

# Pacific Clinics

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## ADVANCES

### Workforce Development

*How Can We Secure the Human Resources We Need?*

#### In This Issue:

**Jim Balla Testifies**  
on Health Record Needs

**More Older Adults:**  
Will We Have the Caregivers  
Needed to Serve them?



Pacific Clinics  
ADVANCING BEHAVIORAL HEALTHCARE

# A Message from Our President/CEO and Our Chairman of the Board

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*Susan Mandel, PhD, President/CEO  
and Ron Banks, Chairman of the Board*

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The success of Pacific Clinics is due to the people who work here, our employees — professional, paraprofessional, support and administrative — all who care deeply about the people we serve. So it is no surprise to me that the issue of workforce is one of the most important that any organization must focus on to continue to provide excellent services to the community.

As you will see in articles included in this edition, I have been working with the California Mental Health Planning Council as Chair of the Human Resources Committee for more than ten years. Our goals have included increasing the cultural diversity of our workforce and the numbers of consumers and family members who participate as behavioral healthcare personnel at all levels. We are striving to assure that there is statewide availability of workers to provide effective services to all the clients in the community mental health system.

We know that access to services has been more difficult for people new to U.S. culture, particularly those who speak a different language from English. We live in one of the most diverse states in the country and in one of the most diverse regions within that state. We must be committed to not simply having affirmative action that assures our clients see and hear others like them when they come in for services, but that the people who work here are culturally competent and, as is often the case,

fluent in languages familiar to our clientele. Granted, fluency does not guarantee competency, but it is pretty difficult to establish a healing relationship with someone when you cannot talk with them.

Stigma is also a difficult problem for the mental health community and those who need its services. When people kill each other, you still see in the media headlines such as “Mentally Ill Man Kills Wife”. You never see “Diabetic Kills Wife” or “Arthritic Person Kills Husband”. It is always the person with a mental illness portrayed as expectedly violent and out of control. We also have stigma in some ethnic communities about the role of social workers or psychologists in “The System”, where social workers are perceived as persons who take children away from their families. So, as we look to increasing the future diversity of our workforce, we have many issues to overcome: stigma around the illnesses and the profession, plus the fact that some prospective personnel might make higher salaries in professions other than behavioral health.

We are anticipating healthcare reform by 2014 that will add approximately 30 million persons to the roles of the insured. This may mean 10 million more people covered just in California, with perhaps half of them living in the Southern California region. If you assume that ten to twenty percent will have serious and persistent mental illnesses, we are looking at possibly a million more people needing services — many who will be over 60, but not yet eligible for Medicare, others with children under five, some who speak other than English as their primary language. It is incumbent upon us to do all we can to reduce the stigma and recruit personnel from our various communities. We must provide for capable, consistent services to all types of consumers and family units in order to meet their needs.

I know that Ron, as a former police chief, joins me in acknowledging how important it is that people who come to our programs receive our respect and concern, and feel valued as individuals. He and I continue to be committed as we lead this organization to increasing diversity in our workforce and on our Board of Directors, as well as addressing the expanding and wide-ranging needs of our clients and communities. We hope in the years to come that the result of the concerns and endeavors we highlight in this edition of *Advances* will stand out in our expanded capacity to serve our consumers, and even in the history of behavioral healthcare.

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## Unmet Needs...

*With Demand for Behavioral Healthcare Services Growing, Can Pacific Clinics Find, Develop and Retain the Quality Caregivers We Need?*

According to a report presented this year to the state's Mental Health Services Act Oversight & Accountability Commission on MHSA Workforce Education and Training, for more than half a century in the United States, there have been a plethora of commissions, expert panels, recommendations and calls for change on the subject of workforce development in the mental health and substance abuse fields.

A 1999 U.S. Surgeon General's Report stated "The supply of well-trained mental health professionals is inadequate in many areas of the country." In 2006, the President's New Freedom Commission on Mental Health reported "...the Commission heard consistent testimony from consumers, families, advocates, and public and private providers about the workforce crisis in mental health care. Today, not only is there a shortage of providers, but those providers ...are not trained in evidence-based and other innovative practices. This lack of education, training, or supervision leads to a workforce that is ill-equipped to use the latest breakthroughs in modern medicine."

Our national intentions to promote a larger and more competent workforce have been good, infers the MHSA study, but the recommendations of these respected entities have mostly gone unheeded and positive action stemming from them has been short-lived.

The Surgeon General's report also pointed out in its late 1990's investigation that the capacity for cultural competence and peer-friendly services within the greater mental health community was still sadly lacking, although Pacific Clinics had already taken steps well before the new century rolled in toward improving its culturally competence and offering mental health training and employment to persons with "lived experience" and a wide range of backgrounds.

California's behavioral healthcare community in the 1990's also realized that more needed to be done to advocate for adults and children with serious mental and emotional disturbances. The California Mental Health Planning Council was formed in 1994 with 40 initial members, including consumers, family members, public and private providers, professionals, and state agency representatives.

