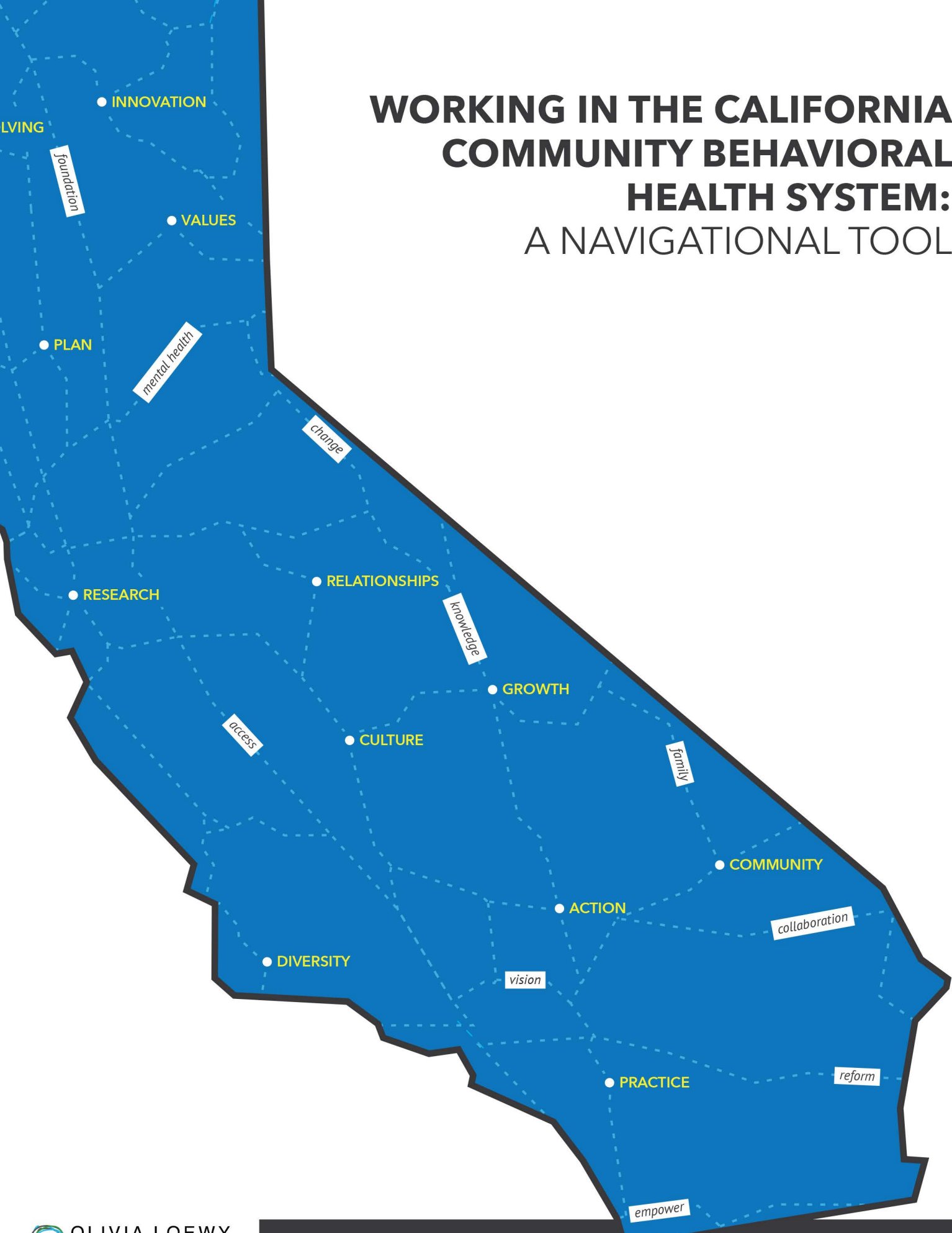


WORKING IN THE CALIFORNIA COMMUNITY BEHAVIORAL HEALTH SYSTEM: A NAVIGATIONAL TOOL



WORKING IN THE CALIFORNIA COMMUNITY BEHAVIORAL HEALTH SYSTEM:

A NAVIGATIONAL TOOL

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THANK YOU FOR PURCHASING WORKING IN THE COMMUNITY BEHAVIORAL HEALTH SYSTEM: A NAVIGATIONAL TOOL.

