Career Pathway Sub-Committee- Background and Phase III Process

Background
In April 2011, the California Workforce Investment Board (State Board), in concert with the Office of Statewide Health Planning and Development (OSHPD), convened a sub-committee of its Health Workforce Development Council called the Career Pathway Sub-Committee (Committee). The Committee was comprised a cross-section of educational system representatives, employers, workforce development professionals, advocacy and professional associations, and researchers. The Committee was charged with developing statewide planning recommendations that address the following six areas:

- Existing and potential health career pathways that may increase access to primary care
- Existing education and training capacity and infrastructure to accommodate the career pathways needed to increase access to primary care
- Academic and healthcare industry skill standards for high school graduation, entry into postsecondary education, and various credentials and licensure
- Availability of career information and guidance counseling to existing and potential health professions students and residents
- Big picture issues around recruitment, retention, attrition, transfer, articulation and curricular disconnects, and the identification of policies needed to facilitate the progress of students between education segments in California
- Need for pilot/demonstration projects in eligible health personnel categories, or new health personnel categories

For purposes of the Committees charge and process, “career pathways” were defined as a coordinated set of components which, when aligned correctly, provide a “pathway” to achieve a sufficient supply, distribution and diversity of qualified candidates for a specific health profession. The Committee adopted a common framework for pathway development (Appendix One) and used the framework to develop the pathways for 12 professions in two different phases. The Committee engaged experts in the various occupations analyzed for the initial development of the career pathways that were subsequently presented to the Committee for review and approval.

For Phase I, the Committee developed pathways for primary care physicians, primary care nurses, clinical laboratory scientists, medical assistants, community health workers, public health professionals, and social workers (Appendix Two (Sample)). For Phase II, the Committee developed pathways for home health aides and certified nurse assistants, physician assistants, oral health, imaging technologists, and military veterans. The full report that includes Phase I and II can be found through the following link: http://www.oshpd.ca.gov/Reform/CareerPathwaySubCommitteePhase2FinalReport.pdf

Phase III
OSHPD in concert with the State Board is re-convening the Committee for Phase III which will focus solely on Behavioral Health, Mental Health, and Substance Abuse occupations. The development of
career pathways for Behavioral Health, Mental Health, and Substance Abuse occupations will be part of the development of the next Workforce Education and Training (WET) Five-Year Plan. For Phase III, the Committee will be comprised of experts and stakeholders that include a cross-section of educational system representatives, employers, workforce development professionals, advocacy and professional associations, and researchers including members from the Health Workforce Development Council and WET Advisory Committee.

For Phase III, OSHPD and the State Board are proposing to develop pathways for the following disciplines:
- Clinical Psychologist;
- Marriage and Family Therapists;
- Licensed Professional Clinical Counselors
- Peer Counselors;
- Psychiatrists;
- Psychiatric Mental Health Nurse Practitioner/Clinical Nurse Specialists; and
- School Psychologist

The Committee will meet at most, four times between July 1 and September 30 to develop the career pathways via the same framework that was used during Phase I and II of the Committee process (Appendix 1). The Committee will engage experts in each discipline examined to aid in the development of the career pathways. A report for Phase III of the Committee’s work will be developed and subsequently integrated with the work completed during Phase I and II.

Appendix One

Coordinated Health Workforce Pathway

Target Groups:
- Incumbent Workers
- High School and Community College Students
- Career Changers
- Displaced Workers
- Undergraduates
- Immigrant Health Professionals
- Graduate Public Health Students
- Medical Students and Residents
- Veterans
Appendix Two
Social Workers (Sample of Completed Pathway)

Background Information

CURRENT SITUATION AND FUTURE NEED

Social workers practice in community and institutional settings ranging from physical health care facilities and mental health settings to schools. They reflect the populations served culturally and ethnically. In these venues social workers perform the following functions: Screening and assessment of clients/consumers (93%); information and referral services (91%); crisis intervention (89%); individual therapy (86%); and, health and mental health casework/planning (86%). Parentheses indicate percentage of social work activities in venues listed above.