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One of them was Pacific Clinics President/CEO Dr. Susan Mandel, who has been a member of the group's Executive Board since just after its inception. Recognizing the need even then for increasing the number of mental health caregivers, she gave impetus to forming the Council's Human Resources Committee, for which she has served as Chair for more than 10 years.

What demographic does Dr. Mandel see as requiring an expanded behavioral healthcare workforce in coming years? "Some are already present and strongly evident," she says. "There continues to be the need to find and develop trained professionals and paraprofessionals with linguistic and cultural competence who can communicate more effectively with consumers and their families during treatment, as well as to educate them about these illnesses in order to dispel pervasive stigma."

Stigma is still one of the biggest barriers to mental healthcare access, and perhaps even to staff development. It has been reduced somewhat by more success in getting the word out (still primarily in English, though) about the scientific causes of behavioral illness. "But even for some who already work in our field and certainly for many people in our communities...stigma is still out there."

Another major challenge is finding the sheer numbers of competent staff required to address anticipated growth in certain groups over the next few decades. "The older adult population and its unique needs loom large for all types of healthcare," declares Dr. Mandel. (See more on our Older Adult program needs in the article on page eight.)

We also may soon be seeing former military personnel in greater numbers at community mental health centers. One new statistic shows that only 25% of those currently serving or recently discharged with mental health concerns have been seen by military medical or Veterans Administration professionals (again, stigma around seeking treatment is prevalent). Veterans often are diagnosed in a community setting and, if they don't receive the help they need, they could become more disabled, permanently estranged from their families and homeless, like so many troubled vets before them.

"Another group we need to address is children from birth to five... a demographic we've hardly begun to engage," continues Dr. Mandel. The stress of mental or physical trauma in their parents' domestic situations — whatever disruption their families go through — can have a negative effect on the emotional health of the youngest children, even prenatally. Also, so many young families are without health insurance of any kind, and these early childhood issues, even if they become evident, might not get addressed until the children are in school and display troublesome behavior. "Hopefully, schools will still be able to reach out and collaborate with mental health providers who come to their campuses, like Pacific Clinics does now," Dr. Mandel continues. "But it would be better for all concerned if we could assess and help these young children even earlier."

It is anticipated, by 2014, that many more Americans who now are without sufficient health coverage will be able to get more help from the recently passed federal Health Care Act. As beneficial as that sounds, the resulting demand for services may be a daunting challenge for caregivers in both health and mental health if there aren't enough well-trained and competent personnel. Even now, surveys have reported one in five adults saying they needed professional help within the previous year for a mental or emotional problem.

Where will the human resources we need come from? What draws someone to our unique healthcare field, and keeps them there? What can Pacific Clinics do to ensure its consumers of all ages and backgrounds over the next several years will get the care they need?

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**In this issue,** you will see how Pacific Clinics is responding every day to address present and future workforce challenges.

# The Future Holds Promise as Interns Move on, Move Up and New Ones Arrive

This year, the Clinics has graduated 78 interns and students, not only from its more longstanding professional training programs – Psychology, Social Work, and Marriage and Family Therapy – but also from newer programs that develop and train Psychiatric Technicians and Nurse Practitioners, as well as the paraprofessional Mental Health Worker programs (see article page 10). Between June and August, most of the past year’s interns complete their programs, although some, such as Dr. Ashley Taylor (see adjoining article), are happily among the former students who will return this year as regular employees.

Dianne Golden, LCSW, Clinics Director of Social Work and leader of Pacific Clinics’ well-respected social work internship program, was glad to report that four of her 2009/10 master’s level students will be joining the Clinics as staff this year. “I am a huge believer that having intern programs, among other things, is an effective and meaningful way to recruit the best employees.” She laughs, “It’s like a nine to twelve month job interview.” Ms. Golden points to an impressive list of former Clinics interns in social work and other fields who have worked for the agency for quite a while, with several now leading major programs and divisions at our agency.

For example, Corporate Senior Vice President Dr. Gordon St. Mary was in the psychology class of 1998-1999, while Dr. Joseph Ho, who now heads our Child Specialty Division, was a psychology practicum student in 1984-85. Judy Tse, LCSW, intern class of 1997-98, has directed the East Valley Division’s

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## Graduating Intern *Dr. Ashley Taylor*

Originally from a town about 30 miles west of Boston, Ashley Taylor, PsyD, earned her bachelor’s degree with a double major in Spanish and psychology from University of Vermont. Why Spanish? Her mother was from Arizona and thought it was a good idea for her to learn it, plus in high school Ashley was able to spend six weeks in Spain and developed a love for its history and culture. While at college, she also took part in an immersion program, living for six months in Chile with a family as well as studying Spanish at a local university.

Ms. Taylor’s interest in psychology also began taking shape while still in high school, as she was a frequent volunteer in helping underserved children and families in her community. After college, she began working with teenage parents and their very young children in a Healthy Families program,

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### Future Holds

CalWORKs program at the El Camino complex in Santa Fe Springs for several years, and Erin Dorflinger, LCSW, is now program director of Monrovia Family Center after completing her internship only five years ago. Tania Rojas, PsyD, a relative newbie from the 2007-08 psychology group, recently became a program director in the growing Latino Services division's child and family program.