As the system continues to evolve and legislation brings new changes and enhancements we want to make sure you stay as current as possible before we publish new editions. In order to do that, we invite you to take a moment to register for periodic updates at no cost:

<https://www.olivialoewy.com/updates>

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Dedication

This book is dedicated to Rusty Selix, longtime mental health advocate and co-author of Proposition 63. His life's work has been devoted to advancing, improving and supporting our California public behavioral health systems of care. Rusty is a brilliant, inspired architect of change who embodies that unique combination of visionary and craftsman, able to concretely define how to make his concept a reality. With a solid knowledge of the system and strong relationships among policy leaders, legislators and providers, Rusty possesses an instinctual sense of how to find his way to reach a destination. He is a true team player who cares about the end goal and not about who gets credit for the success. As a result of his work, California became the only state in the nation to have passed Mental Health Services Act legislation, improving and/or saving the lives of literally thousands in need of care.

The brilliance of Rusty Selix is matched only by his focus, drive, determination, unshakable optimism and trust and belief in the process. Without the efforts of this remarkable leader, the evolution of our California behavioral health system and our book would look quite different.

OLA is proud to be able to list Rusty Selix as an Associate and pleased to acknowledge him as the inspiration for this book.

The following pages include outlines and summaries of content for each chapter. Some sentences are copied verbatim, however, these are taken out of context. Related explanations, lists and descriptions for each section noted comprise the full text.

The complete book is available for purchase:
www.lulu.com/spotlight/olivialoewy

Acknowledgments

The text that follows is the outcome of a truly collaborative process. Olivia Loewy and Associates (OLA) formed a working Committee of six who were drawn together by a strong love for – and commitment to – the California public behavioral health system. Individual Committee members brought diverse perspectives into the process based on their own unique experiences, positions held, number of years in the system, levels of education and cultural backgrounds. True to the inclusive and respectful spirit of the evolving public systems of care, all input and ideas were welcome and next steps were jointly determined as the project moved forward. For almost two years, Committee members learned from each other, energized each other, worked hard and had a lot of fun. The “sensational six” Committee members:

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Employers

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Sanctuary Centers of Santa Barbara – Lisa Moschini, LMFT
San Fernando Valley Mental Health Services Inc. – Michele Shepherd, LMFT

Consumers

And without direct input from consumers within the system, we would be failing to provide essential guidance from those whose words matter the most – the recipients of our services. Thank you for your contributions:

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Introduction

The California public system of care has been in the midst of an ongoing, evolutionary process since the beginning years of the 21st century. The President's New Freedom Commission on Mental Health report, published in 2003, included recommendations calling for sweeping changes in the way that public mental health care was delivered throughout the country. The Commission report began with a Vision Statement that referenced a "recovery orientation" to care. One year later, California became the first (and only) state in the nation to pass a ballot initiative that designated the collection of tax monies to be specifically used to transform the public mental health system. Proposition 63 was the ballot initiative that became the Mental Health Services Act (MHSA) in January 2005. The Mental Health Services Act embodied those recommendations presented in the New Freedom Commission report. In 2010, the Affordable Care Act (ACA or Obamacare) became the new law of the land, calling for massive, national health care reform. Disruptive, simultaneous restructure at both the state and national levels required a paradigm shift in the way we view and deliver mental health care. A more detailed overview of the conceptual and structural changes, as well as related references and resources, can be found in Part I, Healthcare Reform in California.

