

WORKFORCE EDUCATION AND TRAINING (WET) ADVISORY COMMITTEE

January 29, 2013
 400 R Street, Suite 471
 Sacramento, CA 95811
 1:00 PM to 5:00 PM

WET Advisory Committee Members In Attendance	
Adams, Cheryl Anderson, Shayn Brassil, Molly Cruz, Jessica Harrison, Cynthia Hiramoto, Stacie Kuehn, Sharon	Madsen, Kim Mayer, Kim Peterson, Michelle for Selix, Rusty Ryan, John Shilton, Adrienne Ures, Donna for Baird, Vanessa

Agenda Item Number	Topic	Agenda Item- Presentation and Discussion	Action Items
1	Welcome and Introductions	<ul style="list-style-type: none"> • Ms. Alonzo-Diaz thanked participants for attending the third meeting of the WET Advisory Committee. • Purpose of the meeting is to receive initial feedback on the Five-Year Plan Vision, Mission and Values; review and approve the Five-Year Plan stakeholder engagement process; and review and approve the constituency roster for the Five-Year Plan Advisory Sub-Committee. • The Advisory Committee will use a collaborative decision making process to review and approve items. Collaborative decision-making means that Advisory Committee members will work together when making decisions and while each individual member may not always reach total agreement with all the details, the recommendations are ones that they can all support. 	
2	Administrative	<ul style="list-style-type: none"> • Minutes from the 12/3/2012 WET Advisory Committee meeting were approved without change. • Ms. Alonzo-Diaz noted a prior question regarding the use of a portion of the \$6 million in unappropriated funds to gather additional information for development of the Five-Year Plan. Statute requires that those funds be used after stakeholder engagement that informs the development of the 	

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		<p>WET Five-Year Plan.</p> <ul style="list-style-type: none"> • Ms. Alonzo-Diaz reported the Governor's budget included OSHPD's request for \$196,000 to hire a consultant to develop a needs assessment to aid in the development of the Five-Year Plan. • Advisory Committee member asked if her request to use funds for a project to develop peer training programs and supported employment had been discussed. Ms. Alonzo-Diaz stated it was premature to allocate any of the \$6 million as that has to come after the stakeholder engagement process with the development of the MHSA WET Five-Year Plan. • Advisory Committee member inquired whether review of contractor's scope of work would include review of local work on WET initiatives. Ms. Alonzo Diaz expected the Sub-Committee would aid in the development of the scope of work at a subsequent meeting. • Advisory Committee member asked who the members of the Sub-Committee were. Ms. Alonzo-Diaz indicated the Sub-Committee would be discussed in Agenda Item No. 6. • Advisory Committee member noted an RFP for the program promoting employment of consumers and family members would be released on 6/8/2013, and asked if that would be discussed. Ms. Alonzo-Diaz stated that this topic would be discussed in the future, and indicated that the office would seek feedback from Advisory Committee prior to releasing the RFP. The Committee member asked if the RFP was different from Working Well Together. Ms. Alonzo-Diaz said that the Working Well Together contract was ending on June 30, 2014 and the next RFP was an opportunity to evaluate another contract focused on consumer and family employment. The Committee Member suggested WET should fund training programs rather than technical assistance. Ms. Alonzo-Diaz indicated the Advisory Committee would assess the best method to gather feedback regarding the process of evaluating and releasing contracts. 	

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3.	MHSA WET Program Update	<ul style="list-style-type: none"> • Ms. Onstad-Adkins stated the RFP timeline was primarily a guide for internal work and the release dates were subject to change. • OSHPD provided Department of Health Care Services with information regarding WET programs for the January Legislative report to the Governor. • OSHPD is working with contractors on how to share their accomplishments with stakeholders and government partners through their program progress reports. • Since the inception of the WET Stipend program, more than 1,800 mental health professionals, who can sign treatment plans, received stipends. • The Mental Health Loan Assumption Program finalized 1109 awards out of 1823 applications received in the December 2012/2013 Cycle and contracts will be sent out to awardees this week. • OSHPD has been meeting with the regional partnerships, and will be meeting this week to discuss the development of progress reports. 	
4	Presentation and Discussion on Draft MHSA WET Five-Year Plan Vision, Mission, and Values	<ul style="list-style-type: none"> • Mr. Aguilar stated that OSHPD was in the process of engaging stakeholders and Advisory Committee members in developing the WET Five-Year Plan. • The previous Five-Year Plan's Vision, Mission, and Value were revised to reflect changes in the MHSA and to align them with the Affordable Care Act. • Mr. Aguilar Presented the Vision statement and requested comments. • Advisory Committee member inquired if the intent of the third paragraph was to use individuals in a capacity requiring a license or not requiring a license. Ms. Tysoe, OSHPD Staff, explained the paragraph recognized that many services were provided under the direction of individuals who could sign a treatment plan and were licensed. The Advisory Committee member indicated the Vision statement should state whether a license was required to perform a specific task, and the Advisory Committee should not promote unlicensed activity. Other committee members expressed support for delivery of services by continuum of providers including licensed and non-licensed professionals. 	The document will be updated to reflect Advisory Committee feedback.

