

# Mental Health Services Act Five-Year Workforce Education and Training Development Plan

For the Period April 2008  
to April 2013



CALIFORNIA DEPARTMENT OF  
**Mental Health**

# **Mental Health Services Act Five-Year Workforce Education and Training Development Plan**

**For the Period April 2008  
to April 2013**

**Developed in Response to Welfare and Institutions Code  
Sections 5820 – 5822, the Mental Health Services Act**



CALIFORNIA DEPARTMENT OF  
**Mental Health**

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## ***EXECUTIVE SUMMARY***

The California Department of Mental Health (DMH or the Department) has pledged through its Mission Statement to ensure the availability and accessibility of effective, efficient, culturally competent services, and to accomplish this service provision through education, outreach, advocacy, innovation, oversight, monitoring, and the promotion of multi-disciplinary training and quality improvement.

The passage of Proposition 63, the Mental Health Services Act (MHSA), in November 2004 provides a unique opportunity with funding to increase staffing and other resources that support county mental health programs, increase access to much-needed services, and monitor progress toward statewide goals for serving children, transition age youth, adults and older adults and their families.

Historically underfunded, California's mental health system has directed its efforts to overcoming these resource shortages in order to satisfy its mission. However, as the President's New Freedom Commission on Mental Health has found, the mental health system has not kept pace with the diverse needs of racial and ethnic minorities and other unserved and/or underserved populations, such as children and youth, transition age youth, adults and older adults.

In addition to its historic lack of funding, California has also suffered from a significant shortage of public mental health workers. High vacancy rates exist in certain occupational classifications. There is a recognized lack of diversity in the workforce, poor distribution of existing mental health workers, and under-representation of individuals with client and family member experience in the provision of services and supports. Particularly severe shortages exist for mental health practitioners with skills to work effectively with such groups as children, older adults and diverse ethnic/cultural populations heretofore unserved or underserved.

This Five-Year Workforce Education and Training Development Plan (Five-Year Plan) covers the period April 2008 to April 2013. Subsequent plans will be developed every five years, and each Five-Year Plan will be reviewed and approved by the California Mental Health Planning Council (WIC Sections 5820(c) – 5820(e)).

The Five-Year Plan provides a vision, values and mission for state and local implementation. It presents measurable goals and objectives, and proposes potential actions, or strategies, to assist in meeting these goals. It proposes principles for funding and governance at both the state and county level, and outlines performance indicators by which impact of workforce strategies can be measured over time. Finally, the Five-Year Plan provides guidance to assist in long-range planning toward an integrated mental health service delivery system.

This Five-Year Plan is intended as the beginning step in an ongoing dialogue between the Department, our partner agencies, clients and family members and other stakeholders to build the capacity of our current and prospective public mental health workforce.

## ***INTRODUCTION***

The California voters approved Proposition 63 during the November 2004 general election. Proposition 63 became effective on January 1, 2005, as the Mental Health Services Act (MHSA). Through imposition of a one percent tax on personal income in excess of \$1 million, the MHSA provides a unique opportunity to increase funding, personnel and other resources to support county mental health programs, and increase access to services for children, transition age youth, adults and older adults with mental health needs and their families. The MHSA also seeks to establish prevention and early intervention programs as well as to develop innovative programs.

The MHSA is comprised of five components of services and/or program supports for which the funding established under the MHSA may be spent. The Department of Mental Health has identified these components as follows: Community Services and Supports for children, transition age youth, adults and older adults, Workforce Education and Training, Capital Facilities and Technological Needs, Prevention and Early Intervention, and Innovative Programs. Given the scale of each component, DMH is implementing each component through a sequential or phased-in approach. The first component implemented was Community Services and Supports. This Five-Year Plan, mandated in the Mental Health Services Act, addresses implementation of the Workforce Education and Training component.

The Workforce Education and Training component addresses the serious shortage of mental health service providers in California. California was already facing a shortage of public mental health workers prior to the passage of the MHSA. Chapter 814, Statutes of 2000 (SB 1748, Perata) required that a Task Force be formed and identify and address options for meeting the mental health staffing needs of state and county health, human services, and criminal justice agencies. The Task Force found that for core occupations, such as psychiatrists, psychologists, licensed clinical social workers, registered nurses, and psychiatric technicians, vacancy rates were approximately 20 – 25 percent statewide. In rural parts of the State, vacancy rates were far higher.