Although concepts and ideas may be grasped quickly, actual transformation of an established government-directed system is a long, encompassing and slow-moving process. Multiple layers of process, procedure and people are affected. Change pertaining to the delivery of care began at the top ranks of management in an effort aimed at shifting the treatment culture throughout all levels of providers and participants.

At a fundamental, critical level, our educational programs must be updated to provide the information and training needed to sufficiently prepare future clinicians for the "real world" of community behavioral health. This book was written to support educators, trainers, supervisors, clinicians and students who want to contribute in the evolving systems of care. It was written to address the disconnect that may exist when vast changes are implemented rapidly without adequately funding or comprehensively attending to base level systemic details.

Working in the California Community Behavioral Health System: A Navigational Tool is a user-friendly, practical text. Multiple contributors engaged in a collaborative process to bring this information to you: public policy leaders, clinicians, managers, educators, employers and consumers all contributed to the contents of this book.

Although the title includes "Community" Behavioral Health in California, the contributors

are aware that the scope of this publication does not represent every provider of behavioral health services in the state. There are many agencies that offer behavioral health services—at a grass-roots level, in medical clinics and in locally funded organizations as well as in larger Department of Health Care Services (DHCS) state and county contracted and directly operated agencies. While the recovery model is particularly relevant and prevalent in DCHS-funded programs, the shift in perspective that accompanies the recovery orientation is also finding its way into all types of organizations and training programs throughout the state. This book, therefore, provides a useful overview of recovery-oriented care for any clinician-in-training in a wide variety of treatment settings.

Of note to the reader: multiple, interchangeable terms are used throughout the text as written by each author. To avoid confusion, they are listed below:

- Community mental health center; community behavioral health center; community-based organization; county-contracted behavioral health agency
- Recovery-oriented care; person-centered care
- Clinician; practitioner; counselor; integrated behavioral health provider; therapist
- Substance abuse; drug abuse; addiction; alcoholism; alcohol abuse; substance use disorder (SUD).

Of further note: Discussion Questions have been included at the end of selected chapters. These are meant to be thought provoking and personally challenging. Our public healthcare system is dynamic and evolving and there are no correct answers. The message to future behavioral health clinicians who grapple with the questions posed is meant to be: “You can be part of the solution!”

The evolution of this handbook has been and will be a continuous and dynamic process. As the information in this text requires updates, new editions will be released. For now, the content is current, relevant and visionary. Our hope is that this material will provide a solid foundation, a useful perspective and valuable guidance to take you into the future.

Part I:

Healthcare Reform in California



County and community recovery-oriented behavioral healthcare: Notes on a paradigm change/culture shift

The changing landscape: An aerial view of the new territory

The workforce: Challenges, changes and competencies

Mental Health Services Act: Where do we go from here?

Healthcare Reform in California

This section provides fundamental and background information about recovery-orientation, a comprehensive overview of the evolving public behavioral health systems of care, current and visionary information about the workforce and comments about the future of the Mental Health Services Act provided by the co-author of the Act.

County and community recovery-oriented behavioral healthcare: Notes on a paradigm change/culture shift

An historical perspective on recovery and how its concepts have changed individuals, systems and the way we view effective treatment in community behavioral health.

The changing landscape: An aerial view of the new territory

Treatment in public mental health and the systems that support provision of care have evolved continuously since they were first established, but never so rapidly and massively as in the past decade. The world of public behavioral health now occupies a vastly different territory, in which we will find new Foundational Principles, Populations, Resources and Structures. The Changing Landscape section is presented as if you, the reader, were visiting a new territory and seeking information about how to prepare to live there. Professionally, you are likely to have this experience if you seek placement or employment in the public system.

Get Grounded: Foundational Principles

Presents the changes in our basic Foundational Principles

Populations

You will be entering a densely populated territory. In providing comprehensive, affordable healthcare to millions of newly covered lives, client/consumer/patient numbers continue to grow, bringing expanded populations with diverse, overlapping treatment and service needs to the doors of our community clinics and agencies. We must now be prepared to respond to the needs of populations which may have been previously more isolated or treated in specialized programs of care.