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		<ul style="list-style-type: none"> • Advisory Committee member suggested adding "trauma informed care." • Advisory Committee member recommended adding "inappropriately served populations" to unserved and underserved in the final paragraph. Mr. Aguilar inquired if that would be similar to the context of the second paragraph. Advisory Committee member agreed. • Advisory Committee member suggested the final paragraph state "includes integration of behavioral health and primary care service delivery." Another Advisory Committee member indicated behavioral health was not the agreed-upon term in the field. Mr. Aguilar asked if behavioral health was different from mental health and, if so, what the appropriate term is. Advisory Committee member indicated the question was whether or not to use the term behavioral health. Another Advisory Committee member stated the purpose was to integrate mental health and primary care services to provide better outcomes. • Advisory Committee member indicated, in reference to the third paragraph, that he did not feel there was a contradiction in competencies for people without licenses. • Advisory Committee member indicated that he did not understand the inclusion of primary care service delivery in the fourth paragraph. Mr. Aguilar noted the trend to have integrated and collaborative of primary care and behavioral health care. Advisory Committee member indicated the concept of training primary care physicians to provide mental health services was muddled. Mr. Aguilar said the concept was to have an integrated system connecting different kinds of providers, not only having one provider providing both services. Advisory Committee member inquired whether MHPA funds for workforce development would be used to develop the workforce for primary care. Mr. Aguilar indicated that would not be the case; funds would be utilized to provide better integration and better collaboration between the two and that MHPA funds could not be used to supplant 	

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		<p>existing funding. Advisory Committee member recommended that the language be "services provided in a primary care system." Mr. Aguilar explained the general vision was to infuse integration into programs, with specific details developed through RFPs.</p> <ul style="list-style-type: none"> • Advisory Committee member stated the Vision statement should consider where the program was going and should be in essence "visionary". • Advisory Committee member indicated the Vision document was excellent. • Mr. Aguilar Presented the Values section and requested comments. • Advisory Committee member requested the second bullet point include peer-run services. • Advisory Committee member suggested adding "public" before mental health in the final paragraph for clarification. • Advisory Committee member indicated the difference between mental health and behavioral health was not clear in the first bullet point. Behavioral health usually meant substance abuse and mental health. Mr. Aguilar asked if it was appropriate to use behavioral health, mental health or both. An Advisory Committee member reported that the public mental health community had not yet decided on a single term, and recommended making it clear that mental health is separate from substance abuse and from primary care. A third Advisory Committee member suggested using the terms mental health, substance abuse, and primary care. A fourth Advisory Committee member suggested using substance abuse and mental health separately to be consistent with the Department of Health Care Services. • Mr. Aguilar presented the Mission statement and requested feedback. • Advisory Committee member was confused by the addition of primary care outcomes. Ms. Alonzo-Diaz indicated they would ask the community if that distinction was important. • Advisory Committee member requested peer services be included in the Mission Statement. 	

