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

2014 – 2019

Office of Statewide Health Planning and Development

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EXECUTIVE SUMMARY

The Office of Statewide Health Planning and Development (OSHPD) advances safe, quality healthcare environments through innovative and responsive services that: finance emerging needs; ensure safe facilities; support informed decisions; and cultivate a dynamic workforce.

The passage of Proposition 63, the Mental Health Services Act (MHSA), in November 2004 provided a unique opportunity with funding to increase staffing and other resources that support public mental health programs, increase access to much-needed services, and monitor progress toward statewide goals for serving children, transition age youth, adults and older adults and their families.

California's public mental health system is directing its efforts to overcoming resource shortages, particularly a significant shortage of public mental health workers, and maldistribution of certain public mental health occupational classifications. There is a recognized lack of diversity in the workforce, and under-representation of professionals with consumer and family member experience, and of racial, ethnic, and cultural communities in the provision of services and support. The shortages are particularly severe for public mental health practitioners with adequate competencies to work effectively with individuals across the lifespan of age groups such as infants, children, adolescents, transition age youth, older adults, as well as diverse racial, ethnic, and cultural populations.

To address the public mental health workforce issues, the MHSA included a component for Mental Health Workforce Education and Training (WET) programs. Per Welfare and Institutions Code (WIC) Section 5820, OSHPD, in coordination with the California Mental Health Planning Council, is charged with the development of the WET Five-Year Plan. This plan provides a framework on strategies that state government, local government, community partners, education institutions, and other stakeholders can pursue to further efforts to remedy the shortage of qualified individuals to provide services to address those who are at risk of or have a severe mental illness. Part of the plan is a budget for how OSHPD will allocate the remaining state administered MHSA WET funds, approximately $114.7 million.

In 2008, the former California Department of Mental Health (DMH) developed the first Workforce Education and Training Development Five-Year plan, which covers the period April 2008 to April 2013. That plan provided a vision, values and mission for state and local implementation. It contained measurable goals and objectives, and proposed strategies, to meet these goals, principles for funding and governance at both the state and county level, and outlined performance indicators to measure the impact of workforce strategies over time. Finally, that plan provided guidance to assist in long-range planning toward an integrated mental health service delivery system. That plan was part of an ongoing dialogue between state partners consumers, family members and other stakeholders to increase the capacity of our current and prospective public mental health workforce.

In July 2012, following the reorganization of the former DMH, the MHSA WET programs were transferred to OSHPD. Between July 2012 and April 2014, OSHPD continued to administer the programs developed under the 2008 WET Five-Year Plan and also embarked on a statewide stakeholder engagement process to identify mental health workforce needs and strategies that guided the development of the second WET Five-Year Plan. This second WET Five-Year Plan covers the period of April 2014 to April 2019 and continues to expand upon the strategies and program accomplishments of the previous WET Five-Year Plan April 2008-April 2013. The

WET Five-Year Plan carries forth the vision of the MHSA to create a transformed, culturally-competent system that promotes wellness, recovery and resilience across the lifespan of age groups such as infants, children, adolescents, transition age youth, and older adults. The WET Five-Year Plan includes the elements in state statute for the plan (WIC Section 5822) and a robust stakeholder engagement process that involved diverse stakeholder groups throughout California.

INTRODUCTION

Background

In November 2004, California voters approved Proposition 63, the Mental Health Services Act (MHSA). The MHSA imposes a 1 percent tax on personal income in excess of $1 million to support the public mental health system (PMHS). It provides increased funding, personnel and other resources to support county mental health programs and to monitor progress toward statewide goals for children, transition age youth, adults, older adults, and their families. The MHSA addresses a broad continuum of prevention, early intervention, and service needs to treat individuals and prevent them from developing serious mental illnesses and the necessary infrastructure, technology, and training elements that will effectively support this system.

California's PMHS suffers from a critical shortage of qualified mental health personnel to meet the needs of the diverse populations they serve. There are critical issues such as the mal-distribution, lack of diversity, and under-representation of practitioners across disciplines with cultural competencies including, consumers and family members with lived experience to provide consumer and family driven services that promote wellness, recovery, and resilience. 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 former Department of Mental Health (DMH).