Due to a history of under-funding, the mental health system has historically suffered from a lack of diversity in the workforce, poor distribution of existing mental health workers, and under-representation of individuals with client and family member experience in the provision of services and supports. Particularly severe shortages exist for mental health practitioners with skills to work effectively with such groups as children, transition aged youth, older adults and other diverse ethnic/cultural populations heretofore unserved or underserved.

This Five-Year Workforce Education and Training Development Plan carries forth the vision of the Mental Health Services Act to create a transformed, culturally-competent system that promotes wellness and recovery for adults and older

adults with severe mental illness, and resiliency for children and youth with serious emotional disorders and their families. The Five-Year Plan provides the means for developing and maintaining a culturally competent workforce, to include clients and family members, which is capable of providing client- and family-driven services that promote wellness, recovery and resilience, and lead to measurable, values-driven outcomes.

In accordance with Welfare and Institutions Code Sections 5820 through 5822 of the Mental Health Services Act, this Five-Year Plan covers the period April 2008 to April 2013. Subsequent plans will be developed every five years, and each Five-Year Plan will be reviewed and approved by the California Mental Health Planning Council, as required in statute.

## **VISION, VALUES AND MISSION STATEMENT**

### **VISION**

***We envision a public mental health workforce, which includes clients and family members, sufficient in size, diversity, skills and resources to deliver compassionate, safe, timely and effective mental health services to all individuals who are in need and their families and caregivers, and contributes to increased prevention, wellness, recovery and resilience for the people of California.***

Strength-based mental health service delivery that embodies the principles of wellness, recovery and resilience is being recognized as essential to preventing costly and often involuntary treatment. It also enables individuals to live, work, learn, and fully participate in the communities of their choice.

Significantly expanding the role of individuals, families and the community in the recovery process is an effective strategy to address workforce shortages, as the focus shifts to competencies that can be learned and utilized by many individuals who do not have advanced degrees, credentials or licenses.

The additional resources provided by the passage of the MHSA present the potential for new and expanded services to enable a full spectrum of care. Through the Five-Year Plan, resources may be utilized to facilitate the expansion of multi-disciplinary training which takes into account the diverse needs of racial and ethnic minorities and other unserved and underserved populations such as children and youth, transition aged youth, adults and older adults.

To bring the full vision of the MHSA to fruition, mental health and related systems must be able to develop a full range of strategic alliances and structures that can accommodate an ever-changing service needs picture and quickly respond to current and future opportunities.

## **VALUES**

In collaboration with its stakeholders, the Department has developed a set of core values that guide all activities included in the Five-Year Plan:

- ***Develop a diverse workforce, including clients and families/caregivers, with the skills to:***
  - ***Promote wellness, recovery and resilience and other positive mental health outcomes***
  - ***Work collaboratively to deliver individualized, client- and family-driven services***
  - ***Use effective and, where possible, evidence-based practices***
  - ***Conduct outreach to unserved and underserved populations***
  - ***Provide services that are linguistically and culturally competent and relevant***
  - ***Promote multi-disciplinary and inter-disciplinary care***
- ***Include the viewpoints and expertise of clients and their families/caregivers***

The Department, again with input from its partner agencies, clients and family members and other stakeholders, utilized the vision and values to develop the following Mission Statement to guide all Workforce Education and Training activities:

## **MISSION STATEMENT**

***California's public mental health system will develop and maintain a sufficient workforce capable of providing client- and family-driven, culturally competent services using effective***

***methods that promote wellness, recovery and resilience and other positive mental health outcomes.***

This Mission Statement provides a framework for development of the following goals and objectives. Potential actions, or strategies, have been proposed to assist in meeting the stated goals and objectives.

