MHSA Workforce Education and Training

Mental Health Services Act
Oversight & Accountability Commission

May 27, 2010

To Be Presented

- Briefly: What Led to Separate Workforce, Education, and Training Component (1999/00): National Perspective, California's Perspective, Planning Council's Response
- Overview of Mental Health Services Act Workforce Education and Training Component
- Highlight of State, Regional, and Local Activities
- Acknowledgements
- Recommendations
- Next Steps for CMHPC

National Perspective 1999-2006

The President's New Freedom Commission on Mental Health".. the Commission heard consistent testimony from consumers, families, advocates, and public and private providers about the workforce crisis in mental health care. Today, not only is there a shortage of providers, but those providers who are available are not trained in evidence-based and other innovative practices. This lack of education, training, or supervision leads to a workforce that is ill-equipped to use the latest breakthroughs in modern medicine."

National Intentions: Short-Lived and Unheeded

- Commissions
- Expert Panels
- Recommendations to improve capacity and quality
- Calls for changes in curriculum and training
- Calls for examining the development and deployment of the mental health workforce

Highlighting Just A Few

- 1956: The American Psychiatric Association Committee on Medical Education
- 1961: Joint Commission on Mental Illness and Health publishes a report entitled, “Action for Mental health”
- 1972: The National Association of Alcohol and Drug Abuse Counselors is founded

A Few More

- 1972-1982: The Careers Teachers Program is sponsored by the National Institute on Alcohol Abuse and Alcoholism
- 1976: The Association for Medical Education and Research in Substance Abuse
- 1976-1982: The NIMH Staff College

Continued

- 1978: The President's Commission on Mental Health identifies," problems of role-blurring, rivalries, and turf battles."
- 1978-1986: A 5-year doctorate in mental health at the UC Berkeley and UCSF Medical School is initiated
- 1979: NIAAA initiates State Manpower Development Program

Almost Made My Point

- 1984: NIAAA public core competencies and credentialing standards for counselors treating alcohol dependence
- 1990: IOM documents-
  - *the "serious lack of accurate timely data at the national level- This lack of data compromises efforts to plan for future training and professional needs. Fundamental questions for each of the disciplines involved cannot be answered...As a consequence it is not possible to formulate a forward-looking workforce training policy."*

Coming Up to 2000

- 1993: SAMHSA issues Workforce Training and Development for Mental Health Systems
- 1999: Mental Health: A Report from the Surgeon General
- 2000: SAMHSA calls for improving the National Workforce Development Office

Most Recent

- 2001: The American College of Mental Health Administration and the Academic Behavioral Health Consortium initiates the Annapolis Coalition on Behavioral Health and Workforce Education
- 2002: HRSA-AMERSA-SAMHSA/CSAT Interdisciplinary Project to Improve Health Professional Education in Substance Abuse
- 2003: IOM Health Profession Education: A Bridge to Quality

History of Intentions

- 2004: The Annapolis Coalition on Behavioral Health Workforce Education Convenes a National meeting
- 2005: SAMHSA Contracts Annapolis Coalition to Develop National Plan
- 2006: Policy Forum- Needs Assessment in CA, Nebraska, and Wyoming.

National Findings

1. Workforce Shortages and Maldistribution of the Workforce
2. Insufficient Diversity
3. Variation in Amount and Type of Education
4. Deficiencies in Professional Education
5. Lack of Assurances of Competencies in Discipline Specific and Core Knowledge
6. Inadequate Faculty Development

