Status of California’s Healthcare Workforce and Key Statewide Initiatives

October 2, 2013

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OSHPD
Healthcare Workforce Challenges

**Primary Care**
- Increased demand for services
- Shortage of health professionals
- Mal-distribution of health professionals
- Lack of race/ethnic and linguistic diversity
- Insufficient number of bilingual professionals
- Salary differentials
- An aging workforce
- Lack of clear career pathways
- Constraints on capacity of educational programs
- Salary differentials by specialty
- Regulatory and scope of practice issues
- Defining reimbursable services
- A lack of formal integration and coordination of mental health, substance use treatment and primary care
- Delivery models

**// to Mental Health**
- High caseloads
- Lack of adequate training and graduate preparation programs
- A workforce with limited training in providing care that is family-centered or recovery-oriented as well as limited training opportunities in these areas
- Limited opportunities for advancement
- A lack of formal integration and coordination of mental health, substance use treatment and primary care
- A lack of positions in the public mental health system for consumers and family members
Factors Affecting Healthcare Workforce

• **Supply, Distribution and Capacity**
  – Council on Graduate Medical Education recommends a ratio of 60-80 primary care physicians per capita to adequately meet population needs, yet only 16 of 58 California counties meet and 8 counties have less than half the recommended range.
  – University of California projects shortfalls of 116,000 registered nurses and 17,000 doctors by 2015 and 6,945 physician assistants by 2020. Shortages also expected in allied health and public health.
  – California medical schools have graduated the same number of physicians since 1996 while the population has grown 20%. In fact, only 41% of California medical students were able to attend an in-state medical school in 2008. PAs, which are primarily trained as generalists, will also experience a severe shortfall due to recent changes requiring PA training programs to become masters-level by 2020 which may reduce the number of PA HPEIs in California from 9 to 6 resulting in less PAs being trained in California.

• **Primary Care**
  – California lacks an adequate supply of general practitioners. Generalists provide primary care and serve on the frontline of prevention and wellness, so predicted shortages in this field are impactful.
  – Only 37% of PAs and 34% of physicians practice primary care.
  – Fear of debt often compels medical students to choose a specialty – a fear that is rewarded by an annual difference of $100,000 in additional income within their first years of practice.
  – The production of primary care physicians has declined 33% in the past 10 years and as such, California has begun to rely on Foreign Medical Graduates which comprise 32% of the state’s primary care physicians and 24% of nurses.
Cultural and Linguistic Competency

- 40% of California residents speak a language other than English and 20% do not speak English “very well”
- More than half of those eligible for subsidies or Medi-Cal under the Affordable Care Act are people of color and 32-51% of adults in these groups speak English less than “well”
- Underrepresented minority (URM) physicians are more likely to practice primary care, practice in medically underserved areas, and serve URM and uninsured patients
- Diversity strengthens delivery systems at multiple levels, enhances educational experiences, promotes relevant research, considers needed changes in health policy, and prepares the state for emerging and culturally dynamic health challenges

<table>
<thead>
<tr>
<th></th>
<th>California Population</th>
<th>Nurses</th>
<th>Dentists</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>6%</td>
<td>4%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>13%</td>
<td>27%</td>
<td>32%</td>
<td>21%</td>
</tr>
<tr>
<td>Latino</td>
<td>38%</td>
<td>8%</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>3%</td>
<td>1%</td>
<td>7%</td>
</tr>
<tr>
<td>White</td>
<td>39%</td>
<td>59%</td>
<td>57%</td>
<td>53%</td>
</tr>
</tbody>
</table>

- Reliance on foreign trained professionals to meet state’s healthcare needs
Access to Safe, Quality Healthcare Environments that Meet California’s Diverse and Dynamic Needs
Health Workforce Programs

**Career Awareness**

**Health Careers Training Program** – Increases awareness of health careers via the Newsletter highlighting career pathways and the HCTP Resources Page exploring health careers, educational opportunities, scholarship and loan repayments, and job placement resources. The Newsletter is distributed electronically to approximately 10,000 students, parents, teachers, and guidance counselors annually.

**Mini-Grants** – Provides grants to organizations supporting underrepresented and economically disadvantaged students pursuit of careers in health care. Since 2005, nearly $1 million has been awarded to support health career exploration, conferences and workshops serving nearly 28,000 students statewide.

