Workforce Education and Training (WET) California Students/ Residents Experiences and Rotations in Community Health (CalSEARCH) Program Learning Objectives

Introduction

These learning objectives will guide students, residents, and their preceptors/mentors and provide resources for enhancing the WET CalSEARCH experience. Each objective focuses on particular competencies the students and residents are expected to learn with regard to the public mental health system, the experience or rotation itself, and the community project.

Instructions for the Use

The program's learning objectives are met and measured by the pre survey completion of the rotation, completion of the rotation, post survey, and the community project. Many of these objectives require independent reading that will add clarity to the experience in the rotation. For example, the first learning objective requires reading to gain familiarity with the Public Mental Health System (PMHS). As students/residents are reading and gaining exposure during their experiences/rotations, they may also find the key terms helpful that are listed below the learning objectives. The identified key terms provide students/residents with a brief introduction to concepts they may encounter as the gain exposure in the PMHS. Also, students and residents can further collaborate with their preceptors/ mentors to assist them in acquiring the knowledge, skills and experiences expected. Students and residents are also encouraged to connect with other licensed and non-licensed mental health professionals.

Overview of the Learning Objectives

1) Gain knowledge of and exposure to the Public Mental Health System

2) Understand Cultural and Linguistic Competence in Public Mental Health Systems

3) Benefits of and exposure to team work and collaboration

4) Address a local mental health concern through a community project

Learning Objective 1 The Public Mental Health System

Students and residents will be able to:

- Describe the Public Mental Health System including the background and history of Public Mental Health System in California.
- Define Proposition 63, The Mental Health Services Act (MHSA) and describe/explain how it has impacted California's communities and what led up to its passing.
- Understand the values of the Workforce Education and Training Five Year Plan, which carries forth the vision of the MHSA to create a transformed, culturally-competent system that promotes wellness, recovery and resilience.
- Identify and learn how to use and apply to OSHPD'S funding and what resources are available to students and professionals in the Public Mental Health System.

Key Terms

Public Mental Health System Publicly-funded mental health programs/services and entities that are administered, in whole or in part, by the state departments or counties. It does not include programs and/or services administered, in whole or in part by federal, state, county or private correctional entities or programs or services provided in correctional facilities. *Title 9, CCR, Section 3200.253*

WET Five-Year Plan Values:

In collaboration with its stakeholders, OSHPD has developed a set of core values that guide all activities included in the Five-Year Plan:

- Develop a licensed and non-licensed professional workforce, that includes diverse racial, ethnic, and cultural community members underrepresented in the public mental health system, and mental health consumers and families/caregivers, with the skills to:
  - Provide treatment, prevention, and early intervention services that are culturally and linguistically responsive to California's diverse and dynamic needs;
  - Promote wellness, recovery and resilience and other positive behavioral health, mental health, substance use, and primary care outcomes;
  - Work collaboratively to deliver individualized, strengths-based, consumer-and family-driven services;
  - Use effective, innovative, community-identified, and evidence-based practices;
  - Conduct outreach to and engagement with unserved and underserved and inappropriately served populations.
  - Promote inter-professional care and integrated behavioral health by working across disciplines.
- Include the viewpoints and expertise of consumers and their families/caregivers in multiple healthcare settings

References

Navigating the Currents: A Guide to California's Public Mental health System, 2008:
http://www.namicalifornia.org/webbdata/QUESTIONS-GENERAL-DTD-0000-00/navigating%20the%20currents-a%20guide%20to%20californias%20public%20mental%20health%20system/navigating_the_currents.pdf

Mental Health Services Act (Proposition 63)
http://www.mhsoac.ca.gov/docs/MHSA_AsAmendedIn2012_AB1467AndOthers_010813.pdf

The Wet Five Year Plan, 2014
http://oshpd.ca.gov/HWDD/pdfs/WET/WET-Five-Year-Plan-2014-2019-FINAL.pdf

OSHPD
http://oshpd.ca.gov/HWDD/HCTP.html

Learning Objective 2 Cultural and Linguistic Competence in Public Mental Health Systems

Students and residents will be able to:

- Define medically underserved areas (MUAs) and populations (MUPs), and Mental Health Professions Shortage Areas (MHPSA) and hard-to-fill/hard-to-retain positions.
- Identify the importance of cultural and linguistic competence and skills needed to provide culturally and linguistically responsive care within unserved, underserved and inappropriately served populations (6).
- Describe the role of language skills for effectively serving diverse and multi-cultural populations, and enumerate tools for working with multi-lingual groups. (prior years)
- Identify resources available for patients who are non-English speaking and/or have socioeconomic barriers to care (prior years)
- Understand and define the principles of stigma reduction, prevention and early intervention, and elements of substance use treatment (10)

Key Terms

Medically Underserved (HPSAs, MUAs, and MUPs): *Health Professions Shortage Areas (HPSAs) and Mental Health Professional Shortage Areas* are designated by Health Resources Services Administration (HRSA) as having shortages of primary medical care, dental or mental health providers and may be geographic, demographic, or institutional. *Medically Underserved Areas (MUAs)/Populations (MUPs)* are areas or populations designated by HRSA and/or the state as having too few primary care providers, high infant mortality, high poverty and/or high elderly population.