1. Workforce Shortages and Distribution

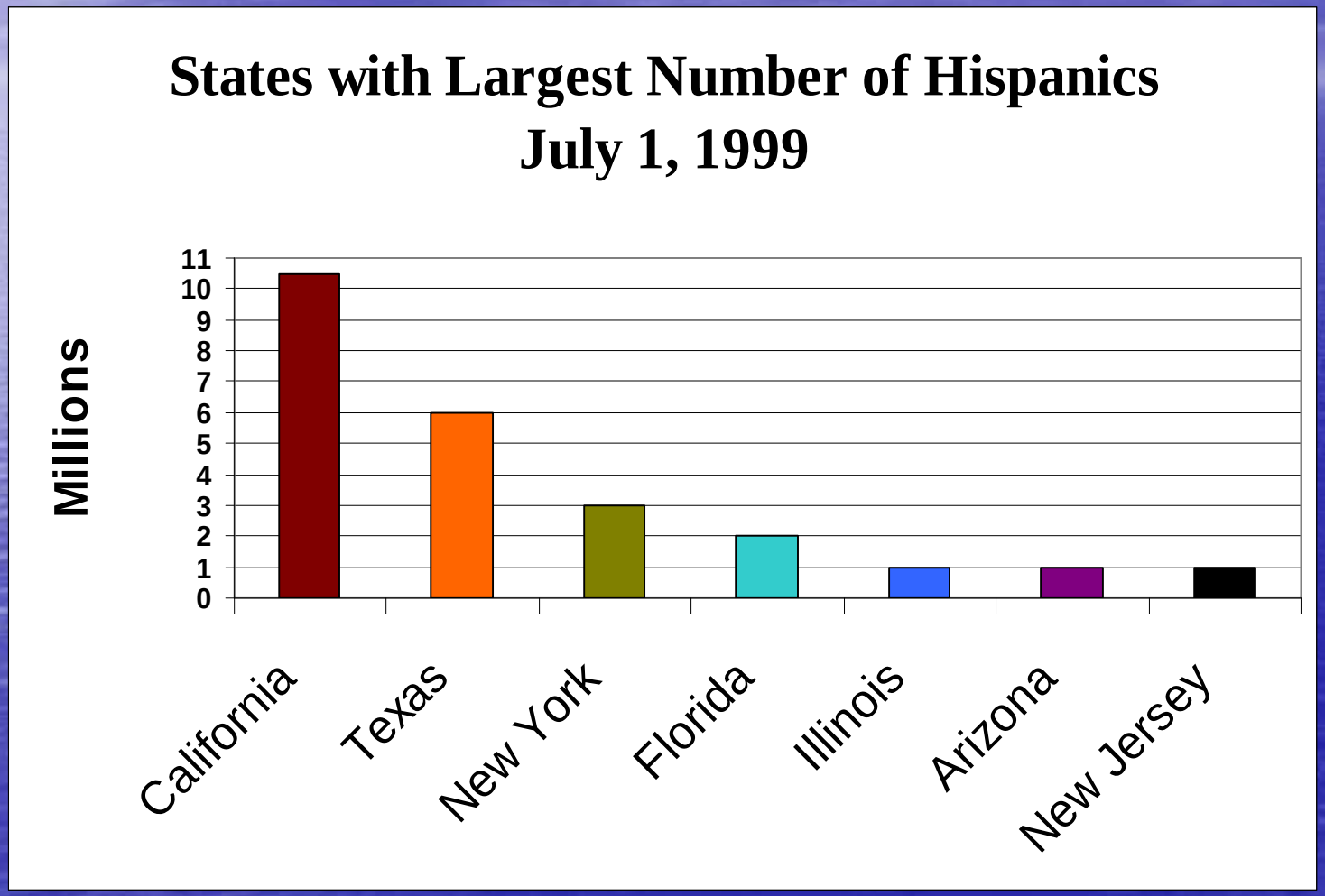
- 1999: Surgeon General's Report-
  - *The Supply of well-trained mental health professionals is inadequate in many areas of the country, especially in rural areas. Particular keen shortages are found in the numbers of mental health professionals serving children and adolescents and older adults.*