Pursuant to 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 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 the former DMH, the MHSA WET programs were transferred to the Office of Statewide Health Planning and Development (OSHPD. Between July 2012 and April 2014 OSHPD continued to administer the programs developed under the 2008 WET Five-Year Plan and also embarked on a statewide stakeholder engagement process to identify mental health workforce needs and strategies that guided the development of the second 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, In 2013 OSHPD employed a robust stakeholder engagement process that involved diverse stakeholder groups. OSHPD established the WET Five-Year Plan Advisory Sub-Committee that advised OSHPD throughout the WET Five-Year Plan development process. OSHPD also engaged diverse stakeholders throughout the state with 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. OSHPD also 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 of age groups such as infants, children, adolescents, transition age youth, and older adults. The WET Five-Year Plan includes the elements outlined in WIC Section 5822, providing a framework on strategies state, local government, community partners, education and training institutions, and other stakeholders can enact to further public mental health workforce, education, and training efforts.

The Five-Year Plan provides the vision, values, mission, measureable goals, objectives, actions, funding principles, performance indicators, a statewide needs assessment, and career pathway recommendations. 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.

VISION, VALUES, AND MISSION

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 successful and innovative services to individuals most severely affected by or at risk of a serious mental illness. All services provided should be in alignment with the purpose and intent of the Mental Health Services Act.

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 of age groups such as infants, children, adolescents, transition age youth, and older adults. 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 benefit mental health consumers and 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 licensed and non-licensed professional workforce, that includes diverse racial, ethnic, and cultural 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 evidence-based practices;
- Conduct outreach to and engagement with unserved and underserved and inappropriately served populations; and
- Promote inter-professional 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

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 community-based settings.

GOALS, OBJECTIVES, AND ACTIONS

The development of the following goals, objectives, and actions was informed by elements outlined in state statute (WIC 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 remedy the shortage of qualified individuals to provide services to address those who are at risk of or have a severe mental illness. OSHPD will focus on implementing various strategies outlined in this plan through state administered WET programs set forth in the budget, as listed in the governance and funding section on page 14.

Actions that Support Goals and Objectives

The following actions support the implementation of all goals and objectives outlined in this section:

- Continue 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, family members, parents/caregivers, culturally diverse communities, and rural, underrepresented, underserved, unserved, and inappropriately served populations across the life span of age groups such as infants, children, adolescents, transition age youth, and older adults.
- 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 remedy the shortage of qualified individuals to provide services to address severe mental illness.**

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

- Action 1: Engage consumers, family members, parents/caregivers, and racial, ethnic and culturally diverse community 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 rural, 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, parents/caregivers, and racial, ethnic, and culturally diverse communities in the development and delivery of education and training curricula.
- Action 2: Identify and enhance educational curricula across all mental health workforce education and training programs that:
    - Are consistent with MHSA 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 local employer needs;
    - Incorporate cultural and linguistic competencies;
    - Incorporate care coordination and integration including understanding the value of other licensed and non-licensed professionals;
    - Incorporate tele-health;
    - Incorporate stigma reduction;
    - Incorporate evidence-based and community-identified practices;
    - Incorporate principles of treating the whole person;
    - Incorporate principles of prevention and early intervention; and
    - Incorporate elements of substance use treatment;
- 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 new and sustain 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 statewide peer specialist certifications for consumers, parents/caregivers, and family members.
- Action 5: Develop core curricula training standards for consumer, family member, parents/caregivers 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 in rural and underserved areas.
- 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 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 and orientation of students/interns at all levels in the public mental health system (e.g. shared supervisors, roving supervisors, tele-supervising, multidisciplinary supervision) with an emphasis on rural, 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 those with certificate, associate's , bachelor's , master's , and doctoral degrees who work in and/or commit to working in rural, 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 incumbent workforce education and 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, parents/caregivers, and racial, ethnic and culturally diverse communities in the development and implementation of all incumbent workforce education and training curricula.
- Action 2: Identify and enhance incumbent workforce education and training curricula that:
    - Are consistent with MHSA values and priorities including wellness, recovery and resiliency principles;
    - Incorporate care coordination and integration including understanding the value of other licensed and non-licensed professionals;
    - Incorporate tele-health;
    - Incorporate stigma reduction;
    - Incorporate cultural and linguistic competency;
    - Incorporate principles of treating the whole person;
    - Incorporate principles of prevention and early intervention; and
    - Incorporate elements of substance use treatment
- Action 3: Identify and enhance incumbent workforce education and training program curricula and core competencies that:
    - Align with regional and local 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 incumbent workforce education in the public mental health workforce that:
    - Provide on-the-job training;
    - Provide distributed learning;
    - Provide continuing education units; and
    - Provide collaborative learning among diverse interprofessional partners.
- Action 5: Develop core curricula training standards for incumbent consumer, family member, and parents/caregivers 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, education, and certification programs.