Community Identified Strategies that have been identified as being effective by cultural and ethnic communities but that have not been demonstrated by empirical evidence.

Cultural Competency is one of the main ingredients in closing the disparities gap in health care.

Effective communication is important mental/behavioral health encounters. Principles of cultural competency include:

- Understanding cultural differences and health disparities among diverse groups, e.g., race/ethnicity, gender, sexual orientation/identity, socio-economic status, age, religion, physical and/or mental/neurological abilities, language, geographical location (i.e. urban/rural), veteran, and/or other pertinent characteristics.
- Understanding beliefs, values, and resources, such as health insurance of patients and their families
- Understanding the role of language skills for effectively serving diverse and multi-cultural populations
- Applying cultural competency skills
- Understanding resources and tools for working with multi-lingual groups and the economically disadvantaged
- Being able to define one's own culture

- Understanding the impact of migration, cultural diversity, healers, and culturally/community-identified practices.

Diversity Includes dimensions of race/ethnicity, gender, sexual orientation/identity, socio economic status, age, religion, physical and/or mental/neurological abilities, language, geographical location (i.e. urban/rural), veteran, and/or other pertinent characteristics.

Inappropriately Served Populations that are not being provided appropriate culturally responsive and/or culturally appropriate services and are provided services often inconsistent with evidence-based and/or community-identified practices.

Hard-to-fill/Hard-to-retain Mental/Behavioral Health Professions which have been identified by individual counties as being hard-to-fill positions and/or hard-to-retain positions within that county. These identified hard-to-fill/hard-to-retain positions vary by county.

Language Access Mental/behavioral health professionals have multiple strategies available to ensure linguistically and culturally appropriate care. Language services can be provided through a variety of forms such as in-person, telephone, or videoconference interpretation. The benefits of providing linguistically and culturally competent care include: increased patient satisfaction, potential for decreased costs, and protection against miscommunication (National Consortium for Multicultural Education for Health Professionals).

Underrepresented Refers to populations that are underrepresented in the mental health professions relative to their numbers in the total population.

Underserved Means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American rancherias and/or reservations who are not receiving sufficient services. Title 9, CCR, 3200.300

Unserved Means those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved. Title 9, CCR, 3200.310

References

National Standards on Culturally and Linguistically Appropriate Services (CLAS) make practices more culturally and linguistically accessible.
https://www.thinkculturalhealth.hhs.gov/Content/clas.asp

National Network of Libraries of Medicine/MidContinental Region (NN/LM-MCR)-
Minority Health Concerns: Cultural Competency Resources:
http://nnlm.gov/mcr/

National Consortium for Multicultural Education for Health Professionals-Cultural competency resources for education:
http://culturalmeded.stanford.edu/teaching/culturalcompetency.html

OMH-National Standards on Culturally and Linguistically Appropriate Services (CLAS):
http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15

Learning Objective 3 Teamwork and Collaboration

Students and residents will be able to:

- Identify roles of other care providers within the Public Mental Health System.
- Identify the role and value of consumer and family member workforce in the Public Mental Health System.
- Identify the importance and benefits of working in coordinated, collaborative, and integrated care settings, such as collaborating with others in criminal justice, social services, and education.
- Recognize and model collaboration to deliver individualized, strength based, consumer and family driven services.
- Exposure to career pathways, ladders, and lattices in mental/behavioral and primary care

Key Terms

Caregivers are adoptive parents and their partners, foster parents and their partners, grandparents and their partners who are now or have in the past been the primary caregiver for a child, youth, or adolescent with a mental health challenge who accessed mental health services.

Collaboration The ability to function effectively as a member of an interprofessional team that includes behavioral health and primary care providers, consumers and family members.

Consumer Referred to as Client in *Title 9, CCR, Section 3200.040,* is an individual of any age who is receiving or has received mental health services. The term "client" includes those who refer to themselves as clients, consumers, survivors, patients or ex-patients.

Family Members Siblings, and their partners, kinship caregivers, friends, and others as defined by the family who is now or was in the past the primary caregiver for a child, youth, adolescent, or adult with a mental health challenge who accessed mental health services.

