

MHSA Workforce Education and Training

PROPOSED FUNDING AND GOVERNANCE STRUCTURE

OR

How much should we spend, what
will be funded, for what period of
time, and who will administer
the money?

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Last September we presented our second draft of the MHSA Workforce Education and Training Five-Year Plan. At that time we outlined what we wanted to do. Over the winter we met with our government partners, the California Mental Health Director's Association, the Oversight and Accountability Commission and the California Mental Health Planning Council, and we developed a plan for how much we wanted to initially spend and what would be administered at the state level and what would be administered at the local level.

State Workforce Challenges

- Cultural competency, language proficiency, and diversity of workforce
- Organizational capacity to support new services
- Geographical challenges of recruiting staff and reaching consumers
- Hiring consumers and family members
- Recruiting and retaining licensed staff

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As a reference we used the results of what our county mental health programs told us were the major workforce challenges in implementing the Mental Health Services Act. This includes having a workforce that is responsive to the diversity of the people needing to be served, building a system that is able to support the new MHSA services, being able to recruit qualified staff to work in remote areas, being able to recruit, prepare and support individuals with consumer and family member experience to work in the public mental health system, and being able to compete with other systems, such as the Department of Corrections and Rehabilitation, for individuals with advanced degrees and licenses.

Required Elements of the Act

- A. Expand postsecondary education capacity
- B. Expand loan forgiveness, scholarship programs
- C. Create stipend programs
- D. Promote employment of consumers, family members in MH system
- E. Develop curricula in accordance with Act values
- F. Include cultural competency in all training and education programs
- G. Establish regional partnerships
- H. Increase MH career development opportunities
- I. Promote meaningful inclusion of consumers, family members in all training and education programs

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We are also required to address all of the workforce education and training strategies that are stated in the Mental Health Services Act. We have listed these as objectives in our Five-Year Plan.

MHSA Fundamental Concepts

The following fundamental concepts will be embedded and continuously addressed in any workforce development program or education and training that is funded through MHSA

- Focus on wellness, recovery, resilience
- Cultural competence
- Consumer/family driven services
- Consumer/family members integrated throughout the mental health system
- Community collaboration

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Early in the planning process for implementing the Community Services and Supports component, stakeholders assisted the Department to capture the intent of the Act by identifying five fundamental concepts. The fundamental concepts of wellness, recovery and resilience, cultural competence, consumer and family driven services, integrating consumers and family members throughout the public mental health system, and collaborating with community partners are to be embedded and addressed in all of our work.

Funding Boundaries

- For workforce development programs – funding restricted to addressing identified occupational shortages and diversity needs of persons working in the public mental health system
- For education and training – funding restricted to education and training embodying MHSA essential elements and fundamental concepts
- For workforce staffing support – funding restricted to positions specifically identified to support workforce development programs and education and training. Includes contracts to consultants as subject matter experts

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For the proposed funding and governance of our proposed workforce education and training plan we need to conceptualize who the workforce funds are for, and who can receive them.

Funds in this component are intended to benefit current and prospective employees who support the public mental health system, and include individuals and entities that contract, volunteer, and/or provide contributions to the public mental health system. Funds can be paid to any individual or entity that assists the public mental health system with its workforce development or education and training needs.

Workforce development programs are those programs that assist in the recruitment and retention of positions that are either hard to fill, or address the diversity needs of the workforce. MHSA funding for education and training is restricted to that education and training that embodies the fundamental concepts in the Act and addresses those required elements stipulated in the Act.

In addition, we are allowing for MHSA funding to pay for positions that are specifically designated to provide staff support to workforce development programs and education and training efforts.

Planning Considerations

- The following is a proposed funding and governance plan for state and county administered education and training categories
- These categories are intended for discussion and revision as part of the stakeholder process
- Categories to be administered at the state level address all elements stipulated in Section 5822 of the Act, and enable county administered plans to choose locally appropriate strategies
- The combination of state and county categories are to maximize statewideness of effort and equity of resource distribution

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In putting this funding and governance structure together we wanted to make sure that the combination of state administered activities and the totality of county administered activities address all of the required elements of the Act pertaining to workforce education and training.