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

- Action 1: Develop and enhance retention programs in rural and underserved areas 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, family member, parents/caregivers retention such as professional support systems, 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 and collaboration across professions and systems;
    - Tele-health; and
    - Inter-professional care.
- Action 3: Expand the evaluation of services and activities that can be delivered by non-licensed professionals.

Goal #3: **Facilitate a robust statewide, regional, 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 to facilitate public mental health workforce recruitment, training, education, and retention efforts.
- 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, faith-based organizations, training consortia, consumers, family members, local workforce investment boards, non-profit organizations, social service agencies, children networks, transitional aged youth networks, aging networks, businesses, and other appropriate community stakeholders and system partners.
- Action 3: Collaborate with Department of Health Care Services to enhance efforts to expand and develop the Substance Use Disorder Workforce trained consistent with MHSA 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: Identify, increase eligibility for, and secure federal healthcare workforce funding.

- Action 1: Facilitate the federal Mental Health Professional Shortage Area (MHPSA) designation process by providing technical assistance to California communities seeking MHPSA designation via OSHPD's Shortage Designation Program.
- Action 2: Facilitate the federal site certification process by providing technical assistance to eligible cites via OSHPD's Shortage Designation Program.
- Action 3: Develop and sustain a clearinghouse of federal healthcare workforce funding.

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 policies, 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 it is currently unavailable;
    - Establishment of a statewide certification for consumers and family members;
    - Establishment of a standardized certification for Substance Use Disorder workforce in the public mental health system;
    - Establishment of reciprocity among certificates and license for public mental health system professions.
- 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.
- Action 3: Evaluate the streamlining of licensure and certification submission and approval process for all public mental health system professions.

GOVERNANCE AND FUNDING

Per WIC 5892 (a) (1), and WIC 5892 (e) (1) a certain percentage of total MHSA revenues from FY 2004-05 to FY 2007-08 were to be set aside for Workforce Education and Training (WET) programs. The percentage of those revenues totaled $444.5 million. In 2008, to accompany the WET Five-Year Plan 2008-2013, the Department of Mental Health developed a 10-year budget that allocated WET funding for certain purposes. The ten-year budget allocated $210 million to counties throughout California for local WET program implementation, and $234.5 million for the administration of WET programs at the state and regional levels.

In October 2013, OSHPD completed a reconciliation of the funding allocated for state and regional administered WET programs and determined a remaining balance of $114,744,090. (Reconciliation: http://www.oshpd.ca.gov/HWDD/pdfs/wet/WET-Funding-Reconciliation.pdf) (Reconciliation FAQ: http://www.oshpd.ca.gov/HWDD/pdfs/wet/WET-Reconciliation-FAQ.pdf). The WET Five-Year Plan is expansive and provides a framework on strategies that state government, local government, community partners, educational institutions, and other stakeholders can pursue. Included is also a budget identifying State WET program funding allocations for the remaining $114,744,090 State WET funds over the next four years.

The budget allocates funding for the following State administered WET programs: Stipends; Loan Assumption; Education Capacity; Consumer and Family Member Employment; Regional Partnerships; Recruitment and Retention; and Evaluation. The WET Five-Year Plan budget can be found on page 14. The WET Five-Year Plan budget will be re-assessed in FY 2015-16 to determine if funding is being guided by priority needs at which point funding amounts for programs may change for FY 2016-17 and FY 2017-18. OSHPD will provide a written update on the Five-Year Plan and Budget to the California Mental Health Planning Council on an annual basis.

Mental Health Workforce Education and Training (WET) Five-Year Plan Budget

WET Funding Allocated for State Administered Programs in 2008	$234,500,000
WET Funding Spent via State Administered Programs in 2008-2013 WET Five-Year Plan	$119,755,910
WET Funding Remaining for State Administered Programs for 2014-2019 WET Five-Year Plan	$114,744,090

