Mental Health Services Act (MHSA)
Workforce Education and Training (WET)

Presentation to
Mental Health Services
Oversight & Accountability Commission

September 26, 2013

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Manager, Healthcare Reform Unit
Healthcare Workforce Development Division
OSHPD

OSHPD Healthcare Workforce Programs

Career Awareness
Health Careers Training Program
Mini-Grants

Financial Incentives
Song-Brown Program
Health Careers Training Program
Health Professions Education Foundation

Training and Placement
Cal-SEARCH
Rural Health Service Unit
State Loan Repayment Program
MHSA WET

Systems Delivery
Shortage Designation Program
Health Workforce Pilot Projects

Research and Policy
Research Policy and Planning
Healthcare Workforce Clearinghouse

Access to Safe, Quality Healthcare Environments that Meet California’s Diverse, and Dynamic Needs
Health Workforce Programs

Career Awareness

Health Careers Training Program – Increases awareness of health careers via the Newsletter highlighting career pathways, and the HCTP Resources Page exploring health careers, educational opportunities, scholarship and loan repayments, and job placement resources. The Newsletter is distributed electronically to approximately 10,000 students, parents, teachers, and guidance counselors annually.

Mini-Grants – Provides grants to organizations supporting underrepresented and economically disadvantaged students pursuit of careers in health care. Since 2005, nearly $1 million has been awarded to support health career exploration, conferences and workshops serving nearly 28,000 students statewide.

Training and Placement

Rural Health - Maintains a free, on-line service to assist rural providers recruit health professionals. Since 2002, more than 5,100 job opportunities in rural communities have been posted.

Cal-SEARCH – A 3 year project that resulted in 150 student and resident rotations from dentistry, family medicine, physician assistants, and other medical disciplines in community clinics and health centers. Exploring opportunities for funding to allow future Cal-SEARCH rotations.

Financial Incentives

CalREACH – developing an electronic application and monitoring system for OSHPD’s 16 financial incentive programs that will be fully deployed by June 2013.

California State Loan Repayment Program – Increases the number of primary care physicians, dentists, dental hygienist, physician assistants, nurse practitioners, certified nurse midwives and mental health providers practicing in health professional shortage areas. Since 1990, approximately $22 million has been awarded in education loan repayments.

Song-Brown Healthcare Workforce Training Program – Provides grants to family practice residency, nurse practitioner, physician assistant, mental health and registered nurse training programs to increase the number and distribution of these professions in underserved areas. Since 2000, over $77 million has been awarded to Family Practice Residency, Family Nurse Practitioner/Physician Assistant, and Registered Nurse programs.

Health Professions Education Foundation – awards up to $12 million per year in financial incentives to students and practitioners in exchange for direct patient care in an underserved area. Since 1990, has awarded more than $60 million in scholarships and loan repayments to 5,394 students and practitioners.

Mental Health Services Act (MHSA) Workforce Education and Training (WET) Program – Funded by Proposition 63, remedies the shortage of mental health practitioners in the public mental health system (PMHS) via financial incentives, grants to expand psychiatric residency programs, a technical assistance center and county regional partnerships.

Systems Redesign

Health Workforce Pilot Project (HWPP) – Allows organizations to test, demonstrate and evaluate new or expanded roles for health professionals or new health delivery alternatives before changes in licensing laws are made by the Legislature. Since 1972, 23 legislative and/or regulatory changes have been influenced by HWPP.

Shortage Designation Program – Designates areas as Health Professional Shortage Areas or Medically Underserved Areas/Populations that enable clinics to be eligible for assignment of National Health Service Corps Personnel and apply for Rural Health Clinic Certification, Federally Qualified Health Center Look-Alike certification, and New Start/Expansion Program. For the past 5 years, approximately $7 billion federal, state, and local funds have been leveraged to safety-net clinics, and primary care providers as a result of these designations.
Medical Service Study Areas (MSSAs) Reconfiguration – Assesses changes to demographic or socio-economic data and population shifts to reconfigure MSSA boundaries. In 2012, engaged local health departments and stakeholders to reconfigure MSSAs that better represented the needs of that county’s population.

Research and Policy

Research, Policy and Planning GIS/Data System – Reviews California counties to assess provider-to-population ratios, poverty levels and public health indicators for eligibility to receive federal assistance for health care.