California has a need for an estimated 22,000 social workers, factoring in expected growth in the insured health population due to the PPACA. This need is projected through 2015. Specifically, 17,000 are needed in urban areas throughout the state and 5,000 are needed in rural areas (regarding rural areas, see Superior Regional Workforce Education and Training Study). According to the National Association of Social Workers and Federal Labor Board, there are approximately 60,000 social workers in California out of a needed 82,000. Unfortunately 20 to 25% of these workers call themselves social workers, but have neither a BSW nor MSW.

California’s social worker shortage crosses all service areas, including: child welfare, mental health, physical health, developmental disabilities, aging, and adult protective services. Specifically, social workers work and are needed in these areas in these proportions: 37% mental health, 20% health, 15% children and family public services, 10% aging, and 18% other (BBS and NASW).

Social workers practice as part of health care teams, and are specifically trained to address the psychosocial implications of acute and chronic illnesses. They practice across the continuum of care including community and public health clinics, hospitals, nursing homes, home health care, primary care, prisons, veteran service networks, and hospices (Asua Ofosu, JD, Manager, Government Relations National Association of Social Workers). The new health care law requires health plan benefits to include mandatory mental health, substance use, and preventive services. Many times social workers are often the only providers delivering these services in rural and underserved areas (Asua Ofosu). In fact, the Patient Protection and Affordable Care Act provides the opportunity for a radical shift in the way patients and their families are cared for. It recognizes that the patient should be at the center of medical care. Meeting this challenge requires improved coordination of care over time and across multiple settings provided by professionally educated social workers (Robyn L. Golden, LCSW, Rush University Medical Center).

Pilot studies done in community based health care settings, the VNA home hospice, and Kaiser’s Tri-Central Region demonstrated that social workers on inter-disciplinary teams were effective in reducing hospital admissions and emergency room visits (Cherin, 1998; Enguidanos, 2003). In these studies as in social work practice, social workers perform using a focus on person-in-environment/ecological perspective with regard to psychosocial assessments, diagnosis, interventions and outcomes evaluation. Practice in these cases leads to development of patient advocacy in the form of policy practice among care teams and within systems. Social workers in
direct service meet with patients develop a psychosocial assessment, develop plans of action for
given circumstances, represent patients/clients/consumers with the care team, provide onsite visits
and connect clients with services, (discharge planning), and provide team coordination and training
both for teams and clients/consumers/patients.

Some of the primary areas in which social workers are critical include mental health, aging, and
substance abuse. Mental health and substance abuse social worker professionals represent the
largest sector of these types of providers in California’s mental health workforce with an estimated
current employment of 14,010. In the next several years demand for social workers in this arena is
expected to increase by 35.4% (Center for the Health Professionals, University of California, San
Francisco, 2009). As defined by HRSA, social workers will represent a critical force working on
behavioral health in the affordable care act, working with consumers on mental health issues as well
as the broader aspects of lifestyle and management of chronic illness (HRSA email on PPACA and
Social Work, 2011). In fact, California’s community-based, public mental health resources groups
indicated in surveys that positions that were the hardest to fill or retain by order of difficulty and need
were first, general psychiatrists, and second, licensed clinical social workers (LCSW) (California
Department of Mental Health, 2009). In particular, the Bureau of Labor Statistics in 2008 found that
the median average salary for health and mental health social workers was approximately $46,000,
and projected growth in new positions in these areas alone would be 34% between 2008 and 2018.

The PPACA will have a major impact on California’s health workforce needs because it will
substantially increase the number of Californians with health insurance. In particular, as many as up
to 3 million Californians will be newly eligible for Medi-Cal, the state’s Medicaid program (Cabezas
and Laverreda). This Medi-Cal population is currently served in county social service and mental
health systems throughout California by trained social workers. Social workers will continue to
provide an array of services to this population as well as a growing number of senior citizens. In
sum, this will require additional social workers in these public venues.