**Training and Placement**

**Rural Health** - Maintains a free, on-line service to assist rural providers recruit health professionals. Since 2002, more than 5,100 job opportunities in rural communities have been posted.

**Cal-SEARCH** – A 3 year project that resulted in 150 student and resident rotations from dentistry, family medicine, physician assistants, and other medical disciplines in community clinics and health centers. Exploring opportunities for funding to allow future Cal-SEARCH rotations.

**Financial Incentives**

**CalREACH** – developing an electronic application and monitoring system for OSHPD’s 16 financial incentive programs that will be fully deployed by June 2013.

**California State Loan Repayment Program** – Increases the number of primary care physicians, dentists, dental hygienist, physician assistants, nurse practitioners, certified nurse midwives and mental health providers practicing in health professional shortage areas. Since 1990, approximately $22 million has been awarded in education loan repayments.
Health Workforce Programs, cont.

**Song-Brown Healthcare Workforce Training Program** – Provides grants to family practice residency, nurse practitioner, physician assistant, mental health and registered nursery training programs to increase the number and distribution of these professions in underserved areas. Since 2000, over $77 million has been awarded to Family Practice Residency, Family Nurse Practitioner/Physician Assistant, and Registered Nurse programs.

**Health Professions Education Foundation** – awards up to $12 million per year in financial incentives to students and practitioners in exchange for direct patient care in an underserved area. Since 1990, has awarded more than $60 million in scholarships and loan repayments to 5,394 students and practitioners.

**Mental Health Services Act (MHSA) Workforce Education and Training (WET) Program** – Funded by Proposition 63, remedies the shortage of mental health practitioners in the public mental health system (PMHS) via financial incentives, grants to expand psychiatric residency programs, a technical assistance center and county regional partnerships.

**Systems Redesign**

**Health Workforce Pilot Project (HWPP)** – Allows organizations to test, demonstrate and evaluate new or expanded roles for health professionals or new health delivery alternatives before changes in licensing laws are made by the Legislature. Since 1972, 23 legislative and/or regulatory changes have been influenced by HWPP.

**Shortage Designation Program** – Designates areas as Health Professional Shortage Areas or Medically Underserved Areas/Populations that enable clinics to be eligible for assignment of National Health Service Corps Personnel and apply for Rural Health Clinic Certification, Federally Qualified Health Center Look-Alike certification, and New Start/Expansion Program. For the past 5 years, approximately $7 billion federal, state, and local funds have been leveraged to safety-net clinics, and primary care providers as a result of these designations.
Health Workforce Programs, cont.

**Medical Service Study Areas (MSSAs) Reconfiguration** – Assesses changes to demographic or socio-economic data and population shifts to reconfigure MSSA boundaries. In 2012, engaged local health departments and stakeholders to reconfigure MSSAs that better represented the needs of that county’s population.

**Research and Policy**

**Research, Policy and Planning GIS/Data System** – Reviews California counties to assess provider-to-population ratios, poverty levels and public health indicators for eligibility to receive federal assistance for health care.

**Health Care Reform** – Engages stakeholders on federal/state health workforce development activities and provides analysis of health reform initiatives; leads efforts to develop the Mental Health Services Act’s 5 Year Workforce Education and Training Plan. Conducted daily monitoring of federal health workforce grant activities which led to the distribution of over 100 funding opportunity/meeting announcements to stakeholders.

**Healthcare Workforce Clearinghouse Program** – Serves as the state’s central repository of health workforce and education information via the collection, analysis and distribution of educational, licensing and employment data and trends. Released in June 2012, the Clearinghouse has demographic information on licensees such as race, ethnicity, languages spoken, practice locations as well as data on current supply and employment projections for many of California’s health professions.
As of March 2013 there are

- 137 MHPSAs designated in California
- 3,975,902 million residents living in a designated mental health professional shortage area.
OSHPD Priorities 2013-2015

Pipelines & Pathways
• Augment funding for Mini-Grants to increase exposure to healthcare careers
• Rollout “OSHPD Academy” to augment resources to pipeline programs
• Develop pipeline programs to increase supply and diversity of health professionals
• Explore partnerships to support “frontline” and allied health workers