Health Care Reform – Engages stakeholders on federal/state health workforce development activities and provides analysis of health reform initiatives; leads efforts to develop the Mental Health Services Act’s 5 Year Workforce Education and Training Plan. Conducted daily monitoring of federal health workforce grant activities which led to the distribution of over 100 funding opportunity/meeting announcements to stakeholders.

Healthcare Workforce Clearinghouse Program – Serves as the state’s central repository of health workforce and education information via the collection, analysis and distribution of educational, licensing and employment data and trends. Released in June 2012, the Clearinghouse has demographic information on licensees such as race, ethnicity, languages spoken, practice locations as well as data on current supply and employment projections for many of California’s health professions.

Pipelines & Pathways

Augment funding for Mini-Grants to increase exposure to healthcare careers

Robust “OSHPD Academy” to augment resources to pipeline programs

Develop pipeline programs to increase supply and diversity of health professionals

Explore partnerships to support “frontline” and allied health workers

Training & Placement

Institutionalize CalREACH to provide clinical rotations in underserved areas

Expand role in mental health training programs via Song Brown

Explore funding of primary care and non-educational training programs via Song Brown

Explore development of innovative training/retraining programs for incumbents

Financial Incentives

Implement $32 million grant to support health professionals and training programs

Increase funding for existing programs

Develop financial incentive programs for:

- Entry-level Masters in Nursing
- Nurse Educators
- PharmD

Expand eligibility of State Loan Repayment Program (SLRP) to pharmacists

Explore state’s best practices for SLRP

Implement CalREACH, OSHPD’s e-app for financial incentive programs

Systems Redesign

Explore development of projects that support new healthcare delivery models

Increase utilization of Healthcare Workforce Pilot Program to test, demonstrate and evaluate expanded skill set for new health delivery models

Oversee community paramedicine pilot project

Continue to proactively designate health professional shortage areas

Explore application for WET and shortage designations

Explore regional partnerships across primary care and mental health

Research & Policy

Create five year mental health workforce education and training plan

Enhance Clearinghouse, adding supply, demand and education data for all healthcare professions

Lead efforts to standardize healthcare workforce data

Explore development of database with community identified and best practices in healthcare workforce development

Develop policy recommendations on health workforce issues

Track and analyze legislation impacting health workforce
Mental Health Services Act (MHSA) [Prop 63 passed in November 2004]

- Imposes a one percent tax on personal income in excess of $1 million to support the public mental health system (PMHS) via prevention, early intervention and services.

- Historically underfunded, the PMHS suffers from a shortage of mental health providers in addition to mal-distribution, lack of diversity, and under-representation of practitioners with client experience.

- To address the mental health provider issues, the MHSA included a component for Mental Health Workforce Education and Training (WET) programs.

Five-Year Workforce Education and Training Development Plan

- Developed in 2008 by the Department of Mental Health (DMH)

- Provided a framework for the advancement and development of mental health workforce education and training programs at the County, Regional, and State levels.

- Specifically, the Five-Year Plan provided the vision, values, mission, measureable goals and objectives, proposed actions and strategies, funding principles, and performance indicators for the use of MHSA WET funds.

- The Five-Year Plan developed by DMH was approved by the California Mental Health Planning Council in 2008 and covers the period from April 2008 to April 2013.
The following statewide mental health workforce programs are funded by the Mental Health Services Act:

**Office of Statewide Health Planning and Development**

- **Stipend Programs**: increase the number of licensed mental health professionals (Masters of Social Work; Marriage and Family Therapist; Clinical Psychologist; Psychiatric Mental Health Nurse Practitioner) in the Public Mental Health System (PMHS) and incorporate MHSA principles into graduate level curriculum.

*Mental Health Loan Assumption Program (MHLAP)*: offers loan repayment of up to $10,000 to mental health providers in hard-to-fill and/or hard-to-retain positions in the PMHS in exchange for a 12-month service obligation.

*Song-Brown Residency Program for Physician Assistants in Mental Health*: funds Physician Assistants (PA) programs that add a mental health track so that PAs can sign mental health treatment plans and prescribe and administer psychotropic medications. PA programs that train second-year residents to specialize in mental health are eligible to apply for augmented funding.

**Psychiatric Residency Program**: trains psychiatric residents in the PMHS, working with the populations prioritized by that community.

**Client and Family Member Statewide Technical Assistance Center**: promotes the employment of mental health clients and family members in the mental health system.

**Shortage Designation**: Reviews and recommends Primary Care, Dental, and Mental Health Professional Shortage Area (HPSA) and Medically Underserved Area/Medically Underserved Population (MUA/MUP) applications to HRSA’s Shortage Designation Branch. HPSAs are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be by geographic or demographic designation.