2. Insufficient Diversity

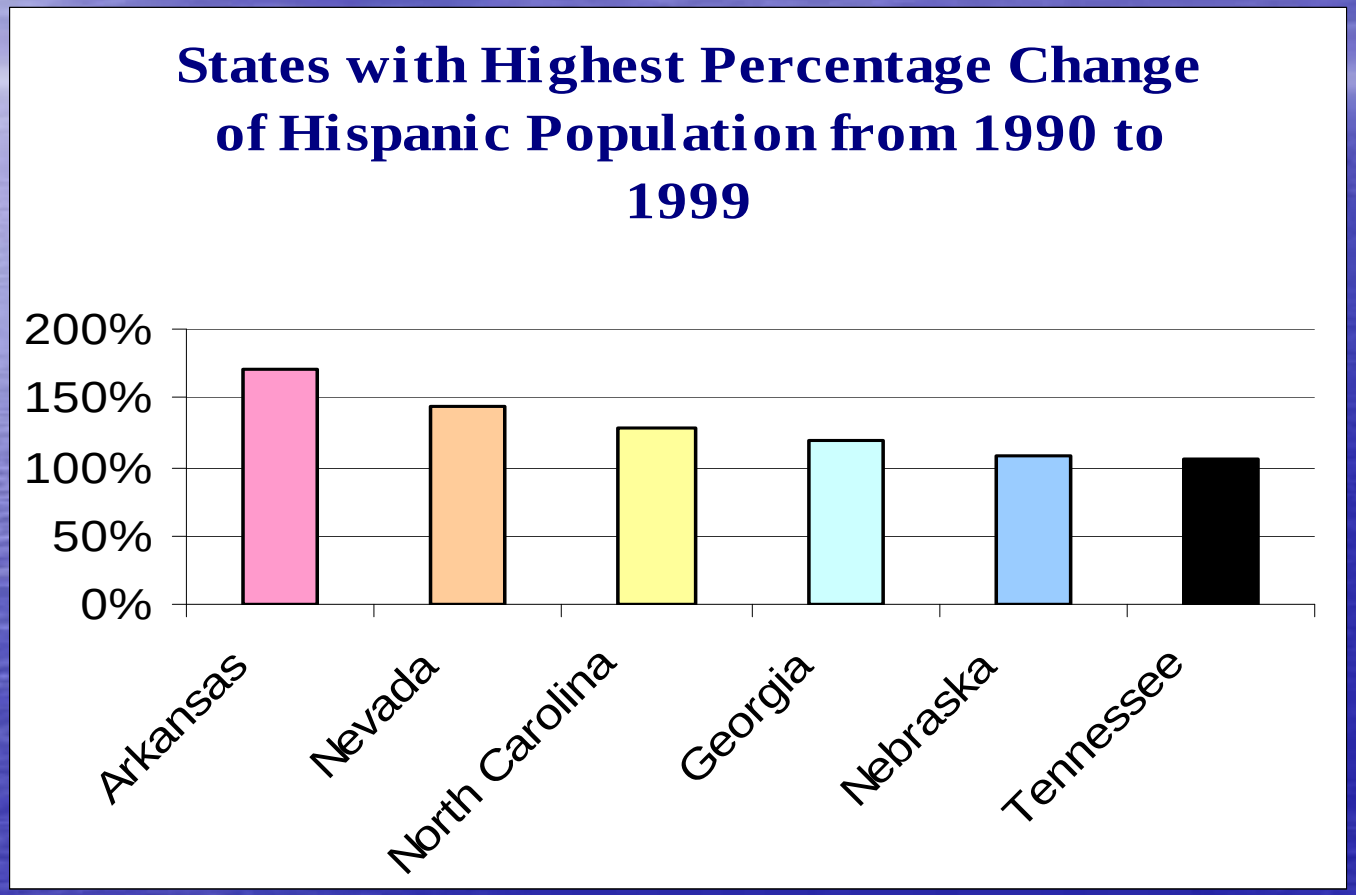
2000 US Population:

- 75.1% White
- 12.3% Black
- 3.6% Asian or Pacific Islander
- 0.9% Native American
- 5.5 Claiming and identity or than those listed
- 2.4% Identifying as more than one race