"Can you believe it?" Ms. Golden continues, "Linda Skale, LCSW, who now directs our Older Adult FSP program in Santa Fe Springs and just celebrated her 30th anniversary with the Clinics, was one of our earliest social work interns. Linda has held several important positions — she also directed the Orange Adult Services program for several years, and back in the 1990's she filled the Director of Social Work



Linda Skale, LCSW (left), a Clinics intern in 1976 and hired in 1980, received 30th anniversary congratulations from CEO Dr. Susan Mandel this August.

slot that I'm in now; besides that she was the first Quality Assurance (consumer) Board staff advisor, and the person mainly responsible for getting that Board started."

Ms. Golden and her co-workers — Beth Jenks, PhD, Director of Clinical Intern Training, who also manages the psychology students, and Connie Carrasco, MFT, director of the Marriage and Family Therapist and Nurse Practitioner programs — were extremely busy as they prepared to welcome the 2010/11 classes of students at the Pacific Clinics Training

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### Dr. Taylor

**"All of the jobs I'd applied for at law offices sounded much less interesting than the community mental health jobs."**

Ashley Taylor, PsyD

providing early intervention and prevention services and early childhood education. "I had been trying to decide between going to law school and continuing my education in psychology. All of the jobs I'd applied for at law offices sounded much less interesting than the community mental health jobs. And I knew I really enjoyed working with children, teens and families."

After much deliberation about where to further her psychology education, Ashley wound up on the west coast for a doctoral program in the Berkeley area. "As I completed my PsyD classes," she continues, "I looked for an internship program that had a strong testing component, a focus on cultural diversity and the opportunity to learn about different theoretical orientations and techniques."

Ms. Taylor found what she was looking for when she was accepted into Pacific Clinics' American Psychological Association-approved psychology training program in Fall of 2009, and was assigned to work primarily with the Clinics' east Pasadena-based Child Specialty Services Division in its Comprehensive Assessment Program (CAP) directed by Christopher Leucht, PhD, who became her supervisor. Her secondary site was the West Valley Family Division's CHAP program, based at the Community Health Alliance of Pasadena complex northeast of the city.

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## Future Holds

Institute for the coming year. “We’ll see 36 new social work interns this year coming from local universities such as UCLA, USC, Azusa Pacific and several Cal State campuses, says Ms. Golden. She is thrilled that more than two-thirds of her social work students are bilingual (Spanish, Armenian, Cantonese, Mandarin or Vietnamese), “It’s such a big plus for their future prospects as caregivers in this region.”

There will also be 10 psychology interns and 10 psychology practicum students, 14 MFT trainees, and six nurse practitioner students this year. “And most of them are bilingual,” mentions Dr. Jenks. The Psychiatric Technician program expects as many as 50 new students from Mt. San Antonio College and Cypress College over two rotations during

“...we certainly hope they (interns) can find a place in our organization when they complete their trainings.”

Dianne Golden, LCSW

the year. That program is directed by East Valley Divisional Director Sharon Duris and Monrovia Family Center Medication Supervisor Samantha James-Perez, both licensed psychiatric technicians.

“I know that there will be standouts in this group as there are every year,” concludes Ms. Golden. “And we certainly hope they can find a place in our organization when they complete their trainings but, for now, we are happy to once again to be welcoming all our interns for what we hope will be an extremely valuable year for them, wherever their future may lead.”

## Dr. Taylor

“The CAP works with San Gabriel Valley area preschool children and their families from various Head Start programs, and I provided parenting techniques and family therapy, as well as consulting with teachers and other classroom staff. At CHAP, I worked more with teens, adults and families in individual and family therapy.”

She reports that she received a lot of great training and guidance this year from Dr. Leucht, who specifically coached her in with behavioral practices different from her previous experience with youngsters and their families. “I was surprised to see how well these methods work. I also learned a lot from Dr. (Beth) Jenks, our Training Institute psychology internship advisor, and from Deborah Cook, MFT, and her team over at CHAP. I really appreciated their passion and commitment to the field.”

Ms. Taylor’s new staff assignment with Pacific Clinics beginning this September is also with the CAP. “I’m excited to continue working with Dr. Leucht to learn additional behavioral techniques as well as how to implement new evidence-based practices. Plus, I really enjoyed the testing activities and hope to continue doing those throughout my career.”

Her proficiency in Spanish has really been useful for Ms. Taylor in engaging Pacific Clinics children and families during her training, and it was undoubtedly an important factor in the considerations for employing her at the end of her internship. When she begins her new career this fall, she will join a long list of inspired and inspiring Clinics staff members who have also served as interns here.

Now that she has completed the requirements for her doctorate, Ashley Taylor is thinking about the future...“I have always enjoyed working with people in the community and helping those who might not otherwise receive services. I think it is very important work and I hope to continue in community mental health throughout my career.”



