

DRAFT

Statewide Workforce Needs by Occupational Classification and Diversity Challenges, as Reflected in Community Services and Support (CSS) Plans

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Executive Summary

Background

The Mental Health Services Act (MHSA) requires that each county must submit to the Department of Mental Health (DMH) a needs assessment identifying the anticipated increases in each professional and other occupational category needed to provide the projected increase in services to consumers and their families.

Study Aim

An analysis of submitted county Community Services and Supports (CSS) Plans was undertaken in order to enable appropriate initial allocation of MHSA education and training funds to recruit, train and retain sufficient individuals to deliver CSS Plan services as envisioned by the MHSA.

Methods

Thirty-six county CSS Plans were summarized and analyzed for new MHSA workforce positions, stated needs and challenges, diversity and language proficiency issues, and proposed one-time funds allocated for education and training. Plan summaries were either approved or close to final approval at the time of analysis. Sufficient counties in all five California Mental Health Director's Association (CMHDA) regions were represented in order to enable the use of extrapolation factors to estimate regional and statewide totals.

Limitations

Coordinating instructions to the counties for submission of CSS Plans did not provide any standardized language specific to conveying workforce information, as the focus was on proposing new MHSA services. Consequently there was variance in the method and description of new positions, workforce diversity, and proposed use of one-time funds. Also, analyzed CSS Plans that were not yet approved as final could be subject to changes due to the approval process.

Results

Statewide totals indicate an estimated 4,332 new positions (FTE) are being created, with 81 percent for direct service, 13 percent for support staff, and six percent for supervisory or management. At least 20 percent of the new jobs are specifically designated for consumers and family members.

Of the estimated 3,525 direct service positions, five percent will be for psychiatrists and other physicians, nine percent nursing personnel, 15 percent social workers, five percent

psychologists, 17 percent therapists or counselors, 21 percent case managers, 17 percent mental health workers, and nine percent in a variety of other job titles.

Compared with the general population Hispanics/Latinos are underrepresented in the public mental health workforce by approximately 17 percent. The recurring challenge as reported by CSS Plans is attracting and retaining staff that are bilingual and bicultural, especially Spanish. Staff with other language proficiencies, mostly specific Asian languages, Russian, Armenian, Farsi and Arabic are also in short supply in large urban areas and the Central Valley.

The top five workforce needs and challenges reported were (1) language proficiency, cultural competency, and diversity of the workforce, (2) organizational capacity to support new services, (3) geographical challenges of recruiting staff and reaching consumers, (4) hiring consumers and family members, and (5) recruiting and retaining licensed staff.

It is estimated that California counties plan to spend about \$18.6 million in one-time CSS funds for a broad number of activities designed to address workforce needs to implement programs; to include training in evidence-based practices, wellness, recovery and resiliency, cultural competence and serving special populations and age groups. Several proposed training for families of young children, adult consumers and family members. Some stipends for interns and others were proposed. Other proposed use of one-time funds were for program development or redesign of existing efforts, experiential learning with educational institutions, and distance learning.

Discussion

Counties have sufficiently articulated their workforce challenges in recruiting, training and retaining staff in order to underscore the need to apply MHSA workforce education and training resources in a timely manner. Counties need resources to attract and retain a more diverse workforce, train new staff in cultural competency and wellness, recovery and resilience, and need assistance with the hiring, transition and ongoing support of a significant number of consumers and family members who will be working in the public mental health system.

Implications for Policy and Research

This needs assessment study can be used to supplement concrete education and training program proposals for assisting the recruitment, hiring and training counties need to accomplish for implementing their CSS Plans. A more comprehensive needs assessment needs to be conducted in order to project public mental health needs into the future and evaluate the impact of the application of MHSA education and training resources over time.

Statewide Workforce Needs by Occupational Classification and Diversity Challenges, As Reflected in Community Services and Support (CSS) Plans

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In November 2004, California voters passed Proposition 63, now known as the *Mental Health Services Act (MHSA)*, or *Act*. The Act imposed a one percent tax on personal incomes of over one million dollars. In August 2005, the California Department of Mental Health (DMH, 2005) issued a Policy Letter¹ to counties for their use in preparing their Community Services and Supports (CSS) plans. These plans cover proposed expenditures for the following three fiscal years (FYs): FY 2005-06, FY 2006-07, and FY 2007-08. In February 2006, DMH asked the counties to plan within an overall total of \$969 million.²

Introduction

This study summarizes information from Community Services and Support (CSS) Plans. The questions we seek to answer fall within the following categories:

NEW MHSA WORKFORCE POSITIONS

1. How many and what kinds of positions will be created to implement CSS plans?
2. Into which of the following occupational classifications do these new workforce positions fall?
 - a. Positions designed to be filled by consumers/family members;
 - b. Service provider positions; or
 - c. Supervisors, program managers, and staff support staff positions.

* I thank my Research Assistant, Tyler Heid, a student at UC-Davis, for his work in tabulating and organizing information for this report. I am also grateful for assistance from my business partner, Bill Allen, and the DMH Team overseeing workforce education and training – Warren Hayes, Wendy Desormeaux, and Inna Tysoe. Wendy and Inna put together the CSS plan summaries, from which much of the information in this report has been drawn.

¹ A Policy Letter is an addendum to CMH's Contract with Counties.

² Dollar amounts are shown in Enclosure 1 to DMH Letter 06-03, which can be found at <http://www.dmh.ca.gov/DMHDocs/docs/Letters06/06-03.pdf>

3. What are some of the challenges counties face when job tasks, competencies, and qualifications differ from those in existing civil service positions?

RACE/ETHNICITY AND THRESHOLD LANGUAGES

4. How does the racial/ethnic composition of each county's public mental health workforce compare with the racial/ethnic composition of each county's population?
5. What *threshold [primary] languages*, other than English, are spoken in counties?

WORKFORCE NEEDS AND CHALLENGES

6. What do county CSS plan summaries say about *workforce needs and challenges*?

PROPOSED USE OF ONE-TIME FUNDS TO MEET WORKFORCE NEEDS TO IMPLEMENT PROGRAMS

7. What do county CSS plan summaries say about use of one-time funds for education, training, related human resource needs, and program development or, redesign?

Methods

This report is based on recent summaries of county CSS plans provided by DMH staff. Plans go through a series of reviews before they are approved and money is released to the county. This report is based on CSS plans for thirty-six counties. Plans for these counties had either been approved or were in the process of being approved when summaries were provided to the Contractor earlier in July 2006.

Is it appropriate to generalize about *statewide workforce* implications of CSS plans from a sample of 36 counties? We think it is because we have several counties in each of the multi-county regions.³ Thirty-five of the counties developed CSS plans based on three-year CSS budget allocations (dollar amounts) making up anywhere from 63 percent to 91 percent of total allocations for their multi-county region. Los Angeles submitted a plan and, as a result, all of Los Angeles Region is represented in the data. Appendix A groups all counties by region and specified specifies the proposed MHSA allocation by county and region.

³ The regions are geographically defined and are: Superior Counties; Southern Counties; Los Angeles County, Central Counties, and Greater Bay Area Counties.

Appendix A also shows *extrapolation factors* used to estimate regional and statewide totals. These factors are reciprocals of a fraction. The fraction is (1) CSS budget allocations for counties with CSS plan summaries divided by (2) CSS budget allocations for *all* counties in the region. Overall, the allocation for the 36 counties totaled \$808,259,811 out of a grand total of \$969,239,480 for all 58 counties. The reciprocal of this fraction is approximately 1.1991682. We use this *extrapolation factor* – as well as regional *factors* -- to “blow up” sample numbers to estimated statewide totals. In other instances – for example, reporting narrative information on *workforce challenges* – we indicate that the material is not extrapolated and relates only to the 36 counties for which we have CSS plan summaries.

Findings

Workforce positions to implement CSS plans

Overall. – The 36 CSS plan summaries identified 3,613 new full-time-equivalent (FTE) positions. When we applied extrapolation factors to regional totals, we estimated that all plans, when submitted, will call for approximately 4,332 FTEs. (See Table 1, which summarizes our calculations.)

Table 1. New MHSA Workforce Positions, by Region: Estimated Statewide Totals

Region	Total, New Posi- tions (FTE)	Percentage		
		Consumer/ family	Service provider	Adm, Sup, Support
Number				
Bay Area	848	213	516	119
Southern.....	1,256	345	696	215
Los Angeles	1,419	84	976	359
Central.....	560	153	334	73
Superior.....	249	76	140	33
Total, statewide.....	4,332	871	2,662	799
Percent				
Bay Area	100.0%	25.1	60.8	14.0
Southern.....	100.0	27.5	55.4	17.1
Los Angeles	100.0	5.9	68.8	25.3
Central.....	100.0	27.3	59.6	13.0
Superior.....	100.0	30.5	56.2	13.3
Total, statewide.....	100.0	20.1	61.4	18.4

Consumers and family. -- About 20.1% of new positions – or, approximately 871 out of 4,332 -- are to be filled by consumers or family members. Of this number, we estimate that about 29% are for consumers, 9% for family members, and the rest (63%) for either or both. (See Table 2.) These figures are somewhat speculative, because we assumed that position titles containing the term “peer” were generally “set aside” for individuals with psychiatric disabilities (consumers), rather than parents or other family members. Several job titles have *peer* or *consumer* in the title (e.g., Peer Specialist, Consumer Advocate Peer Mentor, Peer Advocate, Peer Support Aide, Peer Guide, Peer Coach, and Peer Counselor). Several job titles are in the area of employment or housing (e.g., Employment Specialist, Vocational Assistant, Employment Coordinator, Peer Housing Counselor, Peer Benefits Advocate, Consumer Vocational Activities Coordinator, Consumer Housing Activities Coordinator, and Employment Consultant). One county plans to have four volunteer senior Peer Counselors, as volunteers, receiving \$85 per month in stipends. Another county stated that: "The consumer and family positions are not labeled as such in the budget. At all levels of staffing qualified consumer and family members will be considered and hired. Consumer and family member status is a desirable qualification in all . . . [public mental health] positions."

Table 2. New MHSA Workforce Positions for Consumers and Family Members: Estimated Statewide Totals

Category	Number (Total FTE)	Percent
Consumers.....	250	28.7%
Family Members.....	76	8.7
Either or Both	545	62.6
Total, statewide.....	871	100.0%

Appendix B lists consumer/family member job titles in 36 county CSS plan summaries, and the manner in which they were classified: for (1) Consumers, (2) Family Members, or (3) Either or Both.

Positions set aside for family members typically contain the term “parent” or “family” in the job title (e.g., Parent Partner, Family Member Provider, Family Advocate, Family Partner, and Family Member Manager). The remaining positions for consumers or family members have titles that are not specifically targeted at consumers and family members. This

category contains the majority of positions. The job titles in this category include: Community Worker, Medical Case Worker, Mental Health Worker III, Family/Peer Partner, Mental Health Worker, and Social Worker. Some managerial and professional positions will be held by consumers or family members, including Director, Executive Director, Program Manager, Psychiatrist, Public Health Nurse, and Registered Nurse. In nearly every case, only one FTE was listed across the 36 counties when jobs such as these were mentioned for consumers and family members.

