

California Healthcare Workforce Policy Commission (CHWPC)
 Holiday Inn – Capitol Plaza
 300 J Street
 Sacramento, CA 95814
 Tuesday, February 12, 2013
 Call to Order: 8:35 a.m.
 Recessed: 3:55 p.m.

| COMMISSION MEMBERS PRESENT | COMMISSION MEMBERS ABSENT |
|---|---|
| Elizabeth Dolezal - Chair Roslynn Byous, DPA, PA-C Lauri Hoagland, FNP Laura Lopez Kathy Marsh, RN, MSN Angie Millan, RN, MSN, FAAN Tracey Norton, DO Andrea Renwanz Boyle, Ph.D., RN-BC Katherine Townsend, Ed.D., MSN Ashby Wolfe, MD, MPP, MPH | William Henning, DO Cathryn Nation, MD Deborah Rice, FNP Mario San Bartolome, MD, MBA Bonnie Wheatley, Ed.D., MPH, MA |
| | STAFF TO COMMISSION PRESENT |
| | Lupe Alonzo-Diaz, M.P.Aff Manuela Lachica Melissa Omand Barbara Zendejas |
| | ADDITIONAL STAFF FROM OSHPD: |
| | Robert David Sergio Aguilar Debra Gonzalez |

| AGENDA ITEM | TOPIC | DISCUSSION | ACTION ITEM OR DISCUSSION |
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| 1. | Call to Order | Meeting called to order at 8:35 a.m. | |
| 2. | Introduction of CHWPC Members and Statement of Recusal | CHWPC Members introduced themselves and indicated whom they represent and which government authority appointed them. Additionally, each Commissioner indicated which Registered Nurse Education Program they would recuse themselves from. | <u>Recusals</u> Dolezal: None Byous: Riverside Community College Lopez: None Townsend: Western Governors University Wolfe: None Norton: None Marsh: University of San Diego Millan: None Renwanz-Boyle: None |

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| 3. | Chair's Remarks | This is the first meeting in which the CHWPC utilized the new scoring process in tandem with the newly streamlined applications. Also, the format in which we conduct public comment has changed. Previously, the CHWPC held all public comment until the end of the meeting. From this point forward the CHWPC will entertain public comment on specific issues, where it's appropriate. Public comment will be held to three minutes using the stop light provided by staff. | |
| 4. | Approval of November 2, 2012 Minutes | Approval of minutes from CHWPC meeting held November 1, 2012 in Sacramento, California. | Motion Made (Townsend) and seconded (Wolfe) to approve the November 2, 2012 minutes as presented. |
| 5. | OSHPD Director's Report | <p>Director David, reported on the following in his Director's report:</p> <p><u>State of California Budget</u> – Governor Brown released his proposed budget in January and with that is a major change to the State's fiscal year outlook. The passage of the Governors proposition in November restores funding to K-12 programs as well as higher education and avoids major cuts. OSHPD is not funded by the general fund but by a special fund; no major impact is expected to OSHPD other than the proposed elimination of mandatory employee furlough days starting July 1, 2013.</p> <p><u>Health Care Reform</u> - The Affordable Care Act is starting to take shape in California, and will be reality a year from now; 2014 will be the year for Healthcare Workforce. In California, there will be an estimated 2 million people with a health insurance card, many with MediCal cards and where will the providers be to take care of this huge influx of patients? Health workforce will be a big focus in the legislature especially where Scope of Practice is concerned. Senator Hernandez, head of the Senate Health Committee has talked extensively about Scope of Practice.</p> | |

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| 5. | OSHPD Director's Report - continued | The Governor has called a special session of the legislature to deal with Health Care Reform issues, much of which will be around implementing MediCal eligibility expansion but may include a broader discussion about healthcare workforce. I wouldn't be shocked if this department received additional funding, a greater discussion will be held at the next CHWPC meeting on this issue. | |
| 6. | Executive Secretary's Report | <p>Ms. Lupe Alonzo-Diaz, M.P.Aff., Executive Secretary for the CHWPC discussed the following in her report:</p> <p><u>Partnerships:</u> Through the Healthcare Workforce Pilot Projects the Office is looking at partnering with the Emergency Medical Services Authority on a Community Paramedicine project. The partnership includes identifying regions throughout the state that would be interested in focusing on community paramedicine. The idea behind the partnership is that paramedics have a very specific skill however their scope of practice limits where and how they can practice that skill. The goals of the project are to improve individual and community health, reduce unnecessary hospitalizations and Emergency Department visits, and reduce healthcare costs.</p> <p>Members of the Healthcare Workforce Development Council, the California Workforce Investment Board and OSHPD are re-convening the Career Pathways Sub-Committee to develop career pathways for mental health professions.</p> | |