**GOALS, OBJECTIVES AND ACTIONS**

Cultural competence and the inclusion of the viewpoints and experience of individuals who have received services and their families/caregivers are an integral part of all goals, objectives and actions in this Five-Year Plan. All goals and objectives are intended to support the vision and values of the Mental Health Services Act. All Workforce Education and Training programs funded use methods and promote outcomes consistent with the values and priorities expressed in the MHSA.

The objectives presented in this Five-Year Plan are intended to develop a mental health workforce trained to provide services to an ethnically diverse population across the lifespan that can respond to the unique needs of children and youth, transition aged youth, adults and especially those of older adults, who comprise an increasing percentage of the overall population.

**Actions that support all goals and objectives:**

- Establish an ongoing Statewide Workforce Education and Training Advisory Group to support the fundamental changes needed in California’s public mental health workforce
- Ensure that a well-designed and evolving needs assessment and evaluation of California’s public mental health workforce guide MHSA Workforce Education and Training activities
- Develop leadership skills and abilities in the public mental health system in both county and community-based agencies
- Ensure multi-disciplinary and interdisciplinary training

**Actions that support specific goals and objectives** – to be implemented at the state and/or local level. The objectives presented promote the principles presented in Welfare and Institutions Code Section 5822 subsections (a) through (i) of the Mental Health Services Act:

**Goal #1 – Develop sufficient qualified individuals for the public mental health workforce.**

**Objective A:** Expand loan repayment and scholarship programs offered in return for a commitment to employment in California’s public mental health system and make loan repayment programs available to current employees of the public mental health system who want to obtain Associate of Arts, Bachelor of Arts, Masters Degrees, or Doctoral degrees (WIC Section 5822(b)).

- **Action:** Establish an MHSA Loan Assumption Program to provide loan repayments for current employees and for students wishing to become employed in the public mental health system.
- **Action:** Provide scholarship assistance to current employees and to students wishing to become employed in the public mental health system, whether in county or community based agencies, and employees and volunteers of client- and/or family-run organizations.

**Objective B:** Create a stipend program modeled after the federal Title IV-E stipend program for persons enrolled in academic institutions who want to be employed in the mental health system (WIC Section 5822(c)).

- **Action:** Establish stipend programs for psychiatrists, clinical psychologists, marriage and family therapists, psychiatric mental health nurse practitioners and social workers who commit to working in the public mental health system.

**Objective C:** Establish regional partnerships among the mental health system and the educational system to expand outreach to multicultural communities, increase the diversity of the mental health workforce, reduce the stigma associated with mental illness, and promote the use of Web-based technologies and distance learning techniques (WIC Section 5822(d)).

- **Action:** Establish regional partnerships between the public mental health and educational systems in order to strengthen training and education of the public mental health workforce in accordance with the principles and provisions of the MHSA.
- **Action:** Establish and fund mental health career pathway programs for individuals currently employed, whether full-time or part-time, in the mental health system who want to increase their skills and scope of responsibility, and to outreach to individuals who represent populations and communities that have been identified as unserved or underserved by the public mental health system.
- **Action:** Promote the use of Web-based technologies and distance learning techniques to expand access to relevant training and technical assistance

and convert current training and technical assistance programs with demonstrated effectiveness into a blended learning format, which combines various learning methods to include classroom instruction and learning at a distance.

**Objective D:** Recruit high school students for mental health occupations, increasing the prevalence of mental health occupational training in high school career development programs, such as health science academies, human service academies, adult schools, and regional occupation centers and programs (WIC Section 5822(e)).

- **Action:** Increase the prevalence of mental health career development opportunities in high schools, adult education, regional occupational programs and community colleges.
- **Action:** Promote the development of culturally competent curricula in secondary education programs that promote careers in public mental health.

**Objective E:** Promote the employment of mental health clients and family members in the mental health system (WIC Section 5822(g)).

- **Action:** Establish a statewide client and family member technical assistance center to promote the employment, both full-time and part-time, of individuals with client and family member experience in the public mental health system.
- **Action:** Establish entry-level employment preparation programs and employment supports for individuals with client and/or family member experience receiving services in public mental health, to include travel and expense reimbursement, stipend and scholarship support.

**Objective F:** Increase eligibility for federal workforce funding by increasing the number of California communities recognized by the federal government as having a shortage of mental health professionals.

