

## ATTACHMENT B

### SURVEY RESPONSES

Total # of Employees: 5485  
Total # of Positions Appropriate for MFT Trained Individuals: 1381

#### Competency Breakout and Results

##### *Key for breakout results listed below*

- 1: *Belongs in education program***
- 2: *Best provided by on-the-job training***
- 3: *Continuing education needed in this for current staff***
- 4: *Not applicable***

##### Competency 1: Solicit and use client feedback throughout the therapeutic process

- 1: 24 = 92%
- 2: 18 = 69%
- 3: 10 = 38%
- 4: 0 = 0%

##### Competency 2: Evaluate individuals needs for appropriateness for treatment within professional scope of practice and competence

- 1. 21 = 81%
- 2. 16 = 62%
- 3. 9 = 35%
- 4. 0 = 0%

##### Competency 3: Demonstrate knowledge of the experiences of immigrants, refugees and victims of torture and the impact of these experiences on individuals, families and succeeding generations

- 1. 21 = 81%
- 2. 14 = 54%
- 3. 19 = 73%
- 4. 1 = 3.8%

##### Competency 4: Understand recovery-oriented behavioral health services

- 1. 23 = 88%
- 2. 15 = 58%
- 3. 15 = 58%
- 4. 0 = 0%

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### Competency 5: Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan

1. 20 = 77%
2. 20 = 77%
3. 15 = 58%
4. 0 = 0%

### Competency 6: Develop with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans

1. 17 = 65%
2. 22 = 85%
3. 16 = 62%
4. 0 = 0%

### Competency 7: Work collaboratively with stakeholders, including family members, other significant persons and professionals who are significant to the client

1. 18 = 69%
2. 21 = 81%
3. 11 = 42%
4. 0 = 0%

### Competency 8: Advocate in partnership with clients in obtaining quality of care, appropriate resources, and services in the community

1. 13 = 50%
2. 24 = 92%
3. 10 = 38%
4. 0 = 0%

### Competency 9: Develop a service plan for case management and supportive services

1. 19 = 73%
2. 20 = 77%
3. 7 = 27%
4. 0 = 0%

### Competency 10: Assist clients and family members to understand and navigate the public mental health system

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1. 10 = 38%
2. 25 = 96%
3. 12 = 46%
4. 0 = 0%

### Competency 11: Participate in quality assurance

1. 11 = 42%
2. 25 = 96%
3. 9 = 34%
4. 1 = 3.8%

### Competency 12: Recognize strengths, limitations, and contraindications of specific therapy models, including the risk of harm associated with models that incorporate assumptions of family dysfunction, pathogenesis, or cultural deficit

1. 26 = 100%
2. 14 = 54%
3. 17 = 65%
4. 0 = 0%

### Competency 13: Empower clients and their relationship systems to establish effective relationships with each other and larger systems.

1. 15 = 58%
2. 22 = 85%
3. 15 = 58%
4. 0 = 0%

### Competency 14: Provide psychoeducation to clients and families whose members have serious mental illness or other disorders, including information about wellness and recovery

1. 17 = 65%
2. 23 = 88%
3. 19 = 73%
4. 0 = 0%

### Competency 15: Respect multiple perspectives (e.g., clients, family, team, supervisor, practitioners from other disciplines involved in the case)

1. 22 = 85%
2. 22 = 85%
3. 12 = 46%
4. 0 = 0%

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### Competency 16: Set appropriate boundaries, manage issues of triangulation, and develop collaborative working relationships

1. 22 = 85%
2. 21 = 81%
3. 13 = 50%
4. 0 = 0%

### Competency 17: Assist in obtaining and maintaining educational and vocational goals

1. 14 = 54%
2. 22 = 85%
3. 8 = 31%
4. 1 = 3.8%

### Competency 18: Integrate dual diagnosis treatment

1. 23 = 88%
2. 19 = 73%
3. 19 = 73%
4. 0 = 0%

### Competency 19: Knowledge of the principles underlying recovery supportive practice

1. 24 = 92%
2. 15 = 58%
3. 12 = 46%
4. 1 = 3.8%

### Competency 20: Understand and monitor issues related to ethics, laws, regulations, and professional standards

1. 25 = 96%
2. 18 = 69%
3. 17 = 65%
4. 0 = 0%

### Competency 21: Demonstrate knowledge of adult and child systems of care and coordinated service

1. 16 = 62%
2. 20 = 77%

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3. 10 = 38%
4. 0 = 0%

### Competency 22: Provide education in parenting skills and/or foster parenting skills

1. 18 = 69%
2. 22 = 85%
3. 15 = 58%
4. 0 = 0%

### Competency 23: Understand the developmental, intergenerational and life cycle approach to community mental health practice transculturally

