to be in community and to reduce weight on County to find people places of worship. [MOVE TO HSHR]
39. DMH website needs to be: culturally sensitive user friendly have linguistically simple and clear materials at fourth grade level on how to seek mental health resources have easier navigation for monolingual speaking API members. [Not within WETs capacity]
 40. Hire and retain staff who are fluent in ASL and speak languages other than English.
 41. Job supports needed. [Not within WETs capacity]
 42. Training employers to hire people with disabilities, and reduce stigma in the workplace.
 43. Assistive technology resources. [Not within WETs capacity]