MHSA Workforce Education and Training
Special Topic Regional Roundtables

Summary of Discussion Topics

In September and October 2007 four Mental Health Services Act (MHSA) Workforce Education and Training Regional Roundtables were held in the following locations:

- September 11 – 12, 2007, Emeryville
- September 25 – 26, 2007, Garden Grove
- October 15 – 16, 2007, Redding
- October 25 – 26, 2007, Sacramento

The purpose of these Roundtables was to provide guidance and resource information to counties in the development of the MHSA Workforce Education and Training Component of the Three-Year Program and Expenditure Plan (Three-Year Plan). Discussions during the Roundtables consistently focused on common issues statewide, leading to this supplement for county staff requesting clarification or additional information on these topics for their local planning.

Demonstration of Wellness, Recovery and Resilience

The first of five fundamental concepts driving all activity of the Five-Year Workforce Education and Training Development Plan (Five-Year Plan), mandated by the Mental Health Services Act is Wellness, Recovery and Resilience. Proposed Guidelines for the Workforce Education and Training Component of the Three-Year Program and Expenditure Plan for 2006-07, 2007-08, 2008-09 (Proposed Guidelines) describe this fundamental concept as "belief in and support of a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential." However, at present there is no regulatory definition of Wellness, Recovery and Resilience. The public mental health system needs to determine a common definition and a means to measure.

Cultural Competency Integral to the Plan

Welfare and Institutions Code Section 5822(i) states that the Department of Mental Health shall promote the inclusion of cultural competency in all workforce education and training programs. Cultural competency is an integral part of all Goals, Objectives and Actions of the Five-Year Plan and is infused through all the activities included therein. A well-designed and evolving county/state needs assessment and evaluation of California's mental health workforce is instrumental to guide workforce education and training activities toward systemic

provision of culturally competent services in support of the vision, values and priorities of the Act.

Planning the Needs Assessment

The Workforce Needs Assessment enables a county and subsequently the public mental health system to establish a current baseline set of workforce data that depicts personnel shortages and the needs of ethnic/racial and culturally underrepresented populations. The baseline data and the evolution of needs assessments over time enable county and state to analyze workforce capacity to service those needs and apply workforce education and training strategies.

It is recommended that the counties continue to use a comprehensive planning process with stakeholders in assessing workforce needs wherein the county prioritizes needs and all Action items desired, including contingencies to amend the initially submitted priorities should additional workforce allocations become available.

Staff to be Counted

County means, per MHSA2 Regulations Section 3200.090, "the county mental health department, two or more county mental health departments acting jointly, and/or a city-operated program receiving funds per Welfare and Institutions Code Section 5701.5." (Note: authority cited: Section 5898, Welfare and Institutions Code Reference Section 5897(b), Welfare and Institutions Code) In the Three-Year Plan Needs Assessment a county is to count the public mental health system workforce that is administered by the county, regardless of the funding source, inclusive of individuals, groups and agencies that contract with the county. It is suggested that the count include temporarily-funded positions due to the county's continued responsibility to meet the needs served by such staff.

Counties should analyze demographics currently known. The establishment of baseline data from the needs assessments will enable measurement of change in numbers and workforce composition over time that will support subsequent adjustment of strategies and resources.

Where services are geographically based (e.g. residential facilities and institutions) and used by more than one county, the "host county" will be expected to count the publicly-funded mental health workforce there. If the host county finds that a geographically-based service devoted 70% of its services to referrals from more than one county (for example, with 30% private pay) multiply the facility or institution's workforce by .70 to get an estimate. This change represents a consensus from the Regional Roundtables. Originally, as indicated in "Tools for Completing Workforce Needs Assessment, Exhibit 3, in Proposed Guidelines for Developing the County Education and Training Component of the Three-Year Program and Expenditure Plan," (page 10) whether a county counted

its share of an out-of-county workforce was OPTIONAL. Even host counties should not count the workforce at state hospitals, because this information will come from DMH Headquarters. Host counties should not count the workforce at Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs) or Indian Health Centers (IHCs), except to the extent that the county contracts for some services there. The Tools Handbook and the Excel spreadsheets have been revised and posted to the DMH website to reflect this change and others based on county feedback.

Funding the Proposal

Budgeting proposals: Counties may choose to submit proposals for the full amount of the Total Planning Estimate. Or they may choose to submit Work Detail(s) and Budget(s) for less than the Total Planning Estimate, then subsequently add Work Details for additional or revised programs up to the amount of the Total Planning Estimate. Any updates submitted must include all Exhibits and demonstrate consistency with the approved Workforce Education and Training component of the Three-Year Plan.

Actual payment: Payment to the counties will be made following the guidelines in the new MHSA Agreements taking the place of Performance Contracts.