Training & Placement
• Institutionalize CalSEARCH to provide clinical rotations in underserved areas
• Explore role in mental health peer support
• Fund innovative health training programs via Song Brown
• Explore funding of primary care and non-educational training programs via Song Brown
• Explore development of innovative training/retraining programs for incumbents

Financial Incentives
• Implement $52 million grant to support health professionals and training programs
• Increase funding for existing programs
• Develop financial incentive programs for:
  • Entry-level Masters in Nursing
  • Nurse Educators
  • PharmD
• Expand eligibility of State Loan Repayment Program (SLRP) to pharmacists
• Explore other state’s best practices for SLRP
• Implement CalREACH, OSHPD’s e-app for financial incentive programs

Systems Redesign
• Explore development of projects that support new healthcare delivery models
• Increase utilization of Healthcare Workforce Pilot Program to test, demonstrate and evaluate expanded skill set and test new health delivery models
• Oversee community paramedicine pilot project
• Continue to proactively designate health professional shortage areas
• Explore e-application for WET and shortage designations
• Explore regional partnerships across primary care and mental health

Research & Policy
• Create five-year mental health workforce education and training plan
• Enhance Clearinghouse, adding supply, demand and education data for all healthcare professions
• Lead efforts to standardize healthcare workforce data
• Explore development of database with community identified and best practices in healthcare workforce development
• Develop policy recommendations on health workforce issues
• Track and analyze legislation impacting health workforce
California Endowment Grant

- March 2013: California Endowment announces $91 million investment in California’s healthcare workforce to support the implementation of the Affordable Care Act
- $52 million over 3 years committed to the Office of Statewide Health Planning and Development
  - Increase the supply and capacity of healthcare providers in underserved communities
  - $31 million for Health Professions Education Foundation
    - Allied health and front-line workers, mental health, advanced practice clinicians (family nurse practitioners and physician assistants) and physicians
      - Scholarships and loan repayments
  - $21 million for Song Brown Program
    - Family practice physicians, family nurse practitioners and primary care physician assistants
      - Fund base/capitation funding
      - Special programs
Clearinghouse, Phase III

- Released interactive website and seven Fact Sheets
  - Doctors of Osteopathy (DO)
  - Physicians and Surgeons (MD)
  - Physician Assistants
  - Registered Nurses
  - Vocational Nurses
  - Psych Techs
  - Respiratory Care Practitioners

- Clearinghouse plans to develop Fact Sheets by Summer 2013 for the following:
  - Dentists
  - Dental Assistants
  - Dental Hygienists
  - Licensed Clinical Social Workers
  - Licensed Marriage and Family Therapists
  - Licensed Professional Clinical Counselors
  - Psychologists

Specific Focus on Mental Health
Board of Behavioral Science
- Associate Clinical Social Workers
- Marriage and Family Therapist Interns
- Professional Clinical Counselor Intern
- Licensed Clinical Social Workers
- Licensed Marriage and Family Therapists
- Licensed Professional Clinical Counselors
- Licensed Educational Psychologists

Board of Psychology
- Psychologists
- Psychological Assistants
- Registered Psychologists
CalEMS Community Paramedicine Pilot

• EMSA operates State Paramedic Licensure program that licenses and conducts disciplinary investigations of paramedics to ensure care provided meets high standards for pre-hospital care
• seeking interest of local EMSAs to develop pilot projects that expand role and practice of Emergency Medical Technician–Paramedic (EMT-P)
• Currently, EMT-Paramedics trained to provide advanced life support services in emergency settings or during inter-facility transfers.
• California Health and Safety Code Division 2.5, Emergency Medical Services:
  – Limits the EMT-Paramedics scope of practice to emergency care in the pre-hospital environment
  – Requires that patients under the care of an EMT-Paramedic be transported to a general acute hospital that has a basic or comprehensive emergency department permit (Health and Safety Code Section 1797.52, 1797.218)
  – Requires emergency medical services to transport a patient to the closest and most appropriate facility (Health and Safety Code Section 1797.114)
• Expanded role of paramedic services through Community Paramedicine in California may allow for the following:
  – Transport patients with specified conditions not needing emergency care to alternate, non-emergency department locations
  – After assessing and treating as needed, determine whether it is appropriate to refer or release an individual at the scene of an emergency response rather than transporting them to a hospital emergency department
  – Address the needs of frequent 911 callers or frequent visitors to emergency departments by helping them access primary care and other social services
  – Provide follow-up care for persons recently discharged from the hospital and at increased risk of a return visit to the emergency department or readmission to the hospital
  – Provide support for persons with diabetes, asthma, congestive heart failure, or multiple chronic conditions
  – Partner with community health workers and primary care providers in underserved areas to provide preventive care
**HEALTH WORKFORCE PILOT PROJECTS PROGRAM**

