

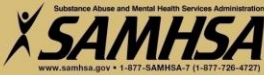


# Behavioral Health is Essential To Health

Prevention Works


Treatment is Effective

People Recover



# Creating a Recovery Oriented Mental Health Workforce








Substance Abuse and Mental Health Services Administration  
**SAMHSA**  
 www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

## More, Different, Better

### Pipeline Approaches to Meeting Tomorrow's Mental Health Workforce Needs

Chad Costello, MSW, CPRP  
 Director, Public Policy  
 Mental Health America of Los Angeles

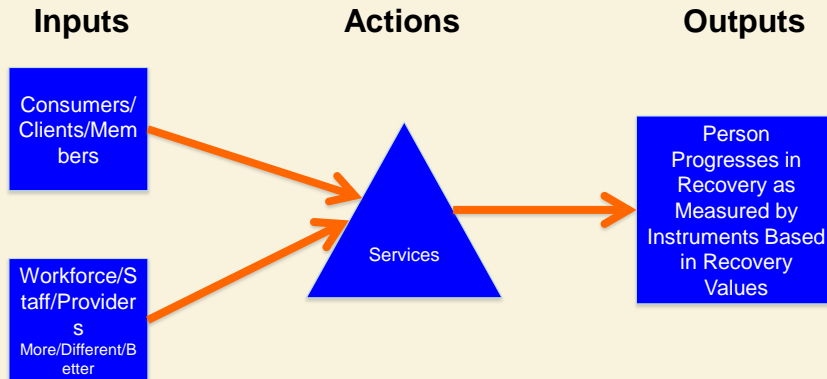
## Mental Health America of Los Angeles

- **Founded in 1924**
- **Currently operates direct service programs in Long Beach and the Antelope Valley (northern LA County)**
- **LA County is most populous in country with 10 million+**
- **Budget of \$22 Million+, 250 staff serving 5,000 individuals per year.**
- **Began offering training to outside entities in 1994**
- **Started first pipeline project (Human Services Academies) in 1999.**
- **Created Training and Workforce Development Division in 2007 in response to passage of Mental Health Services Act (Train/teach more than 1,000 people per year)**



## Moving a System Toward Recovery

### Simplistic Mental Health “Function Machine”



## Workforce

*More, Different, Better*

- **More** - Mental health providers in the public mental health system have always struggled to find an adequate number of competent staff to fill positions.
- **Different** - Mental health providers in the public mental health system have always struggled to find staff that match the diversity of those seeking services.
- **Better** – As the mental health system has moved toward a recovery based, client-centered paradigm of care, the need for staff who understand and can effectively practice within this paradigm has increased. Also means training existing staff in recovery practices.



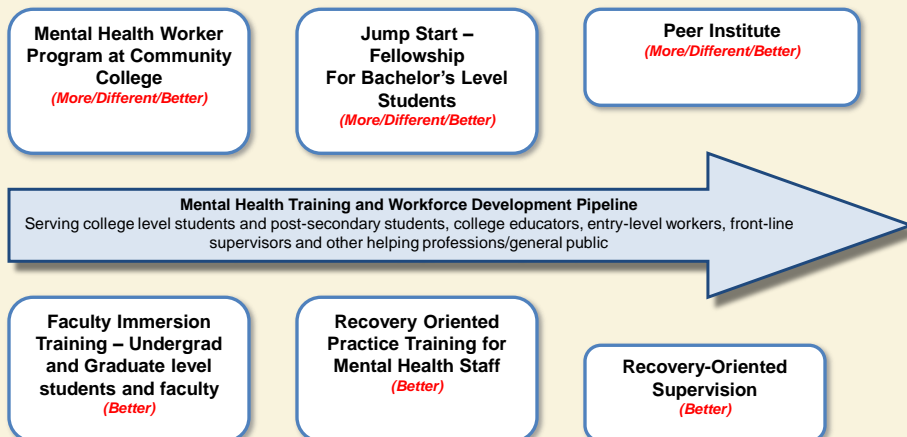
## “Industry Led”

- MHALA is motivated in a variety of ways to address workforce needs
  - *We are a provider in the expanding mental health “industry”*
  - *We are an organization that values diversity and believes in recovery*
  - *We are an advocacy agency looking to create system change.*
- MHALA is also in a privileged position to understand the benefits and challenges associated with developing a workforce that meets current and future needs.
- MHALA established a reputation as a services innovator, and has built significant credibility in the Los Angeles County public mental health system (and others).