## Our Older Adult Services Have Grown, But Aging Population Will Need Much More

**L**ongtime residents of Pasadena might remember seeing an interesting vehicle on its streets and in front of senior centers, convalescent homes and other community buildings back in the mid-1990s. It was a huge motor-home specially painted with the name “Pacific Clinics MobileCare Express” that was sent out regularly with a team of clinical behavioral healthcare specialists aboard from what was then a very small Clinics program for seniors. The bus, as some called it, had an interior containing private offices and even a space to hold groups. It was designed to help older adults in the community connect to mental health services without as much of the stigma or discomfort they might have felt walking into a brick and mortar treatment facility. The motor-home itself was funded by a generous donation from the H.N and Frances Berger Foundation, which had generously responded to the Clinics’ need to increase outreach for this population.

The “MobileCare Express” is still used for outreach activities from time to time today, but Pacific Clinics older adult programs have evolved quite a bit over the past few years. Although some seniors feel unease in addressing thorny issues such as anxiety, alcohol/drug use, and dementia, as well as chronic mental illnesses that may have appeared at an earlier age, attitudes about seeking behavioral healthcare have somewhat improved. Just as older adults have taken more control of their physical health issues, aided by a culture that is increasingly communicative about such

matters, many recognize that seeking help for their emotional and mental health concerns is something they do not have to be as embarrassed about, and that there are programs out there to help them.

As Corporate Director of Older Adult Services Slettie Jones, LCSW says, “People nearing what used to be considered retirement age or even those already in that category are looking at themselves in different ways than they used to...they realize there are a significant range of options for them now, and they – as well as their family members – are more willing to play a more powerful part in determining what those options are – including when it involves medical concerns related to mental illness or substance abuse.”

Professionals in all aspects of geriatric health are anticipating tremendous growth in the numbers and needs of the older adult community, as it is inevitable that the longer-lived baby boomer generation will be creating a great demand for those services. By the year 2030, the numbers of people over 65 with psychiatric disorders is expected to more than double – to 15 million from the seven million counted in the year 2000. Recognizing the growing need for health care professionals specializing in geriatric services, Health and Human Services Secretary Kathleen Sebelius announced this month the release of \$29.5 million to fund three geriatric education and training programs at accredited health professions schools.

Programs for older adults have grown somewhat at Pacific Clinics and elsewhere since the Mental Health Services Act (MHSA) was passed a few years ago; the MHSA identifies persons 60 & over as an underserved population and has funded Older Adult Full Services Partnerships and Field Capable Clinical Services programs at the Clinics. One operates in Pasadena in addition to the original older adult program begun in 1985. Others are in Rosemead, West Covina, Santa Fe Springs (where Mr. Jones is based) and Los Angeles. There are about 700 consumers being served now by these programs, many more than the 100 or so seen during the time of the MobileCare Express's efforts around the Pasadena area. That number, however, represents a relatively small portion of Pacific Clinics' total clientele, and will most likely be increased as the demand goes up.

Mr. Jones had more than 20 years experience in geriatric mental health at the Los Angeles County Department of Mental Health before joining Pacific Clinics four months ago, when the previous corporate director Faye Ashby, MSW, took her own steps into active retirement after a productive 10 years with the Clinics. During her tenure at Pacific Clinics, she was a strong advocate for older adults but also forged partnerships with many of our local universities to provide training opportunities that can help ensure that professionals are prepared to respond to the unique needs of the burgeoning older adult population.

The older adult programs at Pacific Clinics are taking advantage of the opportunity to help develop additional competent caregivers trained in geriatric mental health to address the expected jump in seniors' needs. The Clinics belongs to the Geriatric Social Work Education Consortium (GSWEC), a foundation-funded collaborative said to be the first major multi-university regional consortium of its kind. GSWEC seeks out social work students from five local universities who have interest in working



*Older Adult Services Director Slettie Jones, LCSW.*

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“...the Mental Health Services Act (MHSA) identifies persons 60 and over as an underserved population.”


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with older adults and facilitates a combination of graduate academic work and internships at community agencies such as Pacific Clinics. Last year, Pacific Clinics served as a training site for 78 students and nearly 10% had chosen to specialize in geriatric mental health. This year Pacific Clinics has committed to providing internships for 75 students, with five choosing a geriatric specialty.

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## HAVE YOU CONSIDERED INCLUDING PACIFIC CLINICS IN YOUR WILL AND ESTATE PLANS?

It's a simple process that will have a lasting impact. Although it is not required, making us aware of your bequest is very helpful. By informing us of your wishes, we can say thank you and better plan for the future and intention of your gift. For more information, visit our website at [www.pacificclinics.org/donate/estate](http://www.pacificclinics.org/donate/estate). If you have questions or would like to learn more about your different options, contact Jolynn Reid at (626)254-5024 or [jreid@pacificclinics.org](mailto:jreid@pacificclinics.org).



Spring 2010 graduate Lauren Katriotis (center) celebrates here with fellow valedictorians Frank Duarte (right) and Patrick Jeffries. Lauren has begun working for the Clinics as a Peer Partner in the Irwindale TAY program.

