

**CRITERION 6**

**COUNTY MENTAL HEALTH SYSTEM**

**COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE:  
HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT  
STAFF**

**I. Recruitment, hiring, and retention of a multicultural Workforce from, or Experienced with, the identified unserved and underserved populations**

**A. Workforce Assessment for the Workforce Education and Training (WET) component.**

Riverside County Department of Mental Health (RCDMH) developed a comprehensive needs assessment process designed to complement the 2005 findings from our initial community planning for Community Services and Supports (CSS) funds. Key research reports pertaining to the demographics and linguistic skills of our current workforce and the Unmet Needs of our community were reviewed to establish a foundation for targeted workforce development.

The Grand Total Workforce is located on Page 9 of attachment # 7. It is noted that some Network and Contract Provider staff declined to provide ethnicity for the survey. These provider staff ethnicities were recorded in an additional 7<sup>th</sup> race/ethnicity category called "Unknown". Column 4, "# FTE estimated to meet need in addition to # FTE authorized," was obtained by looking at the prevalence of acute mental illness of persons who are at 200% of poverty line and below. The WET plan applied current caseload standards to these estimated numbers in determining the estimated number of additional staff needed. Contractors were asked how many additional staff they anticipate needing; their responses are recorded on Workforce Needs Assessment (Attachment #7).

**B. Compare the WET Plan Assessment Data with the General Population, Medical population, and 200% of poverty data.**

In Attachment # 7 Page 9, Column 4, "# FTE estimated to meet need in addition to # FTE authorized," was obtained by looking at the prevalence of acute mental illness of persons who are at 200% of poverty line and below. The WET plan applied current caseload standards to these estimated in determining the estimated number of additional staff needed.

**C. Response to the cultural consultant technical assistance recommendations as reported to the county during the review of their WET Plan submission to the State.**

The following is the list of items or concerns, and the responses and recommended actions taken during the review of the WET plan:

Where are the results of RCDMH's participation at the Asian-American Health Conference in June and what were the resulting impacts on the WET plan?

The results of our participation were submitted at the time of our original request for feedback and included the formal report on data received from questionnaires completed at the Conference.

Regarding Workforce Development and WET planning, participants cited that having bilingual, Asian staff in our clinics would increase their comfort in seeking services. This did not change the overall WET goals, as had already included increasing the diversity of the service staff as an objective.

Technical Assistance need: Outreaching our diverse communities to encourage the development of careers in public mental health and, additionally, creating an influential relationship with higher education in order to increase marketing/recruitment to a diverse student body in behavioral sciences.

What strategies will be used to promote recovery, resiliency, community collaboration, meaningful inclusion of consumers and family members? And will cultural competency be promoted?

- Training offered specific to recovery, resiliency: Evolution of the Consumer Movement (for both staff and consumers); Recovery Practice for Supervisors; Advanced Recovery Practice for Paraprofessional Staff (in development/pending); Recovery Management.
- Training specific to cultural competency: California Brief Multicultural Competency Scale Training; Bilingual Interpreters Training; Deaf and Hard of Hearing Sensitivity; Cultural Competency: A Practical Application (Graduate school intern training); Working with LGBTQ youth and their families (Graduate school intern training).
- Department sponsored or collaborative training that includes consumer and family member presentations: Mental Health/Law Enforcement training for law enforcement officers; Foundation for Assessment (Graduate school intern training); California Brief Multicultural Competency Scale; Evolution of the Consumer Movement (for both staff and consumers); Recovery Practice for Supervisors; Advanced Recovery Practice for Paraprofessional Staff (in development/pending).
- Consumer Integration: The WET plan includes a consumer workforce development action which provided for pre-employment training and on-going monthly meetings of peer employees. Peers are also trained in WRAP facilitation. Since plan approval, WET has promoted 3 Peer Support Specialist into Senior Peer Support positions which provide regional and administrative support to our peer employees. These Senior

Peers are also key developers of our Peer Intern and Volunteer programs designed to increase peer participation in service delivery as well as offer a trial work period.