We also wanted to recognize that each and every county by itself could not do each and every one, nor would it be appropriate. So we wanted to administer at the state level activities that address all of the required elements, and provide the counties the flexibility to fund those activities that are possible and appropriate to their county.

Also at the state level we wanted to design the structure such that state administered programs can address long-standing workforce resource disparities between counties, as well as equitably provide workforce resources to county providers as well as to agencies that contract with the counties.

Proposed Plan

- Authorize **\$200 million** be spent on workforce education and training from now until June 2009 (approx. **\$80m** annualized)
- **\$100m** state administered, **\$100m** county administered
- Counties receive **\$15m** for planning/early implementation until plans approved
- After June 2009 State administers **\$40m** annually; county administers workforce funds from up to 20% MHPA funds designated for capitol/facilities, technology, human resources and prudent reserve

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So how much should we spend on workforce education and training? We are proposing a state and county partnership where we will authorize a spending level of up to 200 million dollars from now through June of 2009. During this time period we propose that half be administered at the state level, and half administered collectively by the counties. Each county will be provided an individual planning estimate. This 200 million dollars represents an annualized amount of 80 million dollars – 40 million for the State, and 40 million for the counties.

Of this 100 million dollars allocated for county administration we are proposing that counties will receive, upon request, up to 15 million dollars to pay for staff and consultants to develop their workforce education and training plan, and to begin early implementation of workforce programs and trainings that fit the guidelines provided by DMH. These funds will be released prior to plan approval. Many important programs in this component will be new, and thus require a planning process with stakeholders, community partners, and educational entities.

After June of 2009 we are proposing that DMH administer a workforce education and training budget of 40 million dollars annually. After June 2009 the counties will be able to access dollars from the MHPA fund that represent up to 20 percent of the total MHPA revenues. Counties will then be able to provide funding for their workforce education and training activities from this fund, along with capital/facilities, technology and maintaining a prudent reserve.

Funding Categories

All proposed Actions from the draft MHSA Education and Training Five-Year Plan are included in these funding categories

- Workforce Staffing Support
- Training and Technical Assistance
- Mental Health Career Pathway Programs
- Residency, Internship Programs
- Financial Incentive Programs

These funding categories apply to both state and county administered programs

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In this funding and governance structure we are proposing that all of the funded workforce education and training activities fit within five funding categories. These are called Workforce Staffing Support; Training and Technical Assistance; Mental Health Career Pathway Programs; Residency, Internship Programs; and Financial Incentive Programs.

All of the essential elements stipulated by the Act for workforce education and training fit into these five funding categories, and every Action proposed last September in our draft five-year plan fit into these funding categories.

These funding categories apply both to state and county administered programs, and again, the State will address all five of these categories, while we propose that counties can address one or more of these categories in their individual workforce education and training plan.

Workforce Staffing Support

- Administration and coordination of MHSA workforce education and training
- Regional partnership staffing structures
- Ongoing employment and educational staff supports for prospective and current employees, volunteers, and community partners contributing to the public mental health system, with emphasis on consumers and family members

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For workforce staffing support we are including three key areas.

The first is the staff time and resources needed to administer and coordinate the MHSA workforce education and training component. We are proposing, at a minimum, that each county designate an individual to be responsible for the MHSA workforce activities in their county.

Secondly we are including here staff time and resources that support regional partnership activity that involve the county. Regional Partnerships are new, MHSA mandated staff support structures that provide an ongoing forum for public mental health employers, educators, consumer and family members, and relevant community partners to come together and work on increasing and improving workforce education and training resources for their respective region.

Third, we are including ongoing employment and educational staff supports for the recruitment and retention of consumers and family members in the public mental health system. This can include such important areas as addressing employer's personnel policies and practices, transition issues involving benefits planning, and change of role from consumer to provider of services.

Training and Technical Assistance

All MHSa funded training and technical assistance must demonstrate that its delivery increases capacity and promotes:

- Wellness, recovery and resiliency
- Consumer and family member employment, inclusion and integration in the public mental health system
- Cultural competency, outreach to underserved/unserved populations and diversity in the workplace
- Values-driven evidence-based practices

Emphasis on converting relevant trainings into a blended learning format to enable Web-based access

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Training and technical assistance is a very broad area. We are proposing to define this funding category by not necessarily delineating which training topics are acceptable and which are not, but to approve the funding of training and technical assistance that can demonstrate that its delivery increases the workforce's capacity to deliver services that promote wellness, recovery and resiliency, consumer and family member employment, inclusion and integration in the public mental health system, cultural competency, outreach to underserved and unserved communities, diversity in the workplace, and promotes values-driven, evidence-based practices.

