

Serving the Underserved: Preparing Psychologists for Effective Practice in the Public Sector

Plenary 3: Speaker 3

MHSA grant projects: Pacific Graduate School of Psychology at Palo Alto University

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Maanh gond. Good evening, Buenas noches ..., those are the three languages I can only speak. I'm going to show you a very different program from what CSPP/Alliant and also CAPIC has developed, and I think it's less technical. We actually took the more traditional route to develop a whole sequence on how to train students. So the sequence was actually called Diversity in Community Mental Health Program or we called DCMH. So here we go. You've heard about the Mental Health Services Act, you guys heard about that, a million dollars, tax 1%, it actually talks about the wellness and recovery. Again, very different from how psychologists would actually be trained as being the expert. One thing that most of the programs forget is that the MHSA is supposed to actually be driven through a consumer and family members' perspective with a lived experience. Does anybody know what that actually means, lived experience? Like who has actually gone through a mental health program, who actually has experienced mental illness and recovered? How have they interacted with the mental health system? So that's kind of what the consumers and families talked about lived experience.

As we talked about it earlier there are many waves of the MHSA. One was the Community Support Services which is the Full Services Partnership that we all got. Then there's the Workforce, Education and Training which is the WET, Prevention and Early Intervention which is what's going on now. There's innovation ... and technology, so with all that, we got the smallest grant out of the three institutions and we developed the DCMH with the goals of basically recruiting and training individuals from diverse backgrounds who are actually wanting to work with the underserved communities. We actually trained students in a skill set because one of the things that we believe is that many psychology programs really do not train students to really work in the community. You guys get trained in statistics, you guys get trained in clinical services but once you actually get out there in the real world a lot of those things don't quite apply. So what we did was actually force the students to have a real life experience while in school. And also to actually teach them what inspired leadership within the students.

A lot of times I've asked students, 'Has anybody thought about being a supervisor of a department? They go, 'Yeah!', or the Lead Clinician? But then I also challenge them, 'Have you ever thought about being the head of the hospital? Have you ever thought about being the head of a Department of Mental Health at the state level? One of the things that I do show students is that within all 56 county mental health systems, how many of those actually have licensed clinical psychologists that actually are heading the departmental health system? Does anybody know? There are 58 counties, there are actually 56 departments of mental health. There's about five or six. Then the question is, 'How many of those are actually psychologists

that are licensed' There's very few. We're lucky in Santa Clara County that one of those directors is actually a licensed psychologist and overseeing the mental health department here. Something to think about!

Why aren't psychologists in leadership positions? How many psychologists actually are in the state legislature? How many psychologists actually are in Washington?' and I actually post pictures of people, do you know who this is, they're like--no idea. This is probably one of three psychologists in the legislature and so forth. So people actually go, 'Oh! Psychologists actually do get into politics!'

So the program actually focuses on three innovations, and it was, I guess, considered so innovative that this year the NCSPP gave it its 2011 Innovative Teaching Award for Professional Psychology. So I'd like to share with you guys what they thought was innovative. One is the fact that it is a collaboration between a state, an academic institution and several counties. It is also a community partnership between the university and an Asian American agency-- the agency that I actually work for. What we do is, the students actually get the money and they actually go to train at sites within these counties, all three counties. It was also developed to follow Rodolfa's Three Pillars Competency Model and it looked at what are the functional roles that psychologists would play in community mental health, what are some of the specialized skills that they actually need, and also what are the competencies they need to have before they can actually work in the public health system. And the other portion was the evaluation of outcomes.

How we evaluate whether the system actually works is through not only teaching and testing and projects in school but also can they actually reproduce the learning within the real life setting on the community outside of the classroom. So to design the whole thing we developed a whole recruitment process, like anything else there are essays, academics, there are professional goals, and there is an interview for the finalists. Then we awarded the scholarships and the condition was if you got the money you had to actually enroll in the DCMH Specialty Track which actually forces you to view your practicum, your research, which is a dissertation, and hopefully your post doc in a community mental health setting or something that addresses underserved populations. So everybody's dissertation who actually got the money has to have something to do with community mental health or the underserved population. So skills trainings, they all talk about evidence based practices; evidence based practice in the community setting is like a dime a dozen, it's the flavor of the month. Five years there's one set, next five years there's another set and people just keep flip flopping. One of the things we challenged the students to do is to actually develop the importation, a way to take evidence based practices and put it into a community setting so they actually develop manuals at how to actually do short treatment in different types of settings within the community.