Service Provider. – Nearly 62 percent of the new positions – or, approximately 2,662 out of 4,332 -- are classed as service provider positions. Table 3 shows the general pattern of these positions, based on assumptions about where job titles seem to fit in an occupational classification scheme. Again, Appendix B shows how various job titles have been categorized.

Table 3. Service Provider Positions, by Category: Estimated Statewide Totals

Category	Number (Total FTE)	Percent
Psychiatry (& general medicine).....	146	5.5%
Nursing	240	9.0
Social work	404	15.2
Psychology	145	5.5
Therapy/counseling	461	17.3
Case management	561	21.1
Mental health worker*	450	16.9
<i>Sub-total</i>	<i>2,407</i>	<i>90.4%</i>
All Other:		
Allied health professionals.....	40	1.5%
Co-occurring disorders	61	2.3
Employment.....	18	0.7
Housing	11	0.4
Police and courts.....	17	0.6
Transportation	2	0.1
Financial and other assistance.....	43	1.6
Miscellaneous (n.e.c.)	64	2.4
	<i>256</i>	<i>9.6%</i>
Total, statewide	2,662	100.0%

* The largest single category, reported by Los Angeles County, was “Community Worker.”

Administrative, Supervisor, Staff support. – About 18 percent of new positions – or, about 799 out of 4,332 – have been categorized as supervisory, management, and support personnel. Table 4, on the next page, shows the pattern of these positions, based on

certain assumptions as to where various job titles belong. Again, Appendix B shows which job titles were put into the various categories.

Table 4. Administrative, Supervisory, and Support Positions, by Category: Estimated Statewide Totals

Occupational category	Number	Percent
Supervisor/Program Manager	251	31.4%
Support Staff:		
Analyst, IT staff.....	43	5.4
Other Office Staff.....	471	58.9
Education, Training and QA/QI	12	1.5
Miscellaneous (n.e.c.)	23	2.8
Total, statewide	799	100.0%

The *Supervisor/Program Manager* category includes job titles such as Managers, Directors, Coordinators, and Team Leader, as well as Supervisors of Programs and Services. Several job titles suggest the incumbent is expected to supervise direct service providers or of clinics (e.g., Unit Supervisor, Clinical Supervisor, Supervising Psychiatric Social Worker, Service Chief, and Supervising Nurse). These supervisor/program manager positions account for nearly a third (31.4 percent) of the broader Administrative, Supervisory, and Support Positions category, but only about 6 percent of the overall 4,332 FTE positions.

The category *Support Staff* has been divided into several subcategories: *Analyst, IT Staff* and two other duty-specific subcategories, and a *Miscellaneous* subcategory. Nearly all of the job titles in the *Analyst, IT Staff* subcategory have the term *Analyst* in the title (e.g., Mental Health Planning Analyst, Research Analyst). An exception is “Information systems/Performance Measurement staff.” The most common job title in the *Other Office Staff* subcategory is “Intermediate Typist Clerk” (148 positions, all of which are in the Los Angeles plan). Across all summarized county plans, approximately 10 positions are to be filled by billing clerks and medical records personnel. Most of the other titles are more general (e.g., Clerk, Staff Assistant, Secretary, Office Assistant, Clerical and other support staff). The *Miscellaneous* subcategory includes the positions of Security Guard, Grant Writer, Public Information Officer, and (non-specific) Support Staff.

Human resource (e.g., civil service) matters

The MHSA, as an organizing paradigm, is meant to transform public mental health services into a wellness- and recovery-oriented system by promoting the following strategies: (1) full-service partnerships; (2) prevention and early intervention; (3) wellness, recovery, and resiliency; (4) use of evidence-based practices; (5) language proficiency and cultural competence; and (6) consumer- and family-driven services. One county official told us that in order to expedite the hiring process, job classifications and descriptions for the new positions are derived from existing ones. Once a good match for qualifications and experience is found, references to wellness and recovery and other unique MHSA requirements are added.

The county official with whom we spoke went on to say that successfully implementing the county's Community Services and Supports Plan will require hiring a number of additional professionals and paraprofessionals. Many new hires will need to have specialized qualifications (e.g., gerontology, non-English language proficiency, individuals with mental health challenges). Unless these new hires are subcontracted through community-based organizations, the hiring process must comply with County personnel policies and procedures. We were told that changing civil service job classifications (e.g., duty statements, qualifications required) is a very lengthy and complicated process, requiring reviews by the County personnel department, legal counsel and, ultimately, the Board of Supervisors.

As a result, we suspect that many consumers and family members in entry-level positions will be hired by community-based organizations under contract with the County rather than by the County itself. Each County will develop contracts specifying (in general terms) what kinds of employees are needed to provide MHSA-funded services and what qualifications those employees ought to have. The flexibility of community-based organizations means that consumers and family members are likely to receive more opportunities to enter the public mental health field through these organizations than they would with the County. However, jobs with contract agencies are likely to be characterized by lower pay, fewer benefits, and greater instability than comparable positions within the County civil service structure.

Racial/ethnic diversity, language proficiency, and cultural competence

Race/ethnicity -- As indicated in Table 5, California's total population (in all 58 counties) is exceedingly diverse in terms of race/ethnicity. The racial/ethnic distribution of the population in the 36 counties for which we have CSS plans is virtually the same as for the total population, differing at the statewide level by no more than 0.7 percentage points for any racial/ethnic group (data not shown here).

Table 5. California Population, by MH Region, and Race/Ethnicity: July 1, 2006

Region	Total	White	Black	Hispanic	Asian/PI	Other*
Bay Area	7,988,965	46.0%	6.6%	24.2%	19.9%	3.3%
Southern	12,562,563	43.4	5.2	39.3	9.4	2.7
Los Angeles	10,208,754	31.2	9.5	46.5	11.0	1.8
Central	5,455,122	47.3	6.1	33.9	8.8	3.8
Superior	1,119,564	77.0	1.6	12.6	2.3	6.4
Statewide, total	37,334,968	42.2%	6.7%	36.4%	11.8%	2.9%

* This category is largely Native American and multi-race.

CSS plan summaries contain information on the percentage distribution of the *current mental health workforce*. Counties varied in what they reported. Some counted (or estimated) only the public, county mental health workforce. Some may have counted contractors as well as county employees. Some counties counted only those employees who deliver Medi-Cal services. Table 6, on the next page, shows the reported data (population-weighted proportions) on *current mental health workforce*, by region, based on the 36 counties for which we have CSS plan summaries. The table displays: (1) the estimated population of the counties as of July 1, 2006; (2) the percentage of the population by race/ethnicity; (3) the percentage of the reported *current mental health workforce*, by race/ethnicity; and (4) the percentage point difference between the two distributions.

Hispanic employees are consistently under-represented. The degree of under-representation ranges from –9.3 percentage points (Bay Area) to –27.5 (Los Angeles). Statewide, Hispanics are under-represented by a weighted average of –17.3 percentage points (emphasis added).⁴ Asian/Pacific Islanders are not consistently under-

⁴ A small part of this difference is likely attributable to the younger average age of Hispanics than the population in general. In 2004, Hispanics made up an estimated 34.8% of California's population, but somewhat less (33.3%) of those of working age (18 through 64). (See DOF, 2006).

or overrepresented. Native American and “other” (typically multi-race) are overrepresented in all regions except for the Superior Region, where they are under-represented by -1.8 percentage points. We suspect that subgroups within the Asian/Pacific Islander and Native American & Other groups are under-represented. For example, several CSS plans state counties’ intentions of reaching out to the *rancheria* communities because among these Native Americans the need for mental health services is high but mental health service usage rates are low.

Table 6. Distribution of the Population and *Current Mental Health Workforce*: 36 Counties in DMH Regions

Region	Population	Current MH Workforce	Percentage Point Difference
Bay Area (Population = 7,303,871)			
White	48.7%	52.2%	3.5
Black.....	4.3%	9.6	5.3
Hispanic	25.2%	15.9%	-9.3
Asian/Pacific Islander.....	18.8%	16.1	-2.7
Native American & Other	3.0%	6.2	3.2
Southern (Population = ~9.1 million)*			
White	47.1%	57.4%	10.3
Black.....	4.4%	9.7%	5.3
Hispanic	35.7%	20.1%	-15.6
Asian/Pacific Islander.....	10.1%	5.2%	-4.9
Native American & Other	2.7%	7.6%	4.9
Los Angeles (Population = 10,208,754)			
White	31.2%	42.0%	10.8
Black.....	9.5%	20.0%	10.5
Hispanic	46.5%	19.0%	-27.5
Asian/Pacific Islander.....	11.0%	12.0%	1.0
Native American & Other	1.8%	6.5%	4.7
Central (Population = 3,319,775)*			
White	51.5%	58.0%	6.5
Black.....	5.9%	9.7%	3.8
Hispanic	29.6%	19.5%	-10.1
Asian/Pacific Islander.....	9.0%	6.5%	-2.5
Native American & Other	4.0%	6.4%	2.4
Superior (Population = 799,299)			
White	75.8%	84.7%	8.9
Black.....	1.4%	1.9	0.5
Hispanic	12.8%	3.4	-9.4
Asian/Pacific Islander.....	2.0%	3.8	1.8
Native American & Other	8.0%	6.2	-1.8

* Information missing for one county. Hence, approximate population given.

** Excludes Placer County, which provided no race/ethnicity data for their current mental health workforce.

Threshold languages -- Counties vary enormously in population size, from Alpine, with an estimated 1,344 residents to Los Angeles with a population of approximately 10,208,754. In an Informational Notice,⁵ DMH defined a *threshold language* to mean “. . . a language that has been identified as the primary language, as indicated on the Medi-Cal Eligibility Data System (MEDS), of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area, Per Title 9,CCR, Section 1810.410 (f) (3).”⁶

Eight counties (or 14 percent) of California’s 58 counties have no *threshold language* other than English. Thirty-eight counties (or 66 percent) have only Spanish as their *threshold language*. Six counties (or 10 percent) have two *threshold languages*, (1) Spanish and Hmong (Butte, Fresno, Merced); (2) Spanish and Vietnamese (Orange), (3) Spanish and Cambodian (San Joaquin); and (4) Spanish and Russian (Yolo). Six counties, with 50.5 percent of the population as of July 1, 2006, had four or more *threshold languages*. (See Table 7.)

Table 7. California counties with four or more *threshold languages*, by primary non-English language (Y=Yes)

Threshold language*	Alameda	Los Angeles ^a	Sacramento	San Diego	San Francisco	Santa Clara
Spanish.....	Y	Y	Y	Y	Y	Y
Vietnamese.....	Y	Y	Y	Y	Y	Y
Cantonese	Y	Y	Y		Y	
Armenian		Y				
Russian.....		Y	Y		Y	
Hmong.....			Y			
Tagalog.....		Y		Y		Y
Mandarin.....		Y				Y
Cambodian		Y				
Korean		Y				
Farsi.....	Y	Y				
Arabic.....		Y		Y		

* Top twelve non-English primary languages used by Californians.