Resources

How are these evolving, expanding systems of care supported? If the clients/consumers cannot afford to pay for services, how are the costs of providing care covered?

Structures

This new territory is marked by large and encompassing structures of care. While not always in one large building, the structures are conceptually coordinated and organizationally expansive in a multitude of different forms.

Survival Skills

What are the critical survival skills needed to live and grow in this new territory? In this land, education and advanced preparation will help you survive, but given the rapid and sometimes unanticipated changing landscape, those personal qualities and attributes that have proven to be critical indicators are listed.

Aerial View: In Sum

The preceding Aerial View of the Changing Landscape has described a new territory that is inclusive, coordinated, diverse and collaborative. With these changes comes a growing need for a new type of practitioner and an alarming workforce provider shortage.

Discussion Question Examples

1. What is “whole person” care? What do you think about the merging of disciplines, provider cultures and “whatever it takes” treatment? What are the potential pitfalls?
2. Should programs be funded based on outcome measures? Why or why not?
3. What is your self-assessment of readiness in relation to the Survival Skills listed?

The workforce: Challenges, changes and competencies

It has become apparent that the behavioral health workforce is not large enough to meet the country’s future provider needs. This current and anticipated shortage has increasingly surfaced as a prominent focus of research, discussion and planning in California at the state level. While no definitive future strategies have been determined, we can predict with some certainty that the provider workforce will look different as the public behavioral health system continues to evolve. Current challenges will generate system changes, including a demand for new, updated provider competencies. This section will address public system Challenges, Changes and Competencies, specific to the behavioral health workforce that will affect your professional future.

Challenges

- Crisis/Opportunity
- Stigma: A successful national anti-stigma perceptual shift combined with legislation that

funds increased access to care, encompasses a whole new set of challenges that are often centered on issues related to expansion.

- **Expansion Accommodation:** Successful development of systems of integrated provider care require careful organizational design in response to challenges. While increasing the number of providers is a common and primary goal, it is not enough. Providers must also be prepared to contribute in the new systems of care.
- **Provider Education and Training:** With ongoing evolution of the system, challenges surface related to provider education, training and preparation for the “real world” of public behavioral health. Who are the “right” clinical staff? They are...
- **Accountable Care:** Concerns surrounding the belief that “the dollars drive the treatment” are not new, however the complexity of care provided in integrated systems is new, demanding a holistic approach towards accountability that is filled with challenges. In response, procedures for billing and documenting treatment effectiveness are undergoing substantial change.

Changes

Do challenges lead to changes? Or do changes lead to challenges? In considering the public behavioral health workforce issues, this seems to be an ongoing, circular process. For purposes of this section, we break from the circular process and back up to reveal a larger, more encompassing perspective that focuses on categories of change.

- **Legislative, Funding and Public Policy:** As national and state laws have established increased opportunities to provide effective, rehabilitative care, the workforce shortage crisis accordingly demands attention from legislators and policy makers. Recent California bills and initiatives reflect this two-pronged approach.
- **Comprehensive Care:** Evolving, expanding systems of integrated care have generated encompassing changes philosophically, operationally and structurally.
- **Efficient Care:** Improved access to services demands advances in efficient care. Accountable care requires the implementation of technology and development of efficient means for data collection.

Competencies

Expanding and increasing, comprehensive systems of integrated care necessitate the identification of updated competencies as well as the exploration of how existing competencies can be employed within a new context. The next section highlights subject matter needs, followed by

considerations related to emerging provider workforce structures and the initial identification of core competencies.

- Education and Training Subject Matter Needs
- Emerging Workforce Structures
- Core Competencies

Mental Health Services Act: Where do we go from here?

Introduction

The Changing Landscape, as described in the preceding pages, was first envisioned in the brilliant mind of behavioral health advocate Rusty Selix, co-author of the Mental Health Services Act (MHSA). Rusty saw what a transformed landscape could look like and he established a path to get us there. Rusty Selix is in a unique position to offer comments about the effectiveness of the law's implementation and provide recommendations for the future. He shares some of his thinking with us below. The text that follows has been reviewed, revised and approved by Rusty for inclusion in this book.