We will also be promoting the conversion of relevant trainings to enable learning at a distance in order to increase the number of individuals who are able to participate, and to increase the cost-effectiveness of the training.

We are proposing that the hardware and software technology costs for distance learning be included in the MHSa technology component.

Mental Health Career Pathway Programs

- Consumer and family member entry level preparation programs
- Human service academy tracks and programs in secondary education
- Certification programs based upon psychosocial rehabilitation principles in adult education, regional occupational programs, community colleges
- Programs to prepare individuals who are immigrants with health care education and experience to work in the public mental health system

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For mental health career pathway programs we are including consumer and family member entry level preparation programs, human service academy tracks and programs in secondary education, certification programs based upon psychosocial rehabilitation principles delivered in adult education, regional occupational programs and community colleges, and programs that prepare individuals living in California who have acquired health care education and experience in other countries to work in the public mental health system and be able to address diversity and language proficiency needs.

Residency, Internship Programs

- Psychiatric residency programs with focus on child, geriatric, multidisciplinary team approach, recruitment of individuals who can meet diversity needs
- Internship programs leading to licensure and work in the public mental health system
- Physician assistant programs leading to ability to administer psychotropic medications in the public mental health system

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For the residency and internship category we are proposing to fund for both state and county administered programs:

- That part of a psychiatric residency program that enables a psychiatrist to specialize in child or geriatric psychiatry, work on a multidisciplinary health care team, or be recruited from and work in an unserved or underserved community
- Post-graduate internship programs leading to licensure and work in the public mental health system
- The development of a mental health specialty for physician assistant programs leading to the ability to administer psychotropic medications in the public mental health system

Financial Incentive Programs

- Stipends – educational funding for graduate level students who commit to working in the public mental health system in the fields of social work, psychology, psychiatric nurse practitioner, marriage and family therapy
- Loan Forgiveness – Making loan payments on behalf of current and prospective employees who can fill employer determined hard-to-fill and/or retain positions
- Scholarships – Payment for associated costs of education and training that addresses occupational shortages, critical skills, integration of consumers and family members into the workforce at all levels, and diversity needs

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For financial incentive programs we are including stipends, loan forgiveness and scholarships.

We are targeting social work, clinical psychology, psychiatric nurse practitioner and marriage and family therapy at the graduate level. However, stipends can be included for participants in such programs as consumer entry level preparation programs.

The State will administer a loan forgiveness program. Counties can allocate additional funds from their county plan to the amount allocated for each county in the state administered program, or they can separately administer a local loan forgiveness program of their own.

Finally, scholarships can be provided to pay for the costs of education and training that addresses occupational shortages, critical skills, such as language proficiency, integration of consumers and family members into the workforce at all levels, and diversity needs. These all need to be linked to local needs.

MHSA Workforce Education and Training

COUNTY PLAN GUIDELINES

OR

What should counties do with their workforce
education and training funds, and how should
they report it?

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In the first set of slides we talked about counties receiving an amount of MHSA money to administer their own workforce education and training activities. In these next set of slides we will talk about what we are proposing as guidelines for the counties in putting together and submitting their plan to the State.

County Plans

- Counties to integrate their education and training component into their existing Three-Year Program and Expenditure Plan in 2007
- County education and training plans will supplement DMH administered trainings and workforce programs to the level of local identified need
- County education and training plans to be funded by Education and Training Trust Fund until counties access their up to 20% allocation for technological needs, capital facilities, human resources, and prudent reserve
- County education and training plans to be funded by up to 20% funds thereafter

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Currently counties are in the middle of implementing their Community Services and Supports Plans. This CSS plan has become a part of the Three-Year Program and Expenditure Plan. We are proposing that as soon as a county has a workforce education and training plan submitted and approved, that this component be added to the county's existing three-year program and expenditure plan as a contract amendment.