- All instructional vendors, regardless of subject matter, are provided with the 5 Essential Elements of the MHSA and their descriptions. They are asked to integrate these concepts into their training presentation. Participants are asked to complete an overall evaluation at each training; this evaluation tool includes a question on the success of cultural competency inclusion into the training presentation. All presenters receive a summary of their evaluations.
- Keeping Recovery Skills Alive. Monthly refresher training on aspects of recovery work.

There is no mention of the RCDMH having invited, discussed with, or engaged any of the 12 federally recognized tribes and Native American reservations located within Riverside County.

Under Exhibit 2, Stakeholder Participation Summary, it is indicated that each cultural community had their own focus group – including Native Americans. RCDMH has a Native American cultural consultant and community liaison, Dr. Renda Dionne, who is also Native American. Dr. Dionne identified key Native American community stakeholders to participate in the group. Tribe affiliation was not requested nor identified. Dr. Dionne has provided further recommendation and reports on Native American needs and mental health through our Cultural Competency Office.

Specific to workforce development, participants indicated that Native Americans would like to see more Native American practitioners in the county clinics or to have services provided by Native American organizations. Participants also suggested that for non-Native American staff to better understand Native American engagement that staff really needed to be immersed into Native American helping agencies to witness this first hand. As a result, the Department's developing interns program includes the plan to create one-day cultural immersions for the student interns to begin influencing the next generation of practitioners.

Technical Assistance need: Outreaching to our diverse communities to encourage the development of careers in public mental health and, additionally, creating an influential relationship with higher education in order to increase marketing/recruitment to a diverse student body in behavioral sciences.

1. Our biggest barrier has been any staff development in a time of staff downsizing. This results in two primary avenues of staff development around cultural competency:

- Improving the cultural competency of our existing staff (see Training information above).
- Encouraging and supporting our educational partners and peer employment programs to market, recruit and diversify their students/participation.

Provide a narrative of current efforts that the county is taking to monitor advancing staff skills/post skills learned in trainings.

The issue of fidelity and the effectiveness of training has been an identified concern since the inception of the WET unit. Though the Department has no consistent measures or strategies to address this systematically, there are some tools and procedures that are in place.

a.) Many of our evidence-based practices have fidelity measures built into the models: Recovery Management; Multi-dimensional Family Therapy; Parent-Child Interaction Therapy; Aggression Replacement Therapy; Depression Treatment Quality Improvement; Non-violent Crisis Intervention. The Department has monitored fidelity in several of the programs both through internal reviews and reviews by the original developers (through the CIMH Development Teams).

b.) Other RCDMH training that have defined follow up measures: i.) Co-Occurring Disorder (COD) Group Manual Training – In order to facilitate the Department's COD manualized group therapy program, treatment staff must participate in a series of training that orient them to related skill application as well as the application of the manual itself. RCDMH's COD Curriculum Committee has developed fidelity review measures that require an annual observation by a committee member who completes corresponding evaluation tools.

A summary of the results with recommendations for practice are provided to the COD Group facilitators. The committee member also serves as a consultant to the application of the COD manual. ii.) Dialectical Behavioral Therapy (DBT) – Our DBT training consists of both a foundation for practice and advanced training components. The instructor for this series has availed himself to mentor staff in application along with offering to return to provide application strategy training for those practitioners who have been utilizing DBT.

c.) RCDMH training that promotes clinic follow-up:

As a part of the Department's staff development, special training needs have been targeted for paraprofessional staff, the majority of whom are identified in our Behavioral Health Specialist job classification. National research indicates that even though paraprofessionals comprise the largest number of mental health service delivery staff, they often receive the least amount of training. The

Department is developing a series of trainings designed specifically for this job classification that includes: Mental Health Risk; Law, Ethics and Boundaries; Recovery Practices; Orientation to the DSM; Foundations in Counseling and Communication.