## Growth of Paraprofessional Staff is Augmented by Groundbreaking Training Courses

Pacific Clinics has a workforce of close to 1,200 people today and about 20 percent of them are classified at various levels of what is considered a paraprofessional mental health worker. Most of these long-established positions across the agency's five counties carry the accompanying title of case manager, but a few others have unique titles such as youth & family specialist, milieu counselor, parent advocate, or service extender. Staff members in these roles perform a wide range of duties that help clients and families stay on track with appointments and medications, access benefits and other community services and navigate through a wide range of concerns that affect not only their care but their quality of life. Such work has always been key to the Clinics doing all it possibly can to help its clients and their families – a “whatever it takes” philosophy. As a direct result of a collaborative training program begun in Pasadena in 1999, and a similar three-year-old program in Orange County, the Clinics has added similar employment opportunities for persons with various levels of “lived experience” with mental illness and/or substance abuse; these positions are called Peer Partner, Peer Support Worker, Peer Advocate, etc. Peer classification workers make up almost all of the staff in the Clinics’ recently created wellness centers. They also work at other multi-disciplinary programs where

effective peer-to-peer and self-help opportunities and services for clients are offered. They are unique people filling unique and critical needs.

### An L.A. County Story....

“I never imagined ....and even now it seems so unreal. It seems like a dream because for the longest time I truly believed I wouldn’t amount to anything, plain and simple, I thought I had nothing going for me.”

These are the words of a young woman who until just a few months ago felt she had very little prospect of a fulfilling life, let alone what most of us would call a “normal” one. Her name is Lauren Katriotis and she told her story during a valedictory speech presented earlier this year in front of 200+ fellow grads and guests. She had just graduated at the top of her 35-member paraprofessional Mental Health Worker class, from an educational program on which Pacific Clinics and Pasadena City College have been collaborating for more than ten years. Many of the 440 graduates of this course since its inception have been mental health consumers; many others have been relatives and other loved ones of people with mental illness.

Lauren was thirteen when diagnosed with bipolar disease, and it was devastating news to her and her family “because we all know the

stigma that goes along with a mental illness,” she continued. At first she was excited because she now had an explanation, a name to put to these intense mood swings. “I could explain to people that I was not acting out for attention, but that I was bipolar. So, now that I had a diagnosis, I was expecting the doctor to fix me, and all my problems would go away, right? Sadly, it wasn’t so.”

Her family tried their best to understand and support her. “It was explained that there wasn’t a magic pill to make this go away and that I would deal with this thing for the rest of my life. My doctor proceeded to give me a list of things I would not be able to do because of being bipolar. When he told me I couldn’t eat grapefruit because it could interfere with my medication, I thought, ‘Heck, I can deal with that. I don’t even like grapefruit!’ But then he told me I might never finish school, or have children, that I would be dependent on my parents for the rest of my life, and that I would never be like my peers. So I thought, great...what is there to live for?”

It’s a good thing that Lauren is a pretty strong person. Her experiences with her disease through her high school years included self-destructive behavior, frequent hospitalizations and many setbacks. She felt her life was totally out of her control. “I was in the hospital so frequently that I had to repeat the 9th grade and drop out after the 11th. All I could think of was that doctor who told me I would probably never finish school, and he was right. I thought I was a complete and utter failure.

“Yet as time passed a very unfamiliar little voice in my head whispered, prove them wrong! You are stronger than you think! Slowly but surely, I started making the necessary steps to move forward. I wanted to prove that doctor wrong and all the people who told me I would never accomplish anything, but mostly I wanted to prove to myself that I wasn’t a total failure. I started attending Pasadena City College. My first semester went well... I saw a glimmer of hope. But the next semester didn’t go as planned and I was forced to drop my classes. Yet again, that ugly feeling of being a failure started to boil inside me.”

About that time, through PCC, Lauren learned about the Pacific Clinics’ mental health worker training program and, although she joined with a lot of trepidation, she was very successful in both the class and field work phases of the 14-week course. More recently, Lauren was hired

as a Peer Partner at the Clinics’ Irwindale Transitional Age Youth “Hope” Center, where her experience with her own mental health challenges can provide insight and inspiration to the young adult clients there.

The Mental Health Services Act (MHSA) began to fund these trainings in 2007 and since then there have been a total of 238 graduates. In contacting 207 of those students for a recent survey, 93 out of the 207 (or 45%) of the students are employed, seven are volunteering and 15 are pursuing their education.

In addition to the adult classes, in summer of 2009, a private foundation helped make possible the program’s first Transitional Age Youth MHW class with a total of 38 graduates – all who had the common experience of being “aged out” of foster care before or during their participation in a Pacific Clinics TAY program. Twenty-three students from that class are currently employed. The second TAY class is currently in session with 28 students enrolled.