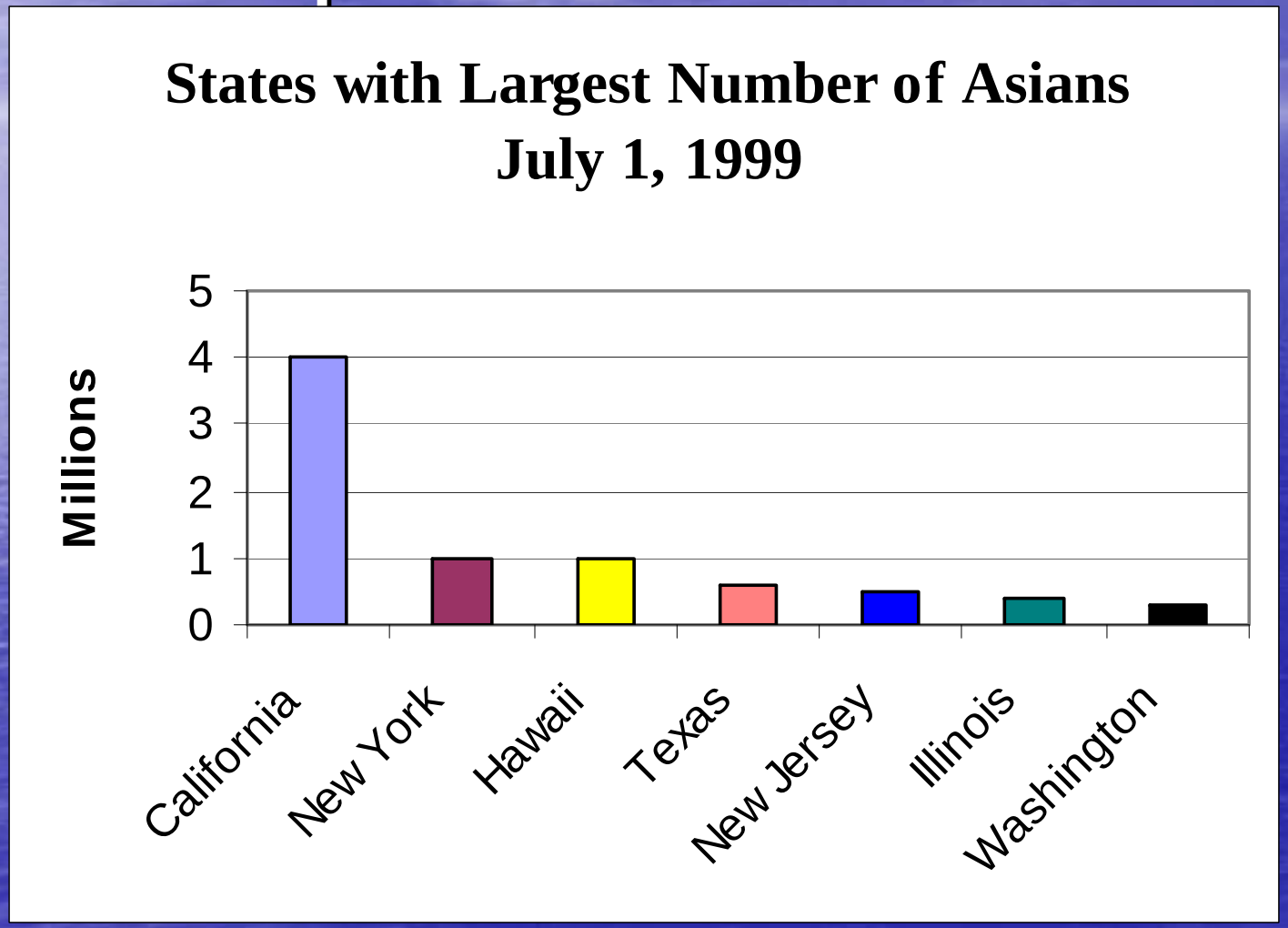
Nationwide Hispanic Population



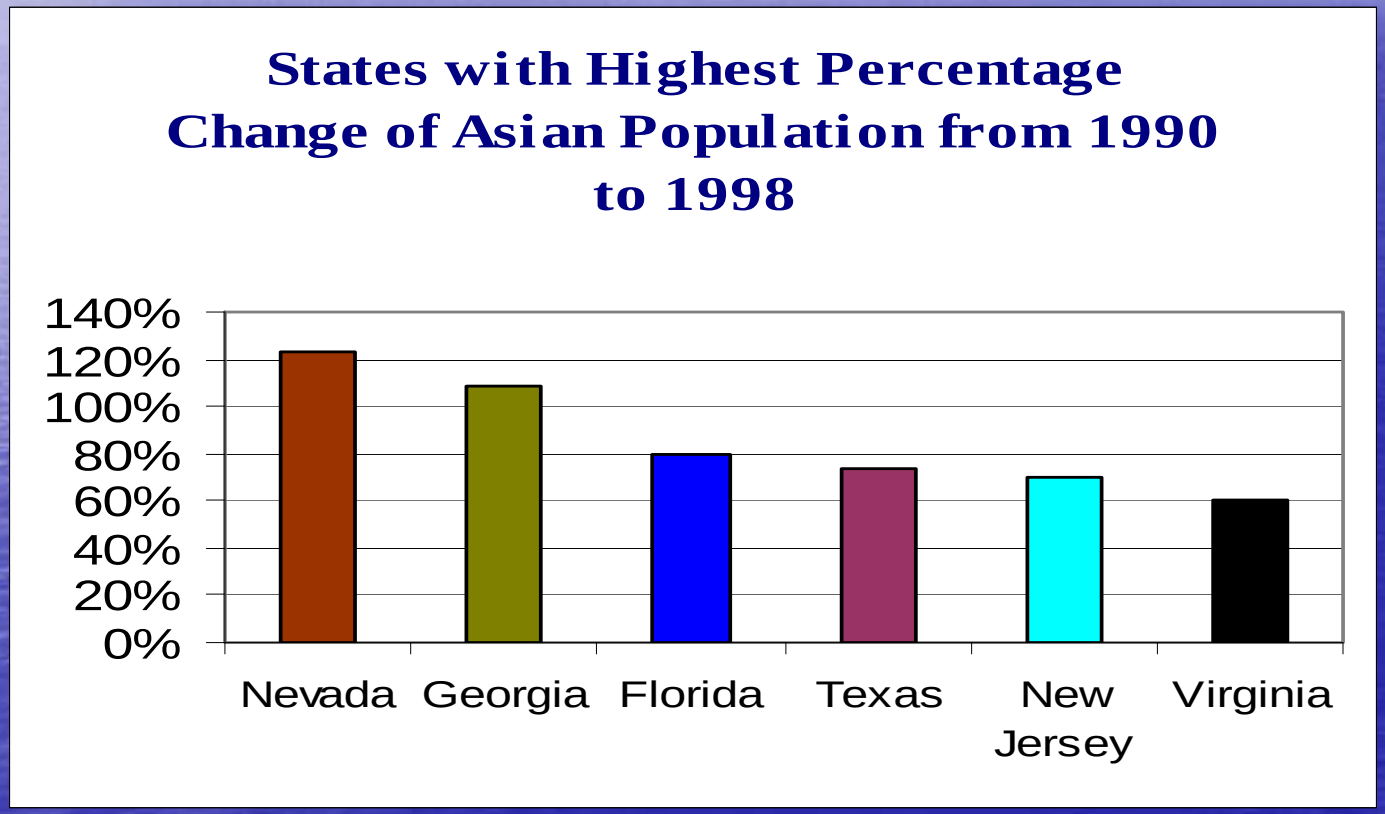
Hispanic Population Growth



Asian Population Nationwide



Asian Population Growth



Ethnicity by Occupation

Source: Mental Health, United States (2002)—Mental Health Practitioners and Trainees, Chapter 21

Occupation	American Indian/ Alaskan	Asian/ Pacific Islander	Hispanic	Black (not Hispanic)	White (not Hispanic)	Other
Psychiatrists (1999)	0.1%	9.5%	4.5%	2.4%	75.5%	8.0%
Social Workers (1996)	0.5%	1.7%	2.7%	5.0%	88.9%	1.2%
Psychiatric Nursing (1996-*women only*)	0.2%	1.9%	1.1%	2.3%	94.6%	No data
Psychosocial Rehabilitation (1996-*men only*)	0.4%	2.0%	6.4%	20.8%	69.8%	0.6%

3. Variation Among Providers and Delivery Systems: An Occupational Mosaic

- General Medical/Primary Care Providers
- Psychiatry
- Psychology
- Psychiatric Nursing
- LCSW
- Marriage and Family Therapy
- Social Work
- Counseling
- Advanced practice Nursing
- Substance Abuse Treatment
- Peer Support
- Parent partners
- Family Member
- Pastoral Counseling
- Psychosocial Rehabilitation
- Psychiatric technicians
- Occupational Therapy

How This Looks

3-6. What is Known About Providers?

- Little Assurance of Competencies
- Lack of Understanding on the Skills, Abilities, Attitudes, and Knowledge
- Inability to Incorporate Educational and Training Programs Across Providers and Among Systems
- A Growing Gap Between Education, Work Place Realities, Licensing, and Communities Being Served

California's Perspective

Similar Issues with future trends to be considered

- Aging workforce : (2018) 33.1% 55 and older
- Increasing diversity (2018) 37.3% Hispanic, 12.9% Asian, 5.5% Black, and 41% White
- An increase in the number of workers with only two years of education beyond high school, currently at 29.3%

California Mental Health Planning Council

- Mandated in federal and state law:
  - To advocate for persons with serious mental illnesses and children with serious emotional disturbances
  - To provide oversight and accountability for the public mental health system
  - To advise on priority issues and participate in statewide planning
  - Forty members, including consumers, family members, public and private providers, professionals, and state agency representatives

