

**Mental Health Services Act
Workforce Education and Training
Five-Year Plan**

2014 – 2019

DRAFT



Office of Statewide Health Planning and Development

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EXECUTIVE SUMMARY

INTRODUCTION

Background

In November 2004, California voters approved Proposition 63, the Mental Health Services Act (MHSA). The MHSA 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, California's PMHS suffers from a critical shortage of qualified mental health personnel to meet the needs of the diverse population they serve, in addition to mal-distribution, lack of diversity, and under-representation of practitioners with consumer and family member lived experience. To address the workforce issues, the MHSA included a component for Mental Health Workforce Education and Training (WET) programs. A total of \$444.5 million was made available for the WET component with the Department of Mental Health (DMH).

Pursuant to Welfare and Institutions Code (WIC) Section 5820 through 5822, in 2008, DMH, in concert with stakeholders, developed the Five-Year Workforce Education and Training Development Plan (Five-Year Plan). The 2008-2013 WET Five-Year Plan 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, objectives, and actions, funding principles, and performance indicators for the use of MHSA WET funds. The Five-Year Plan included a ten-year budget projection for the administration of the \$444.5 million made available for the WET component of MHSA. The ten-year budget set aside \$210 million to be distributed to counties for local WET program implementation, and \$234.5 million to be set aside for the administration of WET programs at the State and regional levels. The Five-Year Plan developed by DMH was approved by the California Mental Health Planning Council in 2008 and covered the period from April 2008 to April 2013 (http://www.oshpd.ca.gov/HPEF/Text_pdf_files/WET/MHSA_FiveYearPlan_5-06-08.pdf).

In July 2012, following the reorganization of DMH, the MHSA WET programs were transferred to the Office of Statewide Health Planning and Development (OSHPD). OSHPD assumed responsibility for the administration of the WET programs developed under the 2008-2013 WET Five-Year Plan and the development of the WET Five-Year Plan that will be in effect from April 2014 through April 2019. Per WIC Section 5820(e), the Five-Year Plan requires final approval from the California Mental Health Planning Council and submission to the California State Legislature by April 2014.

To ensure the development of a comprehensive plan, OSHPD employed a robust stakeholder engagement process that involved diverse stakeholder groups. OSHPD established the WET Five-Year Plan Advisory Sub-Committee which was comprised of diverse stakeholder groups that advised OSHPD throughout the WET Five-Year Plan development process. OSHPD also engaged diverse stakeholders throughout the state utilizing a variety of strategies including community forums, focus groups, key-informant interviews, webinars, and online surveys. Additionally, OSHPD reconvened the Career Pathways Sub-Committee which developed career pathways and recommendations for select public mental health occupations. Further, OSHPD conducted a statewide assessment of the workforce, education and training needs of California's public mental health system. All of the aforementioned activities were used to further inform OSHPD in the development of the WET Five-Year Plan.

Purpose of Plan

The WET Five-Year Plan carries forth the vision of the Mental Health Services Act (MHSA) to create a transformed, culturally-competent system that promotes wellness, recovery and resilience across the lifespan. The WET Five-Year Plan includes the elements outlined in WIC Section 5822, providing a framework on strategies state, local government, community partners, and other stakeholders can enact to further public mental health workforce, education, and training efforts.

Specifically the Five-Year Plan provides the vision, values, mission, measureable goals, objectives, and actions, funding principles, and performance indicators for the use of MHSA WET funds. In accordance with WIC 5820 through 5822 of the MHSA, this Five-Year Plan covers the period of April 2014-April 2019. Subsequent plans will be developed every five-years and each Five-Year plan will be reviewed and approved by the California Mental Health Planning Council.

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VISION, VALUES, AND MISSION STATEMENT

Vision

The Office of Statewide Health Planning and Development (OSHPD) envisions a public mental health workforce, which includes consumers and family members, that is sufficient in size, diversity, skills and resources to deliver equitable and compassionate, culturally and linguistically responsive, safe, timely and effective treatment, prevention, and early intervention services to individuals with severe mental illness, and all individuals across the lifespan who are in need and their families and caregivers in multiple healthcare systems and settings, and contributes to increased prevention, wellness, recovery and resilience for the people of California.