**Regional Partnerships**: represent Bay Area counties, Central Valley counties, Southern counties, Los Angeles County, and Superior Region counties; include representation from mental health, community agencies, educational/training entities, consumers, family members, and other partners to plan and implement programs that build and improve local workforce education and training strategies.

* = Administered by OSHPD prior to July 1, 2012 transfer

### 10-Year Funding Amounts

<table>
<thead>
<tr>
<th>Program</th>
<th>10-Year Funding Amounts</th>
<th>Expenditures to Date</th>
<th>Amounts Remaining to be Allocated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Local Programs</td>
<td>$210 Million</td>
<td>$210 Million</td>
<td>$0</td>
</tr>
<tr>
<td>Regional Partnerships</td>
<td>$27 Million</td>
<td>$18 Million</td>
<td>$9 Million</td>
</tr>
<tr>
<td>2) State-Administered Programs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assigned from DMH to OSHPD</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Stipend Programs</td>
<td>$100 Million</td>
<td>$45.48 Million</td>
<td>$54.52 Million</td>
</tr>
<tr>
<td>Psychiatric Residency Programs</td>
<td>$13.5 Million</td>
<td>$3.215 Million</td>
<td>$10.285 Million</td>
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<tr>
<td>Statewide Technical Assistance Center</td>
<td>$8 Million</td>
<td>$3.76 Million</td>
<td>$4.24 Million</td>
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<tr>
<td>OSHPD</td>
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<tr>
<td>MH Loan Assumption Program</td>
<td>$75 Million</td>
<td>$23.54 Million</td>
<td>$51.46 Million</td>
</tr>
<tr>
<td>PA (Song-Brown) Program</td>
<td>$5 Million</td>
<td>$1.7 Million</td>
<td>$3.3 Million</td>
</tr>
<tr>
<td>3) Uncommitted Funds</td>
<td>$6 Million</td>
<td>$0</td>
<td>$6 Million</td>
</tr>
<tr>
<td>Total Expenditures</td>
<td>$444.5 Million</td>
<td>$305.695 Million</td>
<td>$138.805 Million</td>
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</table>
In July 2012, following the elimination of DMH, the MHSA WET programs were transferred to OSHPD. OSHPD is also accountable for the development of the next Five-Year Plan.

Will provide the vision, values, mission, measureable goals and objectives, proposed actions and strategies, funding principles, and performance indicators for the use of remaining MHSA WET funds for the period from April 2014 to April 2019.

Will be accompanied by a five-year budget that will allocate remaining State MHSA WET program funding for the next five years.

This five-year budget will allow the opportunity to provide changes to the funds remaining from the prior ten-year budget developed in 2008. Per WIC Section 5820 (e), the Five-Year Plan requires final approval from the California Mental Health Planning Council (CMHPC) by April 2014.

Per WIC Section 5822, the next Five-Year Plan shall incorporate the following elements:

A. Expansion plans for the capacity of postsecondary education to meet the needs of identified mental health occupational shortages.
B. Expansion plans for the forgiveness and scholarship programs offered in return for a commitment to employment in California’s public mental health system and make loan forgiveness programs available to current employees of the mental health system who want to obtain Associate of Arts, Bachelor of Arts, master's degrees, or doctoral degrees.
C. Creation of a stipend program modeled after the federal Title IV-E program for persons enrolled in academic institutions who want to be employed in the mental health system.
D. Establishment of regional partnerships between the mental health system and the educational system to expand outreach to multicultural communities, increases the diversity of the mental health workforce, to reduce the stigma associated with mental illness, and to promote the use of web-based technologies, and distance learning techniques.
E. Strategies to recruit high school students for mental health occupations, increasing the prevalence of mental health occupations in high school career development programs such as health science academies, adult schools, and regional occupation centers and programs, and increasing the number of human service academies.
F. Curriculum to train and retrain staff to provide services in accordance with the provisions and principles of Part 3 (commencing with Section 5800), Part 3.2 (commencing with Section 5830), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division.
G. Promotion of the employment of mental health consumers and family members in the mental health system.
H. Promotion of the meaningful inclusion of mental health consumers and family members and incorporating their viewpoint and experiences in the training and education programs in subdivisions (a) through (f).
I. Promotion of meaningful inclusion of diverse, racial, and ethnic community members who are underrepresented in the mental health provider network.
J. Promotion of the inclusion of cultural competency in the training and education programs in subdivisions (a) through (f).
WET Five-Year Plan Stakeholder Engagement