1. 25 = 96%
2. 15 = 58%
3. 16 = 62%
4. 0 = 0%

### Competency 24: Understanding of the impact of mental illness and substance abuse on the consumer and family members at all stages of the life cycle

1. 25 = 96%
2. 16 = 62%
3. 16 = 62%
4. 0 = 0%

### Competency 25: Critique professional research and assess the quality of research studies and program evaluation in the literature as it relates to guiding principles

1. 23 = 88%
2. 6 = 23%
3. 8 = 31%
4. 1 = 3.8%

### Competency 26: Assist in enrollment for financial entitlements and provide benefits counseling

1. 7 = 27%
2. 20 = 77%
3. 9 = 35%
4. 2 = 7.8%

### Competency 27: Coordinate treatment and discharge planning in higher level treatment facilities

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1. 12 = 46%
2. 20 = 77%
3. 7 = 27%
4. 2 = 7.8%

### Competency 28: Complete billing procedures and charting documentation to support billing

1. 9 = 35%
2. 25 = 96%
3. 11 = 42%
4. 1 = 3.8%

### Competency 29: Handle consumer family complaints and grievances

1. 5 = 19%
2. 25 = 96%
3. 7 = 27%
4. 2 = 7.8%

### Competency 30: Participate in program development and design

1. 13 = 50%
2. 20 = 77%
3. 8 = 31%
4. 1 = 3.8%

### Competency 31: Understand Medi-Cal, Medicare and Social Security eligibility

1. 15 = 58%
2. 21 = 81%
3. 12 = 46%
4. 0 = 0%

### Competency 32: Ability to write chart notations that accurately reflect the intervention, goal and result, assist in making future decisions, support billing, reflect the role of the client in the treatment process and choices of goals and treatment activities

1. 22 = 85%
2. 25 = 96%
3. 17 = 65%
4. 0 = 0%

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### Competency 33: Understanding the concept of evidenced based treatment; development of evidence to evaluate promising practices

1. 23 = 88%
2. 20 = 77%
3. 19 = 73%
4. 0 = 0%

### Open-Ended Responses

#### ITEM B. Is the educational system producing graduates who are adequately prepared to provide services in public mental health?

- Need more bilingual grads!!!!
- Very disconnected, very out of step 15 years behind contemporary movements
- They are geared for private practice rather than community work
- In addition to reducing the differences in academic preparation, there seems to be a clear need for greater vigilance regarding pre-degree field placement experience, e.g., establishment of clearer and more rigorous criteria regarding what constitutes an appropriate traineeship experience
- Too focused on private practice side of the world. Not doing a very good job of helping students to identify their own stigma I fear with respect to clients
- The educational system has not caught up with the System of Care Best Practice Principles that are the backbone of solid and effective care in the public mental health system
- Clinicians straight out of school are not prepared for the business mission of their work that operates in concert with the social mission
- Many programs for future MFTs are focused on the “hang your shingle” mentality toward private practice, not fulfillment (and yes even financial benefits) of choosing a career in public mental health, but during graduate program are only provided opportunities that will reflect their financial success in private practice, leaving many to feel that as public servants they will not become rich or have flexibility
- Very little understanding or familiarity with the needed competencies
- Clinicians/facilitators coming into the workforce directly out of school are unprepared for the work world. They are often lacking community preparedness-not having the necessary skills (understanding of risk, safety issues, ect.) to work within the community and to provide services within the community. Many clinicians are trained for an office environment and are, thus, lacking necessary skills to provide mental health services within homes and other community venues
- Most are not prepared for the paperwork required for public mental health and are very disappointed
- Paperwork requirements
- Time management
- Client population