Item Number	State Administered WET Program	State WET Funding for 4 Year Budget	Fiscal Year 14/15	Fiscal Year 15/16	Fiscal Year 16/17	Fiscal Year 17/18
Total		$114,744,090	$31,936,023	$31,936,023	$26,936,023	$23,936,023
1	Stipends	$35,000,000	$8,750,000	$8,750,000	$8,750,000	$8,750,000
	Psych Nurse Practioner	$7,200,000	$1,800,000	$1,800,000	$1,800,000	$1,800,000
	Clinical Psychologist	$1,800,000	$450,000	$450,000	$450,000	$450,000
	Marriage and Family Therapist	$12,400,000	$3,100,000	$3,100,000	$3,100,000	$3,100,000
	Social Worker	$13,600,000	$3,400,000	$3,400,000	$3,400,000	$3,400,000
2	Loan Assumption	$40,000,000	$10,000,000	$10,000,000	$10,000,000	$10,000,000
3	Education Capacity	$15,000,000	$3,750,000	$3,750,000	$3,750,000	$3,750,000
	Psychiatrist	$9,000,000	$2,250,000	$2,250,000	$2,250,000	$2,250,000
	Psych Nurse Practioner	$6,000,000	$1,500,000	$1,500,000	$1,500,000	$1,500,000
4	Consumer and Family Member	$10,000,000	$5,000,000	$5,000,000	$0	$0
5	Regional Partnership	$9,000,000	$3,000,000	$3,000,000	$3,000,000	$0
6	Recruitment (Career Awareness) and Retention	$3,000,000	$750,000	$750,000	$750,000	$750,000
	Mini-Grants	$1,000,000	$250,000	$250,000	$250,000	$250,000
	CalSEARCH	$1,000,000	$250,000	$250,000	$250,000	$250,000
	Retention	$1,000,000	$250,000	$250,000	$250,000	$250,000
7	Evaluation	$2,744,090	$686,023	$686,023	$686,023	$686,023

EVALUATION

Government and non-government stakeholders within California will be investing considerable resources into improving the public mental health system workforce consistent with elements outlined in the WET Five-Year Plan 2014-2019. A means to evaluate the impact of these investments is critical in order to assess the effectiveness of the activities undertaken, determine whether the goals outlined in the WET Five-Year Plans are being met, and re-evaluate future priorities and actions.

The following section provides key performance indicators and key measurements for each goal in the WET Five-Year Plan. Specifically, the key performance indicators are linked to the objectives under each goal and the actions that are in turn linked to elements included in the MHSA statute. Key measurements identify what data elements and mechanisms will be used to evaluate key performance indicators for each goal.

These measurement criteria and outcomes were developed with the understanding that education and training programs and activities will promote statewide applicability and the equitable distribution of dollars, increase the diversity and cultural competence of the public mental health workforce, and promote the participation of consumers and family members. Ultimately, the key performance indicators and key measurements will be used to access California's effectiveness in meeting desired outcomes to remedy the shortage of qualified individuals to provide services to address those who are at risk of or have a severe mental illness.

Goal 1- Increase the number of diverse, qualified individuals in the public mental health system workforce to remedy the shortage of qualified individuals to provide services to address severe mental illness.

Key Performance Indicators

- A decrease in the shortage of qualified professionals who provide services to individuals who are at risk of or experiencing a severe mental illness
- An increase in the number of public mental health workforce career awareness and outreach activities and the number of individuals who participate in those activities.
- An increase in the number and effectiveness of educational curriculum enhanced to align with competencies that align with the full spectrum of California's diverse and dynamic needs as outlined in the WET Five-Year Plan.
- An increase in career pathways, ladders, and lattices developed for public mental health system workforce occupations.
- An increase in the capacity of postsecondary education programs to educate public mental health professionals.
- An increase in the number of individuals employed and volunteering in the public mental health system.

- A decrease in hard-to-fill/hard-to-retain positions in the public mental health system.
- An increase in the number and effectiveness of financial incentives at all levels of the educational pathway.
- An increase in the number and effectiveness of consumers and family members engaged in public mental health workforce education and training activities.
- An increase in the number of consumers and family members trained and employed in the public mental health system.
- An increase in the number and proportion of public mental health workforce who are proficient in one or more non-English languages.
- An increase in the number and proportion of diverse, underrepresented, underserved, unserved, and inappropriately served individuals who are employed in the public mental health system, including individuals with lived experience, and racial, ethnic, and cultural populations.

