

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

Introduction

The following WET program learning objectives were developed in part from feedback from the WET CalSEARCH Advisory Committee meeting on September 15, 2014 and from further discussion with WET staff. 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 rotation or clinical* experience 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 module requires reading to gain familiarity with the Public Mental Health System. 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 by exposure to the Public Mental Health System
- 2) Understand Cultural and Linguistic Competence in Public Mental Health Systems
- 3) Benefit by working across the disciplines
- 4) Address a local mental health concern through a community project

Learning Objective 1 The Public Mental Health System

Student 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 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
- Identify funding available for 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; and
- Promote inter-professional care 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>

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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).
- Identify the importance of 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)
- 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) 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.

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 in patient care
- 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.

Cultural Fact: Within 50 years, nearly half of the nation's population will be from cultures other than White, non-Hispanic, thus increasing the need to provide medical services to patients of diverse cultures or languages.

Self Exploration: How do you define your own culture?

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).

References

National Standards on Culturally and Linguistically Appropriate Services (CLAS) make practices more culturally and linguistically accessible. [Sample Notice of Language Assistance](#)

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

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 Working Across the Disciplines

Students and residents will be able to:

- Identify roles of other care providers including licensed and mental/behavioral and primary care providers within the healthcare system (6).
- 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.
- Learn to work collaboratively to deliver individualized, strength based, consumer and family driven services (6).

Key Terms

Working Well Together 2011.

<http://workingwelltogether.org/sites/default/files/resources/WWT%20Toolkit%20Final%206-10-14.pdf>

References

Learning Objective 4 Community Project

Students and residents will be able to:

- Identify an issue or community need within public mental health system (prior years)
- Review and apply relevant literature and publications
- Discuss issue with other licensed and/or non-licensed professionals
- Summarize policy issues associated with the issue or community need identified
- Outline solutions to addressing issue or community need within the public mental health system.

Project Formats include, but are not limited to, brochures, presentations, 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 health need by reviewing community assessments and relevant literature
- Discuss with preceptor and mentor the 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 sustaining the project results

Characteristics of a good service project

- Clearly defined mental health issue,
- Use of local evidence and literature to substantiate issue
- Visual graphics
- Applicable recommendation(s) to a specific target audience

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

- 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

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

- What are Health Disparities?
- <http://minorityhealth.hhs.gov/templates/content.aspx?ID=3559>
- The *California Student/Resident*

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