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- Many interns lack skills needed to write coherently, including basic grammar and punctuation.
- Most are unfamiliar with a basic mental status exam and do not know what it means to be oriented(or not) in 3 or 4 spheres
- MFT education too focused on traditional, office-based “50 minute hour” psychotherapy need practitioners comfortable working in-home and in-community with multiple systems
- We have had some very qualified applicants but they have required training in how to provide community-based mental health treatment. They have not had enough training in what it is like to work in the community
- As best as it can, there is no substitute for traineeships, internships and on the job experience
- Most programs do an adequate job in addressing basic skills, but courses are often geared toward providing services within the private sector. There should be more of a focus on public mental health systems and services that benefit the chronic/seriously mentally ill (public sector focal populations). Offering courses in goal setting, treatment planning, and note writing are lacking as well and are a requisite skill in working in the public sector
- It really depends on the graduate program. We are finding that some graduate programs do a better job of preparing their students for the current workforce: whereas others do not. Primarily we are finding some programs do not provide enough clinical training or helping staff document, ect.
- No for older adults
- Interns who have clinical training at CBO's have little interest in working in the community
- Schools don't prepare interns for “life” outside of grad schools
- Little attention to older adults
- Not interested in working in public sector

### ITEM C: What are the most important skills/knowledge/experience necessary for a candidate to be job-ready for your agency?

- Understand the demands of a DMH contract agency
- Knowledge of the various ethnic populations in the area
- The cultural and linguistic characteristics of the populations of concern
- Ability to engage with people that may not be from the same background as the provider
- Ability to document services in clinical charts
- Willingness to meet and provide services to clients in their natural settings, including their home, community setting, such as the church, school, ETC
- Recovery is possible
- Intergraded Mental Health and substance use treatment
- What serious mental illnesses are, symptoms, intervention strategies
- Substance use training
- Working in a partnership w/ consumers and families engagement skills
- Documentation skills
- Good judgment and intrapersonal skills
- Knowledge of best practices

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- Prepared for community based practice and environment
- Solid training and experience in providing therapeutic services in individual, family, and group modalities
- Ability to make appropriate diagnoses and then use these diagnoses in the development of treatment plans and the implementation of service delivery
- Sensitivity to cultural and individual diversity factors which impact treatment and the therapeutic relationship
- Ability to write clear, concise progress notes and reports, and to do so in a manner that meets agency deadline expectations
- Ability to work effectively as a member of a interdisciplinary team
- Not to be scared of those they will serve
- Know how to establish trusting relationships
- Be hopeful
- Basic and intermediate level counseling skills
- Engagement and joining skills
- Expert level communication skills
- Intermediate level clinical documentation skills
- Exposure to evidence based practices, outcome and evaluation
- Thorough training in best practices principles
- Clinical Skills- rapport building, therapeutic alliance, differential diagnosis, appropriate intervention driven by and tailored to the individual and family
- Good writing, communication and organizational skills
- Cultural awareness and competency beyond basics
- Open-mindedness, sense of humor
- Everything they are currently learning at school, with the addition of a better understanding of how the entire therapeutic process flows together. Also, more experience developing a service plan which addresses case management and support services.
- Additional competencies including Writing skills, Community preparedness, Clinical skills. Documentation skills, Some knowledge of the massive amount of paperwork requirements, Diagnosis/ assessment,
- Understanding Family dynamics; Treatment modalities; Understanding theory of solution focused, brief strategic cognitive behavior; Understanding substance abuse; Knowledge of Family Systems Theory
- Experience, willingness and ability to work with families
- Ability to work with families with multi-layered problems, i.e. substance abuse, poverty, domestic violence, single parents, blended families, ect.
- Fluent Spanish speaking
- Skills to work in-home with complex systems
- Ability and willingness to do quality charting of client services
- Understanding of the needs of outpatient mental health clients,
- Willingness to be flexible in their approach and not tied to a “private practice” model of treatment
- Willingness to work in the community at school sites, clients’ homes or other community sites
- Ability to accept feedback and be thoughtful about the interventions that they make with clients
- Competencies in trauma, mental illness, assessments and diagnosis, treatment planning, social recovery

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- Previous experience with the population, enthusiasm, a desire to learn, flexibility, clean background check and excellent references
- Assessment and diagnosis, treatment planning/goal setting, skills-building/behavioral interventions, and psychopharmacology
- Understanding legal and ethical issues related to providing clinical services
- The ability to assess and intervene in a clinical crisis
- Basic clinical understanding
- Ability to document work at all levels – assessment, progress notes, discharge, etc.
- Computer literate
- Ability to recognize and work through counter transference issues: sustain healthy boundaries
- Willingness and interest in working with older adults
- Understanding of issues related to aging such a loss, frailty, medical and bio-psychosocial issues
- Looking at the person as a “whole” and not treating the diagnosis or finding someone to be resistant to treatment without understanding who this person is, where, and how they live, ect.
- Ability to work with an older adult in the “hear and now” in order to help them, practical and short term intervention
- Willingness to make home visits or treatment someone at home and understand boundaries and providing services at home
- Working with vulnerable and sometimes “undesirable” populations like homeless, or the more chronic type of client
- Be ready and willing to be a part of an interdisciplinary team with other professions