We also asked them to do an evaluation of what were the gaps within community mental health program so the students broke up into groups, they then chose one of the seven counties within the Bay Area and actually went and really looked deep into it to see what was missing. What was missing in regards to services, to languages, access? Some of them even tried actually getting on to the services by calling and pretending to be clients looking for services and then they were able to write a report that we actually gave to the county to hopefully have them

improve on some of the gaps that were discovered. They did that through internet searches, interviews, actually mock chart reviews. We actually brought charts without, of course blocking out the names of clients, that were actually ongoing and the students were able to review to see what was missing in the treatment.

The part that I'm involved with, actually I teach the second portion of the whole DCMH, is the program development and administration section. So one of the things that psychologists don't really get trained at is actually how to write grants, unless some of you actually have. So what we did was we actually got a real RFP from the county and the RFP is a dual diagnosis RFP, substance abuse and mental health, and we ran the students through the entire process that I would run through by applying for a grant at the county level. We actually released the RFP, we told them read it at this time at this date, you only have one hour to ask questions, review it, if you don't ask questions after that date and that time, you cannot ask any other questions. Figure out how to develop yourself into an organization so now the students are thinking about how do I become an executive director or president of an organization, how do I hire, how do I set out my mission statement. Where do I find the building, how much is going to be rent, how do I develop a finance sheet to actually use the money that the RFP is providing.

Then we talk about how to write the narrative for the RFP which is just six pages, in a very limited amount of time, to meet all the needs of the county, and the county gives the people who want to write the RFP all the conditions. They tell you what denominations of the money, the type of services, the locations, also the languages that they need and the students need to actually write an RFP. And the way we do it is that I tell them, 'Divide yourselves into different groups, and there is going to be one winner'. Whatever that group gets at the end, because they need to not only submit the RFP that gets rated, they have to do an in class presentation. They have 30 minutes to come in and then sell the proposal to a review committee who will then grade them and then at the end, only one team wins. And people are like, 'That's not fair!' I go, 'Welcome to real life!'

In real life if you don't get the money, you lay people off. So I tell them that I have had to lay people off because we lost the money. So they actually spend way more time doing the RFP because they initially think its just writing out research proposal but its not. You have to write a research proposal, then I tell them how much does it cost to hire a psychologist, do you really want a psychologist versus social workers or is there anything else? So throughout the rest of the course we actually teach them how to and are given technical assistance in how to actually develop the RFP so they get skills into not only the administrative part but the recruitment, the role of a psychologist, how to actually sell and also develop a budget, so I think that's kind of interesting for them.

What else did we do? We had them look at what are some of the existing mental health disparities for them to develop research and programs to address those disparities and that's the class that they take in the spring. Leadership and development, this is interesting because often times they don't really think about leadership. A lot of the students that you know of, you guys, whenever you start school they think I'll join APA, and my question to the students is always, "What has APA done for you lately?" Besides paying the fees and getting the conference, what has it done? Have you heard of this state organization CPA and they go, 'I never heard about

that!' How about your own chapter within the county, there is a county psych association, have you thought about joining those and then we talk about what are some of the benefits and why psychologists should be part of the whole professional advocacy group that actually protects their scope of practice.

One of the things that I really like doing is to bring Amanda Levy who is the Director of Government Affairs at CPA. She comes down and talks about what CPA is actually doing, and after class we go, whoever wants to go, to lunch. I buy them lunch and they get to actually talk with her over lunch about some of the other things that they have thought that CPA was not doing or what they have learned. One shocking thought that most people have, once they meet Amanda, is they never considered that someone who's lobbying or advocating for us in Sacramento is actually female and young and actually pretty nice. They all think of the older guy smoking cigars and things like that.

The other thing that we do on professional development is mentoring and shadowing. I think this is extremely important because often times you'll say, 'Hey how do we know that you psychologists are actually doing so many things?' So because our agency is one of the community partners we take students--those students actually do practicums or internships with us. What I do with them is what I call 'Dates with Jorge.' I go to different meetings at the county level, these are meetings for quality assurance, it could be a strategy meeting at the county, and I always bring a student with me. I sit them down with me and say what did you think about the meeting afterwards and we process. Other meetings that I go to are at CPA-- so I take some students out to the Advocacy Conference this coming Tuesday in Sacramento. I'm also on the Consumer Family Leadership committee for the MHSA Oversight and Accountability commission. I bring students with me because I'm a family member--I identify as a family member of somebody with a mental illness. And because I serve at a state level I bring the students with me and show them that consumers or active clients can actually participate in policy making processes at the state level and sometimes some are a little bit more put together than others. We talk about what happens afterwards. I've taken students to CPA and Division II conferences to actually develop the whole training issue for future psychologists.