Strength-based mental health service delivery that embodies the principles of wellness, recovery and resilience is being recognized as essential to preventing costly, inappropriate, and often involuntary treatment across healthcare systems and settings. It also enables individuals to live, work, learn, and fully participate in the communities of their choice.

Significantly expanding the role of individuals, families, and communities in the recovery process is an effective strategy to address workforce shortages, as the focus shifts to competencies that can be learned and utilized by many individuals who can serve as non-licensed professionals in the public mental health system.

The resources provided by the Mental Health Services Act (MHSA) present the potential for new and expanded services to enable a full spectrum of care that includes an integrated behavioral health, mental health, substance use, and primary care service delivery across multiple healthcare systems, settings, and regions. Through the Five-Year Plan, resources may be utilized to facilitate the expansion of multi-disciplinary and interprofessional training which takes into account the diverse needs of racial and multicultural communities and other unserved, underserved, and inappropriately served populations across the lifespan. To bring the full vision of the MHSA to fruition, behavioral health, mental health, and substance use systems must develop a full range of strategic alliances and structures that accommodate an ever-changing service needs landscape and quickly respond to current and future opportunities, such as those presented by State and Federal healthcare reform.

VALUES

In collaboration with its stakeholders, OSHPD has developed a set of core values that guide all activities included in the Five-Year Plan:

- Develop a diverse licensed and non-licensed professional workforce, that includes, racial and ethnic community members underrepresented in the public mental health system, and mental health consumers and families/caregivers, with the skills to:

- Provide treatment, prevention, and early intervention services that are culturally and linguistically responsive to California's diverse and dynamic needs
 - Promote wellness, recovery and resilience and other positive behavioral health, mental health, substance use, and primary care outcomes
 - Work collaboratively to deliver individualized, strengths-based, consumer-and family-driven services
 - Use effective, innovative, community-identified, and where possible, evidence-based practices
 - Conduct outreach to and engagement with unserved and underserved and inappropriately served populations
 - Promote interprofessional care by working across disciplines
- Include the viewpoints and expertise of consumers and their families/caregivers in multiple healthcare settings

OSHPD, with input from its partner agencies, consumers and family members and other stakeholders, utilized the vision and values to develop the following Mission Statement to guide all mental health Workforce Education and Training activities:

MISSION STATEMENT

California's public mental health system will develop and maintain a robust and diverse public mental health workforce capable of addressing mental health disparities by providing treatment, prevention, and early intervention services to individuals with severe mental illness that are consumer and family-driven, equitable and compassionate, culturally and linguistically responsive services, across the lifespan using effective methods that promote wellness, recovery and resilience and other positive behavioral health, mental health, substance use, and primary care outcomes across healthcare systems and settings.

GOALS, OBJECTIVES, AND ACTIONS

The development of the following Goals, Objectives, and Actions was informed by elements outlined in Welfare and Institutions Code Section 5822 and a robust stakeholder engagement process that involved diverse stakeholder groups throughout California. The Goals, Objectives, and Actions provide a framework on strategies state government, local government, community partners, educational institutions, and other stakeholders can enact to further efforts to adequately sustain and increase a qualified, diverse, and robust public mental health system workforce in California.

Actions that Support all Goals and Objectives

The following actions support the implementation of all goals and objectives outlined in the Goals, Objectives, and Actions section of the WET Five-Year Plan:

- Continued engagement of Statewide WET Advisory Committee to support the implementation of State Administered WET strategies.
- Ensure focus and inclusion of target population across all WET programs including: consumers and family members, culturally diverse communities, and underrepresented, underserved, unserved, and inappropriately served populations.
- Ensure focus on MHSA values, principles, and priorities.
- Ensure focus on innovative, evidence-based, and community-identified strategies.
- Ensure continued evaluation of MHSA WET activities that is well-designed, data driven, and outcomes-based.
- Ensure continued assessment of mental health workforce needs to guide priority WET strategies.

Goal #1: Increase the number of diverse, qualified individuals in the public mental health system workforce to meet California's diverse and dynamic needs.

Objective A: Expand awareness and outreach efforts to effectively recruit diverse individuals into the public mental health system workforce.