- **Application Process**
  - Month #1: Application Received
  - Month #1 or #2: Application Packet Sent to Sponsor
  - Month #2: Application Reviewed Letter Sent to Sponsor
  - Month #4: Hold Public Meeting to Receive Public Comment
  - Month #4 - #5: 45-day Review

- **Hearing Process**
  - Month #4 - #5: Public Meeting Summary And Recommendations To Director for Review
  - Month #4 - #5: 30 day Hearing Notice To Interested Parties
  - Month #5: Hold Public Hearing As Required for Governmental Agency Applications

- **Program Monitoring and Evaluation**
  - Month #6 - #7: HWPP Program Submits Recommendation(s) To OSHPD Director
  - Month #7 - #8: Director Reviews Recommendation(s) Renders Final Decision

- **Site Assessment Visits**
- **Quarterly Progress Reports**
- **Extension Requests**

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Mental Health Services Act (MHSA) [Prop 63 passed in November 2004]

- Imposes a 1 percent tax on personal income in excess of $1 million to support the public mental health system (PMHS) via prevention, early intervention and services.

- Historically underfunded, the PMHS suffers from a shortage of mental health providers in addition to mal-distribution, lack of diversity, and under-representation of practitioners with client experience.

- To address the mental health provider issues, the MHSA included a component for Mental Health Workforce Education and Training (WET) programs.
5 Year Workforce Education and Training Development Plan

• Developed in 2008 by the Department of Mental Health (DMH)

• Provided a framework for the advancement and development of mental health workforce education and training programs at the County, Regional, and State levels.

• Specifically, the 5 Year Plan provided the vision, values, mission, measurable goals and objectives, proposed actions and strategies, funding principles, and performance indicators for the use of MHSA WET funds.

• The 5 Year Plan developed by DMH was approved by the California Mental Health Planning Council in 2008 and covers the period from April 2008 to April 2013.
The following statewide mental health workforce programs are funded by the Mental Health Services Act:

**Stipend Programs:** increase the number of licensed mental health professionals (Masters of Social Work; Marriage and Family Therapist; Clinical Psychologist; Psychiatric Mental Health Nurse Practitioner) in the Public Mental Health System (PMHS) and incorporate MHSA principles into graduate level curriculum.

*Mental Health Loan Assumption Program (MHLAP):* offers loan repayment of up to $10,000 to mental health providers in hard-to-fill and/or hard-to-retain positions in the PMHS in exchange for a 12-month service obligation.

*Song-Brown Residency Program for Physician Assistants in Mental Health:* funds Physician Assistants (PA) programs that add a mental health track so that PAs can sign mental health treatment plans and prescribe and administer psychotropic medications. PA programs that train second-year residents to specialize in mental health are eligible to apply for augmented funding.

**Psychiatric Residency Program:** trains psychiatric residents in the PMHS, working with the populations prioritized by that community.

**Client and Family Member Statewide Technical Assistance Center:** promotes the employment of mental health clients and family members in the mental health system.

*Shortage Designation:* Reviews and recommends Primary Care, Dental, and Mental Health Professional Shortage Area (HPSA) and Medically Underserved Area/Medically Underserved Population (MUA/MUP) applications to HRSA’s Shortage Designation Branch. HPSAs are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be by geographic or demographic designation.

**Regional Partnerships:** represent Bay Area counties, Central Valley counties, Southern counties, Los Angeles County, and Superior Region counties; include representation from mental health, community agencies, educational/training entities, consumers, family members, and other partners to plan and implement programs that build and improve local workforce education and training strategies.