- WET Advisory Committee and WET Five-Year Plan Advisory Sub-Committee: OSHPD is engaging experts and stakeholders through the WET Advisory Committee (Committee) and WET Five-Year Plan Advisory Sub-Committee (Sub-Committee) meetings. Committee and Sub-Committee members are able to provide their feedback and their stakeholder’s feedback during the meetings when discussing the WET Five-Year Plan elements. Additionally, there will be time set aside for public comment at every Committee and Sub-Committee meeting, which allows public members attending in-person or by phone to provide input on the different Five-Year Plan elements discussed during the meetings.

- Focus groups and community forums: OSHPD will engage stakeholders through 14 community forums throughout the different regions of the State. The community forums will inform stakeholders on MHSA WET programs and solicit feedback on the elements and priorities that should be included in the next WET Five-Year Plan. There are numerous MHSA WET stakeholder organizations that meet regularly. To the extent possible, OSHPD will also request time at regularly scheduled stakeholder meetings to engage those stakeholders in focus groups.

- Stakeholder interviews: OSHPD will engage stakeholder groups through phone and in-person interviews. The interviews will be used to solicit feedback from key stakeholder groups on elements that should be included in the WET Five-Year Plan.

- Webinars and surveys: There are numerous stakeholders that may not be able to attend the WET Advisory Committee meetings, community forums/focus groups, and/or be involved in the key-stakeholder interviews. OSHPD will engage these stakeholders through webinars and surveys and will utilize the webinars to inform stakeholders about MHSA WET Programs and the WET Five-Year Plan. The webinars will be available online to allow stakeholders who do not have the opportunity to attend in person, to watch at their own leisure. OSHPD will subsequently send out surveys to engage stakeholders to solicit their feedback on what should be included in the WET Five-Year Plan.

Recommendations

- Standardizing Core Competencies
- Clear Job Duties and Descriptions
- Certification
- Reimbursement
- Training/Internships
- Integration with Provider Team
- Supervision
- Livable Wages
- Upward Mobility
Completed: WET Five-Year Plan Community Forums

<table>
<thead>
<tr>
<th>Date</th>
<th>County</th>
<th>Address</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 25, 2013</td>
<td>Napa</td>
<td>2261 Elm Street, Building K Conference Room, Napa, CA 94559</td>
<td>1:00 – 4:00 pm</td>
</tr>
<tr>
<td>May 1, 2013</td>
<td>Ventura</td>
<td>1911 Williams Drive, Oxnard, CA 93036</td>
<td>1:00 – 4:00 pm</td>
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<tr>
<td>May 3, 2013</td>
<td>San Diego</td>
<td>1936 Quidina Way, San Diego, CA 92109</td>
<td>1:00 – 4:00 pm</td>
</tr>
<tr>
<td>May 10, 2013</td>
<td>Humboldt</td>
<td>507 F Street, Mezzanine Room, Eureka, CA 95501</td>
<td>1:00 – 4:00 pm</td>
</tr>
<tr>
<td>May 13, 2013</td>
<td>Alameda</td>
<td>300 Estudillo Avenue, San Leandro, CA 94577</td>
<td>1:00 – 4:00 pm</td>
</tr>
<tr>
<td>May 15, 2013</td>
<td>Los Angeles</td>
<td>155 N. Occidental Boulevard, Los Angeles, CA 90026</td>
<td>9:30 am – 12:30 pm</td>
</tr>
<tr>
<td>May 20, 2013</td>
<td>Stanislaus</td>
<td>3800 Cornucopia Way, Modesto, CA 95358</td>
<td>1:00 – 4:00 pm</td>
</tr>
<tr>
<td>May 29, 2013</td>
<td>Shasta</td>
<td>1100 Parkview Avenue, Redding, CA 96001</td>
<td>1:00 – 4:00 pm</td>
</tr>
<tr>
<td>June 3, 2013</td>
<td>Sacramento</td>
<td>7001-A East Parkway, Sacramento, CA 95823</td>
<td>1:00 – 4:00 pm</td>
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<tr>
<td>June 4, 2013</td>
<td>Butte</td>
<td>554 Rio Lindo Avenue, Chico, CA 95926</td>
<td>1:00 – 4:00 pm</td>
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<tr>
<td>June 6, 2013</td>
<td>Orange</td>
<td>1938 E. Grand Avenue, Room A105 &amp; 212, Santa Ana, CA 92707</td>
<td>1:00 – 4:00 pm</td>
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<tr>
<td>June 9, 2013</td>
<td>San Bernardino</td>
<td>1950 South Sunwest Lane, Suite 200, San Bernardino, CA 92415</td>
<td>1:00 – 4:00 pm</td>
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<tr>
<td>June 13, 2013</td>
<td>Monterey</td>
<td>290 12th Street, Marina, CA 93933</td>
<td>1:00 – 4:00 pm</td>
</tr>
<tr>
<td>June 17, 2013</td>
<td>Tulare</td>
<td>4031 West Noble Avenue, Visalia, CA 93277</td>
<td>1:00 – 4:00 pm</td>
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WET 5 Year Plan Development Schedule

