

Workforce Education and Training

November 2008

The following represents the current status of state- and county-administered workforce education and training programs and activities contained in the Department of Mental Health's Five-Year Workforce Education and Training Development Plan. As per statute the Five-Year Plan was approved by the California Mental Health Planning Council in April of 2008, and is posted on the DMH website.

Fiscal Summary (as of October 2008)

- **MHSA Workforce Education and Training Fund resources:** **\$449m**
 - **Committed for statewide, regional programs:** **240m**
 - approved: **52m**
 - **Committed for county programs:** **210m**
 - approved: **26m**
- **Other MHSA funds approved for Workforce Education and Training component:**
 - **One-time CSS funding for Workforce** **12m**
 - **Up to 20% county fund** **0m**

Excludes funding for State Administration

2

The Mental Health Services Act established the Education and Training Fund, in which approximately \$450 million has been dedicated for addressing public mental health system workforce needs. The Act provided a ten year period for expending these funds from the time of commitment before reversion to the MHSA Fund. Senior representatives from DMH, CMHDA, Planning Council, OAC and statewide constituency organizations met this Spring and mapped out a funding and governance strategy for this ten year period.

This slide tracks cumulative committed funds versus approved funds at both the state and county level. For example, \$52 million has been approved for implementing state-administered programs and activities, and \$26 million has been approved for county-administered programs and activities.



State-Administered Programs and Activities

November 2008

The next slides depict the status of programs and activities administered by DMH.

State Funding Commitments

	FY 8/9	FY 9/10	FY 10/11	Total
■ C/FM Tech Center	.8m	.8m	.8m	2.4m
■ Regional Partnerships	3.0m	3.0m	3.0m	9.0m
■ Stipends	10.0m	10.0m	10.0m	30.0m
■ Psych Residency	1.3m	1.3m	1.3m	3.9m
■ Physician Assistant	.5m	.5m	.5m	1.5m
■ MH Loan Repayment	<u>2.5m</u>	<u>2.5m</u>	<u>TBD</u>	<u>5.0m</u>
Total	\$18.1m	\$18.1m	\$15.6m	\$51.8m

4

- A consortium of CiMH, NAMI, the Network of Mental Health Clients, and UACF, entitled *Working Well Together*, has been awarded a three-year contract to establish a client and family member statewide training and technical assistance center to support the inclusion of clients and family members in all aspects of the public mental health system workforce. They are in the beginning stages of implementing their contract deliverables.
- DMH Info Notice 8-20, issued in July of this year, provides an application process for Counties to receive funding for staffing to support regional partnerships throughout California. Up to \$600,000 per year per region has been allocated. Currently CMHDA regions are putting together funding applications. We are estimating funding up to 12 Counties to administer regional partnerships consisting of mental health providers, educators and community representatives to work on common workforce initiatives.
- DMH has contracted with UC Berkeley (CalSWEC) to administer 200 graduate stipends yearly in 17 schools of social work, and via competitive bid process is contracting with clinical psychology, MFT, and psychiatric mental health nurse practitioner graduate schools to administer an additional 150 stipends distributed throughout California.
- DMH is contracting with three psychiatric residency programs to develop specialty tracks for residents that address public mental health need, such as child and geriatric psychiatry.
- In partnership with OSHPD's Song-Brown Program up to five physician assistant programs will be awarded grants this year to develop a public mental health specialty where physician assistants will apprentice under the supervision of psychiatrists.
- Starting this fiscal year the Health Professions Education Foundation will be committing up to \$2.5m to repay loans of public mental health workers who County employers have deemed to be in hard to fill or retain positions.

Mental Health Professional Shortage Areas

- **Status:** 53 new communities designated as mental health professional shortage areas; handbook of federal funding programs available to designated communities posted at DMH web site
- **Start Date:** January 2007
- **Funding:** WET Unit staff work with Office of Statewide Planning and Development (OSHPD)
- **Next Steps:** Continue to work with counties to assist in increasing the number of communities designated as Mental Health Professional Shortage Areas

5

DMH is partnering with the Office of Statewide Health Planning and Development (OSHPD) to assist communities, or Medical Service Study Areas, be designated by the federal government as mental health professional shortage areas. This designation enables county mental health programs and contract agencies to be eligible to apply for a number of federally funded grants, workforce programs, and financial incentives. DMH assists Counties with identifying communities most in need of mental health professionals, assembling the complex supporting documentation needed to accompany the application, securing OSHPD endorsement, and facilitating timely review and approval by the federal Bureau of Health Professions. Since the inception of this effort California has doubled the number of designated communities, and we estimate that approximately an additional 100 communities can apply for and receive this designation. This could result in substantial new federal dollars coming to California in future years for communities most in need.