Addressing Workforce Needs

Occupational shortages are defined by the county through its Workforce Needs Assessment process. Exhibit 3 of the Needs Assessment enables a county to compare resources on hand to resources needed. Local needs will be reassessed every three years in the submission of a new Workforce Education and Training component of the Three-Year Plan, enabling strategy and resource changes as the workforce evolves.

Occupational positions are deemed “hard-to-fill/hard-to-retain” because of a shortage of qualified individuals who apply for positions approved to be filled. Reasons could include lack of enough individuals with the minimum qualifications, insufficient pay and/or benefits to attract or retain sufficient qualified individuals, or difficulty attracting sufficient individuals to meet racial/ethnic diversity needs. Column (3) of Exhibit 3 is a key to linking proposed funding for Actions to address staff recruitment and retention challenges. Use Section IV Remarks to explain, for example, positions deemed hard-to-fill/hard-to-retain in only a designated part of the county or only in agencies that contract with the county. (It is important to include also in Section IV Remarks any sub-sets of shortfalls or disparities that are not apparent in listed categories.)

Language Proficiency shortfalls will be reported by each county in Exhibit 3 of the Workforce Needs Assessment, enabling an analysis of current capacity versus need. Include those languages other than English in which there is a need for

both county and contract staff to demonstrate sufficient oral and written proficiency to ensure access and quality services are provided to individuals whose primary language is other than English.

Mental Health Career Pathway Programs

Mental Health Career Pathway Programs are educational, training and counseling programs designed to recruit and prepare individuals for entry into a career in the public mental health system. Mental Health Career Pathway Programs are applicable to all prospective and current employees regardless of occupational definitions. Programs should address the lack of equal opportunities and access to the public mental health workforce for underrepresented racial/ethnic, cultural and/or linguistic groups, and the preparation of community members, especially clients and family members, for employment and careers in public mental health.

Residency and Internship Programs

As described in the Proposed Guidelines, psychiatric residency and internship programs leading to licensure and physician assistant programs with a mental health specialty can be funded to address workforce shortages by supplementing existing programs in order to increase the number of licensed professionals within a program who will practice in the public mental health system. Counties are encouraged to partner with graduate mental health and psychiatric residency programs in their communities to address local workforce deficits. For example, a county's Workforce Education and Training component could fund dedicated staff time that is housed in community public mental health settings to provide clinical supervision of hours leading to licensure for occupations the county has deemed to be an occupational shortage or licensed occupations where diversity needs are addressed. This staff time should work to actively influence graduate school and residency program curricula to better reflect the needs of the public mental health system through provision of services according to the fundamental principles of the Act.

A mental health specialty can be added to an existing two-year physician assistant program, and funding provided for mental health coursework and psychiatric supervision in community mental health settings for second year students.

Financial Incentives

Stipends, scholarships and loan assumption programs can provide financial incentives to recruit and retain both prospective and current public mental health employees who can address workforce shortages of critical skills and under-representation of racial/ethnic, cultural or linguistic groups in the workforce. Financial incentive programs are also for promoting employment and career

advancement opportunities for individuals with client and family member experience in the public mental health system. Stipends can be used, for example, to pay individuals with client and family member experience for participation and completion of an education or training program that leads to employment in the public mental health system.

The state is evaluating a Loan Assumption program, in which individuals would have payments made annually on outstanding loan balances in exchange for working in the public mental health system for a specified time. If a county has determined that Loan Assumption is a primary strategy it wants to use to recruit and retain staff it would be prudent to set aside additional funds to supplement any allocation from the state.

Action Matrix

The purpose of Exhibit 5 Action Matrix is to provide a tool to ensure that the Workforce Needs Assessment is actually reflected in the county's Workforce Education and Training component of the Three-Year Plan. In this exhibit the counties demonstrate that all workforce education and training Actions funded by the Act embody the five fundamental principles that are inherent in the Act and are consistent with at least one of the strategies as set forth in Section 5822 of the Act.

Evaluating the Workforce Education and Training Development Five-Year Plan

A means is required to evaluate the effectiveness of the strategies and actions on the workforce over time. Performance indicators directly linking the outcome of a program/activity to its impact on one or more of the Goals in the Five-Year Plan will be identified concurrently with the development of the program/activity, and subsequently evaluated to assist in future resource allocation. Criteria and outcomes have been developed by the Department with input from the California Mental Health Planning Council, the California Mental Health Directors' Association, the Mental Health Services Oversight and Accountability Commission, clients and family members and other stakeholders. Through June 2009 state and county administered programs and activities will be initiated and a baseline established by county and state for each performance indicator.

For additional information contact Warren Hayes, Chief
MHSA Workforce Education and Training
Warren.Hayes@DMH.CA.GOV
916-651-0461