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| 6. | Executive Secretary's Report – continued | <p><u>Funding:</u> Since the July 1 transfer of the Department of Mental Health's workforce programs to OSHPD the Agency has been focused on honoring the commitment to workforce investment especially where the public mental health system is involved. That commitment includes the release of a \$2M request for funding to fund psych residency programs. It is anticipated that two awards in the amount of \$1M each may be awarded.</p> <p>The Governor's Budget, released in January includes a one-time request of \$196,000 for OSHPD to hire a consultant to help develop a local and regional needs assessment in the public mental health system.</p> <p>The grant proposal submitted for \$1.5M to United Healthcare in 2012 was not awarded. Constructive feedback stated the other awarded grantees were able to leverage existing funds.</p> <p>The California Endowment has made a commitment to support the implementation of Federal Health Care Reform and have committed \$225M. OSHPD is currently in negotiations for \$22M to be specifically tied to workforce. Song-Brown is one of the programs in negotiation to receive funding.</p> <p><u>CalREACH:</u> CalREACH is OSHPD's electronic application monitoring system and is expected to roll-out before 30 June 2013. The Health Careers Training Program within our Healthcare Workforce Development Division will be the first program to go-live on February 19.</p> | <p>Commissioner Marsh asked how the implementation of Cal-REACH will affect announcements to the public on the release of applications. Ms. Alonzo-Diaz replied that awareness would be through community outreach, emails to the program directors, word-of-mouth, and assistance from the CHWPC. Manuela Lachica also commented that the change of dates to the cycles has been posted on the OSHPD website and Family Practice residency directors have been emailed regarding the changes.</p> |

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| 6. | Executive Secretary's Report – continued | <p><u>Clearinghouse:</u> Clearinghouse has several factsheets: Registered Nurses, Licensed Vocational Nurses, Osteopathic and Allopathic Physicians & Surgeons, Physician Assistants, Respiratory Care Practitioners, and Psychiatric Technicians. On February 17th, Clearinghouse will roll out factsheets for Dentist and Dental Hygienist.</p> <p>OSHPD has partnered with the Employment Development Division and will roll out state-wide labor projections for 2012-2022 starting in March.</p> <p>September marks the 40th anniversary of the Song-Brown program! The team is working on a plan for the next meeting to honor the past work and accomplishments of the Song-Brown program.</p> | |
| 7. | Presentation by Commissioner Angie Millan | <p>Commissioner Angie Millan presented on the Institute of Medicine Report "The Future of Nursing, Leading Change, Advancing Health."</p> <p>Future of Nursing, Campaign for Action presentation is hereby incorporated as Attachment B</p> | |
| 8. | Registered Nurse Education – Capitation and Special Program Presentations | <p>Presentation of Associate Degree Nursing Programs:</p> <ol style="list-style-type: none"> 1. Glendale Community College 2. Los Angeles Harbor College 3. Modesto Junior College 4. Reedley College – Withdrawn 5. Fresno City College 6. Mt. San Jacinto Community College 7. Hartnell College 8. College of the Canyons 9. Riverside City College 10. Mt. San Antonio College 11. Rio Hondo College 12. Pierce College | |

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| 8. | Registered Nurse Education – Capitation and Special Program Presentations - continued | Presentation of Bachelor of Science in Nursing and Master’s Degree in Nursing Programs: 13. Point Loma Nazarene University 14. California State University, Stanislaus 15. Western University of Health - no presentation 16. Simpson University 17. California State University, Fresno | |
| 9. | Recess | Meeting recessed at 3:55 p.m. | |