* = Administered by OSHPD prior to July 1, 2012 transfer
## MHSA WET
### Summary of 10-Year Expenditures and Spending Projections
#### June 2012

<table>
<thead>
<tr>
<th>Category</th>
<th>10-Year Funding Amounts</th>
<th>Expenditures to Date</th>
<th>Amounts Remaining to be Allocated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Local Programs</td>
<td>$210 Million</td>
<td>$210 Million</td>
<td>$0</td>
</tr>
<tr>
<td>Regional Partnerships</td>
<td>$27 Million</td>
<td>$18 Million</td>
<td>$9 Million</td>
</tr>
<tr>
<td>Regional Partnerships</td>
<td>$27 Million</td>
<td>$18 Million</td>
<td>$9 Million</td>
</tr>
<tr>
<td>2) State-Administered Programs Assigned from DMH to OSHPD</td>
<td>$100 Million</td>
<td>$45.48 Million</td>
<td>$54.52 Million</td>
</tr>
<tr>
<td>Stipend Programs</td>
<td>$100 Million</td>
<td>$45.48 Million</td>
<td>$54.52 Million</td>
</tr>
<tr>
<td>Psychiatric Residency Programs</td>
<td>$13.5 Million</td>
<td>$3.215 Million</td>
<td>$10.285 Million</td>
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<tr>
<td>Statewide Technical Assistance Center</td>
<td>$8 Million</td>
<td>$3.76 Million</td>
<td>$4.24 Million</td>
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<tr>
<td>OSHPD</td>
<td>$8 Million</td>
<td>$3.76 Million</td>
<td>$4.24 Million</td>
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<tr>
<td>MH Loan Assumption Program</td>
<td>$75 Million</td>
<td>$23.54 Million</td>
<td>$51.46 Million</td>
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<tr>
<td>PA (Song-Brown) Program</td>
<td>$5 Million</td>
<td>$1.7 Million</td>
<td>$3.3 Million</td>
</tr>
<tr>
<td>3) Uncommitted Funds</td>
<td>$6 Million</td>
<td>$0</td>
<td>$6 Million</td>
</tr>
<tr>
<td>Total Expenditures</td>
<td>$444.5 Million</td>
<td>$305.695 Million</td>
<td>$138.805 Million</td>
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Workforce Education and Training 5 Year Plan, 2014-2019

• In July 2012, following the elimination of DMH, the MHSA WET programs were transferred to OSHPD. OSHPD is also accountable for the development of the next 5 Year Plan.

• Will provide the vision, values, mission, measureable goals and objectives, proposed actions and strategies, funding principles, and performance indicators for the use of remaining MHSA WET funds for the period from April 2014 to April 2019.

• Will be accompanied by a 5 year budget that will allocate remaining State MHSA WET program funding for the next five years.

• This 5 year budget will allow the opportunity to provide changes to the funds remaining from the prior 10 year budget developed in 2008. Per WIC Section 5820 (e), the 5 Year Plan requires final approval from the California Mental Health Planning Council (CMHPC) by April 2014.
Per WIC Section 5822, the next 5 Year Plan shall incorporate the following elements:

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, master's 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 between the mental health system and the educational system to expand outreach to multicultural communities, increases 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 Part 3 (commencing with Section 5800), Part 3.2 (commencing with Section 5830), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division.

G. Promotion of the employment of mental health consumers and family members in the mental health system.

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

I. Promotion of meaningful inclusion of diverse, racial, and ethnic community members who are underrepresented in the mental health provider network.

J. Promotion of the inclusion of cultural competency in the training and education programs in subdivisions (a) through (f).
OSHPD finalized Phase I of the stakeholder engagement process which included:

- **Community Forums**: OSHPD completed 14 community forums throughout the state including: Napa, Ventura, San Diego, Humboldt, Alameda, Los Angeles, Stanislaus, Shasta, Sacramento, Butte, Orange, San Bernardino, Monterey, and Tulare. Collectively these community forums engaged over 600 stakeholders throughout the state.

- **Focus Groups**: OSHPD conducted 13 focus groups with stakeholder groups during their established stakeholder meetings which included: California Healthcare Workforce Policy Commission; MHSA WET Coordinators; MHSA Partners Forum; California Health Professions Consortium/California Health Workforce Alliance; Working Well Together: Foundation Board of Trustees; WET Regional Partnership Coordinators; Greater Bay Area WET Collaborative; CMHDA Policy Committee; CMHDA all Directors Meeting; Older Adults Population Stakeholders; California Coalition for Mental Health; and California Mental Health Planning Council.