Planning Council's Gets Involved

- Unmet Need: The Catalyst for Developing Workforce Policy and Program Solutions
- Document consumer, parent partner, and family member employment and participation
- Promote solutions to increasing the cultural and linguistic diversity in mental health workforce
- Conduct a centralized effort in the state to highlight mental health workforce development and deployment- the conversation was still on recruitment and retention

There was the leadership and desire to collaborate to disseminate policy and program solutions

Human Resources Committee Mission

- Address California's public mental health workforce crisis
  - Increase the capacity of the mental health workforce
  - Increase the cultural competence and diversity of the mental health workforce—ethnicity, language, gender, age, and consumer and family member employment
- Work on a project basis to develop innovative and model programs and to disseminate information
- Serve as a Catalyst Statewide to Promote Strategies and Organizations that Seek to Solve the Workforce Crisis

HRC Identified Challenges to Overcome: Then *and Now*

- Vacancies for “hard-to-fill” positions and among under-utilized occupations
- Lack of any sustainable mechanism to promote MH careers to ethnically and linguistically diverse communities
- Lack of articulation among educational programs
- Increasing gap between secondary education and postsecondary training
- Few financial incentives, no sustainability
- A soon approaching competitive employment horizon

HRC Works Toward Agreements

- The mental health workforce shortage in mental health is no longer hypothetical or periodic
- There are statewide, regional, and local models and efforts to alleviate the burden of this crisis and a variety of solutions that need to be amplified
- Lack of designated funding can be an obstacle to the decision making process and alter the trajectory of programs

MHSA: Designates Funding for Education and Training: WET

- Mental Health Services Act (MHSA) allocates $450 M in the first three years for workforce development
- CMHPC Advise DMH on education and training policy development and provide oversight for DMH's plan development
- CMHPC Review and approve 5-year plan
- MHSOAC Reviews Local Plans*