Key Measurements

To effectively measure whether California is addressing the key performance indicators listed above for Goal 1, the WET Five-Year Plan sets forth a multipronged approach that consists of both internal and external evaluations. A baseline for all performance indicators will be established by compiling information where currently available. Key measurements identify what data sources will be used to evaluate key performance indicators. The key measurements outlined below will allow California to measure the effectiveness of efforts to: decrease the shortage of qualified professionals to address severe mental illness; increase workforce career awareness; development of career pathways; increase in educational capacity for public mental health systems; the inclusion of consumers and family members; and the increase in the number and proportion of diverse, underrepresented, underserved, unserved, and inappropriately served individuals in the public mental health system. The key measurements include:

- Review of available information to evaluate the supply of public mental health workforce that is qualified to provide services to individuals who are at risk of or experiencing a severe mental illness.
  - Licensing and Certification Data
  - Surveys to County Mental/Behavioral Health Departments
  - Surveys to Public Mental Health System Contractors
  - OSHPD Healthcare Workforce Clearinghouse Data

- Review of available information to evaluate demand of public mental health workforce to provide services to individuals who are at risk of or experiencing a severe mental illness.
  - Profile of Users and Potential Users of Public Mental Health Services
  - Epidemiological Surveys
  - Prevalence Rates
  - Labor Substitution

- Review of information to evaluate state, regional, and local WET efforts outcomes to remedy shortage of qualified individuals to provide services to address severe mental illness
    - State, regional, and local WET programs evaluation
    - Regional and local reports evaluation (Such as: annual reports, and three-year reports)
    - Surveys of community based organizations.
    - Surveys of consumers of public mental health services
    - Surveys of stakeholders
    - Surveys of public mental health system workforce
    - Key informant interviews
- Review of information to evaluate educational programs capacity
    - Surveys of training and education institutions in California

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

Key Performance Indicators

- A decrease in the shortage of qualified professionals who provide services to individuals who are at risk of or experiencing a severe mental illness
- An increase in innovative, evidenced-based, and community identified public mental health workforce incumbent workforce education programs.
- An increase in the number of incumbent public mental health workforce receiving incumbent workforce education and training.
- An increase in the number and effectiveness of incumbent workforce education program curriculum enhanced to align with competencies that align with the full spectrum of California's diverse and dynamic needs as outlined in the WET Five-Year Plan.
- An increase in the number and effectiveness of public mental health system management, supervisors, and staff trained in elements outlined in the WET Five-Year Plan.
- An increase in career pathways, ladders, and lattices developed for incumbent public mental health system workforce.
- An increase in the number of consumers and family members receiving incumbent workforce education and employed in the public mental health system
- An increase in the number and effectiveness of retention programs for incumbent public mental health system workforce.
- An increase in retention rates of public mental health system workforce.
- An increase in the number and effectiveness of evaluations on the quality enhancement of existing public mental health services delivery systems.

Key Measurements

To effectively measure whether California is addressing the key performance indicators listed above for Goal 2, the WET Five-Year Plan sets forth a multipronged approach that consists of both internal and external evaluations. A baseline for all performance indicators will be established by compiling currently available information. Key measurements identify what data sources will be used to evaluate key performance indicators. The key measurements outlined below will allow California to measure the effectiveness of efforts to: decrease the shortage of qualified professionals to address severe mental illness; expand the capacity of California's incumbent public mental health workforce which includes those professions identified as high priority; develop and enhance incumbent workforce education and training and incumbent workforce education curricula; further develop career pathways; the inclusion of consumers and family members; and the increase in innovative, evidenced-based, and community identified public mental health incumbent workforce education programs. The key measurements include:

- Review of available information to evaluate the supply of public mental health workforce that is qualified to provide services to individuals who are at risk of or experiencing a severe mental illness.
  - Licensing and Certification Data
  - Surveys of County Mental/Behavioral Health Departments
  - Surveys of public mental health system contractors
  - OSHPD Healthcare Workforce Clearinghouse Data

- Review of available information to evaluate demand of public mental health workforce to provide services to individuals who are at risk of or experiencing a severe mental illness.
  - Profile of users and potential users of public mental health services
  - Epidemiological surveys
  - Prevalence rates
  - Labor substitution

- Review of information to evaluate state, regional, and local WET efforts outcomes to remedy shortage of qualified individuals to provide services to address severe mental illness
  - State, regional, and local WET programs evaluation
  - Regional and local reports evaluation (Such as: annual reports, and three-year reports)
  - Surveys of community based organizations.
  - Surveys of consumers of public mental health services
  - Surveys of stakeholders
  - Surveys of public mental health system workforce
  - Key informant interviews