- **Action:** Collaborate with the Office of Statewide Health Planning and Development (OSHPD) to increase the number of mental health professional shortage area designations for California communities/counties.

**Goal #2 – Increase the quality and success of educating and training the public mental health workforce in the expressed values and practices envisioned by the MHSA.**

**Objective G:** Expand the capacity of postsecondary education to meet the needs of identified mental health occupational shortages (WIC Section 5822(a)).

- **Action:** Fund those portions of psychiatric residency programs that specialize in child or geriatric psychiatry, model a multidisciplinary team approach in a community public mental health setting, and/or focus on recruitment of residents who can meet diversity needs consistent with the vision and values of the MHSA.
- **Action:** Fund physician assistant and nurse practitioner programs that provide a mental health specialty and provide field placements in a public mental health setting.
- **Action:** Fund and support educational curricula that are consistent with MHSA values and priorities including wellness, recovery and resiliency
- **Action:** Include competencies consistent with MHSA values and priorities into internship hour, licensing and continuing education requirements.

**Objective H:** Develop curricula to train and retrain staff to provide mental health and other supportive services in accordance with the provisions and principles of the Mental Health Services Act (WIC Section 5822(f)).

- **Action:** Conduct ongoing assessments of state and local training needs and develop trainings to meet those documented needs.

**Objective I:** Promote the meaningful inclusion of mental health clients and family members and incorporate their viewpoint and experiences into all Workforce Education and Training programs (WIC Section 5822(h)).

- **Action:** Provide training to develop clients and family members as effective participants in the public mental health system.

**Objective J:** Promote the inclusion of cultural competence in all Workforce Education and Training programs (WIC Section 5822(i)).

- **Action:** Engage county ethnic services managers and other key experts in the field of cultural and linguistic competence in the development of all Workforce Education and Training strategies.

## ***WORKFORCE NEEDS ASSESSMENT***

According to Welfare and Institutions Code Section 5820(a), “It is the intent of this Part to establish a program with dedicated funding to remedy the shortage of qualified individuals to provide services to address severe mental illnesses.” Section 5820(b) further specifies, “Each county mental health program shall submit to the Department a needs assessment identifying its shortages in each professional and other occupational category in order to increase the supply of

professional staff and other staff that county mental health programs anticipate they will require in order to provide the increase in services projected to serve additional individuals and families...”

Pursuant to local stakeholder planning processes, county mental health programs submitted their initial Community Services and Supports (CSS) components of their Three-Year Program and Expenditure Plans<sup>1</sup>. These initial County<sup>2</sup> CSS component plans were summarized and analyzed for potential new MHSA workforce positions, stated needs and challenges and cultural diversity and language proficiency issues. This preliminary analysis provided a high-level summary of workforce shortages statewide.

In addition to the above requirements, Welfare and Institutions Code Section 5822(c) directs the Department to “identify the total statewide needs for each professional and other occupational category and develop a five-year education and training development plan.” In order to more accurately assess the extent and complexity of the public mental health workforce shortage in California, the Department will develop a more comprehensive and detailed Workforce Needs Assessment to focus on statewide capacities and needs based upon skills and functions. This will provide a useful basis for determining funding and program priorities that truly have the capacity to create change.

The Department continues to seek input from mental health clients and family members/caregivers, the California Mental Health Planning Council, the Mental Health Services Oversight and Accountability Commission, the County Mental Health Directors Association, and other stakeholders in the development of this assessment.

## **GOVERNANCE AND FUNDING**

Actions that address the mission, goals and objectives of the Five-Year Plan will be implemented by means of actions administered at both the state and county levels.

An initial investment of \$100 million from the Mental Health Services Fund (MHS Fund) has been authorized for County-administered Workforce Education and

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<sup>1</sup> In order to receive MHSA funds, the Counties are required to submit to the Department a plan for MHSA programs and services, which the Department has called the Three-Year Program and Expenditure Plan (Three-Year Plan). The Three-Year Plan contains a Workforce Education and Training component, which includes County programs. This County Plan is distinct from the Department of Mental Health’s Five-Year Plan required by sections 5820 et seq.