^a “Other Chinese” is a threshold language in Los Angeles County, but is not a language among the top twelve statewide.

⁵ Informational Notices typically explain existing contractual language and thus become part of DMH’s contract with Counties.

⁶ Source: <http://www.dmh.cahwnet.gov/DMHDocs/docs/notices06/06-04.pdf>

Table 8, below, shows the pattern of threshold languages, other than English, by DMH region. Los Angeles stands out in terms of number of threshold languages. Only the Central and Superior regions have counties with no threshold languages, other than English.

Table 8. Number of Counties with non-English *threshold languages*, by DMH Region

Region	No. of counties (N)	No. of counties with number of threshold languages				
		None (0)	One (1)	Two (2)	Three (3)	Four or more (4+)
Bay Area	12	0	9	0	0	3
Southern	9	0	7	1	0	1
Los Angeles	1	0	0	0	0	1
Central	19	2	12	4	0	1
Superior	17	6	10	1	0	0
Total, statewide	58	8	38	6	0	6

Clearly, many counties face formidable communication barriers when serving various ethnic minorities. This communication difficulty impacts counties' ability to provide culturally competent mental health services. We turn to this subject now.

Workforce needs and challenges

Counties were asked to describe *workforce needs and challenges*. Several *themes* emerged from their responses and are summarized below:

1. **LANGUAGE PROFICIENCY, CULTURAL COMPETENCY, AND REPRESENTATIVE DIVERSITY.** – A major challenge expressed in CSS plans is (1) hiring and retaining sufficient staff who are proficient in non-English languages; (2) being able to deliver culturally-competent services; and (2) having a workforce that reflects the diversity of the underlying population in terms of race/ethnicity.
2. **ORGANIZATIONAL DEVELOPMENT AND TRAINING.** – Another challenge is changing the way public mental health services are provided. Several sub-themes include (1) redesign of services to focus on wellness and recovery, using evidence-based practices, and being consumer- and family-driven; (2) training and supporting the workforce to work in new ways; and (3) surmounting organizational barriers within the system that sometimes get in the way of fashioning new job descriptions, recruiting, and contracting appropriately.
3. **LOCAL DIFFICULTIES IN ATTRACTING AND RETAINING STAFF.** -- Dealing with local, geographic and organizational factors that make attracting and retaining the right people difficult. There include comparatively low wages and benefits, high cost of

living (especially housing), and having “small pools” of potential employees from which to recruit.

4. **INTEGRATING CONSUMERS AND FAMILY MEMBERS INTO THE WORKFORCE.** -- The challenge is hiring and using effectively the services of consumers and family members. Illustrative challenges include: (1) the County mental health system has little or no experience using people with consumer and family member experience; (2) civil service rules, regulations, and practices do not easily lend themselves to altering hiring processes; (3) altering the philosophy (or traditions) of some existing mental health staff to honor MHSA purposes; and (4) being able to find the right consumers and family members to employ effectively.
5. **RECRUITING AND RETAINING LICENSED STAFF.** -- Characteristic challenges include: (1) shortages of licensed professionals; (2) licensed professionals are not always proficient in threshold languages; and (3) many rural areas are disadvantaged when competing with urban areas for licensed staff.
6. **MISCELLANEOUS, OTHER CHALLENGES.** – This is a residual, not elsewhere specified (n.e.s.) category.

Each of the counties for which we have CSS plan summaries noted at least one of the above challenges. Because some comments fell into more than one topical area, there is some repetition. (See Table 9.) Themes above are ranked from (1) *mentioned most often overall* to (6) *mentioned least often overall*. Counter to the overall rank order, counties in the Superior Region ranked Theme No. 2 (Organizational development and training) higher than Theme No. 1 (Language proficiency, cultural competence, and representative diversity). And, counties in the Southern region mentioned No. 3 and No. 4 more frequently than No. 2.

Table 9. County Analysis of Workforce Needs and Challenges: 36 Counties

Region & county	No. of Remark/ topic touches	Topics*					
		No. 1	No. 2	No. 3	No. 4	No. 5	No. 6
Bay Area	42	21	9	7	4	1	0
Southern	33	10	5	8	6	4	0
Los Angeles	5	3	1	0	0	1	0
Central	53	16	14	13	6	3	1
Superior	52	9	16	13	7	2	5
Total, statewide.....	185	59	45	41	23	11	6

* Numbered topics are:

1. Language proficiency, cultural competence, and representative diversity
2. Organizational development and training
3. Local difficulties in attracting and retaining staff
4. Integrating consumers and family members into the workforce
5. Recruiting and retaining *licensed* staff.
6. Miscellaneous, other challenges (n.e.s.)

The comments below were chosen as illustrative of the major themes listed above. All remarks submitted by the counties are listed in Appendix C.

1. LANGUAGE PROFICIENCY, CULTURAL COMPETENCE, AND REPRESENTATIVE DIVERSITY (N = 59)

- _____ County sees the biggest barrier to implementing the MHSA plan is *finding and hiring culturally appropriate staff* with the right training and experience to fill the jobs available.
- *Hispanic staff members* are substantially underrepresented.
- Availability of *culturally and linguistically competent service providers* in _____ County is a challenge. It has been difficult for _____ County to recruit culturally and linguistically competent staff that reflect the ethnic and cultural makeup of our community, particularly Spanish-speaking and Vietnamese-speaking professionals. Competitive salaries for bicultural/bilingual professionals in surrounding agencies and markets, combined with a high cost of living and an inflated housing market further compound this hiring challenge.
- There is a shortage of *bicultural, Spanish speaking clinicians* in every region of the county.
- A potential barrier in implementing the program and decreasing ethnic disparity in access to care/service delivery across all programs will be *hiring staff that are ethnically diverse and proficient in the Spanish language*.
- _____ County has *insufficient Spanish, Vietnamese, Tagalog, Mandarin and Cantonese-speaking staff*.

2. ORGANIZATIONAL DEVELOPMENT AND TRAINING (N = 45)

- *County regulations governing the hiring of staff and entering into contracts* with county providers may present substantial barriers in hiring the workforce needed to implement the vision of the Act.
- Acquiring new facilities, hiring new staff, and issuing new contracts will *challenge the current administrative infrastructure* of the County.
- Training in the *recovery model* may also be a barrier to MHSA implementation. Some of the staff have worked in the mental health field for many years and deliver traditional mental health clinic model services. Training and supervision will assist staff in embracing this system transformation and exploring alternative strategies for meeting the needs of the individual.
- Set of organizational or structural barriers, including (1) the county system does not promote ethnic diversity; (2) certification process for bilingual staff is too rigid; (3) job classifications are not reflective of actual requirements; and (4) overwhelming case loads.

- Transforming the programs to be more *culturally competent, consumer-driven, and family-driven* will require learning and change on the part of existing staff.

3. LOCAL DIFFICULTIES IN ATTRACTING AND RETAINING STAFF (N = 41)

- Recruitment and hiring has been extremely challenging in _____ County due to *staff shortages in human resources, non-competitive wages, and the lack of ethnically diverse individuals in the community.*
- *Serving impoverished individuals in rural and remote areas of _____ remains a challenge.*
- _____ County is a Mental Health Professional Shortage Area and is *competing with counties whose pay scales are superior and who have more resources and amenities.* On the other hand, _____ County's Shortage Area status is helping it attract employees.
- The two primary challenges in _____ County are *geographic isolation, with many very small population pockets spread out across our 3000 square miles, and a high cost of living making recruitment and retention of staff very difficult.* This is not a geographic area that appeals to many prospective staff people. It is isolated and the *winters are long and difficult.* The *cost of living is high.* Additionally, _____ is at 8,000' elevation. Not everyone can live there. _____ County is, however, a federally designated Health Professional Shortage Area for Mental Health.
- It has been difficult at times to hire staff due to the relatively low wage and the high cost of housing in the County.
- _____ Coounty had difficulty *hiring and retaining bilingual/bicultural position* because it is a *small rural county* away form "big city" cultural services and a university.

4. INTEGRATING CONSUMERS AND FAMILY MEMBERS INTO THE WORKFORCE (N = 23)

- Transforming the programs to be *more culturally competent, consumer-driven, and family driven* will require learning and change for all staff.
- *Employment of consumers* in MHSA programs is also challenging. Finding creative solutions and alternatives to the dilemma consumers face in surrendering their Medi-Cal and SSI benefits when accepting paid employment in an MHSA program, and the risk of their illness relapsing to the point of being unable to work for a lengthy period without the security of their SSI or Medi-Cal benefits.
- The County has had difficulties in hiring clients and family members given the civil service code demands and restrictions.
- The county does not currently have and clients or family members that they are aware of who are trained to lead a group or to manage a program.

5. RECRUITING AND RETAINING LICENSED STAFF (N = 11)

- The new CalSWEC stipend program should encourage Humboldt's MSW students to select mental health as their specialty.
- There is a prominent need for licensed clinical social workers, marriage and family therapists, licensed psychiatric technicians, and mental health registered nurses.

6. MISCELLANEOUS, OTHER CHALLENGES (N = 6)

- Lack of trust and credibility with the communities to be served.

Clearly, many counties face challenges hiring and retaining bilingual, culturally competent personnel in various occupational categories. This is very important because of limited access to (and use of) public mental health services by some minority groups. There are perceived shortages in several occupational classifications, even in urban areas. Rural and semi-rural counties face many problems, including (1) inadequate numbers from which to draw, (2) transportation difficulties, (3) non-competitive wages and benefits, (4) high cost of living (especially housing), and (5) lack of various amenities (e.g., most small counties do not have a college or university from which to draw staff). Other obstacles, in both urban and rural areas, include lack of adequate infrastructure (e.g., understaffed Human Resource offices) and dealing with civil service and subcontracting rules. All will need to be surmounted to accomplish many of the MHSA goals.

One-time funds for workforce development (e.g., education and training)

The CSS plan summaries contain information under the heading “5. County Use of One-Time Funds for Workforce Needs to Implement Programs.” Planned expenditures for physical assets and IT systems (e.g., laptop computers, software, office space, furniture and equipment, and vehicles) is no included here. The information under this heading is summarized in Table 10.

Altogether, 24 of the 36 counties for which we have CSS plan summaries requested nearly \$16 million in one-time funds for “workforce needs to implement programs,” excluding IT, infrastructure, and other physical assets. The numbers in Table 10 are “blown-up” regional and statewide estimates, achieved by using the Extrapolation Factors in Appendix A.

Twelve of the 36 counties did not request one-time funds. This is not surprising, as (1) counties were planning for community services and supports, and (2) county officials knew that, in time, there would be a separate allocation for workforce development.