The Mental Health Services Act

Looking Back and Thinking Ahead

The Mental Health Services Act is now well into the second decade since its implementation. In the section that follows, Rusty addresses some of the implementation issues, his proposed solutions and key recommendations.

- Authority, Oversight and Accountability
- Target Populations and Scope of Programs
- Strategic Planning

MHSA: Providing the Ongoing Means to Grow Programs and Improve Care

Ever the visionary leader, Rusty Selix continues to guide us, as his recommendations are repeatedly echoed and frequently become reality. A 2018 review of related updates follows:

- Legislation
- Policy

It is Up to Us

The vision of Rusty Selix, combined with his knowledge, skills, political savvy and unshakable

optimism, changed the law in California, transformed the Public Behavioral Health system and created a new landscape that is ready to welcome and support your personal professional journey. It is now up to us to build the strong structures that will allow future efforts to be fruitful and ongoing growth to endure.

Discussion Question Examples:

1. Is it fair to tax millionaires in order to fund the transformation? Why?
2. How can outcomes be measured if individualized, personal client goals determine the goals and process of treatment?
3. Rusty Selix laments that the Proposition 63 legislation has never been duplicated in another state. Why do you think that has never happened?

Part II:

The recovery-oriented workplace



Recovery-oriented workplace: Introduction

Practical guidelines for case conceptualization in recovery-oriented care in the public system

Conducting therapy in community-based organizations

Conducting therapy in the integrated care setting

Recovery-oriented crisis and management of suicidal clients

Parallel process and the recovery model in supervision

Clinician professional identity in public behavioral health

The Recovery-Oriented Workplace

This section provides immediately useful, relevant information that will guide you, conceptually and concretely, through the process of conducting recovery-oriented treatment within a diversity of community behavioral health settings.

Recovery-oriented workplace: Introduction

This section will focus on several components of Community Mental Health: the clinician's experience working in Community Mental Health; opportunities for learning; what clinicians find rewarding about working in Community Mental Health; Client centered advocacy; and how the Mental Health Services Act helped build programs to expand needed services in California.

What is it like to work in Community Mental Health and what are the rewards and challenges in working with this population? Community Mental Health affords you the opportunity to help people who may have nowhere else to turn, who live in a culture of poverty and often have very few resources financially or emotionally. It can be a profoundly important resource to others and a powerful contribution to society. The following are two examples of clients you might see in Community Mental Health...

MHSA: Recovery-oriented care is not only collaborative but also embraces the concept of the whole person. Integrated systems have been developed so that there is "no wrong door" for a client to access care. The Mental Health Services Act and the funding that was created from Proposition 63 made possible new programs to support the whole person. A brief summary of the Mental Health Services Act (MHSA) and the areas of need that were identified follows...

Practical guidelines for case conceptualization in recovery-oriented care in the public system

Now that we have an overview of the history and evolution of mental health funding and a comprehensive presentation of the recovery model, we are ready to look at how this shift has affected the way we view and treat clients.

As recovery-oriented clinicians, our task is to understand the components of recovery and to integrate them into treatment. In addition, there is a need to combine recovery-oriented language in case conceptualization, treatment planning and the documentation necessary to comply with funding sources.

In the pages that follow, we will first review the basics of case conceptualization and how we add an overlay of recovery-oriented mental health care to our existing theoretical orientations. We will further review the basic components of case conceptualization and how they differ from clinical assessment. Secondly, we will address how treatment plans can be transformed to include the client's view of what is needed to meet their goals for treatment. Finally, we will look at the complexity of documentation necessary to meet the requirements for reimbursement from multiple funding sources and how it relates to the language of recovery

Case Conceptualization

Public System Practical Guidelines for Treatment Planning and Documentation

- **Medical Necessity Requirements:** In addition to our documentation of our theory-related interventions we document how we encouraged hope, empowered the client, facilitated peer-to-peer relationships and assisted the client in taking responsibility for self-care.