<sup>2</sup> “County” means a county mental health program, two or more counties acting jointly, or a city-operated mental health program pursuant to Welfare & Institutions Code section 5701.5.

Training actions. An additional \$100 million has been set aside for statewide and regional programs. Each County has received a planning estimate that represents the maximum amount of MHSA funding that the County can initially request as part of the Workforce Education and Training component of its Three-Year Program and Expenditure Plan. Subsequent commitments from the MHS Fund will be made for state- and County-administered Workforce Education and Training programs.

In July 2007 the Department issued DMH Information Notice 07-14, the *Mental Health Services Act Workforce Education and Training Component—Proposed Three-Year Program and Expenditure Plan Guidelines for Fiscal Years 2006-07, 2007-08 and 2008-09*. Pending the promulgation of regulations, these guidelines assist the Counties in preparing Three-Year program and Expenditure Plans for Workforce Education and Training that will promote the employment of clients and family members, increase the cultural and linguistic competency of the workforce, outreach to heretofore unserved and underserved populations, enhance the effectiveness and diversity of the workforce, and increase access to services for mental health clients statewide.

Statewide, regional and local programs and/or activities will be consistent with this Five-Year Plan. Specific state- and County-administered programs and funding levels will be posted to the Department's Website as these decisions are finalized:

[http://www.dmh.ca.gov/Prop\\_63/MHSA/Workforce\\_Education\\_and\\_Training/default.asp](http://www.dmh.ca.gov/Prop_63/MHSA/Workforce_Education_and_Training/default.asp).

## ***EVALUATING THE FIVE-YEAR PLAN***

California is investing considerable resources into improving the public mental health workforce consistent with this Five-Year Plan. A means to evaluate the impact of this investment is needed in order to assess the effectiveness of the programs and activities undertaken, and to determine whether the Plan's goals are being met. Performance indicators directly linking the outcome of a program or 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 or activity, and subsequently evaluated to assist in future resource allocation. Measurement 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.

These measurement criteria and outcomes were developed with the understanding that education and training programs and activities will promote statewide applicability and the equitable distribution of dollars, increase the diversity and cultural competence of the public mental health workforce and promote the participation of clients and family members. These programs and activities should also serve to prepare the workforce to meet the needs of diverse

ethnic/cultural populations heretofore unserved or underserved, including children, transition aged youth and older adults. Performance indicators and their measurement criteria and outcomes include:

**Goal #1 – Develop sufficient qualified individuals for the public mental health workforce.**

1. **Performance Indicator:** A decrease in hard-to-fill and/or hard-to-retain positions in the public mental health system workforce, particularly within small or rural counties.

**Measurement:** A baseline of positions will be obtained by compiling data from submitted Workforce Needs Assessment sections of Counties' Three-Year Program and Expenditure Plans. Hard-to-fill and/or hard-to-retain positions will be identified by county, region and state levels, county versus contract staff, and by small/rural counties. Changes will be tracked by subsequent County workforce needs assessments as to types of positions that are deemed hard-to-fill and/or hard-to-retain, and numbers needed versus filled.

2. **Performance Indicator:** An increase in the number and proportion of the public mental health workforce who are proficient in one or more non-English languages, including American Sign Language.

**Measurement:** A baseline of needed and available persons who are proficient in non-English languages will be compiled by language from submitted Workforce Needs Assessment sections of Counties' Three-Year Program and Expenditure Plans. Changes will be tracked by subsequent County workforce needs assessments as to number of needed and available persons who are proficient in non-English languages.

3. **Performance Indicator:** Increase employment opportunities for racial/ethnic populations that are underrepresented in the public mental health system workforce in order to provide equal opportunities for employment.

**Measurement:** A baseline of the workforce by race/ethnicity and the race/ethnicity of the target population to be served will be obtained by compiling data from submitted Workforce Needs Assessment sections of Counties' Three-Year Program and Expenditure Plans. The race/ethnicity of the workforce versus the target population to be served will be compared by county, region and state. Changes in race/ethnicity disparity will be tracked by subsequent County workforce needs assessments.