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| 3. | Registered Nurse Education – Capitation and Special Program Presentations | Continued presentation of Bachelor of Science in Nursing/Master’s Degree in Nursing Programs: 18. California State University, Long Beach 19. University of San Diego, Hahn 20. California State University, Bakersfield 21. California State University, Chico 22. Western Governor’s University 23. University of California, Irvine | |
| 4. | Physician Assistant Mental Health Special Program Presentations | Physician Assistant Mental Health Special Program Presentations: 1. University of California, Davis 2. Moreno Valley College – no presentation 3. Touro University | |
| 5. | Funding Discussion and Decision | Nursing programs were ranked by the CHWPC in the following order: <u>ADN Programs – Capitation:</u> Riverside City College 1 Fresno City College 2 College of the Canyons 3 Mt San Antonio College 4 Rio Hondo College 5 Los Angeles Harbor College 6 Mt San Jacinto College 7 Modesto Junior College 8 Pierce College 9 <u>BSN-MSN Programs – Capitation:</u> California State University, Stanislaus 1 University of California, Irvine 2 University of San Diego 3 California State University, Fresno 4 California State University, Bakersfield 4 Western University of Health Sciences 6 California State University, Long Beach 6 Simpson University 8 | Motion made by (Norton) and seconded by (Thompson) to distribute Capitation funding as follows: California State University, Stanislaus \$240,000.00 Riverside City College \$200,000.00 University of California, Irvine \$192,000.00 College of the Canyons \$160,000.00 Fresno City College \$160,000.00 USD, Hahn School of Nursing \$144,000.00 Mt. San Antonio College \$120,000.00 |

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| 7. | Mental Health Service Act (MHSA) Workforce Education and Training (WET) 5-Year Plan Overview | <p>Sergio Aguilar, Healthcare Reform Analyst provided the CHWPC with an overview of the Mental Health Service Act and the Workforce Education and Training (WET) 5-year plan.</p> <p>Mental Health Services Act (MHSA) Workforce Education and Training (WET) Program Overview is hereby incorporated at Attachment D</p> | <p>Mr. Aguilar asked the Commissioners questions regarding the WET Five-Year Plan. Feedback on the questions are as follow:</p> <p>1. What are the most significant mental health workforce development challenges? What actions are needed to address the most significant mental health workforce development challenges?</p> <p>Byous-Finding training sites for students to acquire skills. Once skills are acquired, are jobs available? Communities could use loan repayment for these students.</p> <p>Boyle-Recruiting in a workforce that's representative of the community they're trying to serve.</p> <p>Hoagland-Mental Health and Substance abuse are interfacing problems yet these services aren't always connected. Individuals who need mental health treatment don't have a place to stay and receive treatment; migration from county to county with no system to keep track of records.</p> <p>Marsh-Students show interest in the mental health field but can't afford to pay their bills upon graduation so they go into another specialty.</p> |

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| 7. | | | <p>Lopez-We need to think outside the box as to where the people are who have mental health issues. Think shelters, community centers; maybe we can get people in there to help.</p> <p>Norton- Family physicians practicing rural medicine have many resources. Family medicine as the foundation can gather the staff and resources. Need electronic health records.</p> <p>Wolfe-In the urban areas there are inadequate resources, such as medical insurance not covering mental health services. The MDs struggle with coordination between the patient and social worker. Workforce development is needed to communicate between team members.</p> <p>Public Comment 1-There are multiple issues. Until the reimbursement is there for PA's in mental health, it's going to be an uphill battle. Main obstacles are funding, reimbursement, and job availability.</p> <p>Public Comment 2-Barriers in clinical training sites such as only physicians can train PA's so there is a bottle neck of PA's who want to be trained and work.</p> |

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| 7. | Mental Health Service Act (MHSA) Workforce Education and Training (WET) 5-Year Plan Overview – Cont'd | | <p>Public Comment 3-It's great if the money is given to the programs, but their hands are tied if there isn't a collaboration between the counties health facilities and within the state.</p> <p>2. What are the barriers to expanding the capacity of postsecondary education for mental health workforce programs? What actions are needed to expand the capacity of postsecondary education in order to meet the mental health workforce needs?</p> <p>Townsend-Lack of clinical sites for Mental Health. Provide students with the skill to learn in practice.</p> <p>Wolfe-Use nursing and physician pipeline strategies for mental health recruitment. Better tracking.</p> <p>Boyle-Faculty shortages, and lack of funding and pipeline to help address this issue. Unable to recruit, retain and educate if you don't have the clinicians. Plans are needed to get the future educators in place. Money is an issue.</p> <p>Norton-Providers are truly impacted. Reinvent the training sites.</p> <p>Lopez-Helping foreign medical personnel gain their US certification so we can benefit from their skill set.</p> |