### ITEM D: What are the skills/knowledge/attitudes that are most effectively developed on the job at your worksite?

- Integrated dual diagnosis treatment
- **How our agency culture works (mentioned many times)**
- Emergency protocols, crisis interventions, referral services and case management. Hands on experience treating clients and observations by way of one way mirror teams
- Skills of other disciplines
- Teamwork within our culture
- Specific documentation beyond MediCal
- Trauma focused cognitive behavior training
- Case management and community resources within our county
- Understanding of community mental health agencies, collaborating/partnering with other agencies
- Teamwork within a multidisciplinary team, systems/community approaches to treatment and specific approaches to treatment (e.g., culturally specific approaches)
- Understanding of psychotropic meds, treatment planning, outcome measurements, system integration, respect for the struggle our clients have, use of supervision, team approach to treatment, electronic charting
- County specific Medi-Cal documentation requirements

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- Time management
- Assessment skills/tools including the use of a genogram, family map, county specific psychometrics
- Specific issues related to working with a particular population
- Community resources
- Collaborations with other agencies and partners
- Clinical mastery
- **Documentation requirements**, billing procedures, entitlement benefits
- Community education
- Utilizing resources within the community
- Working in teams/group settings
- Exposure to and utilization of evidence based practices
- Knowledge of local community and population
- Case documentation (e.g., agency expectations regarding progress note content)
- Keeping up with the ever changing requirements and expectations of the County Dept. of Mental Health
- Awareness of specific resources and services in the community
- Specific information related to entitlements/benefits community supports
- Skills related to the specific program contract/treatment requirements
- Agency core values
- Specific documentation requirements
- Local resources
- Consumer and family engagement
- Strength based services
- Focus on recovery and resilience
- Cultural sensitivity
- Application of evidence/excellence based practices
- Refinement of clinical documentation
- Specialty populations – 0 – 5, integrated substance abuse/mental health services, trauma-related services, and older adults
- Field based services
- Team collaboration
- Crisis intervention
- Community resources
- Time management
- Treatment planning and evaluation
- The course of mental illness
- Medications
- Effective clinical interventions
- Specific skills or knowledge might be related to the more concrete services/resources needed by older adults, but if the clinician feels that this is “not a part of their job” then I would not even consider them for a position at my organization. Compartmentalizing a client and only treating a particular diagnosis would not be acceptable
- Charting, service planning, accessing community resources
- Local Medi-Cal billing structure, policies and procedures
- Self-reflection

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- Documentation (specifically content, writing style and use of clinical language should be addressed elsewhere)
- Delegation of responsibilities to other team members
- Systems orientation
- Agency mission and vision and ability to incorporate into daily work ethic
- Specific agency documentation standards and expectations
- Ability and willingness to be flexible in utilizing various modes of treatment – client driven and tailored to the consumer
- Self care techniques and ways to seek support from various means (peers, supervisor, outside interests)
- Leadership skills

ITEM E: Would it influence your hiring decision if a candidate held a specialty certificate in Public Mental Health offered by a professional association or private business? (You may check more than one).

The majority of responses selected the following two choices:

- Our hiring decisions are based on a diversity of factors beyond prior coursework or external indicators of competency.
- With adequate changes in the educational curriculum, we would also prefer to have available CEU opportunities to continue developing and improving skills needed in the public sector.

ITEM F: Would the requirement or options to have a special certificate for serving the public sector contribute to or add barriers to the availability to an adequately trained workforce for public sector agencies?     Contribute     Add Barriers     Undecided

The majority of responses indicated that a certificate would either add barriers or that they were undecided about the potential impact.

Comments:

- It is difficult for me to comment because I would need to know what the students are learning differently in a certificated program. It might influence our hiring decisions if the program provided the candidate with special or particular skills related to working in a community mental health setting.
- It would contribute if a crosscutting certificate program allowed those with BAs to do more clinical work. In my experience as a manager, I've had team members who could not provide certain types of service even though their experience and intuition made them more effective clinicians than others who had graduate degrees.
- A more important factor in transforming the system is making a strong effort to change the overall profile of those entering the profession. Individuals from minority populations, consumers of mental health services, and people who really want to work with this population.