In Summary

As we expand our ability to conceptualize a holistic view of client care, it becomes easier to see how the tenets of recovery are not just concepts but rather a shift toward a more hopeful, collaborative approach to mental health care.

Discussion Question Examples

1. Describe and compare the medical model of treatment to recovery-oriented care.
2. What are the pros and cons of each of the above models?
3. What is the difference between case conceptualization and assessment? How are they similar?
4. How can identifying the client's strengths early in treatment impact how you feel about the client?

Conducting therapy in community-based organizations

Working in community-based mental health organizations can be both rewarding and challenging. This chapter will highlight the context and structure of these organizations and provide suggestions for clinicians implementing recovery-oriented therapy practices in those settings. First, the background for the development of community-based mental health and the distinct characteristics of a recovery-oriented approach are discussed...

Implementing a Recovery-Oriented Approach

The Role of the Clinician

Community-Based Mental Health and Recovery-Orientation: Structure and Challenges

Strategies for Incorporating Recovery Principles

The following sections will present specific situations to help clinicians learn to recognize where remnants of the medical model are impacting consumers' experiences of mental health services. Also, strategies for how to best work within the current structure of the system of community mental health in order to implement more recovery-oriented practices are suggested.

- Avoiding Pathologizing
- Maintaining Effective Integration of Services
- Coping Skills to Align Evidence Based Practices with Recovery
- Seeing the Bigger Picture
- Fostering the Recovery Spirit: Honoring Each Unique Story

Conducting therapy in the integrated care setting

This chapter will introduce the fundamental skills, concepts, roles, and areas of care that are essential for IBH therapists to consider in practice. Both new and experienced therapists alike can benefit from the information presented about practitioners working in these settings. The authors will also present a summary of future directions to where the landscape of IBH is headed.

Clinical Topics Addressed in the Integrated Care Setting

Levels of Integrated Care

Types of Roles that IBH Providers Serve in Care Settings

Types of Integrated Care Team Skills

There are several integrated care skills that IBH providers can incorporate into practice, whether in an on-site or off-site collaboration with primary care providers. On-site collaborative skills may include the following...

Competencies Needed in an Integrated Care Setting

Future Directions of Integrated Behavioral Health

Integrated systems of care have high utility for the roles of clinicians in practice. The philosophy of care, attitude, and vision of each setting will ultimately define the identity of a clinician.

When compared to other types of care structures, integrated behavioral healthcare is still in the early stages of development where many opportunities exist for early career professionals who have chosen this area of practice.

Recovery-oriented crisis assessment and management of suicidal clients

Dealing with suicidal clients is an issue that creates anxiety for even the most seasoned clinicians. As a crisis program manager and director of training for over two decades at a community non-profit agency, I understand that the assessment and management of suicidal clients is an ongoing critical part of training and supervision.

Recovery-Oriented Practice and Crisis Management

Taking a non-pathologizing, strength-based approach and working collaboratively with clients in a time of crisis can truly help them feel more in control of their own recovery and treatment.

Screening and Assessment

A sample risk formulation chart from an outpatient community non-profit agency can be found at the end of this chapter. (Child & Family Guidance Center, 2015).

Best Practices in Comprehensive Safety Planning

- Warning Signs and Triggers
- Coping
- Reasons for Living
- Supportive People and Emergency Contacts
- Eliminating Lethal Means
- Caretaker Plans for Minors

Treatment Implications and Follow-up

In recovery orientation, the path to healing is person-centered, as the client directs the treatment and defines the goals to focus on. The therapist is not the expert and cannot do the work for the client.

- Pathways to Recovery
- A Holistic Approach to Recovery

Documentation Issues

The timely documentation of sessions with clients is an important aspect of clinical work. When conducting a crisis session with a suicidal client, timely documentation that accurately depicts all of the steps taken in the session is imperative. What does timely mean? The following elements should be included in the documentation...