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		<ul style="list-style-type: none"> • Advisory Committee member suggested adding "maintain a sufficient and diverse workforce." • Advisory Committee member commended that she did not want the Mission Statement to value peer services above other services, because she felt that many peer services were not culturally competent or did not serve racial and ethnic communities well. • Advisory Committee member inquired whether the entire plan would be provided to stakeholders. Mr. Aguilar explained stakeholders would not review the entire document during the first phase of stakeholder, but would answer questions to provide information that would be included in the document. The entire document would be reviewed in phase 2 of stakeholder engagement process. • Ms. Alonzo-Diaz stated that one objective of the Sub-Committee would be to review proposed materials to determine if the right terms and language were used. • Member of the public suggested adding "equitable and compassionate culturally and linguistically responsive" in the Mission Statement. Another dimension of quality of care was person and family- centered care. He suggested that the Mission Statement recognize mental health, substance abuse, and other health services delivery in primary care and other settings. Under conduct outreach in the Values Section, include "engagement with." • Member of the public suggested adding "across the lifespan" after services to all individuals in the first paragraph of the Vision. He encouraged deleting "such as children and youth, transition-aged youth, adults and older adults" and ending the sentence with "populations." • Member of the public recommended that the term "life span" be included in Vision and Mission statements. It was further suggested that competencies for community-based workers and continued support for future mental health workers are important to include. 	

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		<ul style="list-style-type: none"> • Member of the public suggested inclusion of LGBTQ in the Vision Statement, and the inclusion of "community-identified best practices," and "provide treatment and preventive services." • Member of the public recommended that the third paragraph expand the role of individuals, family and community in the recovery process. Including the term "equitable" was important. In the Mission Statement, include peer support services at the end. • Member of the public suggested caution when including primary care providers because supplantation is not allowed by MHSA. 	
5	Presentation and Discussion on Draft MHSA WET Five-Year Plan Stakeholder Engagement Process	<ul style="list-style-type: none"> • Mr. Aguilar presented on the Five-Year Plan stakeholder engagement process and reported that four main methods will be used to engage stakeholders in development of the Five-Year Plan. He requested comments regarding the proposed process and which counties/cities to target for meetings. • Advisory Committee member asked about the timeframe. Mr. Aguilar noted the phase 1 of the stakeholder engagement process timeframe is three months: March through June. Ms. Alonzo-Diaz stated this was phase one of the engagement process, and the second phase was scheduled to begin in September. • Advisory Committee member asked on the topics the focus groups participants would provide comment. Mr. Aguilar stated the topics would include all elements of the Five-Year Plan. Advisory Committee member asked if the focus groups would discuss the needs assessment. Mr. Aguilar stated that the consultant would assist with the needs assessment and that the needs assessment would not necessarily be part of phase 1. Advisory Committee member stated that focus groups would want to review OSHPD's plan to address gaps identified by the needs assessment. Ms. Alonzo-Diaz reiterated that the needs assessment would be addressed in phase 2 of the stakeholder engagement process. 	Five-Year Plan stakeholder engagement process approved the WET Advisory Committee

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		<ul style="list-style-type: none"> • Advisory Committee member suggested the use of the Alameda County or Oakland conference centers. • Advisory Committee member suggested use of teleconference facilities at universities and community colleges. • Advisory Committee member inquired whether county MHSAs steering committees would provide input into the Five-Year Plan. Mr. Aguilar indicated WET coordinators were included on the roster of the Advisory Sub-Committee. • Mr. Aguilar presented a list of stakeholders to engage in the stakeholder engagement process and requested input. • Advisory Committee member suggested adding the Department of Public Health, Office of Health Equity. • Advisory Committee member suggested adding the National Association of Social Workers California Division and California Professional Clinical Counselors. She indicated that she would provide contact information for both organizations. • Advisory Committee member suggested adding California Association of Mental Health Peer Run Organizations and California Client Advocacy Work Group. • Advisory Committee member noted the National Alliance for the Mentally Ill should be the National Alliance on Mental Illness. • Advisory Committee member indicated she could provide contact information for California Reducing Disparities project partners and members of the California MHSAs Multicultural Coalition. • The stakeholder engagement process was approved by the Advisory Committee. 	
6	Presentation and Discussion on Draft List of	<ul style="list-style-type: none"> • Mr. Aguilar presented a draft list of constituency groups that were proposed to be included on the WET Five-Year Plan Advisory Sub-Committee and noted the list included constituency groups rather than individuals. Experts 	Five-Year Plan Advisory Sub-Committee