- Action 1: Engage consumers and family members across all awareness and outreach efforts including activities identified in Actions 2-6.
- Action 2: Develop and implement evidence-based and community-identified public education campaigns to increase awareness of and reduce stigma for the public mental health system workforce.
- Action 3: Increase career awareness outreach activities to underrepresented, underserved, unserved, and inappropriately served communities in K-12, community colleges, universities, and community groups/organizations via OSHPD's Mini-Grants Program.

- Action 4: Implement the “Grow-Your-Own-Model” through targeted career awareness and outreach to diverse and underrepresented, underserved, unserved, and inappropriately served individuals using evidence-based and community-identified practices.
- Action 5: Develop and sustain new and existing public mental health workforce career development opportunities via high school academies, adult education, regional occupational programs, community colleges, and universities.
- Action 6: Increase awareness of available funding, education, and training resources and programs that support underrepresented, underserved, unserved, and inappropriately served individuals entering the public mental health system workforce.

Objective B: Identify and enhance curricula to train students at all levels in competencies that align with the full spectrum of California’s diverse and dynamic public mental health service needs.

- Action 1: Engage consumers, family members, and culturally diverse communities in the development and delivery of education and training curricula.
- Action 2: Develop educational curricula across all mental health workforce education and training programs that:
 - Are consistent with MHSAs values and priorities including wellness, recovery and resiliency principles;
 - Align with core competencies to appropriately serve individuals across the life span;
 - Align with regional and employer needs;
 - Incorporate cultural and linguistic competencies;
 - Incorporate care coordination and integration;
 - Incorporate telehealth;
 - Incorporate stigma reduction; and
 - Incorporate evidence-based and community-identified practices.
- Action 3: Expand hands-on, field and community-based training.

Objective C: Develop career pathways, ladders, and lattices for individuals entering and advancing across new and existing professions in the public mental health system.

- Action 1: Identify and develop career pathways, ladders, lattices, and stackable credentials for all licensed and non-licensed public mental health professions.
- Action 2: Develop and sustain new and existing pathway programs.
- Action 3: Increase rotations, internships, and supervision in community public mental health settings via OSHPD’s California Student/Resident Experiences and Rotations in Community Health (Cal-SEARCH) Program.
- Action 4: Establish a state peer specialist certification for consumers, parents/caregivers, and family members.
- Action 5: Develop standardized training for consumer and family member workforce.

- Action 6: Develop and sustain a resource website to increase awareness of the information in Actions 1-5.

Objective D: Expand the capacity of postsecondary education to meet the identified public mental health workforce needs.

- Action 1: Expand satellite campuses, and distributed learning training and education programs for professions in the public mental health system.
- Action 2: Develop and expand mental health training and education programs, and stackable credentials in community colleges that incorporate articulated courses.
- Action 3: Expand internship, education, and residency programs that commit to increasing slots in a community public mental health setting, and focus on recruitment of residents who can meet the cultural and linguistic competency needs of communities served.
- Action 4: Expand programs that integrate primary care and public mental health professions via integrated and multidisciplinary team training models.
- Action 5: Expand training and education programs for first responders.
- Action 6: Expand programs that support supervision of students at all levels in the public mental health system (e.g. shared supervisors, roving supervisors, telesupervising, multidisciplinary supervision) with an emphasis on underrepresented, underserved, unserved, and inappropriately served communities.
- Action 7: Expand programs that focus on supporting the training and integration of qualified foreign trained professionals who commit to working in underrepresented, underserved, unserved, and inappropriately served communities within California's public mental health system.

Objective E: Expand financial incentive programs for the public mental health system workforce to equitably meet identified public mental health system needs in underrepresented, underserved, unserved, and inappropriately served communities.

- Action 1: Develop and sustain targeted financial incentives for diverse students, volunteers, and interns at all levels of the educational pathways including Certificate, Associate of Arts, Bachelors of Arts, Master's Degree, and Doctoral Degrees who work in and/or commit to working in an underrepresented, underserved, unserved, and inappropriately served communities within the public mental health system via:
 - Stipend programs modeled after the federal title IV-E program;
 - Mental Health Loan Assumption Program; and
 - Scholarships.
- Action 2: Develop methods to provide equitable distribution across counties with identified needs for all financial incentive programs.

Goal #2: Expand the capacity of California’s incumbent public mental health workforce to meet California diverse and dynamic needs.