<table>
<thead>
<tr>
<th>Action</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>WET Advisory Committee Meeting</td>
<td>December 3, 2012</td>
</tr>
<tr>
<td>Begin Evaluation of Current WET Programs</td>
<td>January 2, 2013</td>
</tr>
<tr>
<td>WET Advisory Committee Meeting</td>
<td>January 29, 2013</td>
</tr>
<tr>
<td>WET 5-Year Plan Advisory Sub-Committee Meeting</td>
<td>February 27, 2013</td>
</tr>
<tr>
<td>Urgent Phase 2 Stakeholder Engagement Process (community forums, focus groups, surveys, interviews)</td>
<td>March 4, 2013</td>
</tr>
<tr>
<td>WET Advisory Committee Meeting</td>
<td>June 20, 2013</td>
</tr>
<tr>
<td>Mental Health Career Pathways Sub-Committee Meeting</td>
<td>July 1, 2013</td>
</tr>
<tr>
<td>Mental Health Career Pathways Sub-Committee Meeting</td>
<td>September 17, 2013</td>
</tr>
<tr>
<td>WET Advisory Committee and WET Five-Year Plan Sub-Committee Meeting</td>
<td>September 19, 2013</td>
</tr>
<tr>
<td>Present First Draft of Five-Year Plan to California Mental Health Planning Council</td>
<td>October 16, 2013</td>
</tr>
<tr>
<td>Finalize Second Draft of the WET Five-Year Plan</td>
<td>November 1, 2013</td>
</tr>
<tr>
<td>Phase 3 Stakeholder Engagement (Includes open comment period and 2 webinar style stakeholder feedback forum sessions)</td>
<td>November 4 – 8, 2013</td>
</tr>
<tr>
<td>WET Five-Year Plan Advisory Sub-Committee Meeting</td>
<td>November 13, 2013</td>
</tr>
<tr>
<td>Finalize First Draft of WET Five-Year Plan</td>
<td>December 11, 2013</td>
</tr>
<tr>
<td>WET Advisory Committee Meeting</td>
<td>December 18, 2013</td>
</tr>
<tr>
<td>Planning Council Meeting to Review Final WET Five-Year Plan</td>
<td>January 15-17, 2014</td>
</tr>
<tr>
<td>Finalize and Submit Five-Year Plan to Legislature</td>
<td>April 1, 2014</td>
</tr>
</tbody>
</table>
Consumer & Family Member Request for Proposal (RFP)

- Assembly Bill (AB) 110, Chapter 20, Statutes of 2013 mandates that funds be appropriated for peer support, including families, training in crisis management, suicide prevention, recovery planning, targeted case management assistance, and other related peer training and support functions to facilitate the deployment of peer personnel as an effective and necessary service to clients and family members, and as triage and targeted case management personnel.

- OSHPD is in the process of drafting a Request for Proposal
- OSHPD released a survey on August 26, 2013
- OSHPD held a focus group on September 12, 2013
- OSHPD is in the process of analyzing the information received from the survey and focus group

Survey Preliminary Results

- Roles best suited for peer personnel in the healthcare workforce
  - Advocate
  - System Navigator
  - Case Manager
- Subjects peer personnel should learn to prepare them to fill identified roles
  - Peer specialist roles across healthcare system
  - Job development and employment/retention
  - Advocacy
- Most effective method/format for peer training
  - On-the-job
  - Mentorship
  - Classroom
Sign Up for Emails

Sign up for OSHPD’s healthcare workforce related listservs:

http://oshpd.ca.gov/signup.html (general)
OSHPD.MHSAWET@oshpd.ca.gov (mental health)
HCRWorkforce@oshpd.ca.gov (healthcare reform)