I bring a lot of students with me to the places that I go to so that they can learn that psychologists not only do clinical, but also do advocacy. They are leaders, they actually get involved in setting how things happen at the county and the state level. Just this past Wednesday, I'm also on the advisory board for Kaiser Permanente and did you guys know that Kaiser will be having the largest genetic repository in the world with the goal to have 100,000 genetic samples of their own members, and then they'll be able to do research on it, whether it's for disorders or possibly how to best do treatment with certain medications. It's all starting, all genetic research is quite new so I bring students with me, they sit in and they hear about the ethical, legal implications, how are they going to use this material to actually improve the health and benefit the whole world. So in essence, on the way back we were talking, and I told them just think, 'You, as the practicum students, had the chance to sit in on a group that is thinking how to use genetic information to possibly not only help the Kaiser folks, but the entire state, the whole nation, possibly the world'. So we're sitting back going, Wow we could actually change the whole world, just being a practicum student!'

So think shadowing, if all you guys are willing to take students, will open their eyes to see what exactly it is that you're doing, it will not make things so much more of a mysterious process. Also push individuals present in actually getting involved in developing programs. A program we devised, a wellness and recovery program, focused on Asian Americans here in San Jose. Some of the students have actually worked with consumers not only in the clinical setting but also having them learn skills so that they can have a better, more higher functioning outcomes with their family and community.

A little bit about the demographics breakdown of the people that apply and got into that DCMH track. As you can see, its quite diverse--13 East and Southeast Asians, 10 Caucasians, 1 Russian, 4 Latinos/Latinas, 2 of them were mixed, 3 South Asians, 2 African Americans, 2 Arabs and 5 LGBTQ. In regards to language diversity this is the spread of the languages and a lot of them choose community sites where they actually use a lot of the languages. For example the Arabic one is working in one of our programs at our site dealing with Iraqi and Iranian refugees, running support groups. It's very hard to find French speaking clients at this point in the community but all the other ones have been placed at sites where they are using a lot of the languages for the population that they're working with.

So career path, this was what upon our survey we asked them--what is it that you see yourselves doing in your future and a lot of them are focused on working towards public mental health, some of them are ethnic minority health, some substance abuse, LGBT and forensic. So these are the faculty and Larry Beutler is one of the professors who talks about the principles of effective treatment, not necessarily the evidence based practices.

This is a quick run down of what the program is like. I think a lot of the students find that running through the administrative component is quite interesting and quite a huge learning experience for them because, if you think about it, a lot of you guys once you guys get your degree, they will not pay you to be line staff. They can get master level people to just do their therapy. You will be asked, at least in Santa Clara County, psychologists are only hired to do program evaluation, a lot of statistical research and also manage. So not very many people who are psychologists in the county system are actually seeing clients.

I do encourage the students to think about research skills as analytical skills. Program development and even treatment plan development is another way of thinking how to do a business plan, because what is a business plan I always ask them. You have an idea that you put out small steps to achieve a larger goal, that is the same thing that you have to do with a client. You have to think of small steps for them to achieve, to actually reach, a larger goal and you have to convince them--it is all about relationship. You need to convince other people to give you money to start a business. You need to convince people to accept the positive change that you've made and the fact that you can also see clients, are able to have much more credibility in implementing change because when the line staff sees you and asks, 'Have you done this? Yes I have. Do you know what it's gonna cost in regards to paperwork? Yes because I also have cases that actually do but I'm looking at it from a perspective that would help you streamline things. So if you're able to see, and talk up and down the ladder, I think people would be much more open to listening.

And the other thing that I really value is the mentoring piece. If people follow you, they see what you do, they can say, oh I can also do that, and so when they actually meet your contacts at larger settings, then they can get inspired to actually achieve those skills. So I always challenge those students--I hope that 10% of you guys actually are running systems in five, six years from now.

The other thing I also encourage them in is to advocate and to write. We're always taught that your worth is based on how many publications you actually publish. And my question to them is always, do you think that your academic publications have a larger impact than if you are to write an opinion piece on the Mercury News, the San Francisco Chronicle, or the New York Times? So I challenge students, can you write something about your opinion and get it published? If you do I'll give you a hundred bucks! So far nothing yet!

So, questions, thoughts, comments, anything on this particular program?

You've heard three very different programs, so I'll guess I'll turn it to Linda and see if she wants to host any questions.

GARCIA-SHELTON

Well at this point what I really want is to ask you to go to your small groups and talk together about the three different programs that you heard, talk about the MHSA grant in general as an effort to increase skills and interest in working with the underserved, and to think about actions that you might want to take to improve our psychology training programs, and to improve our abilities to help students. So we'll start now and at a quarter to I'll let you all know that it's time for the dessert buffet.