### **...and in Orange County...**

Collaboration with diverse community partners, including behavioral healthcare consumers and their family members, has been a key focus in efforts to develop a much-needed culturally competent workforce for behavioral healthcare in Orange County. The Pacific Clinics Consumer Training Program – funded by the Mental Health Services Act (MHSA) via the Orange County Health Care Agency – and under the leadership of its director, Steven Bush, MS, has successfully graduated 200 paraprofessional mental health workers over three years, with 25% of its graduates currently employed at behavioral health-related organizations.

One of those successful students has stayed very close to the training program. When you call the Pacific Clinics CTP office based in Westminster, the warm and compassionate voice you are likely to hear belongs to the 2008 MHW program graduate Juanita Jorge. Her boss, Steve Bush, describes her as a person who really stands out in her willingness to be helpful and caring to everyone she encounters.

It would surprise most people encountering Ms. Jorge in her current role that more than once she felt like her life was not worth living and attempted to end it. She has fought depression and anxiety most of her adult life, and she is also the mother of five children ages nine to 24

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Clinics EVP/COO Jim Balla (photo left) was called to testify in June on the importance of health information technology before a Congressional Mental Health Caucus co-convened by southeast Los Angeles area Congresswoman Grace Napolitano.

Mr. Balla and Congresswoman Napolitano (photo right) are joined by Clinics public policy director Wendy Wang (left), who assisted Mr. Balla on the trip.

## Clinics Executive Gives Valuable Testimony to Congressional Caucus –

*Balla Cites Critical Need for Behavioral Health Information Technology*

Pacific Clinics' Executive Vice President and Chief Operating Officer Jim Balla, MBA, traveled to Washington in June for his second trip this year, this time answering a call to testify at a U.S. House of Representatives Mental Health Caucus hearing on the subject of Health Information Technology. Wendy Wang, MA, Clinics Corporate Director for Community Education, Outreach and Public Policy, accompanied Mr. Balla during the two-day visit.

The Caucus was convened by its co-chairs, California Member of Congress Grace Napolitano (D, 38th District), Patrick Kennedy (D, Rhode Island), and Tim Murphy (R, Pennsylvania), and was attended by other congressional representatives and staff. The National Council for Community Behavioral Healthcare (National Council), invited just four U.S. agencies to provide testimony, and Pacific Clinics contributed the lone voice from California.

After a brief introduction by the National Council's Executive Director Linda Rosenberg to begin the testimony, Congresswoman Napolitano began the opening remarks on how the establishment of an electronic health record system (EHR-S) between health and behavioral healthcare agencies could allow for improved coordination of care; she particularly cited the needs of veterans and their families. Additionally, she maintained that an EHR-S would afford appropriate providers quicker access to client information and reduce medical errors. While hailing the numerous benefits associated using an EHR-S, Rep. Napolitano also acknowledged concerns regarding client privacy.

Congressman Kennedy lauded the recent passage of the Patient Protection and Affordable Care Act (the 2010 national healthcare bill) for its strides in creating parity for mental health, and also framed the issue of EHR-S in the context of care for veterans. "Our fight is a fight for veterans," he strongly stated. "We have to be of one mind on brain research. Seventy-two percent of veterans won't even touch the VA through [their] lifetime. The bulk ... will get care through private insurance." He went on to say that veterans will be the ones to "knock down the door" for the advancement of treatment, particularly for chronic disorders, and he emphasized how the plight of veterans would be a key argument in the debate about whether mental health providers can get the same Medicaid reimbursement incentives as other healthcare providers when they utilize the EHR-S.

Final opening remarks were made by Congressman Murphy. A Lieutenant Commander in the U.S. Navy Reserve Medical Service Corps and known for his work with veterans, he reported amazement at the "disconnect" between what America spends on war equipment and its funding for care of returning veterans. He talked candidly about how a soldier could be in combat during his deployment, then be discharged without any opportunity to debrief or talk about service experiences, even with other soldiers.

Rep. Murphy: “This is not just a matter of (treating them like) highly sophisticated homing devices on bombs. This is (about what happens) off the field of combat, (when) soldiers continue the combat in their own minds.” He also highlighted the need for technology by pointing to physicians prescribing lethal doses of medication to patients because of limited access to their histories of prescription drugs.

Mr. Balla testified to the importance of implementing an Electronic Health Records System in order for coordinated systems of care to efficiently address the problems encountered in our nation’s behavioral healthcare fields. He stated that the major impediments to implementing such systems are the prohibitive cost and limited sources for funding, as well as the lack of interoperability between the associated data systems of various providers. With social services programs across the states severely fragmented and “silozed”, and with different data systems in place for child welfare, mental health, juvenile justice, etc., many individuals who move throughout these complex systems – such as those who are hospitalized, lose stable housing, or become entangled with criminal justice – are not provided with the care they need. “Because of our obligation to those in our community with mental illness to strengthen the system of behavioral healthcare,” emphasized Mr. Balla, “improving health information technology by creating cost-effective, reliable and efficient electronic data systems is a responsibility that we all must share.”