Objective A: Expand continuing education training programs for incumbents in the public mental health workforce in competencies that align with the full spectrum of California’s diverse and dynamic public mental health service needs.

- Action 1: Engage consumers, family members, and culturally diverse communities in the development and implementation of all continuing education and training curricula.
- Action 2: Identify and enhance continuing education training curricula that:
 - Are consistent with MHSA values and priorities including wellness, recovery and resiliency principles;
 - Incorporate care integration;
 - Incorporate telehealth;
 - Incorporate stigma reduction; and
 - Incorporate cultural and linguistic competency.
- Action 3: Develop continuing education training program curricula and core competencies that:
 - Align with regional and employer needs; and
 - Support the needs of individuals across the lifespan.
- Action 4: Develop and enhance innovative, evidence-based, and community-identified training models to facilitate continuing education in the public mental health workforce that:
 - Provide on-the-job training;
 - Provide distributed learning training; and
 - Provide continuing education units.
- Action 5: Develop standardized training for incumbent consumer and family member workforce.
- Action 6: Develop and sustain a web-based clearinghouse to share and promote resources, training program, and employment information including a registry to track and evaluate web-based training and education programs.

Objective B: Increase the retention of public mental health system workforce identified as high priority.

- Action 1: Develop and enhance retention programs that incorporate evidence-based and community-identified practices such as the development of mentorship and locum tenens programs.
- Action 2: Develop appropriate supports for consumer and family member retention such as support groups, mentorships, and career pathways.
- Action 3: Develop and sustain financial incentives designed to retain the public mental health system workforce in areas of high need via:
 - Mental Health Loan Assumption Program; and
 - Other evidence-based and community-identified financial incentive programs.

- Action 4: Expand training for public mental health system management, supervisors, and staff on:
 - The value of employing consumers, family members, and culturally and linguistically competent individuals in the public mental health system; and
 - Leadership competencies.
- Action 5: Develop career ladders, lattices, and stackable credentials to create clear career paths within the public mental health system that provide qualified incumbent personnel with opportunities to move up and across different public mental health system professions.

Objective C: Evaluate methods to expand and enhance the quality of existing public mental health service delivery systems to meet California’s diverse and dynamic public mental health needs.

- Action 1: Encourage organizations to test, demonstrate, and evaluate new or expanded roles, and new healthcare delivery alternatives for the public mental health workforce via OSHPD’s Healthcare Workforce Pilot Projects Program (HWPP).
- Action 2: Expand the evaluation on the use of critical elements across all health service delivery systems including:
 - Wellness, recovery and resiliency;
 - Cultural competency;
 - Integration;
 - Telehealth; and
 - Interprofessional care.
- Action 3: Expand the evaluation of services and activities that can be delivered by non-licensed professionals.

Goal #3: Facilitate a robust statewide and local infrastructure to develop the public mental health workforce.

Objective A: Develop and sustain new and existing collaborations and partnerships to strengthen recruitment, training, education, and retention of the public mental health system workforce.

- Action 1: Sustain and expand regional partnerships including an evaluation of regional partnership outcomes and impact to regional workforce needs.
- Action 2: Establish and enhance new and existing partnerships and collaborations that include the public mental health system, state and local government partners, health systems, providers, educational institutions, training consortia, consumers and family members, local workforce investment boards, non-profit organizations, businesses, and other appropriate community stakeholders.
- Action 3: Collaborate with Department of Health Care Services to enhance efforts to expand and develop the Substance Use Disorder Workforce trained consistent with MHSAs values and principles.

- Action 4: Develop and sustain a clearinghouse of innovative best practices, evidence-based, and community-identified partnerships that strengthen recruitment, training, education, and retention of the public mental health system workforce.

Objective B: Increase eligibility for federal workforce funding by increasing the number of California communities recognized as designated Mental Health Professional Shortage Areas (MHPSA).

- Action 1: Facilitate the federal MHPSA designation process by providing technical assistance to California communities seeking MHPSA designation via OSHPD's Shortage Designation Program.

Objective C: Enhance the evaluation of mental health workforce, education, and training efforts to identify outcomes, best practices, and systems change.

- Action 1: Expand the collection of appropriate data for mental health workforce, education, and training programs.
- Action 2: Expand internal and external evaluations of mental health workforce, education, and training efforts across the state.