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| 7. | Mental Health Service Act (MHSA) Workforce Education and Training (WET) 5-Year Plan Overview – Cont'd | | <p>Public Comment 1- Recruitment from high school all the way to placement. From a program standpoint, they can focus their admission process and give priority to those interested in Mental Health. You can do all the right things, but if there is no end point, it would be futile. Need positive role models and mentors.</p> <p>3. What are the barriers to include diverse, racial and ethnic community members in the mental health provider networks?</p> <p>Public Comment 1-Use of community colleges to meet pre-requisites. Norton-Mental Health providers for non-English speakers or specific ethnic relations.</p> <p>4. What are the barriers to including cultural competency in the mental health workforce training and education programs?</p> <p>Marsh-Language is a huge barrier. Need more students that speak other languages. Hoagland-Placement of medication. Lopez-Different cultures see mental health in different ways. Need to incorporate cultural acceptance to mental health program. Public Comment 1-Still much to learn and always room for improvement, but this is the place we are succeeding at.</p> |

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| 7. | Mental Health Service Act (MHSA) Workforce Education and Training (WET) 5-Year Plan Overview – Cont'd | | <p>Public Comment 2-Training current providers to ensure they are receiving the newest training available in order to be the most effective.</p> <p>5. What actions are needed to include diverse, racial and ethnic community members in the mental health provider network, and include cultural competency in the mental health workforce training and education programs?</p> <p>Public Comment 1-Training program models could be replicated into continuing education curriculums that are at the state and national level.</p> <p>Hoagland-Conversation should take place around the state with community leadership.</p> <p>Wolfe-Collaborating with the licensing boards and professional organizations, highlighting to those stakeholders what's important and why. How can the state better coordinate? How can it get done?</p> <p>Sergio Aguilar stated they will have forums in eleven different communities and with different local networks on what they feel should be provided in the 5-Year Plan. For those that are unable to attend a forum, there will be a Webinar followed-up with an on-line survey.</p> |

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| 7. | Mental Health Service Act (MHSA) Workforce Education and Training (WET) 5-Year Plan Overview – Cont'd | | There is a long list of questions that will be asked to the communities and framed to fit within that particular area. The questions asked to the Commission today are within the CHWPC specific scope of assignment. They will have an opportunity to answer all the questions, should they choose, through the on-line survey |
| 8. | Update on Work-plan objectives | Manuela Lachica, Program Director for the Song-Brown Program updated the CHWPC on work-plan objectives, the program director survey on special projects and graduate student assistant project. | |
| 9. | Public Comment | | Dr. Troidl stated he will send a letter to Director David, expressing his concern, regarding the lack of partnership between CHWPC and the California Healthcare Workforce Development Council. He stated he will send a second letter expressing concern over Commissioner compensation. |
| 10. | Adjournment | Meeting adjourned at 4:10 p.m. | |



FUTURE OF NURSING™

Campaign for Action*

***Angie Millan, RN,MSN,FAAN
California Healthcare Workforce Policy
Commission (CHWPC) Meeting
February 12, 2013***

Institute of Medicine Report

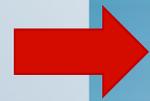


The Future of Nursing:

LEADING CHANGE, ADVANCING HEALTH



INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES



High-quality, patient-centered health care for all will require a transformation of the health care delivery system

One of the most-viewed
online reports in IOM
history

Campaign for Action Pillars



**Advancing Education
Transformation**



**Removing Barriers to
Practice and Care**



Nursing Leadership

Interprofessional Collaboration

Diversity

DATA

Education

Increase the proportion of nurses with BSN and higher degrees

Increase the number of nurses with doctorates

Implement nurse residency programs

Promote lifelong learning



Practice

All practitioners should practice to the full extent of their education and training

Physicians, nurses and other health professionals work in a team-based model of care delivery

Models of care maximize time that providers can spend on their respective roles and responsibilities to patients



Leadership



Nurses bring important viewpoint
to management and policy
discussions

Prepare nurses to lead
improvements in health care quality,
safety, access and value

Collaboration



Prepare more nurses to help lead improvements in health care quality, safety, access and value