MH Professional Licensing, Education Requirements

- **Status**: Funding approved to augment BBS staff and provide consultants; MOU with BBS being finalized
- **Start Date**: January 2008
- **Funding**: MHSA Fund direct to BBS
- **Next Steps**: Finalize MOU, continue work on MFT/LCSW licensing and educational requirements

6

DMH is also partnering with the Board of Behavioral Sciences to dedicate staff time to review and influence education, internship and licensing requirements for Licensed Clinical Social Workers and Marriage and Family Therapists in order to support the needs of public mental health, and to incorporate the values expressed in the Mental Health Services Act.

Programs and Activities Database

- **Status:** Database constructed to enter information on all state and county administered workforce education and training programs and activities
- **Next Step:** Generate standard as well as tailored reports by county, region or state; by Five-Year Plan Goal, Objective, Action, or by funding category. Can list by program, such as client/family member employment and support programs, or mental health career pathway programs

7

DMH has constructed a database with which to enter data and descriptions of funded workforce programs and activities. This enables easy access for standard and ad-hoc reports for sharing of information, accountability and evaluation purposes.

Evaluating the Five-Year Plan

- **Status:** John Shea, Ph.D., as Principal Investigator to analyze public mental health system workforce needs and to propose a methodology to evaluate the impact of the Five-Year Plan
- **Next Steps:** Planning Council HR Committee input on November 12; First draft due December 31
- **Issue:** Need no cost extension to complete workforce needs assessment and produce final report

8

Allen, Shea and Associates has also constructed an ACCESS database to enter and retrieve workforce information submitted by counties as part of their workforce education and training work plans. We can now answer such questions as how large is the public mental health system workforce, what proportion are county employees versus contract employees, what is the vacancy rate by occupation, how well does the race/ethnicity composition of a County's workforce compare with the population they serve, language proficiency needs, and how many positions are specifically designated for clients and family members.

This tool will be helpful in measuring changes in the workforce over time, and evaluating the impact of applied workforce education and training strategies.

Evaluation Outline

- **Who:** Public mental health system workforce
- **What:** Five-Year Plan performance indicators
- **When:** FY 08/09 baseline period; 09/10 – 10/11 implementation period; 11/12 study period; 12/13 planning period
- **Where:** Databases constructed for county work-force needs assessments and programs and activities
- **How:** Stratified sampling of comparable counties selected for study using quantitative and qualitative data
- **Why:** To determine the impact of state and county administered programs and activities, inform the development and funding of the next Five-Year Plan, and to identify, share and replicate best programs and practices

9

At this point we are proposing an outline of an evaluation protocol that will address the performance indicators contained in the Five-Year Plan.

Workforce Education and Training Performance Indicators

Indicators that address developing sufficient qualified individuals for the public mental health system:

- **Decrease in hard-to-fill/retain positions**
- **Increase in workforce proficient in non-English languages**
- **Increased employment opportunities for underrepresented racial/ethnic populations**
- **Increase of client/family members in the workforce**

10

The performance indicators are grouped according to the two goals of the Five-Year Plan... “To develop sufficient qualified individuals for the public mental health workforce”, and to...