Table 10. County Proposed Use of One-Time Funds for Workforce Needs to Implement Programs (excluding IT and physical infrastructure outlays): Estimated Statewide Total

Region	Number	Percent
Bay Area	\$2,034,625	
Southern ^a	3,774,852	
Los Angeles	10,000,000	
Central ^b	2,166,866	
Superior.....	630,127	
Statewide total	\$18,606,470	100.0%

^a Kern asked for another \$620,000, not shown here, for video conferencing system for several needs, including “training to outlying areas.”

^b Yolo asked for \$454,975 for “. . . development of consumer housing, leveraging construction costs, and for developing long-term supportive services. Yolo County has identified unoccupied county properties that may be available for capital development.” The author’s split of \$400,000 and \$54,975 is a guesstimate.

Table 10 includes outlays for training, internships, schooling, recruitment, and stipends – that is, education and training (or, workforce development). Some counties mentioned non-specific “staff training” or “staff development.” Other counties mentioned several topics, such as but not limited to: risk assessment, employment, aggression replacement, and co-occurring disorders (e.g., substance abuse). Counties requested funds for the following training to help them re-orient their mental health systems to accord with MHSA recovery- and wellness-focused principles:

- Eight counties requested one-time funds specifically for training in *evidence-based practices and/or wellness, recovery, and resiliency*.
- Six counties proposed spending one-time funds for training or identifying needs in the area of *cultural competency*.
- Several counties proposed training for families of young children, adult consumers, and family members, whether in paid positions or not: _____ (*Incredible Years*), _____ (*stigma reduction*), _____ (*Children’s Integrated Services*), _____ (*Incredible Years*), _____ (*interns and stipends for volunteers*), _____ (*General*), and _____ (*Incredible Years or other parenting program*).

Table 10 also includes one-time outlays for program and organizational development (e.g., getting new programs and services *up and running* and redesigning existing services). These planned outlays typically address recruitment, hiring, redesign, consultants, and the like. Selected examples are listed below:

- _____ County is requesting one-time funds of \$10 million, and intends to use the money as follows:
 - \$2.5 million to develop agreements with several degree-producing schools to provide financial support to students, especially bilingual and multicultural students from under-represented groups, in exchange for a commitment to work for one or more years in areas of critical need in the mental health system. Targets social work, marriage and family therapy and psychology graduate students, students in psychiatric technician programs, and people in bachelor's degree programs who commit to working in the mental health system;
 - \$2.5 million to develop an intensive training and orientation program for people not yet working in the mental health system. This will include a substantial number of people and their families who receive services and are members of underserved populations. The trainings will include the principles of wellness, recovery and resilience, introduction to the mental health system, and experiential learning opportunities; and
 - \$5 million to develop an intensive training and orientation program for people currently working in the mental health system and their partnering organizations. The county will prioritize those individuals who are essential in the first phases of implementation for the community services and supports plan. Training modules will be developed to introduce participants to the principles and values of the Act. The county will recruit people from this group who are willing to sponsor experiential placements and jobs for people who have been newly hired.
- One county proposed spending \$191,667 for consultant services, including but not limited to a clinical/peer consultant.
- Another county proposed spending \$1,573,130 on "training, consultation, and support" for several programs: (1) \$575,000 to implement evidence-based practices and fully implement the Parent Support Program; (2) \$125,000 to implement Transition Age Youth programs; (3) \$545,000 to implement adult programs; (4) \$313,500 to implement several evidence-based practices and diagnostic tools in the Integrated Services for Older Adults program; and (5) \$13,300 for staff training on cultural competence to support Outreach and Engagement.
- _____ County requested one-time funds of \$49,800 to support, on a formula basis, (05/06, 06/07, 07/08) all new (and expanded) programs.
- _____ County was specific about a number of trainings, some of which have already been mentioned. In addition, the county requested " . . . implementation funds equivalent to 6 weeks of service operation in each of its programs." These funds are " . . . also needed for program staff to recruit, hire, and train personnel and will be

used to develop initial program outreach strategies to get this program up and running.” \$40,000 was requested for 70 staff/volunteers (includes training tool kit, travel and lodging to Los Angeles, training fees and technical assistance).

- _____ County proposed spending \$840,000 for (1) training of consumers and family members, staff, and Mental Health Board members, (2) consultation on Telemedicine system, (3) advertising and recruitment for staff, (4) RFP development and (5) services and supplies for proposed new staff members.
- Two counties proposed spending \$150,325 on a variety of trainings, plus \$7,200 for extra consultation and \$44,875 for Employment, Dual Diagnosis, Ethics, and Community Integration.
- _____ County proposed using nearly half a million dollars for its program, called Adults: Wellness Alternatives. Specifically, much of the money would be used to leverage construction costs. Some (\$54,975) would be used to develop long-term supportive services. Only the latter is reflected in Table 10.

References

State of California Department of Mental Health (2005). *Mental Health Services Act, Community Services and Supports: Three-Year Program and Expenditure Plan Requirements, Fiscal Years 2005-06, 2006-07, 2007-08* (Sacramento: DMH, August 1, 2005).

State of California, Department of Finance (2006), *Estimated Race/Ethnic Population with Age and Sex Detail, 2000–2004*. (Sacramento: DOF, April 2006).

Appendix A

Department of Mental Health: *Regions, Counties, and
Extrapolation Factors*

Department of Mental Health: *Regions, Counties, and Extrapolation Factors*

The five DMH regions, counties included in each, and three-year CSS budget allocations, are shown in Table A-1.

Table A-1. DMH Regions, Counties and Three-Year CSS Budget Allocations		
DMH Region	Counties <u>with</u> plan summaries	Counties <u>without</u> plan summaries
Bay Area	Alameda (\$33,982,044)* Contra Costa (\$21,929,909) Monterey (\$11,845,508) Napa (\$3,466,475) San Benito (\$2,247,034) San Francisco (\$16,422,104) San Mateo (\$15,312,598) Santa Clara (\$41,225,704) Santa Cruz (\$7,296,626) Sonoma(\$11,407,618)	City of Berkeley (\$769,849) Marin (\$5,266,997)
Southern	Kern (\$21,490,172) Orange (\$78,531,339) Riverside (\$51,458,841) San Diego (78,269,899) San Luis Obispo (\$7,066,595) Santa Barbara (\$11,748,507)	Imperial (\$5,231,892) San Bernardino (\$52,867,664) Ventura (\$20,763,127)
Los Angeles	Los Angeles (\$276,507,471)	
Central	El Dorado (\$4,382,902) Madera (\$4,617,552) Mariposa (\$1,161,548) Merced (\$7,726,201) Mono (\$1,087,642) Placer (\$6,964,051) Sacramento (\$30,553,754) Stanislaus (\$13,091,739) Sutter (\$2,887,240) Tulare (\$12,516,200) Yolo (\$5,604,190) Yuba (\$2,483,532)	Alpine (\$777,239) Amador (\$1,620,685) Calaveras (\$1,858,107) Fresno (\$24,519,372) Inyo (\$1,139,376) Kings (\$4,608,314) San Joaquin (\$17,212,892)
Superior	Butte (\$6,096,586) Glenn (\$1,482,113) Humboldt (\$3,945,936) Lake (\$2,317,245) Mendocino (\$2,825,345) Nevada (\$3,086,785) Shasta (\$5,220,806)	Colusa (\$1,313,978) Del Norte (\$1,449,779) Lassen (\$1,461,789) Modoc (\$981,403) Plumas (\$1,195,729) Sierra (\$828,973) Siskiyou (\$1,794,363) Tehama (\$2,184,215) Trinity (\$1,083,023) Tuolumne (2,115,852)

* Excludes amount set aside for the City of Berkeley, for which we do not have a CSS plan summary.

Extrapolation factors for each region, and for the state, are shown in Table A-2.

Table A-2. DMH Regions, Counties, Three-Year CSS Budget Allocations, and Extrapolation Factors to Get Regional and Statewide Estimates

DMH Region	CSS Budget Allocation, 3 Years		Col. (2) divided by Col. (3)	Extrapolation Factor (reciprocal of No. in Col. (4))
	Counties with plan summaries	All counties		
(1)	(2)	(3)	(4)	(5)
Bay Area.....	\$165,135,620	181,107,517	0.91180986	1.0967199
Southern.....	248,565,353	327,428,036	0.75914499	1.3172714
Los Angeles.....	276,507,471	276,507,471	1.00000000	1.0000000
Central.....	93,076,551	144,812,536	0.64273822	1.5558433
Superior.....	24,974,816	39,383,920	0.63413738	1.5769454
Statewide.....	\$808,259,811	\$969,239,480	0.83391136	1.1991682

Source for budget allocations: http://www.dmh.ca.gov/DMHDocs/docs/Letters06/06_03_Encl-1.pdf

Appendix B

Job Titles and Occupational Classifications

Job Titles and Occupational Classifications

Positions for consumers and family members

Below are all the job titles for positions for Consumers and Family members listed in 36 CSS plan summaries: (In parenthesis are the number of FTEs across the 36 counties.)

CONSUMER	EITHER OR BOTH
Client Coordinator (1-4)	Activities Coordinator (1-4)
Client Services Specialist (5-14)	ADMHS Specialist I (1-4)
Consumer Advocate (15-29)	Artist in Residence (1-4)
Consumer Assistance Worker (5-14)	Assistant Program Manager (1-4)
Consumer Advocate (15-29)	Behavioral Health Aide (5-14)
Consumer Associate (1-4)	Case Manager (5-14)
Consumer Crisis Worker (1-4)	Child Care Worker (5-14)
Consumer Housing Activities Coordinator (1-4)	Clerical and other support staff (5-14)
Consumer Self-Help Coordinator (1-4)	Clerical Support (1-4)
Consumer Vocational Activities Coordinator (1-4)	Client and Family Partners (1-4)
Employment Consultant (1-4)	Clinical Services Associate (1-4)
Employment Coordinator (1-4)	Community Support Worker (1-4)
Employment Specialist (5-14)	Community Worker (50+)
Independent Living Coach (1-4)	Consumer Family Advocate (1-4)
Navigator/Consumer Assistant (1-4)	Consumer/Family Behavioral Health Specialist (1-4)
Other (1-4)	Consumer/Family Counselor (1-4)
Part-Time Consumer Staff (1-4)	Contractor Intern/Trainee (1-4)
Peer Advocate (1-4)	Cultural Diversity Officer (1-4)
Peer Benefits Advocate (1-4)	Director (1-4)
Peer Coach (1-4)	Employment Aide (1-4)
Peer Counseling (5-14)	Employment Specialist (1-4)
Peer Counselor (15-29)	Executive Director (1-4)
Peer Guide (5-14)	Extended Placement Coordinator (1-4)
Peer Housing Counselor (1-4)	Family/Peer Partner (30-49)
Peer Liaison (1-4)	Health Worker (1-4)
Peer Mentor (5-14)	Housing Counselor (1-4)
Peer Outreach/Personal Service Coordinator (1-4)	Housing Specialist (1-4)
Peer Outreach Worker (1-4)	In Own Voice Presenters (1-4)
Peer Specialist (15-29)	Intern Trainee (1-4)
Peer Supervisor (1-4)	Lead Spirit Instructor (1-4)
Peer Support Aide (5-14)	Medical Case Worker (30-49)
Peer to Peer Instructor (1-4)	Mental Health Aide (5-14)
	Mental Health Assistant (5-14)