Interprofessional education, training and practice

Integrated, collaborative, patient-centered health care teams

Data

Research on health care workforce is fragmented

Improved health care workforce data collection to better assess and project workforce requirements

Need data on all health professions



Diversity

Nurses should reflect patient population in terms of gender, race and ethnicity

All nurses should provide culturally competent care





CALIFORNIA ACTION COALITION

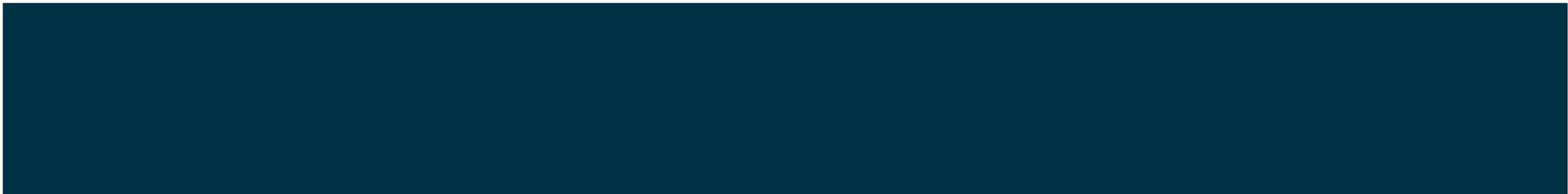
Advancing Health In California

*Implementing the IOM Future of Nursing Vision in
California*



Vision

A healthy California through
nursing leadership and service





Mission

Implement the recommendations of
the IOM Future of Nursing report
through strategic partnerships for a
healthy California



Progress to Date



- **Workgroups established for all 8 Recommendations**
- **Regional Champions identified across CA**
- **Website developed**
www.caactioncoalition.org
- **Secured funding for creating sustainable structure**

Get Involved!

- Volunteer for a workgroup or region
- Host an awareness event
- Visit the website





For More Information

Angie Millan, RN, MSN, FAAN
Immediate Past President
National Association of Hispanic Nurses
amillan@thehispanicnurses.org

Mary Dickow, MPA
California Action Coalition
Statewide Director
marydickow@me.com
415-307-9476

[Future of Nursing Campaign for Action](http://www.campaignforaction.org)
www.campaignforaction.org

[California Action Coalition](http://www.CAactioncoalition.org)
www.CAactioncoalition.org



Mental Health Services Act (MHSA) Workforce Education and Training (WET) Program Overview

Background

Passed in November 2004 by California voters, Proposition 63 – the Mental Health Services Act (MHSA) – imposes a one percent tax on personal income in excess of \$1 million to support the public mental health system (PMHS) via prevention, early intervention and services. Historically underfunded, the PMHS suffers from a shortage of mental health providers in addition to maldistribution, lack of diversity, and under-representation of practitioners with client experience.

The MHSA included a component for Mental Health Workforce Education and Training (WET) programs. The Welfare and Institutions Code (WIC) 5892(a) (1) specifies that a “trust fund” be created and that money within the trust fund “be expended consistent” with the WET Component in MHSA. WIC Section 5892(e) (1) states that in Fiscal Year (FY) 2004-05, 45% of the total MHSA revenues shall also be deposited in to that fund. WIC Section 5892(a) (1) states that in FYs “2005-06, 2006-07, and in 2007-08, 10 percent shall be placed in the trust fund to be expected for education and training programs”. WIC Section 5892(b) also allows counties to deposit up to 20 percent of their funds into the education and training fund. Although this fund was never established, a total of \$444.5 million was made available for the education and training fund at the State level with the Department of Mental Health (DMH).

Five-Year Plan: 2008-2012

Pursuant to WIC Section 5820, in 2008, DMH, in concert with stakeholders, developed the Five-Year Workforce Education and Training Development Plan (Five-Year Plan), April 2008-April 2012 which provides a framework for the advancement and development of mental health workforce education and training programs at the County, Regional, and State levels. Specifically, the Five-Year Plan provides the vision, values, mission, measureable goals and objectives, proposed actions and strategies, funding principles, and performance indicators for the use of MHSA WET funds.

The Five-Year Plan developed by DMH was approved by the California Mental Health Planning Council in 2008 and covers the period from April 2008 to April 2013 (http://www.oshpd.ca.gov/HPEF/Text_pdf_files/WET/MHSA_FiveYearPlan_5-06-08.pdf). To supplement the Five-Year Plan, DMH also developed a ten-year budget projection for the administration of the \$444.5 million that were deposited 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 level.