The Department recently completed the first training in that series: Mental Health Risk. Participants are provided with vignettes/scenarios that involve a potential risk element. They are encouraged to provide these materials to their supervisors for follow-up practice in their regularly scheduled clinic staff meetings.

As a part of this series, the Department would like to develop follow-up materials with instructions that would be provided to every participant's supervisor so that continued practice of the material can take place at regular staff meetings.

**County methodology/protocol for following up and ensuring staff, over time and well after they complete the training, are utilizing the skills learned.**

a) After each department training, staff is provided with an evaluation of the training that includes a question if staff would like more training in the topic area as well as a request for any follow-up wanted. These results do influence our training choices and the frequency of trainings on that topic. Having follow-up or advanced training on a topic assists with staff receiving the most current knowledge as well as keeping the training material more available to them.

b.) At the close of training, staff is informed they can submit any application or follow-up questions to our Staff Development Officer who will forward questions to the training instructor. Though this is offered, it is rarely utilized.

c.) WET unit representatives are made available to program supervisory meetings to not only provide updates on WET activities, but to receive feedback on trainings provided as well as staff challenges or successes in applying the material learned. This also allows us to provide practical feedback to the instructor on areas that need to be clarified or enhanced during the training so it can be modified to meet the learning needs of staff.

d.) RCDMH Peer Support Specialists are allocated time during regularly scheduled clinic or program staff meetings to present on "Keeping Recovery Skills Alive." During this interactive presentation, a recovery topic is discussed and its application is reviewed in clinical practice.

Technical Assistance need: Developing and implementing fidelity and/or training follow-up protocols that reinforce staff skill development and are realistic yet effective in this time of fiscal challenges and limited staff resources.

**D. Summary of targets reached to grow a multicultural workforce in rolling out county WET planning and implementation efforts.**

1. At the time of the WET planning, the total professional clinical staff (Clinical Therapist I and II) was 17% Latino. Examining just the licensed-waivered staff (CT I), it was learned that 27% of our licensed-waivered staff was Latino. **Target:** Support pre-licensed staff to become licensed in order to increase the diversity of our CT II staff. The WET plan has contacted The Employee Development Agency (EDA) to ascertain the availability of workforce stimulus funds to assist with the costs of license examination study materials and instructors. The initial conversations have led to a \$50,000 dollar allocation. The Department is in the process of developing the survey tools necessary to gather the staff information requested by EDA to establish which funding source they will utilize.
2. Our stakeholders identified the need to outreach members of cultural communities in their own language and from their unique perspectives. Capitalizing on the linguistic skills of our bilingual staff, who often serve as the primary interpreters for our linguistically diverse consumers and their families, RCDMH will develop an Interpreter's Training in order to enhance staff's interpretation and translation skills. **Target:** Improve the cultural competency of public mental health service providers by providing them with bi-lingual interpreters training. Training has been scheduled for 07/14/10 and 10/21/10.
3. Under the WET plan, RCDMH will develop a comprehensive mental health leadership program that includes training on supervising a culturally diverse workforce. **Target:** Improve retention of a diverse line staff by enhancing the supervisory skill. A meeting has been scheduled on Tuesday, June 29<sup>th</sup>, with Nancy Taylor of our central human resource's Center for Government Excellence to discuss and plan for leadership development.
4. Under the WET plan, the Department further developed a Public Mental Health Graduate School Internship Program which included culturally competent objectives. **Target:** Increase the diversity of students graduating with professional behavioral science degrees.

The Department has been challenged by Human Resources policies that prevent us from requiring students to report their cultural identities. Without this data, we are unable to successfully measure this outcome. This challenge has been reviewed concluding that starting with this academic year (Fall 2010); the Department will provide students with a demographic survey at the start of their field placement during one of our centralized trainings. To encourage the voluntary report of this information, an orientation will be provided to the purpose and benefit of this data collection.