Dr. David Cherin and the California Social Work Education Center (CalSWEC) developed the
pathway and recommendations for the Committee. Below are the Committee’s recommendations to
the Council for Social Work.
The pathway below represents the final system pathway developed for social workers in California. The barriers and recommendations developed are detailed in the following section.

**Social Work Workforce System Pathway**

**Table H-1. Social Workers Pathway Barriers and Recommendations**

<table>
<thead>
<tr>
<th>BARRIER</th>
<th>RECOMMENDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach to Target Groups needs to be improved</td>
<td>Marketing and ongoing information sessions need to be developed at Schools and Departments of Social Work with local high schools and community colleges and out of state institutions. This can be accomplished through use of CalSWEC’s infrastructure and articulation committee designed to meet needs of students moving between high school, community colleges and four year colleges.</td>
</tr>
<tr>
<td></td>
<td>Develop a better articulated career pathway from high school through the MSW degree working with Secondary</td>
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</tbody>
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Adapted from the coordinated health career pathway developed by Jeff Ostrander.
Table H-1. Social Workers Pathway Barriers and Recommendations

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| ⚫ Programs in social work need to create awareness on the part of incoming students of PPACA and opportunities. Without placements and stipends interested students will not have incentives to pursue careers | • Develop placements related to PPACA through California Fieldwork consortiums and training academies.  
• Develop stipend programs through CalSWEC infrastructure to model mental health and child welfare funding streams. Possibly expand the use of Title-IV-E and Mental Health Service Act.  
• Advertise social work as a job avenue for recent college graduates from other disciplines entering the work world. |
| ⚫ Establish role of social work among health professionals to convey value of social work | • Continue evidenced based pilot studies of social work in health teams that validate effectiveness, e.g., Kaiser Tri-Central Study and VNA/HRSA study.  
• Continue to define role of the social worker in health teams, including complementary role with other team members such as substance abuse counselors.  
• Use CalSWEC infrastructure to fund statewide research initiatives and coordinate overall recommendations.  
• Work with State and Board of Behavioral Sciences to support social work title protection so that skills levels and education that are required for offering social work services are clearly identified and protected. This will provide stronger incentives to enter the field and enhance recruitment.  
• Explore a requirement for formalized training for individuals working in social work capacity that have no formal social work education. |
| ⚫ Retention of students and professionals in practice (e.g., overwhelmed by heavy caseload, lack of clear career pathway) | • CalSWEC funded studies and curriculum have identified factors causing burnout. Workload continues to be the major problem. Increasing the number of social workers will alleviate some of the problem. Reconfiguring delivery through community teams as delineated in Superior Northern California Study.  
• Use distance education to upgrade skills of existing staffs, especially in rural areas, to develop newly educated social workers that are trained and upgraded in place  
• Examine whether compensation is a barrier for practitioners. |
| ⚫ In order to maintain currency CEU courses related to PPACA will have to be developed | • CalSWEC has regional training academies to develop ongoing education and delivery mechanisms.  
• Schools of Social Work will have to incent faculty to develop ongoing training material and deliver same through CEU certifications that belong to each school. |
| ⚫ Shortage of LCSW to offer supervised training opportunities | • Address shortage by increasing training opportunities.  
• Explore other ways to meet need for supervision in training programs (e.g., other methodologies for
Table H-1. Social Workers Pathway Barriers and Recommendations

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<td>supervision such as tele-supervision).</td>
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**Individual Pathways**

In their 2004 Master Plan, the Deans and Directors of Social Work programs in California created a ladder of learning delineating individuals’ social work career pathway.