Conclusion

Parallel process and the recovery model in supervision

As one would imagine, the incorporation of recovery-oriented principles into treatment and therapeutic intervention necessitates a re-training and re-orienting of clinical supervisors who are charged with implementing this shift. The likelihood is that this altered approach will express itself both in the content of the supervision and the process of mentoring clinicians in training. The most intriguing area where we can observe this transformation in action is in the “Parallel Process.”

Parallel process in supervision

Learning to distinguish process from content is one of the more challenging tasks for counselors training. The richness of process (e.g., in terms of access to emotions and awareness of motivations) makes it a crucial tool in both therapy and the development of the therapist. Because it highlights similar dynamics taking place in the therapy setting and the supervision context, focusing on the phenomenon of parallel process can be an aid to developing a ‘process awareness’ during supervision, making it a richer experience for all. Following is an example taken from a practicum class a few years ago...

Clinician professional identity in public behavioral health

You have landed your first post-graduate job in a Department of Mental Health (DMH) agency. After learning so much in graduate school, you are excited and you feel ready, eager, and hopeful for a bright future as a clinician! This chapter will discuss some of the professional expectations of the PBH culture, various challenges clinicians may encounter that could weaken or threaten professional identity, and recommendations for how clinicians can navigate these challenges and maintain an integrated professional identity.

Professional Expectations

When clinicians enter a PBH agency, they are put through intensive onboarding processes. These processes include not only training in specific EBPs, but also orient clinicians on the mission and vision of community-based mental health services as well as the agency culture.

Managing potential threats to professional identity by understanding what is expected on the job (personal and professional qualities), and being well equipped to navigate work-related challenges (burnout, compassion fatigue, personal factors), will help support clinician success.

Personal and Professional Qualities

- Knowledge-base
- Professionalism
- Collaboration
- Flexibility, Adaptability and Creativity
- Cultural Humility
- Taking an Appreciative Stance
- Promoting Tolerance of Tensions

Challenges to Sustaining an Integrated Professional Identity

Realities of the Work

Personal Challenges

Conclusion

...Developing and maintaining an integrated professional identity is challenging but ultimately enables one to thrive in a rewarding career.

Perspectives From Within the Public Behavioral Health System

A glimpse into county clinician perspectives: San Bernardino County

In February 2018, clinicians (202 responded) who work in Community Mental Health in the County of San Bernardino were asked to respond to questions about their experience in working in community mental health.

- When asked “Which of the following reasons describe why you like working in Community Mental Health?” (Percentages and Answers follow)
- When asked “What are the things you like least about working in Community Mental Health?”
- When asked “Do you feel your education prepared them for working in Community Mental Health?”

Graduate Student Responses

Recently, a group of second year master’s level students in the 8th month of their 12-month traineeship were asked to briefly share their experience. Their verbatim responses follow...

Employers: What are they looking for?

A primary purpose of this book is to provide the information you need to make an educated decision about your professional future in public behavioral health.

Direct From the Employers

- Personal Qualities
- Professional Skills and Knowledge
- The Message is Consistent

Discussion Question Examples

1. What are the common themes that run through employers’ guides and lists for you?
2. What kinds of skills, knowledge or personal attributes do you have that will make you an especially desirable candidate?

Direct from the consumers

Consumer Guidance

What I Want in a Therapist

- Statements on How We Want to be Treated
- A Letter to my Peer-Counselor Supervisor
- My Life Experiences and My Best Friend
- The Qualities
- The Therapy

Discussion Question Examples

1. Are there any “common themes” that run through the consumers’ guidance for you?
2. What should the role of consumers be in these evolving systems of care?