Peer/Recovery Assistant (5-14) Substance Abuse Counselor (1-4) Training Coordinator Peer (1-4) Vocational Assistant (1-4) Work Study Peer (1-4)	Mental Health Client Specialist (1-4) Mental Health Clinician Paraprofessional (1-4) Mental Health Practitioner (1-4) Mental Health Recovery Specialist Aide (5-14) Mental Health Rehabilitation Specialist (5-14) Mental Health Services Coordinator (5-14) Mental Health Specialist (5-14) Mental Health Worker (15-29) Mental Health Worker II (5-14) Mental Health Worker III (30-49) MFT/CSW (1-4) Office Assistant II (1-4) Office Specialist (5-14) Outreach Specialist (1-4) Peer/Family Advocate (1-4) Probation Officer (1-4) Program Coordinator (1-4) Program Manager (1-4) Psychiatric Social Worker (5-14) Psychiatrist (1-4) Public Health Nurse (1-4) Recovery Assistant (1-4) Recovery Model Specialist (1-4) Registered Nurse (1-4) Residential Counselor (5-14) Senior Mental Health Counselor (1-4) Senior Mental Health Worker (5-14) Senior Office Assistant (1-4) Service Chief I (1-4) Social Worker (15-29) Special Activities Coordinator (1-4) Specialist (5-14) Team Leader (1-4) Training Coordinator (1-4) Transition Age Youth Specialist (1-4) Undecipherable (1-4) Warm Line Coordinator (1-4) Youth Staff (1-4) Warm Line Counselor (1-4) Youth Mentor (1-4)
FAMILY Adult Parent Coordinator (1-4) Family Advocate (5-14) Family Coordinator (1-4) Family Member Manager (5-14) Family Member Provider (5-14) Family Support Counselor (1-4) Family to Family Instructor (1-4) Family Partner (5-14) Parent Partner (15-29)	

Service provider positions

Below are all the job titles for service provider positions, as listed in 36 CSS plan summaries:

<p>PSYCHIATRY (& GENERAL MEDICINE)</p> <ul style="list-style-type: none"> ADMHS - Psychiatric Services (1-4) Community Psychiatrist (1-4) Mental Health Psychiatrist (30-49) Physician (1-4) Physician II SAN (1-4) Physician III (1-4) Physician/Psychiatrist (1-4) Psychiatrist (50-74) Psychiatrist II (1-4) Staff psychiatrist (1-4) <p>NURSING</p> <ul style="list-style-type: none"> Behavioral Health Nurse (1-4) Clinical Nurse Specialist (1-4) Community Mental Health Nurse (1-4) Lead Nurse, RN (1-4) Licensed Vocational Nurse (1-4) Mental Health Nurse (1-4) Mental Health Counselor, Registered Nurse (75-104) Nurse Practitioner (5-14) Psychiatric Nurse (15-29) Psychiatric Nurse Practitioner (1-4) Psychiatric Technician (1-4) Public Health Nurse (1-4) Registered Nurse (30-49) Registered Nurse IV (5-14) Staff Nurse, Part-Time (1-4) Staff Nurse, Senior (1-4) <p>SOCIAL WORK</p> <ul style="list-style-type: none"> Clinical Support Social Worker (1-4) Clinical Social Worker (1-4) CSW II (15-29) Mental Health Social Worker (1-4) Psychiatric Social Worker (200+) Psychiatric Social Worker II (1-4) Psychiatric Social Worker III (1-4) Social Work Intern (1-4) 	<p>MENTAL HEALTH WORKERS</p> <ul style="list-style-type: none"> Aide (1-4) Behavioral Health Aide (1-4) Behavioral Health Specialist (5-14) Behavior Specialist II (30-49) Behavior Specialist III (5-14) Client Services Specialist (1-4) Clinical Peer Consultant (1-4) Clinical Service Technician (1-4) Community Health Technician (1-4) Community Mental Health Worker (1-4) Community Services Assistant (5-14) Community Worker (140-199) Consumer Assistant Specialist (1-4) Mental Health Assistant (1-4) Mental Health Client Specialist (15-29) Mental Health Intern, Part Time (1-4) Mental Health Program Specialist (1-4) Mental Health Rehabilitation Specialist (5-14) Mental Health Specialist (15-29) Mental Health Worker (30-49) Mental Health Worker Aide (5-14) Mental Health Worker I, Bilingual (1-4) Mental Health Worker II (1-4) Mental Health Worker II, Bilingual (1-4) Mental Health Worker III (1-4) Older Adult Mental Health Specialist, Unlicensed (1-4) Outreach Specialist (1-4) Outreach Worker (1-4) Senior Client Support Specialist (1-4) Senior Mental Health Worker (5-14) <p>ALL OTHER</p> <p>Allied health professionals</p> <ul style="list-style-type: none"> Occupational Therapist (1-4) Occupational trainees (1-4) Pharmacist (1-4) Recreation Therapist (1-4)
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<p>Social Worker (30-49)</p> <p>PSYCHOLOGY</p> <p>Clinical Psychologist (50-74)</p> <p>Community Mental Health Psychologist (30-49)</p> <p>Psychologist (5-14)</p> <p>Psychologist Intern (1-4)</p> <p>Senior Clinical Psychologist (1-4)</p> <p>THERAPY/COUNSELING</p> <p>Clinical Lead (5-14)</p> <p>Clinician I/II (1-4)</p> <p>Clinician II/Nurse (1-4)</p> <p>Clinician (1-4)</p> <p>Counselor(1-4)</p> <p>Clinical services (counselors, practitioners, assistants) (5-14)</p> <p>Clinical Therapist II (50-74)</p> <p>Coordinator/Therapist (1-4)</p> <p>Family Support Counselor (1-4)</p> <p>Licensed Clinical Social Worker (1-4)</p> <p>LCSW/MFT (15-29)</p> <p>Licensed Mental Health Professional (1-4)</p> <p>Marriage & Family Counselor (5-14)</p> <p>MFC II (1-4)</p> <p>Mental Health Counselor (30-49)</p> <p>Mental Health Counselor, Licensed (1-4)</p> <p>Mental Health Clinical Specialist, Licensed (5-14)</p> <p>Mental Health Clinician (75-104)</p> <p>Mental Health Clinician II (5-14)</p> <p>Mental Health Clinician Intern (5-14)</p> <p>Mental Health Intern/Trainee (1-4)</p> <p>Mental Health Practitioner (15-29)</p> <p>Mental Health Therapist (15-29)</p> <p>MFCC (1-4)</p> <p>MFT(15-29)</p> <p>MFT Intern (1-4)</p> <p>MFT/CSW (1-4)</p> <p>MFT/CSW II (5-14)</p> <p>Senior Mental Health Specialist (1-4)</p> <p>Senior Program Specialist (1-4)</p> <p>Supervising Mental Health Clinician (1-4)</p> <p>Supervising Mental Health Counselor I (1-4)</p> <p>Therapist (5-14)</p> <p>Therapist-physically disabled (1-4)</p>	<p>Rehabilitation Counselor (15-29)</p> <p>Rehabilitation Therapist (1-4)</p> <p>Co-occurring disorders</p> <p>ADP Specialist (5-14)</p> <p>Alcohol and Drug Counselor (1-4)</p> <p>Alcohol and Drug Senior Specialist (1-4)</p> <p>Co-occurring Disorders Specialist (1-4)</p> <p>Drug and Alcohol Specialist (1-4)</p> <p>Dual Diagnosis Specialist (1-4)</p> <p>Substance Abuse Counselor (15-29)</p> <p>Substance Abuse Specialist (15-29)</p> <p>Employment</p> <p>Employment Specialist (5-14)</p> <p>Intake Vocational Assessment Specialist (1-4)</p> <p>Job Coach (1-4)</p> <p>Job Developer (1-4)</p> <p>Mental Health Vocational Specialist (1-4)</p> <p>SSA Employment and Education Specialist (1-4)</p> <p>Vocational Assistant (1-4)</p> <p>Vocational Counselor (1-4)</p> <p>Vocational Specialist (1-4)</p> <p>Housing</p> <p>Housing Coordinator (1-4)</p> <p>Housing Resource Specialist (1-4)</p> <p>Housing Specialist (5-14)</p> <p>Supportive Housing Specialist (1-4)</p> <p>Police and courts</p> <p>Collocated Staff – Probation (1-4)</p> <p>Deputy Probation Officer (1-4)</p> <p>Forensic Sr. Mental Health Specialist, Licensed (1-4)</p> <p>Law Enforcement Officer (1-4)</p> <p>PERT Law Enforcement Supervisor (1-4)</p> <p>Probation Officer (5-14)</p> <p>Security (1-4)</p> <p>Transportation</p> <p>Transportation Aides (1-4)</p>
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CASE MANAGEMENT

Personal Service Coordinator (30-49)
Case Manager (50-74)
Case Manager II (1-4)
Case Manager/Mental Health Worker (1-4)
Family Service Coordinator (5-14)
Medical Case Worker (140-199)
Mental Health Case Manager II (1-4)
Mental Health Case Worker (5-14)
Mental Health Recovery Specialist (30-49)
Mental Health Services Coordinator (105-139)

Financial and other assistance

Benefit Advocate (1-4)
Collocated Staff – CWS (1-4)
Collocated Staff - Public Health (1-4)
Cultural/Linguistic Consultant (1-4)
Cultural/Linguistic Counselor (1-4)
Eligibility Specialist (1-4)
Eligibility Technician (1-4)
Financial Services Specialist (1-4)
Health Services Rep (15-29)
Patient Financial Services Worker (1-4)
Patient Service Representative (1-4)
Patient Services Assistant (1-4)
Patient Services Specialist (1-4)
Public Health Education Assistant (1-4)
Substitute Payee Specialist (1-4)

Miscellaneous (n.e.c.)