WET Funding (all possibilities)

- State Administered Funds
- CSS Funds 20%
- PEI Funds (Training)
- Wet Component
  - Statewide and Regionally- 230
  - Locally- 210

WET Essential Elements

- State-wide: Overcoming Historical Disproportionate Distribution of Educational and Workforce Resources
- Increasing the Inclusivity and Diversity of the Mental Health Workforce: A strategy for reducing health Disparities
- Promoting Consumer and Family Member Involvement and the Portability of Lived Experience, Education, and Employment at all levels

WET Component Goal and Priorities

- Develop sufficient qualified individuals for the public mental health workforce
  - Promote cultural competency in all aspects of education and training program design
  - Expand the capacity of Postsecondary ED
  - Develop and provide financial incentives: loan forgiveness, stipends, and 20/20 programs
  - Promote and expand the employment of consumers and family members
  - Advance training- Incoming and Incumbent staff, competency-based curricula, the inclusion of cross-cultural perspectives
  - Regionalization and statewide-ness
  - Secondary educational development: articulation among educational programs and career pathway development

WET Essential Strategies

- implement a local, regional and statewide infrastructure to develop and deploy a qualified workforce
- Create financial incentives-local, regional, statewide
- Develop sustainable connections between education, training, and employment
  - High school academies
  - Consumer and family member employment
- Ensure that cross cultural perspectives are infused within curricula, training, and programs of study
- Promote e-learning to increase the accessibility of education and training programs
- Enhance and expand internships and residency programs

WET Implementation: Roles and Responsibilities

- CMHPC- Five-year plan, needs assessment
- MHSOAC- Review local plans
- DMH- Convener, developed a local planning process and reviewed plans, administers local, regional and state wide activities
- CMHDA- Allocate resources to support and implement WET activities, comments on policy and program implementation
- CiMH- Technical Assistance and Convener

Implementation Activities

- State-level Programs
  - Zoey Todd, DMH Chief Prevention, Education and Training
- Regional and Local Programs
  - Adrienne Shilton, CiMH
- Perspectives
  - Rita Downs, Mental Health Director Calaveras County
  - Mark Refowitz, Behavioral Health Director, Orange County Health Care Agency

MHSA Workforce Regional Partnerships

Progress to Date

Timeline

- November 2008
  - No MHSA funded Regional Partnerships
- December 2008
  - First Application for Regional Partnership Submitted
- July 2009
  - All Regional Partnership Applications Approved (Bay, LA, Superior, Southern, Central)

Regional Partnership Highlights

- Education
  - Rural MSW weekend program serving Central Region Counties (1st of its kind)
  - Redding MSW program serving Superior Region (CSU Chico's Redding Campus)
- Distributed (Distance) Education
  - Online Nurse Practioner to Psychiatric Nurse Practioner (statewide, but funded through Central Valley Regional Partnership and CSU Fresno)
  - Online BSW program (statewide, but funded through Superior Regional Partnership, CalSWEC and CSU Chico, CSU Humboldt)

Regional Partnership Highlights (continued)

- New MSW program at CSU Monterey Bay Funded by Greater Bay Area Region
- Comprehensive needs assessment for Tribal, MH and Health providers, in Superior Region
- Core Competency Projects
- Trainer and Trainings database – Central Region
- Regional Partnership Toolkit – Greater Bay Area Region
- Regional WET Plan with 8 programs - Southern

Greater Bay Area Region

- Developed Toolkit for Community College and Undergraduate Fieldwork
- Launched new website: www.mentalhealthworkforce.org
- Initiated Community College convening for Human Services-type programs
- Completed new three-year work plan
- Continues to receive funding from Zellerbach Family Foundation for projects
- Planning Consumer & Family Member Employment conference with San Mateo Behavioral Health & Recovery Services

LA Region

- Partnerships with Universities for training and research in services to:
  - Children and Youth
  - Transition Aged Youth
  - Adults
  - Older Adults

Superior Region

- Online BSW program integrating Community Colleges, CSU Humboldt and CSU Chico
- Distance Education MSW program in Redding
- Training needs assessment for tribes, health and mental health providers in the region

Central Region

- Funded Rural MSW program through CSU Sacramento
- Online nurse practitioner to psychiatric nurse Practioner through CSU Fresno
- Core Competencies identification for workforce serving mental health clients

Southern Region

- MOU between all Southern Region counties to share resources
- Development of 3 year workplan
- Identification of Core Competencies
- Mental Health Professional Shortage Area Designation Training
- Cultural Competency Training
- Career Pathway Workbook for all the counties to use at career fairs