Quick tips to strengthen the provider-client relationship through cultural understanding (SAMHSA-HRSA Center for Integrated Health Solutions)

Clinicians working in integrated care settings have the best of intentions. They strive for better client engagement, better patient-provider relationships and better health and behavioral health outcomes. However, lack of cultural understanding and sensitivity are vital to engaging and caring for members of cultural, ethnic and racial groups in the care they need to achieve recovery and improved health. Below are several tips that a healthcare professional can implement today to help build stronger, more culturally competent relationships with clients of all minority populations...

Part IV:

Fitting into an evolving vision



Preparing for the future: Fitting into an evolving vision

Concluding Thoughts

Preparing for the Future: Fitting Into an Evolving Vision

Several areas of competence and expertise are being incorporated into transformed systems of care across the state of California. Although it is beyond the scope of this text to provide detailed content related to the topics listed above, this chapter includes a brief description followed by a list of resources for each.

Culture

Healthcare services that are responsive to and respectful of health beliefs, practices and cultural and linguistic needs of diverse patients can help those in need to feel more comfortable when seeking mental health services. Cultural Humility becomes more important when working with underserved communities where cultural diversity seems most prevalent but access to resources limited... It is not the intent of this text to discourage any therapist from working with particular clients.

- To Learn More About Cultural Humility and Competence

Substance Use

At the very least, clinicians should assess for substance use and its potential impact in causing or exacerbating issues related to mental health.... As the prevalence of co-occurring disorders became increasingly recognized, education and training in working with issues of substance use has been established as a standard, basic competency for mental health providers.

- To Learn More About Substance Use

Evidence-Based Practice

Evidence-based practice (EBP) was first developed within the context of medical clinical assessment... As applied to mental health treatment, evidence-based practices have surfaced as an attempt to allow treatment to be informed by research... In recent years, community mental health in California has incorporated the use of specific evidence-based practices, which can provide a structure for documenting outcomes and effectiveness in response to funding requirements related to measuring change.

- To Learn More About Evidence-Based Practice

Trauma-Informed Care

- What is Trauma-Informed Care? Trauma-informed organizations, programs, and services are rooted in an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can offer more specialized support and avoid re-traumatization.
- What are Trauma-Specific Interventions
- To Learn More About Trauma-Informed Care

Working With the Corrections Population

Within transforming systems of care, a clinician may find themselves working with past offenders who are struggling with issues related to homelessness, substance use treatment and mental illness. Working with this population within community mental health settings can be very fitting for the clinician's traditional training in systemic and relationship work.

- To Learn More About Working With the Corrections Population

It is our hope that these tools are beneficial to those who would like to make a difference with clients in the future. While there are many topics that could have been highlighted in this chapter, we chose to focus on these topics due to their specific relevance to the communities served in public mental health settings. As with any section titled "Preparing for the Future" in any field or text, change seems to be inevitable in future editions of this particular chapter.

Concluding Thoughts

Margaret L. Avineri

This book is dedicated to persons living with mental illness and reflects a community of practice that embraces the recovery model as an innovative and effective approach to treatment. It is our hope that this handbook will ultimately enhance the lives of consumers by promoting an understanding of the principles embodied by this model. As the public system of behavioral healthcare evolves and incorporates principles of recovery, those of us who provide that care are challenged to continuously examine our professional training and responsibility to the persons we serve. In that spirit, we plan to update this book regularly as we expand our understanding of the recovery model and its application in the real world.



WORKING IN THE CALIFORNIA COMMUNITY BEHAVIORAL HEALTH SYSTEM: A NAVIGATIONAL TOOL

This book provides a current and comprehensive overview of behavioral healthcare reform in California. A diversity of personal perspectives from within the system is presented, as well as practical guidelines for conducting recovery-oriented therapy, assessment and documentation. It is a relevant and user-friendly resource for educators, supervisors, trainers, clinicians and future public system providers. In a truly collaborative effort, the book was written by policy leaders, professors, community and county behavioral health managers, employers, clinicians and consumers. It is visionary in addressing anticipated change within the context of what has already shifted and evolved. This book was written to support the public system and to inform the growing behavioral health workforce.

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