Activity Coordinator (1-4)
Adult Mental Health Advocate (1-4)
Board and Care Counselor (1-4)
Consumer Liaison (1-4)
Facilitator (1-4)
Family Advocate (1-4)
Health Worker (15-29)
ICI (5-14)
Masters Level (1-4)
Mobile Crisis Responder (1-4)
PhD (1-4)
Prevention, Youth Development Specialist (1-4)
Rehabilitation Coverage Counselor (1-4)
Residential Manager (1-4)

Supervision, program management, and support staff

Below are all the job titles for positions involving management, administration, supervision, and support staff, as listed in 36 CSS plan summaries:

SUPERVISOR/PROGRAM MANAGER	SUPPORT STAFF <i>(continued)</i>
<ul style="list-style-type: none"> Administrative Supervisor Manager (1-4) Administrator (1-4) Adult Behavior Health Supervisor (1-4) Assistant Director (1-4) Assistant Program Director (5-14) Behavioral Health Unit Supervisor (1-4) Chief Psychiatric Social Worker (1-4) Child Behavioral Health Supervisor (1-4) Client Services Supervisor (1-4) Clinical Program Coordinator (1-4) Clinical Services Manager (1-4) Clinical Supervisor (1-4) Coordinator of Mental Health Programs (1-4) Director (1-4) Director of Adult Services (1-4) Executive Director (1-4) Health Care Program Manager (5-14) Health Program Coordinator(1-4) Manager of Mental Health Programs (1-4) Mental Health Clinical District Chief (1-4) Mental Health Clinical Program Head (1-4) Mental Health Manager (1-4) Mental Health Program Coordinator (5-14) Mental Health Program Manager (1-4) Mental Health Services Supervisor B (5-14) Mental Health Team Supervisor (1-4) MHSA Coordinator (1-4) MHSA Support Staff (1-4) Outreach Coordinator (1-4) Primary Care Director (1-4) Program Coordinator (1-4) Program Director (5-14) Program Director Assistant (1-4) Program Manager (15-29) Program Supervisor (1-4) Project Manager (1-4) Psychiatric Social Worker Supervisor (1-4) Senior Program Manager (1-4) 	<ul style="list-style-type: none"> Other Office Staff Administrative Aide (1-4) Administrative Assistant (5-14) Administrative Clerk (5-14) Administrative Specialist (1-4) Administrative Support (5-14) Billing Clerk(1-4) Clerical and other support staff (15-29) Clerk(1-4) Intermediate Typist Clerk (140-199) Medical Assistant (1-4) Medical Billing Technician (1-4) Medical Records Technician (5-14) Medical Services Clerk (1-4) Mental Health Records Technician I (1-4) MRT Liaison (1-4) Office Assistant (5-14) Office Assistant I (1-4) Office Assistant II (15-29) Office Assistant III (1-4) Office Assistant Sr (1-4) Office Manager (1-4) Office Services Specialist (1-4) Office Services Technician (15-29) Office Specialist (1-4) Office Supervisor (1-4) Office Technician (1-4) Patients Account Rep (1-4) Program Administrative Staff (15-29) Program Assistant (5-14) Receptionist (5-14) Secretary (1-4) Secretary I (1-4) Senior Office Assistant (1-4) Specialist Clerk (1-4) Staff Assistant (30-49) Supervising Clinic Clerk (1-4)

<p>Service Chief (5-14) Service Chief I (1-4) Service Chief II (1-4) Social Worker Supervisor (1-4) Supervising Clinician (1-4) Supervising Mental Health Clinician (1-4) Supervising Mental Health Psychiatrist (1-4) Supervising Nurse (1-4) Supervising Psychiatric Social Worker (50-74) Team Leader (5-14) Unit Supervisor (5-14) Vocational Manager (1-4)</p> <p>SUPPORT STAFF Analyst, IT staff ADMHS Specialist II (5-14) Administrative Analyst (1-4) Analyst (1-4) Contractor MH (5-14) Department Analyst (1-4) Health Care Analyst (1-4) Human Services Analyst (1-4) Information System Analyst (1-4) Information Systems/Performance Measurement Staff (1-4) Mental Health Analyst (5-14) Mental Health Planning Analyst(1-4) Research Analyst (1-4) Senior Staff Services Analyst (1-4) Staff Services Analyst (1-4)</p>	<p>Education, Training, and QA/QI Compliance Officer (1-4) Quality Assurance Specialist (1-4) Trainer/Volunteer Coordinator (1-4) Training and Education Coordinator (1-4) Training and Quality Management (1-4) Training Coordinator (1-4)</p> <p>Miscellaneous (n.e.c.) C72-05 (1-4) Grant Writer (1-4) Mental Health Worker Aide (1-4) Public Information Officer (1-4) Security Guard (1-4) Service Coordinator (1-4) Stock/Delivery Clerk (1-4) Support Staff (5-14)</p>
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Appendix C

County Analysis of Workforce Needs and Challenges

Themes are numbered in Appendix Table C-1, as follows:

- No. 1. Language proficiency, cultural competence, and representative diversity
- No. 2. Organizational development and training
- No. 3. Local difficulties in attracting and retaining staff
- No. 4. Integrating consumers and family members into the workforce
- No. 5. Recruiting and retaining *licensed* staff.
- No. 6. Miscellaneous, other challenges (n.e.s.)

Table C-1. County Analysis of Workforce Needs and Challenges

Region	Whether touches on Topic* . . . (Y=Yes)					
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6
Bay Area:						
<ul style="list-style-type: none"> Overall analysis of the assessment plan data point to the fact that the two ethnic groups whom _____ County's mental health system is currently least equipped to serve are Asians and Latinos. The percentage of Asian direct service providers and clients currently served is relatively small in all regions. However, specific data on threshold languages show that there are not enough Vietnamese and Cantonese speaking providers. In addition, the percentage of Asian residents who may need services is either twice or almost twice the percentage of current providers in three of the four regions. To remedy this shortfall, there will need to be an increase in language-specific providers and interpreters. 	Y					
<ul style="list-style-type: none"> Latinos suffer from a lack of culturally and linguistically competent services. Latinos may need services in twice to three times the percentage of direct service provider populations or currently served populations. 	Y					
<ul style="list-style-type: none"> Current data on populations and ethnic composition of persons in need of mental health services will need to be upgraded. While we currently rely on U.S. Census data, there have been challenges regarding rapid population changes not captured in the Census data and 'hidden populations' including Native Americans, Afghans, Persians, Southeast Asians, and undocumented Latinos. These populations are undercounted. 	Y					
<ul style="list-style-type: none"> _____ County sees the biggest barrier to implementing the MHSA plan is finding and hiring culturally appropriate staff with the right training and experience to fill the jobs available. 	Y					
<ul style="list-style-type: none"> Latinos, African Americans and Asian Pacific Islanders are over represented in the _____ County social welfare and justice system, in terms of their proportions in the general population. 	Y					
<ul style="list-style-type: none"> Latinos, particularly Spanish speaking, and Asian/Pacific Islanders are underrepresented in the service providers. 	Y					
<ul style="list-style-type: none"> There is wide disparity between the primarily Latino population and mental health provider staffing. 	Y					

Region	Whether touches on Topic* . . . (Y=Yes)					
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6
<ul style="list-style-type: none"> It is a challenge to hire bicultural and bilingual staff due to the lack of ethnically diverse candidates available in the workforce. 	Y		Y			
<ul style="list-style-type: none"> Transforming the programs to be more culturally competent, consumer-driven, and family-driven will require learning and change on the part of existing staff. 	Y	Y		Y		
<ul style="list-style-type: none"> The high cost of housing is a challenge in recruiting new staff of any ethnicity. 			Y			
<ul style="list-style-type: none"> Acquiring new facilities, hiring new staff, and issuing new contracts will challenge the current administrative infrastructure of the County. 		Y				
<ul style="list-style-type: none"> All mental health staff/programs are currently located within the City of _____. This is, in itself, a barrier to outreach and engagement of all consumers of service, but particularly Latinos and Asians who live in _____, _____, and _____. 		Y	Y			
<ul style="list-style-type: none"> Further work needs to be done to attract and maintain Hispanic mental health staff both for current as well as MHSA funded services. The lack of diversity in the County's Mental Health staffing is not limited to the Hispanic population. Currently, Mental Health services have one Asian line worker of Chinese heritage who speaks Cantonese and who can understand Mandarin. Also, while the Mental Health caseload currently includes consumers who are African American, there are no African American line staff. 	Y					
<ul style="list-style-type: none"> There is a dire need for training in the recovery model and on cultural competency that if unaddressed could serve as a barrier to MHSA implementation. Some County and contractor staff have worked in the mental health field for many years and deliver traditional mental health clinic model services. 	Y	Y				
<ul style="list-style-type: none"> _____ 's biggest barrier to implementation will be to hire ethnically diverse staff. _____ is located near three larger counties . . . which have substantially higher pay scales. This difference in pay structures creates a barrier to hire qualified, bilingual, bicultural staff and licensed clinical staff. 	Y		Y		Y	
<ul style="list-style-type: none"> Another anticipated barrier is the ability to hire consumers and family members to work with staff to deliver MHSA services. Given the smaller population of the county, there are fewer persons from which to hire staff. Our county is also a 			Y	Y		

Region	Whether touches on Topic* . . . (Y=Yes)					
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6
bedroom community for . . . where higher paying jobs are available to some of the consumers who have the skills levels and stability to be candidates for employment.						
<ul style="list-style-type: none"> • Training in the recovery model may also be a barrier to MHSA implementation. Some of the staff have worked in the mental health field for many years and deliver traditional mental health clinic model services. Training and supervision will assist staff in embracing this system transformation and exploring alternative strategies for meeting the needs of the individual. 		Y				
<ul style="list-style-type: none"> • _____ has long been a diverse city attracting numerous immigrant groups, and thus the need to provide services to clients of a variety of ethnic backgrounds and language proficiencies is already a priority of the county's public health system. The client population and provider population are already relatively matched ethnically. 	Y					
<ul style="list-style-type: none"> • Further investigation must be done regarding the Department of Public Health's ability to provide culturally and linguistically competent services at all levels of the system. It is not clear whether any consumers entering the system at any level will have immediate access to the providers with whom they have the closest cultural match. 	Y	Y				
<ul style="list-style-type: none"> • Leadership positions in the mental health system are predominantly held by whites. Greater representation by underrepresented groups, especially Latinos and Asians, would increase the system's ability to provide culturally competent services to all clients. 	Y	Y				
<ul style="list-style-type: none"> • The number of providers who can provide services in Spanish is far below the number of clients needing services in that language. 	Y					
<ul style="list-style-type: none"> • _____'s Spanish language capacity within direct services has improved over the years, but further improved capability is needed to meet the needs of this community. 	Y					
<ul style="list-style-type: none"> • _____'s Asian (including Tagalog, Cantonese and Mandarin) and Pacific Islander language capacity within direct services (both County-Operated and Contracted) should be strengthened to mirror the population of the County. 	Y					

Region	Whether touches on Topic* . . . (Y=Yes)					
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6
<ul style="list-style-type: none"> Overcoming the challenge of meeting the needs of racially, ethnically and linguistically diverse populations has been the focus of multi-year efforts in _____. 	Y					
<ul style="list-style-type: none"> _____ County has insufficient Spanish, Vietnamese, Tagalog, Mandarin and Cantonese-speaking staff. 	Y					
<ul style="list-style-type: none"> The cost of living is higher in _____ County compared to other counties in the region so it may be harder to recruit and retain staff. 			Y			
<ul style="list-style-type: none"> It is challenging to recruit consumer and family staff, particularly from ethnic communities. 				Y		
<ul style="list-style-type: none"> The Spanish language test administered by the county of _____ does not test for the capacity needed to provide specialty mental health services. There are some staff that pass the language test but are unable to provide the services. 		Y				
<ul style="list-style-type: none"> The County has had difficulties in hiring clients and family members given the civil service code demands and restrictions. 		Y		Y		
<ul style="list-style-type: none"> It has been difficult at times to hire staff due to the relatively low wage and the high cost of housing in the County 			Y			
<ul style="list-style-type: none"> Staff lack sufficient language and cultural competence skills. 	Y					
Sub-total (Avg), Bay Area: N	21	9	7	4	1	0
Sub-total (Avg), Bay Area: %	50%	21%	17%	10%	2%	0%
Southern:						
<ul style="list-style-type: none"> _____ CMH needs an adequate number of bilingual/bicultural staff to serve the Hispanic/Latino consumer population. 	Y					
<ul style="list-style-type: none"> Serving impoverished individuals in rural and remote areas of _____ remains a challenge. 			Y			