- Review of information to evaluate educational programs capacity

- Surveys of training and education institutions in California

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

Key Performance Indicators

- A decrease in the shortage of qualified professionals who provide services to individuals who are at risk of or experiencing a severe mental illness
- An increase in the number and effectiveness of collaborations and partnerships that engage in activities to recruit, train, educate, and retain public mental health workforce.
- An increase in the number of Mental Health Professional Shortage Area designations.
- An increase in the number of evaluations on public mental health system workforce education, and training efforts to identify outcomes, best practices, and systems change.
- An increase in the effectiveness of the implementation of WET strategies/activities that stem from results of public mental health system workforce, education, and training evaluation efforts.
- An increase in the effectiveness of policy changes that aim to further California's efforts to meets its communities diverse and dynamic public mental health system needs.

Key Measurements

To effectively measure whether California is addressing the Key Performance Indicators listed above for Goal 3, the WET Five-Year Plan also sets forth a multipronged approach that consists of both internal and external evaluations. A baseline for all performance indicators will be established by compiling currently available information. Key measurements identify what data sources will be used to evaluate Key Performance Indicators. The key measurements outlined below will allow California to measure the effectiveness of efforts to: decrease the shortage of qualified professionals to address severe mental illness; develop and sustain collaborations and partnerships; increase mental health shortage area designations; enhance evaluation of WET activities; and explore key policy areas identified by stakeholder. Key measurements include:

- Review of information to evaluate state, regional, and local WET efforts outcomes to remedy shortage of qualified individuals to provide services to address severe mental illness
  - State, regional, and local WET programs evaluation
  - Regional and local reports evaluation (Such as: annual reports, and three-year reports)
  - Surveys of county Mental/Behavioral Health Departments
  - Surveys of public mental health system Contractors
  - Surveys of community based organizations.
  - Surveys of consumers of public mental health services
  - Surveys of stakeholders

- Surveys of public mental health system workforce
- Key informant interviews

- Review of information to evaluate educational programs capacity
  - Surveys of Training and Education Institutions in California

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.

Caregivers: are adoptive parents and their partners, foster parents and their partners, grandparents and their partners who are now or have in the past been the primary caregiver for a child, youth, or adolescent with a mental health challenge who accessed mental health services.

Consumer: Referred to as Client in *Title 9, CCR, Section 3200.040,* is an individual of any age who is receiving or has received mental health services. The term "client" includes those who refer to themselves as clients, consumers, survivors, patients or ex-patients.

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, religion, 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.

Family Member: Siblings, and their partners, kinship caregivers, friends, and others as defined by the family who is now or was in the past the primary caregiver for a child, youth, adolescent, or adult with a mental health challenge who accessed mental health services. Parent definition can be found on page 22.

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.

Inappropriately Served: Populations that are not being provided appropriate culturally responsive and/or culturally appropriate services and are provided services often inconsistent with evidence-based and/or community-identified practices.

Interprofessional: Health providers from different professions working together to provide care.

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 Federal 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.

Parents: Biological parents and their partners, who are now or have in the past been the primary caregiver for a child, youth, or adolescent with a mental health challenge who accessed mental health services.

Postsecondary Education: Any education past high school including education programs that provide: certificates, technical degrees, Associate's, Bachelor's, Master's, and Doctorate degrees.

Prevention, Early Intervention: Services to prevent mental illnesses from becoming severe and disabling.

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 counties. 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: "serious mental disorder" means a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes

substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. Serious mental disorders include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders. WIC 5600.3 (b)(1)

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*

Stakeholder: "Stakeholders" means individuals or entities with an interest in mental health services in the State of California, including but not limited to: individuals with serious mental illness and/or serious emotional disturbance and/or their families; providers of mental health and/or related services such as physical health care and/or social services; educators and/or representatives of education; representatives of law enforcement; and any other organization that represents the interests of individuals with serious mental illness/ and/or serious emotional disturbance and/or their families. *Title 9, CCR, Section 3200.270*

Underrepresented: refers to populations that are underrepresented in the mental health professions relative to their numbers in the total population.

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

Unserved: 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

APPENDIX 1

WORKFORCE NEEDS ASSESSMENT

OSHPD engaged in a contract to conduct a large-scale analysis of California's public mental health workforce needs. The major components of the project include: (1) a needs assessment of the state's public mental health workforce; (2) an evaluation of OSHPD-administered WET programs; (3) identification of workforce, training, and technical assistance needs; and (4) supply and demand projections for the public mental health workforce for state planning purposes.