- 5) Under the WET plan, the Department anticipates offering some financial incentives for workforce development. These incentives included increasing the number of therapists who could serve our underserved consumers. **Target:** Increase the diversity of the public mental health workforce.

Due to budget constrictions that have led to workforce downsizing, a central challenge has been how to develop a diverse staff at a time when the Department is not adding new employees to our workforce. We have participated in some financial programs as described:

A) 20/20 Participants:

2009 Graduates:

Elena Inzunza: Hispanic/Bilingual (Spanish) (now hired as a CT I)

Miranda Rivas: Hispanic/Bilingual (Spanish) (now hired as a CTI)

2010 Graduates:

Luis Carlos Lamadrid: Hispanic/Bilingual (Spanish) (job offer pending)

Willaim Gonzalez: Hispanic/Bilingual (Spanish)

Currently, this program is suspended. No new applicants were accepted following the year that Luis and William were awarded.

B) Mental Health Loan Assumption Program -- March 2009 Application Cycle:

This is a State-administered WET program that is managed by the Health Professions Education Foundation. Professional employees of the Public Mental Health Service System can be awarded funds to repay educational loans in exchange for continued service. As the Department Designee and member of the Application Review Board, my duties include: 1) Verifying an applicant's employment in a hard to fill position; 2) If the employee speaks a language other than English, verifying if that language is needed to meet the services needs of Riverside consumers; 3) Reading and scoring applications from other counties.

The WET plan does not have the application information for awardees from the Department. According to H.R. information on current staff, the Department has thirteen employees receiving Loan Assumption Program in 2009.

### C) MHSA Stipend Programs – 2009-2010 School Year

Stipend programs are also administered by the State. Graduate students who receive a stipend agree to payback the stipend by working in the Public Mental Health Service System for 1 year following graduation. Universities are designated as administrative agents. The Department's primary role is to provide field placement during their stipend year. The Department is taking a more active role with LLU MFT stipend students as LLU indicated in its RFP that it would involve counties. The Department has helped develop protocols, forms, and participated in student selection. Preference in scoring was given to consumer/family lived experience, bicultural identity, bilingual abilities.

Attachment #36 provides a list of students and their cultural and linguistic backgrounds.

### **E. Share Lessons Learned on Efforts in Rolling Out County WET Planning and Implementation Efforts.**

1. Supporting any mental health workforce development in a time of budget crisis that has resulted in downsizing staff instead of staff development.
2. Measuring Quantitative Data: a) Ethnic identity can only be requested voluntarily creating an obstacle to measuring accurate numbers; b) The Department has no data collection standards for requesting information on sexuality, gender identity, physical or psychiatric disability.
3. Addressing staff discomfort when voluntarily asking for such data. Concerns from Caucasian staff that ethnicity is being used as a primary recruitment measure that excludes them. General culture of fear regarding identifying as a member of an oppressed group when that identity is not readily apparent in a social setting (transgender, sexuality, disability) resulting in either a refusal to report or suspicion at the question.
4. Partnering with Universities regarding the recruitment and marketing of behavioral science degrees to a diverse student population.
5. Developing field instructors who have mastered knowledge on supervising a diverse student population that not only includes understanding the student's worldview but how to best teach a student to integrate that worldview as an asset in their clinical development.



6. Developing and providing support for the recruitment and retention of volunteers from diverse communities is challenging. In the last year the Peer Support Training Program was done in Spanish for Spanish speaking consumers and family members interested in becoming Peer Specialist and/or Volunteer Peer Specialists.

**F. Identify County Technical Assistance Needs.**

The Department will benefit from technical assistance to address and plan strategies related to problems identified in Section E.

In addition to those issues identified in Section E, the Workforce Education program needs technical assistance to establish an ongoing process to monitor outcomes of the strategies identified to grow a multicultural workforce, and to develop indicators of success.