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	MHSA WET Five-Year Plan Sub-Committee Roster	<p>on the different elements of the Five-Year Plan were needed and thus included in the constituency roster.</p> <ul style="list-style-type: none"> • Advisory Committee member asked how many members the Sub-Committee would have. Mr. Aguilar stated that one member per constituency group. • Advisory Committee member asked who would select the members. Mr. Aguilar state that the Department would review applications. • Advisory Committee member asked about the criteria for selecting members. Mr. Aguilar indicated that member selection would be based on responses to three questions on the application and he distributed copies of the applications. Ms. Alonzo-Diaz added they were looking for expertise, commitment and added value. • Advisory Committee member suggested splitting consumer/family to consumer representative and family member representative • Advisory Committee member inquired about the active period for the Advisory Sub-Committee. The plan had to be completed by April 1, 2014. Ms. Alonzo-Diaz stated the Sub-Committee would meet approximately every other month for 3-4 hours, and complete most details of the Five-Year Plan by November or December 2013. Mr. Aguilar noted Sub-Committee meeting dates were set and available for review. • Advisory Committee member suggested two representatives of consumer organizations, because most participants on the Sub-Committee would represent either Counties or service providers. • Advisory Committee member suggested including family members separately from consumer representatives. • Advisory Committee member indicated bullet point 13 of the Advisory Sub-Committee list should be mental health provider. • Advisory Committee member recommended including a Department of Public Health representative on the Sub-Committee. 	Constituency Roster approved as amended by the WET Advisory Committee

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		<ul style="list-style-type: none"> • Advisory Committee asked who the education representative would be on the Advisory Sub-Committee. Mr. Aguilar stated that the education representative would represent a training program or an educator of health providers. • Advisory Committee member cautioned about multi-disciplinary inter-professional representation. • The document was approved as amended by the WET Advisory Committee. • Ms. Alonzo-Diaz requested volunteers with regard to selecting Sub-Committee members. • Advisory Committee member asked if members could also participate on the Sub-Committee. Mr. Aguilar noted one member from the Advisory Committee would be on the Sub-Committee as an Advisory Committee representative. 	
7	Panel Presentation on Existing WET Programs Administered by OSHPD	<ul style="list-style-type: none"> • Mr. Aguilar introduced panel participants from UC Davis: Robert McCarron, and Matthew Reed. 	
	Robert McCarron, D.O.	<ul style="list-style-type: none"> • UC Davis Psychiatric Residency Program Presentation • The program trains doctors to address complex behavioral and primary care issues, and creates leaders in the delivery and coordination of mental health care and primary care. • Except for IMPART and the program at San Diego, currently, there is no behavioral training for primary care providers even though they provide more than 60% of behavioral care. • IMPART is a five-year residency program leading to Board certification or board eligibility in internal medicine/psychiatry or family medicine/psychiatry. 	

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		<ul style="list-style-type: none"> • Faculty served as consultants to counties to build integrative programs. • Dr. McCarron noted program outcomes and successes, residents' accomplishments, and program focus topics. • The program Influenced primary care providers and address preventive care for mental health. 	
	Matthew Reed	<ul style="list-style-type: none"> • Matthew is a UC Davis Psychiatric Resident in the IMPART program. • He wanted to treat internal medicine issues and psychiatric problems. Found whole person treatment in the IMPART program. Held discussions of cultural and linguistic competencies. • Indicated the ability to treat populations for all healthcare needs while focusing on culturally competent medicine is important to him. 	
	Q & A	<ul style="list-style-type: none"> • Advisory Committee member asked if this would this type of program be a standard for the nation. Dr. McCarron replied yes. • Advisory Committee member asked what questions can patients ask to determine if physicians received this type of training. • Dr. McCarron indicated that there is no way to find out if psychiatrists graduated from a dual program unless the patients ask questions about training beyond a residency program in psychiatry. Knowing doctors were trained in mental health issues would make patients more comfortable in discussing those issues. The program trained residents about the importance of stigma. • Advisory Committee member asked what is the ultimate goal of the program. Mathew indicated to have sufficient numbers of providers in clinical settings who have either received IMPART training or have been trained by IMPART residents and to teach and guide integrated care. Ultimate goal is to expand the program to include nursing and physician assistant programs. • The program goal of dissemination should include faculty in social work and psychology programs. 	