State level WET programs that were budgeted in the ten-year budget include:

- Stipend Programs
 - Stipend Programs are administered through contracts with ten higher educational entities, for graduate students who plan to work in the PMHS. The goals of the stipend programs are to increase the number of licensed mental health professionals in public mental health, and to incorporate the MHSA principles into graduate level curriculum. The graduate degrees funded in the WET stipend program include: Masters of Social Work; Marriage and Family Therapist; Clinical Psychologist; Psychiatric Mental Health Nurse Practitioner; Psychiatric Residency; and Physician Assistant. A total of \$100 million was authorized for Stipend Programs over 10 years.
- Mental Health Loan Assumption Program (MHLAP)
 - MHLAP offers loan assumption to mental health providers in hard-to-fill and/or hard-to-retain positions in the PMHS in exchange for a 12-month service obligation. A total of \$75 million was authorized for MHLAP over 10 years.
- Song-Brown Residency Program for Physician Assistants in Mental Health
 - Adds a mental health track to the Song-Brown Residency Program for Physician Assistants (PA) as a strategy to address the shortage of Pas that can sign mental health treatment plans and prescribe and administer psychotropic medications. PA programs that train second-year residents to specialize in mental health are eligible to apply for augmented funding. A total of \$5 million was authorized for Song-Brown over 10 years.
- Psychiatric Residency Program
 - The Psychiatric Residency Program ensures that psychiatric residents receive training in the County public mental health system, working with the populations prioritized by that community. Further, psychiatric residents are encouraged to continue working in the California PMHS after their rotations end. A total of \$13.5 million was authorized for Psychiatric Residency Programs over 10 years.
- Client and Family Member Statewide Technical Assistance Center
 - The Client and Family Member Statewide Technical Assistance Center promotes the employment of mental health clients and family members in the mental health system. A total of \$8 million was authorized for the Technical Assistance Center over 10 years.
- Regional Partnerships
 - Five Regional Partnerships (RPs) have formed across the state to promote building and improving local workforce, education and training resources. The RP collaboratives represent Bay Area counties; Central Valley counties; Southern counties; Los Angeles County; and Superior Region counties. RPs include representation from mental health, community agencies, educational/training entities, consumers, family members, and other partners to plan and implement programs that build and improve local workforce education and training resources.

Each RP focuses on projects and goals specific to their regional needs. A total of \$27 million was authorized for Regional Partnerships over 10 years.

MHSA WET Program Transfer

In July 2012, following the elimination of DMH, the MHSA WET programs were transferred to the Office of Statewide Health Planning and Development (OSHPD). OSHPD received budget authority to expend remaining MHSA WET State funds. An additional one-time \$6 million in unallocated WET funds were transferred to OSHPD, to be appropriated after stakeholder engagement for purposes of WIC Sections 5820, 5821, 5822 in a manner subject to requirements set forth in WIC Section 5820(a) (e) and WIC Section 5848.

MHSA WET Five-Year Plan: 2014-2019

Per WIC Section 5820, OSHPD is accountable for the development of the next Five-Year Plan that will be in effect from April 2014 – April 2019. To ensure the development of a comprehensive plan, OSHPD is employing a robust stakeholder engagement process to engage diverse stakeholder groups through different strategies including the WET Advisory Committee and WET Five-Year Plan Advisory Sub-Committee, community forums/focus groups, key-informant interviews, webinars and surveys, and county site visits.

The Five-Year Plan will provide the vision, values, mission, measureable goals and objectives, proposed actions and strategies, funding principles, and performance indicators for the use of MHSA WET funds for the period from April 2014 to April 2019. Per WIC Section 5822, the next Five-Year Plan shall incorporate the following elements:

- 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, master's 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, increases 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 Section 5840), and Part 4 (commencing with Section 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).

The Five-Year Plan will be accompanied by a five-year budget that will allocate remaining State MHSA WET program funding for the next five years. This five-year budget will allow the opportunity provide changes to the funds remaining from the prior ten-year budget developed in 2008. Per WIC Section 5820 (e), the Five-Year Plan requires final approval from the Mental Health Planning Council by April 2014.