House Resolution 5040 was recently introduced by Murphy and Kennedy; it aims to: 1) clarify the definition of “healthcare provider” to include mental health centers throughout the Health Information Technology for Economic and Clinical Health (HITECH) Act passed as part of the American Recovery and Reinvestment Act of 2009; 2) establish grants for those mental health treatment facilities not eligible for meaningful use incentives through the HITECH Act; 3) extend Medicare and Medicaid reimbursement for meaningful use of EHRs to clinical psychologists and clinical social workers who provide care at addiction and mental health treatment organizations.

Collectively, at the time of the hearing, representatives Napolitano, Kennedy, Murphy and 62 Congressional colleagues were united behind HR5040. More should be heard in the coming months on this legislation and others affecting Pacific Clinics and behavioral healthcare in general, as well as vital information and feedback from our elected representatives.

## Please note:

The report on an interview with Rep. Grace Napolitano promised in our last issue is not available at this time due to the Congresswoman’s busy schedule. We hope to bring you the interview in a future issue.

years who suffer from mental illnesses including schizophrenia, depression and post-traumatic stress disorder.

Ms. Jorge began the Paraprofessional Mental Health Worker class through Santa Ana College with little understanding of her own illness, not to mention those affecting her children. She reflects, “What I learned in the class has changed my life and the life of my children forever. I am no longer embarrassed by my diagnosis, and for the first time in my life I am taking the medication I need in order to help me with my wellness and recovery.” These days, not only will you find her working at Pacific Clinics but also as a member of the agency’s Anti-Stigma Group. In addition, she teaches a NAMI Family-to-Family class and has started a peer support group, both within the Hispanic community.

According to Rowena Gillo, LCSW, Clinics Coordinator of Workforce Training, Pacific Clinics is also presently partnering with several Orange County community colleges and local ethnic-specific agencies to develop innovative training programs for mental health consumers and their family members from targeted ethnic groups. Over the past year, community-based trainings for Korean- and Arabic-speaking women, all who had direct or family-related “lived experiences” with mental illness, were aimed at increasing the MH workforce in those communities and reducing stigma (see Summer 2010 Advances issue/ News & Notes). The program is also being directed at consumers who speak primarily Spanish, Vietnamese, Chinese, or Farsi, as well as the Deaf & Hard of Hearing communities.

With MHSA monies quickly coming down the pipeline to fund Orange County Healthcare Agency’s state-approved Innovation programs, there will be some exciting employment opportunities. “In the very near future,” says Ms. Gillo, “we anticipate an estimated 100 job openings for graduates of the Pacific Clinics/Santa Ana College paraprofessional Mental Health Worker training program.”

# Pacific Clinics Sponsors Occupational Mapping Effort – *Career Lattice Project to Help Staff Access Employment Pathways*

**H**ere is the story of a Clinics case manager – we'll call by her Vietnamese name, Lan. Although born in this country to an American father, she was reasonably fluent in Vietnamese, as her mother and other family members had come from Vietnam a couple of years before she was born. At age 22, after getting her bachelor's degree, Lan began working at Pacific Clinics as a case manager. She found she liked it pretty well; it involved some families who spoke Vietnamese and she was able to work a bit with their children. After a few years, Lan decided to enter a master's program at a local university while working full-time. During her second year of graduate school, she worked for Pacific Clinics 20 hours weekly and completed her internship at another Pacific Clinics program while maintaining her full-time employment status.

During her internship, Lan discussed her employment options (as a therapist) with her current supervisor and her intern supervisor, who in turn contacted the Human Resources Department. At the completion of her master's program, Lan was placed in a vacant therapist position within the Agency and is gaining hours towards licensure.

She is doing well and considering becoming a licensed clinical social worker, possibly moving up to become a supervisor or team leader some day. She has options to take management and supervision classes at Pacific Clinics Training Institute to prepare her for a role in management. Right now, though, she is very happy with the work she is able to do every day as a therapist for troubled kids. But...could it have been easier and faster for Lan to find her "dream job" and use her unique talents if an occupational mapping program had been in place at the agency?

## **The Career Lattice Concept**

Careers, of course, do not always follow a linear progression, and workers often make lateral moves in careers. Promotional opportunities may often be lacking, even with additional training. In Lan's case, she may have had an easy time getting into a job she really wanted, but do most employees know the benefits the employer offers? Can an agency be better at mapping career opportunities for staff growth? Employers that can better communicate to prospective and current employees where the career opportunities are within their organization, the training required, and more important, the extent to which one can advance within an organization, ultimately maintaining a more effective and job-satisfied workforce.

Projects designed to facilitate multidirectional career pathways are called "career lattice projects" and involve what is called occupational mapping. These kinds of projects have long been promoted by the Council for Adult and Experiential Learning (CAEL) and have been conducted for years in allied health and, more recently, in the field of nursing.