Table H-2. Social Work Ladder of Learning

<table>
<thead>
<tr>
<th>LADDER LEVEL</th>
<th>DESCRIPTION</th>
<th>CURRENT GRADUATES PRODUCED</th>
<th>FUTURE GRADUATES NEEDED</th>
<th>WORK SKILL SETS GRADUATE WILL HAVE</th>
<th>JOB CLASSIFICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>High School Certificate</td>
<td>Unknown (survey needed)</td>
<td>Need to do workforce study and analysis</td>
<td>Interactive skills, introductory knowledge of theory and practice</td>
<td>Apprentice Social Worker</td>
</tr>
<tr>
<td>2</td>
<td>AA degree</td>
<td>Unknown (survey needed)</td>
<td>Need to do workforce study and analysis</td>
<td>Introductory intervention skills, some basic assessment.</td>
<td>Assistant Social Worker</td>
</tr>
<tr>
<td>3 (optional)</td>
<td>Certificate</td>
<td>Not yet fully developed</td>
<td>Need to do workforce study and analysis</td>
<td>As above, plus knowledge of service delivery systems and community assets and services</td>
<td>Trainee Social Worker</td>
</tr>
<tr>
<td>4</td>
<td>BSW</td>
<td>300 per year</td>
<td>Need 18,700 combined MSW and BSW</td>
<td>Casework, community assessment and knowledge of policy</td>
<td>Social Worker One</td>
</tr>
<tr>
<td>5 (optional)</td>
<td>Certificate</td>
<td>Not yet fully developed</td>
<td>Need to do workforce study and analysis</td>
<td>Advanced case management and community intervention skills</td>
<td>Social Worker Two</td>
</tr>
<tr>
<td>6</td>
<td>MSW</td>
<td>1,200 per year</td>
<td>Need 18,700 combined MSW and BSW</td>
<td>Sophisticated individual and group skills as well as casework</td>
<td>Social Worker Three</td>
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<td></td>
<td></td>
<td></td>
<td>expertise, supervisory and leadership skills, ability to evaluate practice and understand research</td>
<td></td>
</tr>
<tr>
<td>7a Practice</td>
<td>• Various Licenses</td>
<td>• At present only one kind of license: a clinical license. Currently 300 per year pass oral exam.</td>
<td>• Need to do workforce study and analysis</td>
<td>• As above but specialized</td>
<td>• Licensed Social Worker</td>
</tr>
<tr>
<td>7b Education and Research</td>
<td>• Doctorate</td>
<td>• 30 per year?</td>
<td>• Need to do workforce study and analysis</td>
<td>• Practice, research and teaching skills</td>
<td>• Social Work Educator and Researcher</td>
</tr>
</tbody>
</table>


In addition the detailed provided in the above ladder of learning, Committee members recommended further refining the ladder to more clearly specify specific titles, compensation, core prerequisites, and licensure requirements at each level.

Education and Training Capacity and Infrastructure

California has 25 social work programs in schools/departments across the state. These programs currently graduate approximately 5,500 students annually. In terms of ethnic statistics on these students, the graduates fall within the following categories (CADD, 2003; validated 2011):

- African American/Other Black, Non-Hispanic (10%);
- Native American/Alaskan/American Indian (1%);
- Asian American (10%);
- Latino/Hispanic (32%);
- Pacific Islander (1%);
- White/Non Hispanic Caucasian (36%);
- Multiple Race/Ethnic (0.1%);
- Other (5%); and,
Over the past 18 months, CalSWEC and the Deans and Directors of Social Work programs in California have developed a set of competencies that frame both the foundation and advanced years of a social work education in California. These competencies are aligned with the accrediting group’s Educational Policy and Accreditation Standards (EPAS) guidelines and delineate the Knowledge, Skills and Attitudes which are explicitly a part of the social work curriculum and frame social work practice. These competencies link social work program goals to measurable program objectives. Through CalSWEC’s infrastructure, these competencies are being implemented in all member schools and departments of social work in California.

Competencies in foundation social work education and advanced practice in aging, child welfare and mental health were provided to Committee members as sample competency documents. The Committee recommended further refining these by incorporating linguistic competencies.

Career information and guidance counseling is available in California from many sources. However, given the limited time of this project it was not summarized.

Additional information can be found in the following resources. These resources were provided to the Committee.

- California Social Work Education Center (CalSWEC). Competency Integration and Revision Project Summary (April 2011).
- Pamela Brown, Donna Jensen, Tene Kremling, and Meredith Ray. Distance Education Feasibility Study (October 2009). Funded by Superior Region Workforce, Education and Training Collaborative.