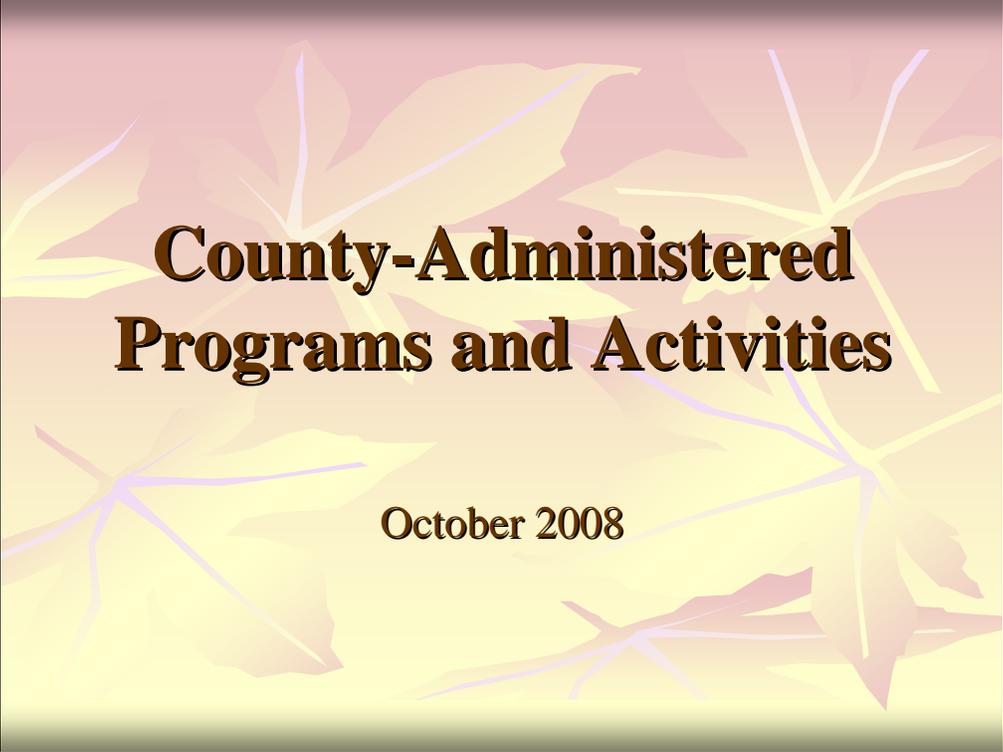
Workforce Education and Training Performance Indicators (contd.)

Indicators that address increasing educating and training in the values and practices envisioned by the MHSA:

- Increase in number of training and technical assistance events that:
 - demonstrate wellness, recovery and resiliency
 - focus on needs of un-served and underserved populations
 - include client/family members in participation and design
 - include non-public mental health individuals in participation and design
- Increase in availability of programs throughout California
- Increase in number of mental health career pathway programs
- Increase in residency, internship programs specializing in public mental health

11

“Increase the quality and success of educating and training the public mental health workforce in the expressed values and practices envisioned by the MHSA”.



County-Administered Programs and Activities

October 2008

The next slides depict the approval status of counties who have submitted MHSA Workforce Education and Training component proposals. Each of the approved work plans have been entered into the DMH database, and reports can be generated to describe programs and activities by county, region or statewide.

County Proposals Approved

<u>County</u>	<u>Date Approved</u>	<u>Amount</u>
Mono	APR	223,620
Monterey	APR	1,150,600
Stanislaus	MAY	1,198,800
Kern	MAY	1,732,500
Merced	JUN	1,412,000
Santa Cruz	JUN	726,000
Plumas	JUN	225,000
Colusa	JUL	224,000
Trinity	JUL	150,000
Orange	AUG	8,267,200
San Francisco	SEP	1,923,400
San Bernardino	<u>OCT</u>	<u>10,811,102</u>
	12	\$26,094,294

13

20 proposals have been submitted since the first one was received by DMH ten months ago. This has averaged to receiving two per month, although it appears as if the pace may be picking up, as seven have been received in the last two months. Here are the 12 proposals approved for funding...

County Proposals Under Review

<u>County</u>	<u>Date Submitted</u>	<u>Amount Requested</u>
Riverside	AUG	4,756,400
El Dorado	SEP	310,000
Mendocino	SEP	170,000
Santa Barbara	SEP	1,141,400
Kings	SEP	300,000
Placer	OCT	309,725
Ventura	OCT	726,347
Los Angeles	<u>OCT</u>	<u>7,849,866</u>
	8	\$15,563,738

14

And here are the eight proposals that are currently under review. Each proposal undergoes an administrative review to ensure completeness and adherence to the guidelines contained in DMH 07-14, and then undergoes a program review by a team consisting of staff representing DMH, OAC, Planning Council, DMH's Office of Multicultural Services, and a client and family member representative. Program review has been averaging approximately 60 days, as part of the review process entails response by the County to input provided by the review team, and a concurrent written analysis by the OAC. .

DMH Workgroup on Uniform

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ALL INPUT IS WELCOME!

15