We are planning for these current county Three-Year Program and Expenditure Plans, or contracts with the State to expire in June of 2009. In the previous slides we indicated that after June of 2009 the counties could access 20% of the MESA fund account as part of CSS for capital/facilities, technology, education and training, and to put aside money for a prudent reserve. From now until June of 2009 we are proposing that counties use money from the education and training trust fund in order to pay for their workforce education and training plans.

The combination of county workforce education and training plans and state administered workforce education and training programs together will make up the totality of MESA funds spent on workforce education and training.

As counties put together their plans they will need to keep in mind what the State is doing that benefits their workforce, in order to avoid duplication of efforts.

County Plan Guidelines Construction Process

- Emphasizes considerably streamlined process, with minimal narrative and six template exhibits
- Special topic workgroup participants, county reps from selected counties, DMH staff, and consultants assisted in the construction of the first draft
- Plan requirement language to be consistent across all MHPA components
- Exhibits and instructions constructed to be consistent with state administered programs and Five-Year Plan
- CMHDA, CMHPC, OAC, special topic workgroups and the public to provide input on first draft
- First draft now posted on DMH Web site

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We received a lot of input and guidance from our stakeholders that was based upon our previous experience with the Community Services and Supports plan process.

We now have posted on the DMH Web site the first draft of our proposed county plan guidelines, and are inviting input from you, the public, as well as our government partners of the California Mental Health Directors Association, the California Mental Health Planning Council, and the Oversight and Accountability Commission.

We are emphasizing a considerably more streamlined process, with minimal narrative, and are asking the counties to complete six exhibits that are presented in template, fill-in-the-blanks-format.

County Plan Guidelines

- A county plan must address all of the MHSA fundamental concepts
- Each funded program, training or strategy must be consistent with at least one of the essential elements stipulated by the Act
- Each funded program, training or strategy must address the county's identified workforce development and/or education and training needs

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We are requiring counties to address their identified workforce needs, that anything they do address all of the fundamental concepts stipulated by the Act, and that each funded program, training or strategy be consistent with at least one of the essential elements in the Workforce Education and Training section of the Act

Recommended County Plan Process

- Counties receive DMH Information Letter with instructions and planning estimates for available funding level for planning/early implementation funding and total available funding through June 2009
- Counties employ a planning process with stakeholders
- Complete six template exhibits and submit to DMH
- Upon approval counties implement workforce education and training component plan

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As soon as the draft county plan guidelines are finalized we will send DMH Information Notices that contain these guidelines, and the funding levels, or planning estimates, for each county for both planning/early implementation money and the total available funding through June of 2009.

Counties are then to employ a planning process with their stakeholders and submit their plan to DMH for consideration. We are not setting a deadline for plan submission, but will consider and approve plans as they are received.

Recommended Stakeholder Process

- Include staff at all levels from county and entities contracting with the county, consumers and family members, those who can speak to workforce diversity needs, educational, training and consultant entities, professional organizations, and relevant community partners - **engage those with solutions** -
- Employ a topic-focused, time-limited process that emphasizes efficient use of communication
- Post first draft for thirty days, incorporate input and post changes – send final to DMH

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However, workforce needs are upon us, and time is of the essence. We would like to encourage a local stakeholder process that quickly and efficiently brings together those local subject matter experts who can bring an understanding of workforce issues and help construct solutions.

Counties will be required to publicly post their proposed plan for a minimum of thirty days, receive and incorporate public input, and publicly post any changes made to their proposal before submitting their plan to the State. We are proposing that a public hearing not be required.

Exhibit 1

Workforce Plan Face Sheet

Signed by the county mental health director
who verifies the County Plan:

- Meets all plan guidelines
- Is consistent with CSS Plan and State's Five-Year Plan
- Is consistent with fundamental concepts and intent of MHSA
- Addresses the county's workforce needs

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We are proposing six exhibits, or templates, for the counties to complete, that will make up their plan.

In the first one we are asking the county mental health director to sign a statement to the effect that their plan meets all guidelines, is consistent with their CSS plan and has considered the State's Five-Year Education and Training Plan, is consistent with the intent of the Act, and addresses their workforce needs.

