TESTIMONY ON WORKFORCE DEVELOPMENT TO THE JOINT OVERSIGHT HEARING: RESTRUCTURING THE BEHAVIORAL HEALTH SYSTEM IN CALIFORNIA

February 21, 2012

Introduction: California, like many other states throughout the nation, has mental health workforce needs that have largely gone unmet. A shortage of mental health professionals exists across disciplines, and the diversity of the workforce is an ongoing concern**.** Retention of professionals in public and contract mental health agencies throughout their careers, and continuous skills improvements are important factors in meeting quantitative and qualitative workforce needs. As the restructuring of California's behavioral health system moves forward, the California Social Work Education Center urges decision-makers to ensure that workforce development issues continue to be addressed.

Background: In a 2003 report, the Center for Health Professions predicted that the first decade of the new millennium would initiate a heightened demand for mental and behavioral health workers, with an expected growth from 63,000 workers to perhaps 80,000 workers in the state by 2010. They accurately identified such factors as coverage of more mental health costs by insurance companies, practice model changes, changes to primary medical care practice models, and increased and improved integration of mental and behavioral health services (Center for the Health Professions, 2003, p. ii-iii). However, the California Department of Mental Health conservatively estimated that 972,000 California residents needed public mental health services in 2006–07 alone, indicating that the demand is much higher than the workforce supply.

Many studies have pointed out the critical role of diversity in the mental health workforce in improving access to services for mental health consumers and their families.
National studies have shown lower usage of mental health care services by limited-English-proficient speakers and minorities (Cheng & Snowden, 1990; Chow et al., 2003*)*, and other studies have indicated that increased access to bilingual/bicultural mental health professionals may contribute to increased service engagement and usage among diverse populations (Bloom et al., 2005; Vidal de Haymes & Kilty, 2007; Kaiser et al., 2002; Li & Brown, 2000; Sue et al., 1991).

The California Social Work Education Center (CalSWEC) is a consortium of schools of all California schools of social work, directors of county mental health or child welfare agencies, state agencies and national professional organizations. Since 1991, CalSWEC has implemented stipend and curriculum development programs for social work students preparing for careers in public child welfare (Title IV-E and Department of Social Services funding) and mental health (Mental Health Services Act Workforce, Education, and Training funding) systems in California.

Mental Health Services Act and workforce development: The authors of Proposition 63 intended to reform the mental health system, and they recognized that it is crucial to accelerate workforce development for public and nonprofit mental health and behavioral health agencies in order to transform the system. Through Prop. 63, the Mental Health Services Act of 2004 (MHSA), every county has received Workforce, Education, and Training (WET) funding to invest in building career pipelines, upgrading skills among the current workforce, and fiscal incentives for new professionals and paraprofessionals. In addition, 10 universities and professional graduate programs throughout California have been awarded contracts to produce new social workers, psychologists, marriage and family therapists, psychiatrists, nurses, and physician assistants. Collectively, they have provided stipends to nearly 1500 students since MHSA was passed by voters. This pool is ethnically diverse (60% ethnic minorities) and multilingual (59%), and 74% were employed in a mental health agency within a year after graduation.

California Social Work Education Center Mental Health Program: CalSWEC holds the oldest (2005) and largest ($5.8 million per year) of the statewide interagency agreements with the Department of Mental Health. Through sub-awards with 21 schools of social work, we provide stipends and competency-based education for nearly 200 MSW students annually who are planning careers in public mental health systems (i.e. county and contract community-based agencies). A set of competencies for the mental health system were developed collaboratively in 2005and revised in 2011 by academics, agency leaders, practitioners, and consumers. The competencies are included in the curricula of each school of social work, and have served as a model for other disciplines invested in educating new behavioral health professionals. Process and outcome-oriented evaluation strategies track how well the CalSWEC Mental Health Program is progressing toward its goals of increasing and diversifying the clinical social work workforce and preparing practitioners to work in recovery-oriented, multi-disciplinary settings.

Our accomplishments:

- Over 1100 MSW students have received stipends ($18,500) in their final year of study, and there are another 188 students in the 2012 class.
- The 2006-2011 classes are 43% White; 25% Latino; 14% Asian-Pacific Islander; 10% African-American; and 1% Native American . (Seven percent identified their ethnicities as "Other" or they declined to state ethnicity).
- The 2006-11 stipend recipients are multilingual, i.e. 56% speak at least one language in addition to English.

- All stipend recipients have completed a one-year employment payback obligation or are in the process, and 94% met their obligations through employment (vs. cash payback).
- A follow-up study of the 2005-2009 cohorts found that 97% were still employed by public/contract mental health agencies in 2010.
- Despite this difficult economic environment, 72% of the 2011 graduates already had found employment by September, 2011.
- A set of interrelated studies (Buckles et al, 2011) explored curriculum implementation and how well graduates, employment supervisors, and faculty believe that the program prepares students with skills necessary for working in recovery-oriented systems of care. The studies:

  - indicated that schools of social work have used innovative strategies to incorporate the competencies into curricula that have prepared graduates for careers in behavioral health agencies;
  - informed the 2011revisions of the competencies, and helped to identify knowledge and skills that were taught effectively (e.g. cultural competency) and those that need to be better attended to (e.g. documentation, working in integrated primary care settings).
  - identified future research and curriculum improvements needs.

Recommendations: We are proud to be one of the ten educational programs that have contracts with the Department of Mental Health. We are preparing to transition to another agency such as OSHPD, continuing our work to increase and change the new workforce for behavioral health agencies. We would like to make the following recommendations:

- All of the statewide WET-funded contractors should be invited to meet together with the designated agency in the near future to share ideas and strategies regarding workforce development for behavioral health agencies. The behavioral health landscape is changing quickly, driven by integration of mental health and substance use services; requirements of health reform for integration of mental health, substance use, and primary care services; better knowledge of evidence-based practice models; and the recent Katie A. settlement requiring much closer collaboration between child welfare agencies and mental health providers to serve foster children and adolescents with mental health conditions. Social workers and other staff from different disciplines will be the "engines" for these massive systems changes, and all schools need to collaborate in the development of new curricula to implement effectively.

- An evaluation of the statewide WET programs should be undertaken soon. The Mental Health Planning Council, Mental Health Services Oversight and Accountability Commission, and the California Mental Health Directors Association, among others have been interested in undertaking this effort, and have been exploring this with the Department of Mental

Health for some time. CalSWEC has invested resources on an in-kind basis and from foundation grants to implement evaluation strategies, and we believe that it is important for all of the workforce development providers to have more opportunities share our individual and collective accomplishments and lessons learned with the Legislature as well as the voting public.

- WET funding as a designated component of MHSA funding is expected to end by 2018, unless counties choose to continue to fund local or statewide workforce activities. A broad group of stakeholders should be convened to focus on a long-term plan for ongoing and sustainable workforce development, and could build on the recently published *Final Report (September, 2011)* on career pathways from the Office of Statewide Health and Planning and Development, California Workforce Investment Board, and the Health Workforce Development Council Career Pathways Committee. Stakeholders representing policymakers, workforce demand, supply, and end-users would include the Mental Health Planning Council; the Mental Health Oversight and Accountability Commission;: county mental health agencies (California Mental Health Directors Association); alcohol and drug programs (County Alcohol And Drug Program Administrators in California); primary care providers (California Primary Care Association); educational institutions currently training the workforce (the statewide contractors, community colleges); the California Institute for Mental Health; and consumer and family member organizations.

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