Objective D: Explore policies identified by stakeholders during the WET Five-Year Plan development process that aim to further California's efforts to meet its communities diverse and dynamic public mental health system needs.

- Action 1: Evaluate new or expanded roles, and new healthcare delivery alternatives for the public mental health workforce that expand California's ability to draw down additional federal funds such as:
 - Reimbursement for professionals that can provide services in the public mental health system;
 - Reimbursement for the supervision of professionals who are providing services in the public mental health system;
 - Professions that can prescribe;
 - Same-day billing where same-day billing is unavailable;
 - Establishment of state certification for consumers and family members; and
 - Establishment of a standardized certification for Substance Use Disorder workforce in the public mental health system.
- Action 2: Evaluate the expansion and streamlining of the J-1 Visa program to facilitate entry of qualified foreign trained professionals in areas of high need within the public mental health system.

DEFINITIONS

Across the Lifespan: Infant; child; adolescent; transition aged youth; adult; transition aged adult; and older adults.

California Student/Resident Experiences and Rotations in Community Health (Cal-SEARCH): Previously OSHPD-administered program that was designed to increase the number of health providers in health profession shortage areas by providing health professions students/residents with clinical experiences linked to preceptors, mentors, and community projects in clinics and community health centers throughout California.

Community-Identified: Strategies that have been identified as being effective by cultural and ethnic communities but that have not been demonstrated by empirical evidence.

Cultural Competence: A set of congruent practice skills, behaviors, attitudes and policies in a system, agency, or among those persons providing services that enables the system, agency, or those persons providing services to work effectively in cross cultural situations. *Title 9, CCR, Section 1810.211*

Diversity: Includes dimensions of race/ethnicity, gender, sexual orientation/identity, socio-economic status, age, physical and/or mental/neurological abilities, language, geographical location (i.e. urban/rural), veteran, and/or other pertinent characteristics.

Distributed Learning: an instructional model that involves using various information technologies to help students learn such as video or audio conferencing, satellite broadcasting, and multimedia formats.

Evidence-Based: Strategies that have empirical evidence of their successful outcomes to address an identified issue.

Grow-Your-Own Model: Strategies used to recruit individuals from within diverse communities to pursue professions in the public mental health system which involves engaging local residents in entry-level positions and promoting their long-term professional growth, development, and advancement within the organization or system of care.

Health Workforce Pilot Projects: OSHPD-administered program that 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.

J-1 Visa program: The California J-1 Visa Waiver Program is located in the Department of Health Care Services (DHCS). DHCS is the single state agency that administers the State's Medicaid Program (Medi-Cal). California is allowed 30 J-1 Visa Waiver recommendations during the federal fiscal year (October 1 - September 30). The Department of State reviews the applications and makes recommendations to the U.S. Citizenship and Immigration Services (USCIS) as to whether or not the residency waivers should be granted. The USCIS makes the final determination and informs the applicant and the California Department of Health Care Services of their decision.

OSHPD's Mini-Grant Program: OSHPD administered program that provides grants to organizations supporting diverse, underrepresented, and economically disadvantaged students' pursuit of careers in healthcare.

Postsecondary Education: Any education past high school including education programs that provide: certificates, technical degree, Associates, Bachelors, Masters, and Doctorate.

Public Mental Health System: Publicly-funded mental health programs/services and entities that are administered, in whole or in part, by the State Departments or County. It does not include programs and/or services administered, in whole or in part by federal, state, county or private correctional entities or programs or services provided in correctional facilities. *Title 9, CCR, Section 3200.253*

Public Mental Health System Workforce: Current and prospective department and/or County personnel, County contractors, volunteers, and staff in community-based organizations, who work or will work in the Public Mental Health System. *Title 9, CCR, 3200.254*

Severe Mental Illness: A condition deserving priority attention, including prevention and early intervention services and medical and supportive care. *MHSA Section 3 (a)*

Stackable Credential: Part of a sequence of credentials that can be accumulated over time to build up an individual's qualifications and help them move along a career pathway or up a career ladder to different jobs and potentially higher paying jobs. *Source: Department of Labor*

Underserved: means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American rancherias and/or reservations who are not receiving sufficient services. *Title 9, CCR, 3200.300*

Unserviced: means those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved. *Title 9, CCR, 3200.310*

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