County Workforce Education and Training

Advancing Local Opportunities in Difficult Times

Local Programs: An Overview of Findings

- Submitted 45 Workforce, Education, and Training Plans advancing: training, career pathways, internships and residency programs, and financial incentives
- Hired workforce, education, and training coordinators-the first role of its kind in public mental health (developing plans and stakeholder processes)
- Created an opportunity to fund financial incentive programs and stipend programs (statewide and locally)
- Incentivized career pathway development: expanding and creating certificated programs, leveraging MHSA funding
- Expanding portable and local opportunities for consumer and family members throughout the education and employment system
- Maximizing the opportunity to stabilize and support the development and provision of training in cost effective ways that meet local needs

Sharing Local Experiences: National and Statewide Conferences

County work has been presented at the following conferences:

- National Rural Health Association – Cultural Competency Conference
- National Rural Mental Health Association
- International Conference on Social Studies
- California Wellness Foundation
- California Association of Social Rehabilitation Agencies (CASRA)

Local County Programs also have presented to:

- California Mental Health Planning Council
- CMHDA All Directors
- Mental Health Services Oversight and Accountability Commission

Local County Programs have also organized conferences:

- Blue Sky Wellness Center Gathering
- Monterey County WET Conferences County Wide
- Orange County Statewide Consumer Employment Summit
- Stanislaus County Mental Health Summit

Approved County Workforce, Education, and Training Plans

- Alameda County
- Berkeley
- Butte County
- Calaveras County
- Colusa County
- Contra Costa County
- El Dorado County
- Fresno County
- Glenn County
- Humboldt County
- Kern County
- Kings County
- Los Angeles County
- Madera County
- Marin County
- Mariposa County
- Mendocino County
- Merced County
- Modoc County
- Mono County
- Monterey County
- Nevada County
- Orange County
- Placer County
- Plumas County
- Riverside County
- Sacramento County
- San Benito County
- San Bernardino County
- San Diego County
- San Francisco County
- San Joaquin County
- San Luis Obispo County
- San Mateo County
- Santa Barbara County
- Santa Clara County
- Santa Cruz County
- Shasta County
- Sierra County
- Solano County
- Stanislaus County
- Trinity County
- Tuolumne County
- Ventura County
- Yolo County

Calaveras County
Rita Downs, Behavioral Health Director

- Rural, mountain county in Sierra Foothills
- Growing population of approx. 47,000
- Over 80% in unincorporated towns
- Minimal public transportation
- Isolated Native American groups
- Growing Latino population
- Behavioral Health Services staff of 50, including 7 “lived experience” positions

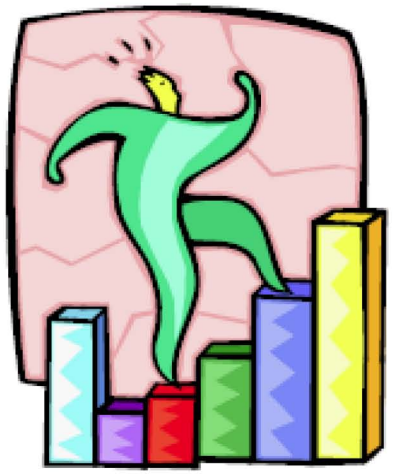
Mental Health Services Act

- Created additional services for adults & children
- Created additional lived experience positions
- Workforce Education & Training (WE&T) Component
  - Allocated Calaveras a one-time $450,000 for ten years
  - Created dedicated WE&T staff time
  - Established a working education & training plan
  - Included consumers, family members, underserved populations, community members, and administrative staff

Workforce Needs Assessment

- Occupational shortages caused by:
  - Geographic barriers, inaccessible educational opportunities, and a lack of local colleges or universities
- Clinical positions comprise the most chronic shortages
- Master's-level applicants vs. Bachelor's or less
- County has one psychiatrist; significant vacancy rates
- Hiring qualified staff is difficult; creates significant vacancies
- The dept. realized the need for an educational career ladder for those with "lived experience" and to "grow their own"

The Calaveras County Behavioral Health Services Career Ladder



SOLUTION

Psychiatrist
Need: 1.25
Have: 1.00

NHSC will repay a psychiatrist up to $50,000 of student loans for 2 yrs of service in high need areas.

Clinician
Need: 6.5
Have: 5*

Qualified clinicians applying for open positions or current clinicians in good standing are also eligible for loan assumption programs such as those funded by MHSA and OSHPD or by healthprofessions.ca.gov.

Case Manager
Need: 8
Have: 7

Case Management positions receive the highest level of qualified applicants. Current Case Managers with an Associate's Degree could obtain their Bachelor's and apply for the tuition assistance below. Or, they could further their career by obtaining their MSW (possibly through the county sponsored program), or an MFT program. If hired for an open clinical position, their tuition could be reimbursed through a State or County Loan Reimbursement Program, funded by MHSA and OSHPD funds, in return for a service commitment. Local MHSA loan assumption programs are listed below.