4. **Performance Indicator:** An increase in the number and proportion of individuals with client and/or family member experience successfully

employed, whether paid or volunteer, at all levels of the public mental health system workforce.

**Measurement:** A baseline of the number of authorized positions specifically designated for individuals with client and/or family member experience by occupational category will be obtained by compiling data from submitted Workforce Needs Assessment sections of Counties' Three-Year Program and Expenditure Plans. Changes in numbers of authorized positions within occupational categories and by county, region and statewide will be compared over time by subsequent County workforce needs assessments.

**Goal #2 – Increase the quality and success of educating and training the public mental health workforce in the expressed values and practices envisioned by the MHSA.**

1. **Performance Indicator:** An increase in the number of training and technical assistance events and activities that focus on services and supports demonstrating the principles of wellness, recovery and resiliency.

**Measurement:** The number and type of training and technical assistance events focusing on wellness, recovery and resiliency will be compiled from Counties' Three-Year Program and Expenditure Plans, and will be compared to subsequent Three-Year Program and Expenditure Plans.

2. **Performance Indicator:** An increase in the number of training and technical assistance events and activities that focus on the needs of unserved and underserved populations, especially older adults and transition aged youth.

**Measurement:** The number and type of training and technical assistance events focusing on older adults and transition aged youth will be compiled from Counties' Three-Year Program and Expenditure Plans, and will be compared to subsequent Three-Year Program and Expenditure Plans.

3. **Performance Indicator:** An increase in the number of training and technical assistance events and activities that include individuals with client and/or family member experience who participate in the design and/or implementation of these events and activities.

**Measurement:** Via survey, providers of training and technical assistance events will report on the numbers and extent of participation of individuals with client and/or family member experience. Comparisons will be made by conducting surveys over time.

4. **Performance Indicator:** An increase in the number of training and technical assistance events and activities that include individuals and entities not

affiliated with the public mental health system (county or state) who participate in the design and implementation of these events and activities.

**Measurement:** Via survey, providers of training and technical assistance events will report on the numbers and extent of participation of individuals and entities not affiliated with the public mental health system. Comparisons will be made by conducting surveys over time.

5. **Performance Indicator:** An increase in the availability of workforce education and training programs and activities to the public mental health system throughout California, to include accessibility to rural areas.

**Measurement:** Utilizing Counties' Three-Year Program and Expenditure Plans, the number and location of MHSA-funded workforce education and training programs and activities will be mapped throughout California to determine accessibility and availability to the entire public mental health system workforce. Changes in availability will be determined by subsequent Three-Year Program and Expenditure Plans. In particular, use of distance learning and the establishment of new centers, courses and programs will be tracked, with emphasis on access by the workforce in rural communities.

6. **Performance Indicator:** An increase in the number of mental health career pathway programs, and in the number of individuals in the public mental health system workforce who participate in such programs and progress to higher levels of employment.

**Measurement:** Via optional, self-reported survey, mental health career pathway programs will report on the numbers and extent of participation of 1) multi-ethnic and multi-lingual participants, with number employed in the public mental health system upon graduation, 2) number of individuals with client and/or family member experience enrolled in mental health career pathway programs, with number employed in the public mental health system upon graduation, and 3) number of individuals who graduate from mental health career pathway programs and enter occupations that partner with the public mental health system. Comparisons will be made by conducting surveys over time.

7. **Performance Indicator:** An increase (1) in the number of residency and internship programs that specialize in public mental health, and (2) in the number of individuals in the public mental health system workforce who participate in such programs and become employed in the public mental health system.

**Measurement:** Via survey, residency and internship programs will report on the numbers and extent of participation of 1) numbers of urban and rural residency rotations, 2) number of internship opportunities, 3) number of

community-based agencies providing residency rotations and internship opportunities, and 4) the number of those completing their internship and residency component and subsequently becoming employed in the public mental health system. Comparisons will be made by conducting surveys over time.

These performance indicators and performance measures will be analyzed to inform development of statewide programs and guidelines for local programs that are currently being implemented. In addition, future Workforce Education and Training funding decisions will be guided by demonstrated successes achieved toward these performance indicators in this Workforce Education and Training Development Five-Year Plan.