Region	Whether touches on Topic* . . . (Y=Yes)					
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6
<ul style="list-style-type: none"> _____ County acknowledges that culturally competent programs and services, in order to effectively reach consumers from any ethnic group, must ensure consumer and family involvement as an essential component for systematic transformation. Consequently, "business as usual" models for engaging consumers of minority groups have not effectively achieved proportionate access to services, and therefore must be improved. 	Y	Y		Y		
<ul style="list-style-type: none"> Availability of culturally and linguistically competent service providers in _____ County is a challenge. It has been difficult for _____ County to recruit culturally and linguistically competent staff that reflect the ethnic and cultural makeup of our community, particularly Spanish-speaking and Vietnamese-speaking professionals. Competitive salaries for bicultural/bilingual professionals in surrounding agencies and markets, combined with a high cost of living and an inflated housing market further compound this hiring challenge 	Y		Y			
<ul style="list-style-type: none"> Employment of consumers in MHSA programs is also challenging. Finding creative solutions and alternatives to the dilemma consumers face in surrendering their Medi-Cal and SSI benefits when accepting paid employment in an MHSA program, and the risk of their illness relapsing to the point of being unable to work for a lengthy period without the security of their SSI or Medi-Cal benefits. 				Y		
<ul style="list-style-type: none"> Hire sufficient staff to provide evidence-based and recovery-based services which are cross-culturally capable, including bilingual/bicultural staff. 	Y	Y				
<ul style="list-style-type: none"> Hire, train and support clients and family members in providing services using recovery/wellness/resiliency models. 		Y		Y		
<ul style="list-style-type: none"> Develop services that are to be provided in rural and poverty-impacted areas and in communities with Spanish-speaking populations where services are under-utilized 	Y		Y			
<ul style="list-style-type: none"> Address and resolve internal administrative barriers to the effective use of Consumer Providers, Parent Partners and Family Advocates. 		Y		Y		
<ul style="list-style-type: none"> Collaborate with other agencies and providers to reduce fragmentation of services, improve integrated services, and target services to create measurable outcomes. 		Y				

Region	Whether touches on Topic* . . . (Y=Yes)					
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6
<ul style="list-style-type: none"> _____ Mental Health Services has experienced challenges in hiring client and family members. 				Y		
<ul style="list-style-type: none"> _____ Mental Health Services faces difficulty in recruiting and hiring culturally and linguistically diverse staff due to human resource shortages in the field and strong competition for culturally and linguistically diverse professionals and Consumer/Family members. 	Y			Y	Y	
<ul style="list-style-type: none"> The high costs of housing and other costs of living expenses that are higher than other counties makes it even more difficult to hire and retain staff. 			Y			
<ul style="list-style-type: none"> There is a shortage of bicultural, Spanish speaking clinicians in every region of the county. 	Y				Y	
<ul style="list-style-type: none"> There is a lack of Vietnamese clinical staff serving both children and adults. 	Y				Y	
<ul style="list-style-type: none"> _____ County has difficulty in hiring and retaining bilingual and bicultural staff. 	Y					
<ul style="list-style-type: none"> There are three state institutions in the area which offer richer resources to recruit and retain mental health professionals. 			Y			
<ul style="list-style-type: none"> The cost of living and housing costs are high in _____ County. 			Y			
<ul style="list-style-type: none"> Large portions of the Latino population and persons in poverty are located in relatively remote areas that are not readily available to services or transportation. 			Y			
<ul style="list-style-type: none"> A potential barrier in implementing the program and decreasing ethnic disparity in access to care/service delivery across all programs will be hiring staff that are ethnically diverse and proficient in the Spanish language. 	Y					
<ul style="list-style-type: none"> Additional barriers to program implementation involving staffing issues include the recruitment of medical staff such as Registered Nurses, Psychiatric Nurse Practitioners, Physician Assistants and Psychiatrists. These positions have posed challenges due to statewide and nationwide shortages of trained personnel and the high cost of living in _____ County 			Y		Y	

Region	Whether touches on Topic* . . . (Y=Yes)					
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6
Sub-total (Avg), Southern: N	10	5	8	6	4	0
Sub-total (Avg), Southern: %	30%	15%	24%	18%	12%	0%
<ul style="list-style-type: none"> Hispanic staff members are substantially underrepresented. 	Y					
<ul style="list-style-type: none"> There is an overall need for bilingual staff in many threshold languages, particularly Spanish, Cantonese/Mandarin/Other Chinese, Armenian, Farsi and Korean 	Y					
<ul style="list-style-type: none"> There is a prominent need for licensed clinical social workers, marriage and family therapists, licensed psychiatric technicians, and mental health registered nurses. 					Y	
<ul style="list-style-type: none"> Non-threshold language needs have been increasing, as more monolingual groups have been immigrating to _____ County, including large groups of refugees from Arabic-speaking countries, Bosnia, Kosovo, Ethiopia, Somalia and Senegal. 	Y					
<ul style="list-style-type: none"> County regulations governing the hiring of staff and entering into contracts with county providers may present substantial barriers in hiring the workforce needed to implement the vision of the Act. 		Y				
Sub-total (Avg), Los Angeles: N	3	1	0	0	1	0
Sub-total (Avg), Los Angeles: %	60%	20%	0%	0%	20%	0%
Central:						
<ul style="list-style-type: none"> _____ County has collaborative relationships with community-based service providers who provide bilingual/bicultural human services. Their goal is to build upon these relationships by adding the mental health specialty component and related support services, to create an integrated delivery system. 		Y				
<ul style="list-style-type: none"> The MHSA Project Staff has joined the health care subcommittee of the <i>Adelante</i> Project to be poised to integrate efforts and lessons learning in order to operationalize culturally competent strategies with the Latino community. 	Y					
<ul style="list-style-type: none"> _____ County needs to develop clear standards and an improved practice for 		Y				

Region	Whether touches on Topic* . . . (Y=Yes)					
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6
certifying bilingual staff and for acquiring translated written materials.						
<ul style="list-style-type: none"> They need to identify successful ways to recruit and hire bilingual/bicultural Latino staff for both regions of the County. 		Y				
<ul style="list-style-type: none"> Recruitment and hiring has been extremely challenging in _____ County due to staff shortages in human resources, non-competitive wages, and the lack of ethnically diverse individuals in the community 		Y	Y			
<ul style="list-style-type: none"> Employment of consumers and family members has traditionally been on a part-time basis -- primarily at the individuals' preferences due to financial and family issues. 				Y		
<ul style="list-style-type: none"> The process for hiring County staff can be lengthy. 		Y				
<ul style="list-style-type: none"> Salaries for clinicians, case managers, and support staff are considerably lower than the larger counties to the north and south of _____. 			Y			
<ul style="list-style-type: none"> The minimal increase in pay for those who are bilingual does not encourage recruitment or retention of bilingual/bicultural staff. 	Y	Y				
<ul style="list-style-type: none"> The percentage of staff who are Hispanic/Latino is close to the percentage served, but lower than the percentage in the total population, indicating the needs of this population have not been well addressed. 	Y					
<ul style="list-style-type: none"> _____ County is currently working in overcrowded conditions. They have space that could be used upstairs after it is remodeled. However they do not have the funds at this time to remodel the building. 		Y				
<ul style="list-style-type: none"> The Board of Supervisors will not allow any expenditures until the plan is approved and the monies are released. 						Y
<ul style="list-style-type: none"> It is difficult to attract and retain skilled staff to a rural area with a lower than competitive pay scale. 			Y			
<ul style="list-style-type: none"> Hiring consumers will be a challenge due to the consumers concerns about losing 				Y		

Region	Whether touches on Topic* . . . (Y=Yes)					
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6
their Social Security eligibility and losing the funds to pay for their medications.						
<ul style="list-style-type: none"> The county does not currently have and clients or family members that they are aware of who are trained to lead a group or to manage a program. 				Y		
<ul style="list-style-type: none"> In general, there is a shortage of qualified [people] for positions in the Department, including: psychiatrists, nurses, clinicians, mental health workers, emergency services LVNs or LPTs, alcohol and drug counselors, and front office staff. 					Y	
<ul style="list-style-type: none"> _____ County is designated as a mental health provider shortage area. This allows staff members to apply to the National Health Service Corps (NHSC) for student loan repayment assistance 			Y			
<ul style="list-style-type: none"> The highest priority target ethnic population to be served in _____ County through the Mental Health Services Act is Hispanic, which has remained underserved/unserved because of cultural barriers and access problems. 	Y					
<ul style="list-style-type: none"> For the Southeast Asian population, the Mental Health Department utilizes direct oral communication since many refugees from Laos and Cambodia do not read the Hmong language. The Department will work with staff members to educate them about the cultural engagement issues that are unique to the Southeast Asian population. 	Y					
<ul style="list-style-type: none"> The two primary challenges in _____ County are geographic isolation, with many very small population pockets spread out across our 3000 square miles, and a high cost of living making recruitment and retention of staff very difficult. This is not a geographic area that appeals to many prospective staff people. It is isolated and the winters are long and difficult. The cost of living is high. Additionally, _____ [a body of water] is at 8,000' elevation. Not everyone can live there. _____ County is, however, a federally designated Health Professional Shortage Area for Mental Health. 			Y			
<ul style="list-style-type: none"> To send staff from _____ to one of the outlying areas to provide services means, in essence, that the staff person spends three hours on the road and five hours providing services. During the winter months, those figures might be transposed. 			Y			