## Workforce Pipeline

*More, Different, Better*



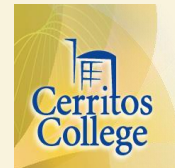
### **Mental Health Worker Program at Community College** *(More/Different/Better)*

18-unit certificate program approved by California Community College Chancellor's Office = transferability, legitimacy & longevity

MHALA recovery-focused courses include "Principles of Psychosocial Rehabilitation", "Helping Relationships", and "Special Populations" (emphasis on underrepresented groups), as well as ability to influence curriculum of other classes in Program.

MHALA staff teach two of the courses in the Program (paid by College)

Tremendous amount of diversity at community college. High percentage of individuals with lived experience even though it was not specifically targeted at these individuals.



### **Jump Start – Fellowship For Bachelor's Level Students** *(More/Different/Better)*

12-week program blends classroom education and applied internships in the public mental health system.

Offered through local college extended education office = shorter timeline to move forward and greater control over content than if had pursued formal approval through academic process.

Focus is on recruiting those who may not have originally pursued mental health career and making them "work ready". Focus from day one is immediately employability in the mental health field upon completion. Some special efforts to recruit mental health consumers and or family members has resulted in 71% of participants identifying as such.



**Peer Institute**  
*(More/Different/Better)*

Three options:

**Introductory Peer Specialist Training**

- 6 week/5 day per week program for peers currently not working/volunteering in a peer role
- Combines classroom and field experience
- Graduates earn a certificate which meets requirements to be placed on LA County DMH eligibility list

**Advanced Peer Specialist Training**

- 4 week/1 day per week program for peers who already possess Peer Specialist Certificate and have been working volunteering for at least one year
- Participants asked to identify topics they feel would be most useful for enhancing their professional development

**Train the Trainer**

- 6 week/1 day per week for individuals who have completed both the Introductory and Advanced Peer Specialist trainings
- Focus is on increasing/enhancing presentation/training skills
- Participants conduct lectures, exercises and presentations

Curriculum created/offered by MHALA = shorter timeline to move forward and greater control over content/curriculum.

Focus from day one is immediate employability in the mental health field upon completion.



USC School of Social Work



**Faculty Immersion Training – Undergrad and Graduate level students and faculty**  
*(Better)*

Lectures/presentations at college and university classes throughout region.

Ability to control of presentations as well as influence curriculum in classes before and after presentation.

Development of numerous relationships with faculty and requests for consultation on specific course curricula, as well as opportunities to serve on curriculum development committees.

Has led to opportunities for MHALA staff to become adjunct faculty at local university and teach mental health practice course.



### Recovery Oriented Practice Training for Mental Health Staff

*(Better)*

Three-day training designed to “immerse” current mental health providers in the principles and practice of recovery guided service delivery. Focus is on hope, empowerment, self responsibility and meaningful roles.

MHALA has control of content/curriculum but no control of practice environment to which participants return.

MHALA has trained thousands of individuals from all over the world.



### Recovery-Oriented Supervision

*(Better)*

Two-day training with follow-up consultation for front-line supervisors in the mental health system (county directly operated) to help in transformation to recovery-focused service teams.

MHA designed the curriculum around concepts of hope (positive visions for staffs), strengths (built on recovery principles) empowerment (decision making) and value (of staffs' life experiences to services).

MHALA has control of content/curriculum and is trying to have additional influence when it comes to the practice environment for line staff by working with supervisors.



## Building a Curriculum

- **Chose psychosocial rehabilitation as the “technology” of recovery**
- **Borrowed from Boston University, IAPSRs/USPRA/PRA, and others**
- **Utilized writings from MHALA staff (Mark Ragins)**
- **Backbone of curriculum in four stages of recovery (Hope, Empowerment, Self-Responsibility & Meaningful Roles)**
  - *Every MHALA workforce effort uses these (with varying complexity in materials depending on cohort)*
  - *Use of experiential opportunities to “bake-in” concepts*
- **Emphasis on skill acquisition vs. theory**
  - *Includes such things as recovery based documentation, crisis intervention, motivational interviewing*
- **Utilize field placements where possible**