Peer Support Positions
Need: 7
Have: 5

The new 12-unit Peer Support and Psychosocial Rehab certificates are ideal for entry level lived-experience Community Service Liaison (CSL) or newly evolving Personal Service Coordinator (PSC) positions. If current CSLs obtained either certificate, they would be eligible for the PSC position. If a CSL or PSC obtained their Bachelor's, they would be ideal candidates for the Case Manager position. Local MHSA tuition assistance is available below.

Two new psychology programs:

- At Columbia College, in a neighboring county
- In collaboration with Tuolumne County Behavioral Health
- Based on curriculum by the California Association of Social Rehabilitation Agencies (CASRA)
- Presented as two 12-unit certificates, one in Peer Support and one in Psychosocial Rehabilitation, **1st for California**
- Counties felt the 18-36 unit programs could overwhelm mental health consumers or those returning to school
- Programs began Fall 2008

A Few of Our Columbia College Students

New rural mental health program:

- At California State University, Sacramento.
- Staff needs included a accessible location for classes, minimal travel, and a rural mental health emphasis
- Collaboratively sponsored by several rural counties and a central region workforce partnership
- Rural Mental Health Masters in Social Work Program—**rural mental health emphasis a 1st for California**
- Meets monthly, ten weekends a year
- Program started Fall 2009

Tuition Assistance:

- Four locally funded programs include:
- A Community College Reimbursement program ideal for Columbia programs or any community college curricula
- A Bachelor's Loan Assistance program, which will assume a portion of Bachelor's-level loans
- A Master's Loan Assumption Program that works with the Office of Statewide Health Planning and Development (OSHPD) to match county funds for clinical staff loans
- And scholarships for underserved populations to assist with any school expense

Supported Education Initiatives

- “Academic Advising” for all staff & consumers
- Enrollment of cohorts for each program
- WRAP support group for peer staff cohort
- Study support groups for consumer cohort
- Connection to campus disability services

Best Practices and Lessons Learned

- Specialized mental health curricula
  - CASRA Social Rehabilitation and Peer Support
  - Rural Mental Health Social Work
- Instructor “shortage” & guest speakers
- Importance of regular meetings with schools
- Internship/field placement program
- Volunteer opportunities

Orange County MHSA Workforce Education and Training Program Successes

Mark Refowitz

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Orange County WET Highlights

- Workforce Staffing & Support
- Training & Technical Assistance
- Mental Health Career Pathways
- Residencies & Internships
- Financial Incentive Programs

Workforce Staffing

- Provide supports for county and contract agency self-identified consumer employees, led by a team of consumer employees
- .5 FTE staff dedicated to liaison with Regional workforce coordination

Training & Technical Assistance

- Providing staff training on EBPs such as Dialectical Behavioral Therapy, Program for Assertive Community Treatment, Seeking Safety, Eyes Movement Desensitization and Reprocessing, & Trauma-focused Cognitive Behavioral Therapy
- Funding NAMI Family to Family in English, Spanish, Vietnamese, Korean & Farsi. Funded the translation of this curriculum into Vietnamese, Korean and Farsi where the latter two are the first in the country
- Behavioral Training for Foster Parents of at Risk Youth through partnership with SSA
- Hold an annual conference on Transitional Age Youth issues, going on 4th year
- Hold an annual Institute for Peers Services to provide update clinical skills for current and prospective consumer employees, going on 2nd year
- Mental Health Training for Law Enforcement program using the CIT model, over 500 peace officers trained

Mental Health Career Pathways

- Consumers/family members Training Program with classroom and paid internship training to work in mental health field has graduated 175 individuals. Program is also taught in Korean and Arabic with Vietnamese, Spanish, Mandarin Chinese and Farsi to follow
- Launching a Recovery Education Institute in July to provide workshops, coursework, employment skills, community college certificates and degrees for consumers using consumer/family member educational staff

Residencies and Internships

- Employed a half-time consumer as a educational recruiter to raise awareness among high school and college students about careers in mental health
- Planning a community psychiatry fellowship program with UCI dept of psychiatry

Financial Incentive Programs

- Tuition Program for county and contract agency employees and Consumer Training Program graduates to attend AA, BA, and graduate school in mental health fields

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Next Steps

- Document workforce development and deployment efforts statewide
- Review and revise the Five-Year Plan
- Continue to highlight development and deployment strategies and serve as a statewide catalyst

Recommendations

- Develop a communication plan for California's public mental health workforce development efforts: conferences, forums, state and federal advocacy venues

- Advocate to increase federal financial relief for mental health occupations, increasing eligibility for occupations that require two years of education beyond high school