Region	Whether touches on Topic* . . . (Y=Yes)					
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6
<ul style="list-style-type: none"> One area of cultural competency that _____ County is continually striving to improve is that of consumer culture and consumer family member culture. 				Y		
<ul style="list-style-type: none"> Difficulties in hiring bilingual/bicultural staff. Overall staff recruitment is hampered by the very high cost of living in _____ County. 	Y		Y			
<ul style="list-style-type: none"> The relative lack of diversity in the county also makes it hard to attract bilingual/bicultural staff. 	Y		Y			
<ul style="list-style-type: none"> The isolation and climate of the Tahoe area also restrict recruitment. In addition, to the very high housing costs, many perspective employees do not want to live in the snow, or face icy (or closed) routes to meetings in _____ or _____. 			Y			
<ul style="list-style-type: none"> The Challenge of recruiting and retaining culturally and linguistically competent staff requires on-going efforts. 	Y					
<ul style="list-style-type: none"> Building and maintaining trusting relationships with cultural and ethnic communities is an on-going challenge. 	Y					
<ul style="list-style-type: none"> Behavioral Health and Recovery Services (BHRS) Latino staff are underrepresented. 	Y					
<ul style="list-style-type: none"> Twenty-nine percent of BHRS staff are bilingual. Thirty-two percent of individuals in _____ County have a primary language other than English. 	Y					
<ul style="list-style-type: none"> Maintaining Spanish speaking direct service staff has proven to be the greatest challenge in this area. Currently only 19% of the direct service staff are Spanish speaking. 	Y	Y				
<ul style="list-style-type: none"> Training the additional staff and partnership organization's staff on recovery/resiliency, cultural competency principles, computer and information system, form completion, workplace safety issues and other training subjects will be a challenge. 	Y	Y				
<ul style="list-style-type: none"> _____ had difficulty hiring and retaining bilingual/bicultural position because it is a small rural county away form "big city" cultural services and a university. 	Y		Y			

Region	Whether touches on Topic* . . . (Y=Yes)					
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6
<ul style="list-style-type: none"> _____ has a limited experience in working with parent partners. 		Y		Y		
<ul style="list-style-type: none"> [Hard to hire and retain minority and bi-lingual staff] because of lack of monetary incentives; rural setting; low income; insufficient/poor medical and dental benefits; and lack of promotional opportunities. NOTE: Bilingual medical doctors difficult to recruit. 	Y	Y	Y		Y	
<ul style="list-style-type: none"> Set of organizational or structural barriers, including (1) the county system does not promote ethnic diversity; (2) certification process for bilingual staff is too rigid; (3) job classifications are not reflective of actual requirements; and (4) overwhelming case loads. 		Y				
<ul style="list-style-type: none"> Hiring ethnically diverse staff. _____ is located near two larger counties . . . which have substantially higher pay scales. This difference in pay structures creates a barrier to hiring qualified, bilingual, bicultural staff and licensed staff. 	Y		Y		Y	
<ul style="list-style-type: none"> Hiring consumers and family members. Given _____'s small population, there are fewer persons from which to hire staff 			Y	Y		
<ul style="list-style-type: none"> Training in the recovery model. Some _____ staff have worked in the mental health field for many years and deliver mental health clinic model services. Training and supervision will assist staff in embracing system transformation and exploring alternative strategies for meeting individuals' needs. 		Y				
<ul style="list-style-type: none"> _____ 's Children's System of Care provided an excellent model for developing collaborative relationships with allied agencies. A similar system model will be developed for enhancing multiple agency collaboration for the Adult and Older Adult Systems. 		Y				
Sub-total (Avg), Central: N	16	14	13	6	3	1
Sub-total (Avg), Central: %	30%	26%	25%	11%	6%	2%
Superior:						
<ul style="list-style-type: none"> The most challenging area will be human resources. Staffing of county programs is always time-consuming due to the required adherence to personnel processes in 		Y				

Region	Whether touches on Topic* . . . (Y=Yes)					
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6
place for hiring. _____ County Department of Behavioral Health has a long history of funding positions through grants and other fluctuating sources, hence creating an ongoing familiarity with the personnel system and proactive methods of predicting and responding to the necessary requirements. A good relationship with the Personnel Department assists in meeting this challenge.						
<ul style="list-style-type: none"> The challenge in reducing ethnic disparities is present in the fact that, typically, the pool of applicants is not ethnically diverse and proficient in Spanish and Hmong. In all programs it will be difficult to find staff with these qualifications. 	Y		Y			
<ul style="list-style-type: none"> _____ County has a difficult time training and retaining culturally diverse staff. They are located near three counties that have substantially higher pay scales than they do. 	Y		Y			
<ul style="list-style-type: none"> Transforming the programs to be more culturally competent, consumer-driven, and family driven will require learning and change for all staff. 	Y	Y		Y		
<ul style="list-style-type: none"> Another anticipated barrier is the ability to hire consumers and family members to work with staff to deliver MHSA services. Given the small population of the county there are fewer persons from which to hire staff. 			Y	Y		
<ul style="list-style-type: none"> Difficulty in hiring staff due to human resource shortages, lack of culturally diverse staff, lack of decentralized services, few community providers, and organizations to partner with, lack of training opportunities, and difficulties in hiring consumers and family members. 		Y		Y		
<ul style="list-style-type: none"> In partnership with the State Department of Health and Human Services and _____ State University, a Master of Social Work program has been established that will produce a pool of MSW graduates beginning in FY 2006/07. 		Y			Y	
<ul style="list-style-type: none"> The new CalSWEC stipend program should encourage _____'s MSW students to select mental health as their specialty. 		Y			Y	
<ul style="list-style-type: none"> To resolve the difficulties in hiring consumers and family members, _____ has developed a new Mental Health Aide position that will allow client experience as a hiring factor and a client volunteer network that provides training and experience for 				Y		

Region	Whether touches on Topic* . . . (Y=Yes)					
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6
consumers.						
<ul style="list-style-type: none"> • Training regarding cultural competence and person-centered treatment planning has not been adequately addressed. 	Y	Y				
<ul style="list-style-type: none"> • The pool of qualified bilingual, multicultural direct services providers is too small to meet the need. 	Y		Y			
<ul style="list-style-type: none"> • The need for ongoing, in-depth training of _____ County Mental Health and partners' staff in culturally competent service delivery approaches. 	Y	Y				
<ul style="list-style-type: none"> • Lack of trust and credibility with the communities to be served. 						Y
<ul style="list-style-type: none"> • _____ County is a Mental Health Professional Shortage Area and is competing with counties whose pay scales are superior and who have more resources and amenities. On the other hand, _____ County's Shortage Area status is helping it attract employees 			Y			
<ul style="list-style-type: none"> • Access is an ongoing problem due to the County's geography, roads, and lack of convenient, affordable transportation. 			Y			
<ul style="list-style-type: none"> • Building and retaining a culturally and linguistically diverse and competent workforce. _____ County Mental Health Department anticipates that recruiting bicultural/bilingual staff to fill MHSA positions will be challenging due to the scarcity of qualified applicants. This challenge is exacerbated by the lack of four-year colleges in the county and the high cost of housing relative to the prevailing wages 	Y		Y			
<ul style="list-style-type: none"> • Serving residents of remote rural communities. Service delivery in _____ County is challenged by geographical barriers--the county's inland and coastal roads connect communities in good weather, but are often closed in winter by mudslides and falling trees. In all outlying areas public transportation is minimal, if it exists at all. Service providers also confront an independent rural mindset that sometimes distrusts government services. This is especially true for many individuals involved in the production or cultivation of illegal substances who fear any type of government activity. 			Y			Y

Region	Whether touches on Topic* . . . (Y=Yes)					
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6
<ul style="list-style-type: none"> Embedding the principles of recovery and resiliency in all components of the mental health care system. Resolution of this challenge will be an on-going process that utilizes training, community education, and demonstrations of success to overcome bias among some traditional mental health providers who may believe that they know what is best, don't involve consumers in their own recovery, or haven't experienced the benefits of this approach. 		Y				
<ul style="list-style-type: none"> Remaining true to system transformation and community involvement. 		Y				
<ul style="list-style-type: none"> Development of client-run network infrastructure. Acquiring new facilities, recruiting and hiring new staff, issuing new contracts, and incorporating new positions into organizational cultures may challenge the human and physical infrastructure of _____ County Mental Health Department's partners. 		Y		Y		
<ul style="list-style-type: none"> Program monitoring and program improvement 		Y				
<ul style="list-style-type: none"> Human resources with the relevant experience and ethnic diversity in a rural setting are difficult to locate and maintain. Bordering counties . . . all pay higher salaries. _____ County has at times been referred to as a "training" county whose trained staff take higher-paying positions in surrounding counties. Another ongoing issue with staff retention is the absence of affordable housing. 	Y		Y			
<ul style="list-style-type: none"> Another possible barrier is the process of change itself. Behavioral health staff, teachers, administrators, law enforcement, and the community at large need to change the culture of mental health care. Educating these groups in recovery/wellness/ resiliency will be an ongoing task. 		Y				
<ul style="list-style-type: none"> Distance represents another possible barrier. _____ County is a physically large rural county. Traveling between _____ in the east, _____/_____ in the west, and other outlying areas such as _____ requires time and is often difficult due to weather issues. 			Y			
<ul style="list-style-type: none"> _____ department's outreach and engagement to the rural communities will be challenged by the lack of local staff with the expertise to provide the required services. 		Y	Y			

Region	Whether touches on Topic* . . . (Y=Yes)					
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6
<ul style="list-style-type: none"> The department will also need to work to gain the trust of the rural community and earn the credibility necessary so that _____ County Mental Health and its services are seen as valuable. 						Y
<ul style="list-style-type: none"> The department will also need to overcome the technology and training issues related to providing telepsychiatry services. 		Y				
<ul style="list-style-type: none"> Transportation and access to services will continue to be a challenge in _____ County. 			Y			
<ul style="list-style-type: none"> Income levels for clients and family members continue to be a challenge especially since there has been no significant increase in SSI benefits for some time, and _____ County has high unemployment and CalWORKs caseload reductions. 				Y		
<ul style="list-style-type: none"> The lack of local services other than the Community Mental Health System, the lack of affordable services for those without public benefits, the stigma related to mental illness and the resistance of some to seek treatment also present barriers for clients. 						Y
<ul style="list-style-type: none"> The department will also experience the same challenges as other similar rural counties. Difficulty in hiring ethnically diverse staff, lack of an ethnically diverse population in the County to draw staff from and the difficulty in hiring clients and family members and effectively supporting their employment. 	Y		Y	Y		
<ul style="list-style-type: none"> Staff will need to be retrained in their new roles and become proficient in the recovery, wellness and resiliency philosophy and some will resist the move away from more traditional therapies and philosophies. 		Y				
<ul style="list-style-type: none"> _____ County also has a significant problem with alcohol and drug usage. 						Y
<ul style="list-style-type: none"> _____ County mental health department also needs to increase its collaboration with local hospitals, health clinics and primary care physicians. 		Y				
Sub-total (Avg), Superior: N	9	16	13	7	2	5
Sub-total (Avg), Superior: %	17%	31%	25%	13%	4%	10%

Region	Whether touches on Topic* . . . (Y=Yes)					
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6
Total, statewide (Avg): N	59	45	41	23	11	6
Total, statewide (Avg): %	32%	24%	22%	12%	6%	3%

* Numbered topics are:

1. Language proficiency, cultural competence, and representative diversity
2. Organizational development and training
3. Local difficulties in attracting and retaining staff
4. Integrating consumers and family members into the workforce
5. Recruiting and retaining *licensed* staff.
6. Miscellaneous, other challenges (n.e.s.)