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		<ul style="list-style-type: none"> • Dr. McCarron stated one goal was to understand different cultures and how to best effect change. Working across disciplines would make the Affordable Care Act cost-effective. Implementation of healthcare reform would result in a tremendous need for workforce. Potential winners in healthcare reform would be people with mental health and substance abuse Advisory Committee member asked if the program provides referrals for rehabilitation and child services. Dr. McCarron indicated that integrated care was amorphous, and best practices were still being determined. 	
	Manuela LaChica	<ul style="list-style-type: none"> • Manuela Lachica, Program Director for the Song-Brown Program presented on the Physician Assistant Mental Health Program • Song-Brown program provides funding to primary care physician assistant programs. The PA mental health track was added to the Song-Brown program through the MHSA WET funds and since inception has awarded approximately \$1.6 million of MHSA funds to physician assistant programs. • Programs increase training for physician assistant students in mental health settings. • The Song-Brown program conducted a survey of WET coordinators throughout the state to determine how physician assistants could fit into county programs. • Challenges faced by the Counties included a low number of applicants and few providers currently available. • Team training is a large program component of Song-Brown Program. • Song-Brown program has a good track record of graduates returning to work in underserved areas upon completion of training. 	
8	Presentation on DHCS Business Plan Regarding Workforce	<ul style="list-style-type: none"> • Ms. Khalsa presented mental health and substance abuse workforce finding from DHCS business plan stakeholder process and indicated the process was not complete and input was still being accepted. • The charge for DHCS was to determine short and long-term actions and inform the state, counties and stakeholders how to move forward on 	

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	Findings	<p>priorities.</p> <ul style="list-style-type: none"> • Stakeholder feedback led to the identification of areas for success: workforce capacity and skills, new approaches, expanded use of clinicians, expanded use of telehealth, expansion of existing education programs, and expansion of loan forgiveness and other financial incentive programs. • Other work groups worked on finance, integration of care, evaluation and accountability, clarification of state and county roles, and simplification of administrative requirements. • One of the recommendations was for OSHPD to work with the WET Advisory Committee to define strategies and resources for success; create certification and credentials for peer and family counselors with more training programs; create psychiatric rehabilitation specialist category; utilize stakeholders in an informed process; make education available; provide support for cross-training and create continuing education requirements for cross-training; and develop incentives for mental health providers to acquire skills to serve underserved populations. • Policy papers related to treatment approaches for African-American, Latino, Native American, LGBTQ and Asian/Pacific Islander populations are now available for review on the Office of Health Equity. • Substance abuse interviews indicated an overwhelming concern about the number of credentialing organizations. Stakeholders felt that one state-approved process was needed. 	
9	Updates by WET Advisory Committee Members on Their WET-Related Activities	<ul style="list-style-type: none"> • The Bay Area Regional Partnership, community colleges and peer workers had a new program working with the Health Workforce Initiative regarding workforce issues in mental health. • Advisory Committee member reported more training on the Wellness, Recovery and Action Plan (WRAP) and the role of peers to provide self-management training. The program reduced re-hospitalization rates by matching people with peer mentors. 	

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10	Public Comment	<ul style="list-style-type: none"> • Member of the public encouraged the Advisory Committee to consider skills and tasks needed to perform jobs well. Most jobs in public mental health could be performed by unlicensed workers. There may be an opportunity to review the MHLAP program and its impact on disparity rates in underserved communities. • Member of the public was interested in learning how other states handled peer providers and the Affordable Care Act. He noted programs successfully utilizing peers across the nation as providers. • Member of the public thanked the Advisory Committee for its work. • Member of the public advocated for certification of peers and their ability to bill Medi-Cal for services. • Member of the public stated peer positions could fit under the workforce development in parallel physical healthcare positions. Caution should be used in building peer certification units in partnership with community colleges. If educational units did not articulate or transfer to other programs, then the student may be handicapped because if they take too many units they may become ineligible for financial aid. It is therefore necessary to ensure that units taken for a certificate program can transfer to other programs. 	
11	Adjournment	<ul style="list-style-type: none"> • Ms. Alonzo-Diaz thanked participants for their feedback on the agenda items. Follow-up items were asking for Advisory Committee input on RFP for consumers and family members; identifying volunteers interested in scoring responses to RFPs, scope of work for a consultant, and contacting those interested in development of the Five-Year Plan Advisory Sub-Committee. 	