An initial needs assessment of the California public mental health workforce is critical to understanding the current state of the workforce, the criteria mandated by the MHSA, the needs as identified by counties, and their challenges in augmenting the workforce according to their specific needs. This needs assessment report provides the foundation for identifying the gaps between the state of the current workforce and the desired composition of the future workforce. Information collected directly from the counties provides first-hand descriptions of the current workforce shortages. Data from California's educational institutions offer a glimpse into the type and rate of potential new workforce entrants into the public mental health system. Descriptions of the state's mental health workforce education and training programs catalog the diversity of enhancement initiatives that serve to improve the existing and future workforce.

This report provides a detailed foundation to assess the public mental health workforce needs in California. The components of this report include:

- An analysis of information currently available on public mental health workforce shortages and corresponding educational and training capacity;
- An analysis of the county-reported WET Five-Year Plan assessment's worksheets;
- A methodology to conduct an analysis of current workforce and education/training capacities and shortfalls;
- Estimates of long-term workforce needs;
- Workforce outcome benchmarks and the means to evaluate progress toward meeting these;
- Analysis of current state administered WET programs.

The latest summary is available at: http://www.oshpd.ca.gov/HWDD/pdfs/wet/Summarizing-County-Reported-Mental-Health-Workforce-Needs.pdf

The complete Workforce Needs Assessment reports can be found via the following link: http://www.oshpd.ca.gov/HWDD/WET.htm.

APPENDIX 2

CAREER PATHWAYS REPORT

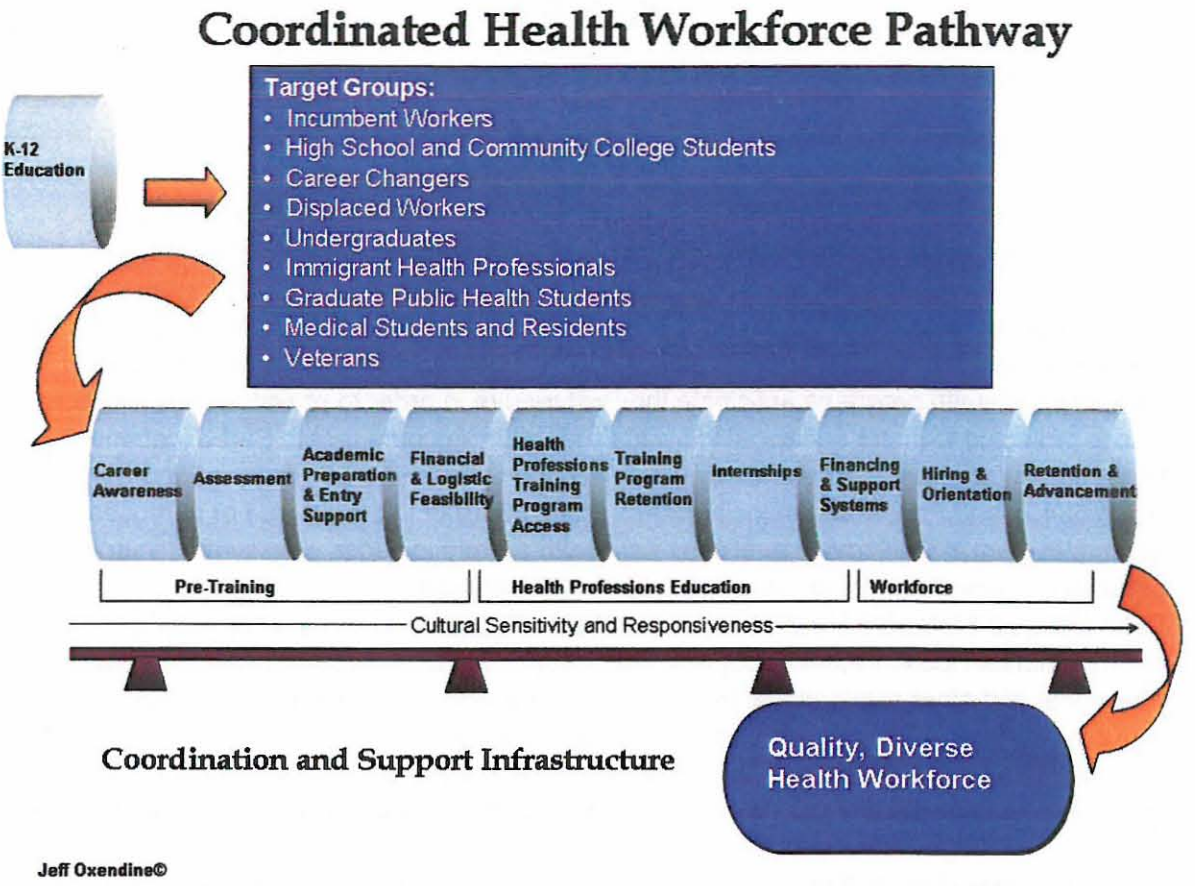
In July 2013, OSHPD in partnership with the California Workforce Investment Board reconvened the Career Pathways Sub-Committee (Sub-Committee) to develop statewide career pathways, recommendations and action plans to strengthen the supply, distribution, and diversity of California's Public Mental Health System (PMHS) Workforce for Phase 3 of the Sub-Committees engagement. The Sub-Committee was comprised of diverse stakeholder groups and selected from a diverse array of mental health professions and health organizations across California to ensure representation with a wide range of expertise, perspectives and interests. A core component of the Career Pathways Sub-Committee's work is the development of career pathways for priority mental health, behavioral health and substance use disorder professions. Career pathway development is critical to addressing impending workforce supply challenges.