The following principles will guide the development and implementation of new programs and activities:

- The public mental health system must remain relevant and responsive to unserved and underserved communities and populations.
- Ethnic diversity, linguistic capacity and cultural competence of the workforce must keep pace with changes in population demographics.
- Licensure and credentialing requirements may change as a result of changes in service delivery.
- The public mental health system must remain flexible to allow for implementation of the remaining MHSA components, most notably Prevention and Early Intervention and Innovation.
- The public mental health system must include education and training activities that increase expertise and inclusion of co-occurring disabilities, to include physical, developmental and substance abuse disorders.
- Consideration for accessibility issues must be broadened beyond mental health to include the wider disability community.

The dynamic nature of these variables dictates an ongoing dialogue at both the state and local level to continually and effectively assess need and allocate resources.

This Five-Year Plan provides the vision and the means to develop the capacity of the current and prospective mental health workforce to excel at services that are sensitive and responsive to the ever-evolving needs and cultures of California's diverse client and family member population. The public mental health system faces critical shortages in resources, but these shortages may be off-set by

developing both the workforce and the services delivered to meet the challenges. This process will require constant reassessment.

Throughout the next five years the Department of Mental Health will strive to ensure that its values, mission, goals, objectives and actions remain relevant and reflective of the changing needs of the clients and family members it serves. The Five-Year Plan will serve as a dynamic venue for an ongoing dialogue through which County Three-Year Program and Expenditure Plans are evaluated to increase the workforce and guide progress toward an effective and efficient integrated service delivery system.

## ***APPENDIX A: TEXT OF THE MENTAL HEALTH SERVICES ACT***

### **EXCERPT**

#### **SECTION 8. PART 3.1 EDUCATION AND TRAINING PROGRAM**

**5820.**(a) It is the intent of this Part to establish a program with dedicated funding to remedy the shortage of qualified individuals to provide services to address severe mental illnesses.

(b) Each county mental health program shall submit to the Department a needs assessment identifying its shortages in each professional and other occupational category in order to increase the supply of professional staff and other staff that county mental health programs anticipate they will require in order to provide the increase in services projected to serve additional individuals and families pursuant to Parts 3, 3.2, 3.6, and 4 of this Division. For purposes of this Part, employment in California's public mental health system includes employment in private organizations providing publicly funded mental health services.

(c) The Department shall identify the total statewide needs for each professional and other occupational category and develop a five-year education and training development plan.

(d) Development of the first five-year plan shall commence upon enactment of the initiative. Subsequent plans shall be adopted every five years.

(e) Each five-year plan shall be reviewed and approved by the California Mental Health Planning Council.

**5821.**(a) The Mental Health Planning Council shall advise the Department of Mental Health on education and training policy development and provide oversight for the department's education and training plan development.

(b) The Department of Mental Health shall work with the California Mental Health Planning Council so that council staff is increased appropriately to fulfill its duties required by Sections 5820 and 5821.

**5822.** The Department of Mental Health shall include in the five-year plan:

(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, Masters 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 among the mental health system and the educational system to expand outreach to multicultural communities, increase 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 Parts 3, 3.2, 3.6, and 4.

(g) Promotion of the employment of mental health clients and family members in the mental health system.

(h) Promotion of the meaningful inclusion of mental health clients and family members and incorporating their viewpoint and experiences in the training and education programs in subdivisions (a) through (f).

(i) Promotion of the inclusion of cultural competency in the training and education programs in subdivisions (a) through (f).

## ***APPENDIX B: MENTAL HEALTH SERVICES ACT REGULATIONS***

(Department of Mental Health regulations will be included upon approval and publication.)

## **APPENDIX C: RESOURCES**

McRee T., Dower C., Briggance B., et al., *The Mental Health Workforce: Who's Meeting California's Needs?* 2003.

*Achieving the Promise: Transforming Mental Health Care in America*, The President's New Freedom Commission on Mental Health, 2003.

*An Action Plan for Behavioral Health Workforce Development*, Annapolis Coalition, 2007.

*Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series*, Institute of Medicine, 2006.

*The Report on the Human Resources Shortage in Mental Health Services*, California Department of Mental Health, 2002.