## **Why Pacific Clinics?**

In 2005, as a result of the collaborative efforts between the California MH Planning Council's staff analyst Brian Keefer, Pacific Clinics President/CEO Dr. Susan Mandel and Vice President of Human Resources Tiffany Tsuchiyama, MS, PHR, CCP, CBP, one of the first career lattice/occupational mapping projects in behavioral healthcare was launched. The agency was of appropriate size, with nine divisions and close to 1,200 employees. The career opportunities were abundant enough to make it worthwhile, and the business, administrative and direct clinical service roles varied enough to be able to establish an occupational map for each career path. Another advantage was the fact that some of the Clinics divisions cover multiple counties and system catchment areas, so there were careers paths could also be tied to populations served, geography and scope of practice.

The principal goal of Pacific Clinics' Career Lattice Project is to highlight and disseminate promising practices in the design and implementation of promotion opportunities and advanced training opportunities for its staff, and resolve some of its most difficult workforce development challenges:

- Human resources shortages leading to increased turnover of skilled workers
- Need for pipelines for potential workers to move into the field of behavioral health
- Lack of hybrid distance learning/community college training models to facilitate promotional advancement due to higher educational requirements
- Need to expedite pathways to careers for incumbent workers

The Project creation has involved several stages:

- 1) Mapping current occupational opportunities and identifying entry-point positions within each career path at Pacific Clinics
- 2) Identifying training and retraining capacity that can be delivered face to face or via technology
- 3) A focus group process that reviews the occupational maps created at Pacific Clinics with staff and querying staff on their perceptions of the occupational maps. Could staff use the map to understand promotional opportunities within the Agency? Could staff find themselves in any of the occupational maps? Would this be helpful for staff to get an understanding on what career growth opportunities are available at Pacific Clinics?
- 4) Reviewing current training and developing specialized training on emerging required skills such as evidence based practice modalities that will facilitate staff professional growth in their current career or for another career at Pacific Clinics.

The final stage of the Project is to launch a user-friendly pilot "map" of business/administrative- and clinical service-related career opportunities throughout Pacific Clinics that can be used by employees as a promotion or lateral transfer tool, and by supervisors to target and develop the growth of current talent in the organization. The ultimate hope is to inform behavioral health organizations and public mental health organizations in general about how mental health careers are constructed, how to focus recruitment efforts when implementing/growing their own strategies, and to encourage the funding of recruitment efforts in mental health much like those funded in allied health as a result of these same mapping projects.

## M.I.L.E.S. Conference to Address Mental Health Services in Jail

On October 28, 2010, Pacific Clinics, will host its 18th Annual Mental Illness/ Law Enforcement Systems (M.I.L.E.S) Conference at the Hilton San Gabriel, 225 West Valley Boulevard, San Gabriel. The full morning conference begins with registration at 7 a.m. Featured speaker is Joel Dvoskin, PhD, ABPP, on "Lockup: Insight into Correctional Mental Health Services." A noted authority with all aspects of care for inmates with behavioral health issues, Dr. Dvoskin has consulted with numerous state agencies on the development and design of jail mental health programs and spoken nationwide to parole, probation and corrections officers, law enforcement personnel and mental health care professionals on this subject. He has also served as a design consultant for major prison facility renovations during his long career, including mental health and healthcare units for the California Department of Corrections.

Pacific Clinics funds and facilitates the annual M.I.L.E.S. conference, developed each year by a collaborative Steering Committee consisting of representatives from San Gabriel Valley police departments, L.A. County Sheriff's Department and local behavioral healthcare agencies. Continuing education credits are available from the conference for police and for the various mental health provider categories. Reservations are free, but on a first-come, first-served basis, with priority given to local law enforcement and mental health professionals. For more information, please contact Lindy Russell, Pacific Clinics Public Affairs, (626)254-5037.

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*Passageways consumer Alisia (foreground) helped her program's staff (from right) Peggy Baddin, Kitty Galt, and Ruben Gallegos welcome Wells Fargo's Raul Vasquez (left) and the Clinics' new development officer, Jolynn Reid for a tour this August.*

*Wells Fargo Foundation recently contributed \$5,000 to the 2010 Passageways Homeless Connect Day in Pasadena.*

## Welcome to the Community!

He's new on the job, but already he's learning the ropes. Raul Vasquez, Wells Fargo Bank's new District Manager for the Pasadena Area, made a visit to Pacific Clinics' Passageways Multiservice Center for the Homeless on August 12 in Pasadena. Wells Fargo is a generous sponsor of Passageways' Homeless Connect Day coming up October 19 and Mr. Vasquez came to see what all the excitement was about.

Program Director Peggy Baddin, LCSW, led a tour of the Arroyo Parkway facility for Mr. Vasquez and Pacific Clinics Chief Development Officer Jolynn Reid, who is also new on the job and busy learning all about Pacific Clinics' work in the communities we serve.

Pacific Clinics is extremely grateful for the support of Wells Fargo and also thanks Jonathan Weedman, Senior Vice President of the Wells Fargo Foundation, for his recognition of the importance of the Passageways Homeless Connect Day, which is part of a national effort to assist the homeless in accessing local resources.

We look forward to an excellent partnership with Wells Fargo!

## Pacific Clinics

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*All Advances magazine stories are about actual Pacific Clinics clients, although some of their names may have been changed.*

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