During Phase 3 the Sub-Committee met four times between July and September 2013, and provided recommendations on seven mental health professions* including:

- Alcohol and other Drug Use Counselors
- Clinical Psychologists
- Licensed Professional Clinical Counselors
- Marriage and Family Therapists
- Peer Support Specialists
- Psychiatric Mental Health Nurse Practitioners/Clinical Nurse Specialists
- Psychiatrists.

The Sub-Committee's focus was to develop statewide career pathways, recommendations, and action plans that will strengthen the supply, distribution and diversity of California's Public Mental Health System Workforce using the model presented below. The career pathways and its recommendations developed by the Sub-Committee informed OSHPD in its development of the MHSA Workforce Education and Training (WET) Five-Year Plan, 2014 – 2019. These career pathways and their recommendations will also be integrated with the California Health Workforce Development Council (CHWDC) overall workforce plan.

* The Social Worker Pathway was developed during Phase 1 of the Sub-Committees engagement in 2012.



The complete Career Pathways Phase 3 report can be found via the following link:
http://www.oshpd.ca.gov/HWDD/pdfs/wet/Mental-Health-Career-Pathway-Report-2013.pdf

The complete Career Pathways Phase 1 report that includes the Social Worker can be found via the following link:
http://www.oshpd.ca.gov/Reform/CareerPathwaySubCommitteeFinalReport.pdf

APPENDIX 3

WELFARE AND INSTITUTIONS CODE (WIC) SECTIONS 5820-5822

WIC Section 5820

(a) It is the intent of this part to establish a program with dedicated funding to remedy the shortage of qualified individuals to provide services to address severe mental illnesses.
(b) Each county mental health program shall submit to the Office of Statewide Health Planning and Development a needs assessment identifying its shortages in each professional and other occupational category in order to increase the supply of professional staff and other staff that county mental health programs anticipate they will require in order to provide the increase in services projected to serve additional individuals and families pursuant to 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. For purposes of this part, employment in California's public mental health system includes employment in private organizations providing publicly funded mental health services.
(c) The Office of Statewide Health Planning and Development, in coordination with the California Mental Health Planning Council, shall identify the total statewide needs for each professional and other occupational category utilizing county needs assessment information and develop a five-year education and training development plan.
(d) Development of the first five-year plan shall commence upon enactment of the initiative. Subsequent plans shall be adopted every five years, with the next five-year plan due as of April 1, 2014.
(e) Each five-year plan shall be reviewed and approved by the California Mental Health Planning Council.

WIC Section 5821

(a) The California Mental Health Planning Council shall advise the Office of Statewide Health Planning and Development on education and training policy development and provide oversight for education and training plan development.
(b) The Office of Statewide Health Planning and Development shall work with the California Mental Health Planning Council and the State Department of Health Care Services so that council staff is increased appropriately to fulfill its duties required by Sections 5820 and 5821.

WIC Section 5822

The Office of Statewide Health Planning and Development shall include in the five-year plan:
(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, masters 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, increase 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 5840), and Part 4 (commencing with 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).