## Essential Elements

- **Relationships, Relationships, Relationships**
  - *you can only play with the people around you*
  - *a champion is worth their weight in gold*
  - *players change*
- **Funding**
  - *can't do it all with good intentions*
- **Passionate staff**
  - *this is a marathon, not a sprint – expect roadblocks*
- **Staff that can teach, write, create, borrow & collaborate**
  - *check ego at door*
  - *you will have to do the heavy lifting*
- **Avoid wheel reinventing**
  - *a perfect curriculum that isn't being taught gets you nowhere*





# Trade-Offs

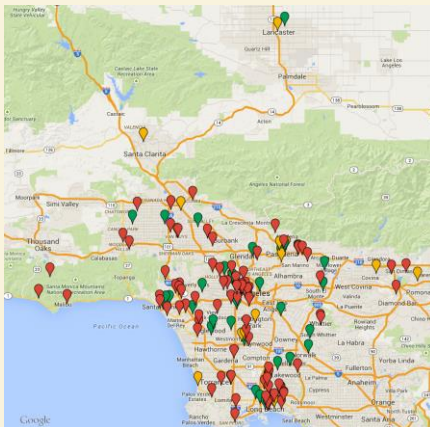
- **The more you attempt to formalize a curriculum through an academic process...**
  - *Your work level increases*
  - *Your timetable lengthens*
  - *The amount of your control decreases*
- **However...**
  - *Formalizing adds legitimacy*
  - *It increases longevity (in might outlast you and your funding)*
  - *May have a greater impact on other curricula*



# Outcomes

## Jumpstart Fellowship

- 16 sessions thus far
- 500 + graduates
- 65% of graduates are employed at 93 programs
- 67% are from underrepresented ethnic groups
- 41% speak a language other than English
- 71% identify as a mental health consumer or family member of a mental health consumer
- Annapolis Coalition currently conducting an analysis of the program



**Red - Employers**  
**Yellow - Internship Only**  
**Green - Internship AND Employers**



# Testimonials

"In my case, Jump Start really earned its name. I had been floundering, unemployed, getting no responses to my resumes for about 3 years. Then, after starting my JS internship, working with the tremendous JS staff, I got a few interviews, ultimately landing the full-time case manager job where I interned, and where I look forward eventually to elevating my position."

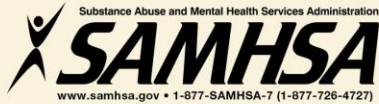


-Pete, Case Manager at OPCC

"I learned in 12 weeks what other mental health professionals took 10 years to learn. The Jump Start Program served to be the process I needed to reinsert my abilities and goals into the greater workforce. In what other program can you learn about yourself on a deeper level, experience hundreds of career paths and have the time of your life??? Only MHA jumpstart program! It means a lot to me to be a part of a network that is supportive beyond the classroom."



-Timothy, Case Manager at Exodus Recovery



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## Peer Supports for Recovery and Community Integration

Mental Health Association of Southeastern Pennsylvania  
*Institute for Recovery and Community Integration*

## MHASP History

- *Founded 1951 as a consumer led organization*
- *Advocacy, Programming, the WarmLine, Service Delivery, ICAN*
- *Created the Institute for Recovery and Community Integration in 2008*



## The Institute for Recovery and Community Integration

- Focus is on system transformation by consumers and peers
- One of two State approved vendors of Certified Peer Specialist Training
- Advanced Facilitation of the Copeland Wellness Recovery Action Plan©
- Ongoing support of CPS and CPS Supervisors
- Continuing Education Units and supplemental courses
- CPS projects with Specialized Populations



## Advocacy and ICAN

- State wide community organizing.
- Connecting people who have personal experience with MH conditions with policy makers.
- Representing the consumer voice on boards and with decision makers.
- Providing scholarship opportunities.



## Future Focus: Where We are Heading

- **New Populations to be trained as CPS**
- **Organizational and Agency Support to Enhance Employment Experiences of Peers**
- **Shifting the Institute toward an Academy Model**



## We Are...

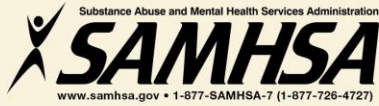
**Elisha Coffey, MSW**  
*Program Manager, ICAN MHASP*

**Clarice Bailey, PhD**  
*Director, Institute for Recovery and  
Community Integration MHASP*  
**[www.mhasp.org](http://www.mhasp.org)**





# Questions?



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