Grow-Your-Own Model Strategies used to recruit individuals from within diverse communities to pursue professions in the public mental health system which involves engaging local residents in entry-level positions and promoting their long-term professional growth, development, and advancement within the organization or system of care. Interprofessional: Health providers from different professions working together to provide care.

Integrated Care Setting A coordinated system that combines medical and behavioral services to address the whole person, not just one aspect of his or her condition.

Pathway

Parents Biological parents and their partners, who are now or have in the past been the primary caregiver for a child, youth, or adolescent with a mental health challenge who accessed mental health services.

Postsecondary Education Any education past high school including education programs that provide: certificates, technical degrees, Associate's, Bachelor's, Master's, and Doctorate degrees

Stackable Credential Part of a sequence of credentials that can be accumulated over time to build up an individual's qualifications and help them move along a career pathway or up a career ladder to different jobs and potentially higher paying jobs. *Source: Department of Labor*

References

Career Pathways Phase 1 Report
https://www.oshpd.ca.gov/Reform/CareerPathwaySubCommitteeFinalReport.pdf

Career Pathways Sub-Committee Phase 3 Report
http://oshpd.ca.gov/HWDD/pdfs/wet/Mental-Health-Career-Pathway-Report-2013.pdf

Center for Disease Control
http://www.cdc.gov/

Consumer and Family Employment: Values Based Transformation
http://oshpd.ca.gov/HPEF/Text_pdf_files/WET/4_CFMEmployment_Values-Based.pdf

Developing Career Pathways in Mental Health for Consumers and Family Members
http://oshpd.ca.gov/HPEF/Text_pdf_files/WET/7_DevelCareerPathinMHforConsandFamMembs.pdf

Interagency Collaboration Tool Kit
http://calmhsa.org/wpcontent/uploads/2013/04/IBHP_Interagency_Collaboration_Tool_Kit_2013.pdf

WET Five Year Plan Assessment-County Workforce Needs
http://oshpd.ca.gov/HWDD/pdfs/wet/Summarizing-County-Reported-Mental-Health-Workforce-Needs.pdf

Core Competencies for Integrated Care
http://www.integration.samhsa.gov/workforce/Integration_Competencies_Final.pdf

Working Well Together 2011.
http://workingwelltogether.org/sites/default/files/resources/WWT%20Toolkit%20Final%206-10-14.pdf

Learning Objective 4 Community Project

Students and residents will be able to:

- Identify an issue or community need that affects health or behavioral health within public mental health system or the individuals served in the public mental health system
- Review and apply relevant literature and publications
- Discuss issues with other colleagues and team members
- Summarize policy issues associated with the issue or community need identified
- Outline solutions to addressing the issue or community need within the public mental health system.

Project Formats include, but are not limited to, brochures, presentations, policy recommendations, or reports based on the intended audience. Projects can be used to educate community members, patients, students, or providers**.**

Components of the Community Project:

Identify and Research a Community Health Issue or Need

Conduct a community project by taking the following steps:

- Identify a community mental health need by reviewing community assessments and relevant literature
- Discuss with preceptor and mentor the mental health need and possible approaches
- Review and apply relevant literature
- Define one or two objectives to address the need by collaborating with site staff, community partners and preceptor and mentor
- Identify methods to implement objectives
- Conduct project
- Disseminate results of project to preceptor/mentor, stakeholders
- Develop a plan for implementing and sustaining the project results

Characteristics of a good service project

- Clearly defined mental health issue that addresses achieving MHSA goals
- Use of local evidence and literature to substantiate issue
- Applicable recommendation(s) to a specific target audience
- Ability to implement and sustain the project

Post-Community Project Evaluation Report: Type a 3-5 page report describing the following:

- Reflection about the community project- Did you make a discovery about the PMHS that you did not know before you began this project? (Learning objective 1) Did you learn something about cultural and linguistic competence? (Learning objective 2)? Did your project shed light on team work or collaboration in the PMHS?
- How you identified the community need
- Literature or other resources that you reviewed

- How you collaborated with your site and community in identifying the need
- Specific objective(s) of your project
- Methods you used to address objective
- Results of your project
- How you disseminated results
- How you planned for its sustainability (Describe how this project will be used or continue after your internship or rotation is complete. Can the organization use this project?)

Examples of past CalSEARCH Community Projects

- The True Face of Homelessness
- Screening for Emotional and/or Behavior Disorders in Four to Ten Year Olds Using the SDO
- Teen Clinic Survey

References

Minority Populations
http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=26

Mental Health Services Act (Proposition 63)
http://www.mhsoac.ca.gov/docs/MHSA_AsAmendedIn2012_AB1467AndOthers_010813.pdf

The Wet Five Year Plan, 2014
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