Exhibit 2

Workforce Needs Assessment

Provides summary information regarding quantitative workforce shortages and diversity needs in the county

- By occupational category – depicts positions authorized, filled, deemed hard-to-fill, additional positions needed, and by race/ethnicity
- Positions designated for consumers and family members
- Language proficiency needs
- Remarks to highlight significant occupational shortages, diversity needs, and subsets within categories

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In the second exhibit we are asking counties to provide number estimates that will identify hard-to-fill positions, racial/ethnic comparison of the workforce to the population to be served, positions designated to be filled by consumers and family members, language proficiency needs, and a place to provide remarks highlighting significant occupational shortages, diversity needs, and any significant subsets, such as immigrant populations.

This exhibit enables a linking of need to specific actions the county plans to take, and allows a means for the State to develop standardized workforce data with which to measure relative need between counties and changes over time.

Exhibit 3 Work Plan

Counties describe the workforce education and training Actions to be funded

- Divided into the categories of workforce staffing support, training and technical assistance, mental health career pathway programs, residency, internship programs, and financial incentive programs
- For each Action counties will provide a title, what is planned, objectives, a budget and a budget justification
- Examples and programs planned by the State are provided in the instructions for assistance

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In this exhibit counties are to outline what they plan to do by providing a title of each proposed Action, a brief narrative of what it is, what objectives they plan to accomplish, how much money they plan to spend on the Action, and how they came up with this amount of money.

They will put all of their Actions into one or more of the same funding categories that we talked about earlier in today's presentation; that is, Workforce Staffing Support, Training and Technical Assistance, Mental Health Career Pathway Programs, Residency and Internship Programs, and Financial Incentive Programs.

The instructions contained in the county plan guidelines provide examples of actions, and describe what the State will be doing in order to assist the counties come up with their actions.

Finally, we are asking each county to identify and appoint an individual to be the coordinator for the MHSA workforce education and training activities in their county.

Work Plan Parameters

- Counties are not required to include Actions that address all elements stipulated by the Act, but any Action must address at least one of the elements
- Further clarification may be required if a proposed Action and narrative does not appear to be consistent with the intent of the Act
- Funds are intended to supplement and/or expand, and not to supplant, existing funds currently dedicated to workforce education and training
- Funds in this component are not to fund staff time that is delivering services
- Adjustments can be made through county plan updates in order to accommodate new developments, such as implementing a new MHSa component

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Again, counties don't need to include actions in all five categories, but any action they propose must fit within one of the five funding categories. The State may require additional clarification if a proposed action doesn't appear to be consistent with the intent of the Act.

We are proposing that any funding cannot replace or supplant existing funding, or lost revenue.

Workforce education and training component funds are not to fund any staff time that is spent delivering services. CSS funds, state general fund, federal funds and other money sources are to be used for service delivery.

Other MHSa components, such as Prevention and Early Intervention and Technology, have not happened yet. We recognize additional needs will surface, and that updates will need to be made to workforce education and training plans as these additional components happen.

Exhibits 4, 5, 6

- Action Matrix - Counties list each proposed Action and match it with the Act's fundamental concepts and workforce stipulated elements
- Budget Summary – Counties summarize planned spending for each funding category for each fiscal year - 06/07, 07/08, 08/09
- Quarterly Progress Report – Form used by the county to report to DMH the progress achieved on the stated objectives for each planned Action

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In the remaining three exhibits we are providing an exhibit that will have counties match each proposed Action with the Act's five fundamental concepts and elements stipulated in the Act, summarize how much they intend to spend in each fiscal year, and provide the counties with a form to report progress on the objectives they have listed for their Actions.

How to Provide Input

We welcome questions and feedback. Please respond by Monday, March 19 to:

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Draft documents County Plan Guidelines and Funding and Governance Structure (Blueprint for Success) posted at:
<http://www.dmh.ca.gov/mhsa/EducTrain.asp>

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In addition to today's teleconference you are invited to email or telephone with your input. We are asking that you provide this input by Monday, March 19th. If you have input specific to providing planning/early implementation funding to counties before they submit their full plan for approval please submit this by Friday, March 9th.

The DMH MHSA Education and Training Web page contains the draft county plan guidelines and documents with a more detailed depiction of the proposed funding and governance structure. We also have minutes of special topic workgroup meetings and teleconferences, the workforce needs assessment report on the counties CSS Plans, and the second draft of the Five-Year Plan. You are invited to check new postings periodically and submit input.