

**Mental Health Services Act
Workforce Education & Training
From Proposed Guidelines, July 2007 – DMH Info Notice 07-14**

This overview is taken directly from the California State Department of Mental Health's Workforce Education and Training (WE&T) Guidelines published in July 2007

Overview

The Mental Health Services Act (MHSA) represents a comprehensive approach to the development of community based mental health services and supports for California residents. MHSA addresses a broad continuum of community services and supports, prevention and early intervention, capital facilities and technology, innovation, and **workforce education and training (WE&T)**. It mandates that DMH implement a Five-Year WE&T Plan to develop a competent and diverse workforce capable of meeting the mental health needs of the public. Each County's WE&T programs and activities will be part of the Five-Year Plan. Counties' WE&T components will be consistent with the vision, values, mission, goals, objectives and performance indicators included in the Five-Year Plan. Concurrent with counties developing and implementing their WE&T components, DMH is implementing a number of state-administered WE&T programs. Thus, the Five-Year Plan will include a listing of state and county administered programs and activities that together fully address the intent of the MHSA.

Overarching Goals

- ❖ To develop a sufficient number of qualified individuals for the public mental health workforce
- ❖ To increase the quality and success of educating and training the public mental health workforce
- ❖ To increase the partnership and collaboration of all entities involved in public mental health education and training

WE&T Needs:

- ❖ Addressing identified shortages in occupations, skill sets, and individuals with unique cultural and linguistic competence in county mental health programs and private organizations providing services in the Public Mental Health System.
- ❖ Education and training for all individuals who provide or support services in the Public Mental Health System, to include fostering leadership skills.

WE&T Strategies/ Objectives:

- ❖ Expand postsecondary education capacity
- ❖ Expand loan repayment, scholarship programs
- ❖ Create stipend programs
- ❖ Promote employment of clients and family members in Mental Health system
- ❖ Develop training curricula in accordance with MHSA values
- ❖ Promote distance learning techniques
- ❖ Incorporate cultural competency in all training and education programs
- ❖ Establish regional partnerships
- ❖ Increase Mental Health career development opportunities
- ❖ Promote meaningful inclusion of client and family members in all training and education programs

WE&T Funding Categories (*These categories apply to both state- and county-administered programs*):

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

County/State WE&T Strategies and Plans:

- ❖ Counties must propose programs and activities that, in combination with state-administered WE&T programs, address the County's self-assessed WE&T needs.
- ❖ Counties must integrate their WE&T component into their existing Three-Year Program and Expenditure Plan in 2007-08.
- ❖ County WE&T plans will be funded by the MHSA Fund for Workforce Education and Training, until counties access their up-to-20% allocation for technological needs, capital facilities, human resources, and prudent reserve.
- ❖ County WE&T components will combine with DMH-administered WE&T programs to become the State's Five-Year Plan.
- ❖ Counties and DMH will both administer programs and activities to collectively address all objectives in the State's Five-Year Plan (MHSA Section 5822)

County Guidelines:

- ❖ A county plan must address all of the **MHSA fundamental concepts/values***.
- ❖ Each funded program/training/strategy must be consistent with **at least one of the objectives** stipulated by the MHSA and in the Five-Year Plan.
- ❖ Each funded program/training/strategy must address the **county's identified WE&T needs**.

County Planning/Implementation Process:

- ❖ Request funding to initiate workforce education and training component planning (optional)
- ❖ Designate a Workforce Education and Training Coordinator
- ❖ Employ a planning process with stakeholders
- ❖ Complete six template exhibits and submit to DMH
- ❖ Upon approval, implement workforce education and training component plan
- ❖ Incorporate component into county's existing three-year program and expenditure plan

Non-Allowable for WE&T Funds:

- ❖ Supplant existing programs and activities
- ❖ Paying staff time for service delivery
- ❖ Personnel line item costs, such as signing bonuses, language proficiency pay differential, staff time to attend training (except 20/20 programs)
- ❖ Technology hardware, software, and associated costs
- ❖ Recruiting or retention needs of other systems

For additional information:

http://www.dmh.cahwnet.gov/Prop_63/MHSA/Workforce_Education_and_Training/default.asp

* **MHSA Fundamental Concepts/Values:** Promote wellness, recovery and resilience; increase client and family member involvement and employment in service delivery; develop a diverse, cultural, and linguistically competent workforce; deliver individualized, client and family driven services; and outreach to underserved and unserved populations

WE&T Funding Categories

❖ 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 clients and family members

❖ Training and Technical Assistance

- Must demonstrate that its delivery increases capacity and promotes:
- Wellness, recovery and resiliency
- Client 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

❖ Mental Health Career Pathway Programs

- Client and family member entry level employment 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
- Counseling, training and educational coursework and services to individuals who represent populations and communities that have been identified as underserved or unserved by the public mental health system

❖ Residency, Internship Programs

- Psychiatric residency programs with focus on child, geriatric, multidisciplinary team approach, recruitment of individuals who can meet diverse 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

❖ 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, clinical psychology, psychiatric nurse practitioner, marriage and family therapy
- **Loan Repayment** – 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 clients and family members into the workforce at all levels, and diversity needs