- **Webinar and Online Survey**: Released an online survey on May 28 and conducted a webinar on May 29 to gather feedback from stakeholders who were unable to attend and/or participate in other stakeholder engagement meetings. OSHPD received over 300 survey responses and 26 participants attended the webinar.
**Stakeholder Interviews:** Conducted telephone interviews with 13 stakeholders.

**WET Five Year Plan Advisory Sub-Committee and WET Advisory Committee:** OSHPD engaged stakeholders and obtained feedback that helped inform the draft five-year plan via the WET Five-Year Plan Advisory Sub-Committee, and WET Advisory Committee meetings.

**Career Pathways:** OSHPD also engaged stakeholders through the reconvening of the Career Pathways Sub-Committee which is charged with developing career pathways and recommendations for select public mental health occupations including: Psychiatrists; Marriage and Family Therapist (MFT); Clinical Psychologist; Psychiatric Mental Health Nurse Practitioner/Clinical Nurse Specialist; School Psychologist; Peer Support Specialist; Licensed Professional Clinical Counselor; and Alcohol and other Drug Abuse Counselors. The development of career pathways for mental health professions will help to inform the WET Five-Year Plan.
# WET 5 Year Plan Development Schedule

<table>
<thead>
<tr>
<th>Action</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>WET Advisory Committee Meeting</td>
<td>December 3, 2012</td>
</tr>
<tr>
<td>Begin Evaluation of Current WET Programs</td>
<td>January 2, 2013</td>
</tr>
<tr>
<td>WET Advisory Committee Meeting</td>
<td>January 29, 2013</td>
</tr>
<tr>
<td>WET 5 Year Plan Advisory Sub-Committee Meeting</td>
<td>February 27, 2013</td>
</tr>
<tr>
<td>Begin Phase 1 Stakeholder Engagement Process (community forums, focus groups, surveys, interviews)</td>
<td>March 4, 2013</td>
</tr>
<tr>
<td>WET Advisory Committee Meeting</td>
<td>June 20, 2013</td>
</tr>
<tr>
<td>Needs Assessment Begins</td>
<td>July 1, 2013</td>
</tr>
<tr>
<td>Mental Health Career Pathways Sub-Committee Meeting</td>
<td>July 1, 2013</td>
</tr>
<tr>
<td>Mental Health Career Pathways Sub-Committee Meeting</td>
<td>September 17, 2013</td>
</tr>
<tr>
<td>WET Advisory Committee and WET Five-Year Plan Sub-Committee Meeting</td>
<td>September 19, 2013</td>
</tr>
<tr>
<td>Finalize First Draft of Five-Year Plan</td>
<td>October 11, 2013</td>
</tr>
<tr>
<td>Present First Draft of Five-Year Plan to California Mental Health Planning Council</td>
<td>October 16, 2013</td>
</tr>
<tr>
<td>Finalize Second Draft of the WET Five-Year Plan</td>
<td>November 1, 2013</td>
</tr>
<tr>
<td>Phase 2 Stakeholder Engagement (Includes open comment period and 2 webinar style stakeholder feedback forum sessions)</td>
<td>November 4 – 8, 2013</td>
</tr>
<tr>
<td>WET Five Year-Plan Advisory Sub-Committee Meeting</td>
<td>November 13, 2013</td>
</tr>
<tr>
<td>Finalize Third Draft of WET Five-Year Plan</td>
<td>December 11, 2013</td>
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<tr>
<td>WET Advisory Committee Meeting</td>
<td>December 18, 2013</td>
</tr>
<tr>
<td>Planning Council Meeting to Review Final WET Five-Year Plan</td>
<td>January 15-17 2014</td>
</tr>
<tr>
<td>Finalize and Submit Five-Year Plan to Legislature</td>
<td>April 1, 2014</td>
</tr>
</tbody>
</table>
Highlight From Stakeholder Feedback

- Public Mental Health Workforce Needs and identified strategies to address public mental health workforce needs vary throughout the state.

- Need to expand career awareness to target populations.

- Need to expand support for students and current workforce at all stages.

- Need expansion of training and education programs, types of programs offered, and training curriculum.

- Need to ensure consumers and family members are incorporated across WET programs.

- Need to expand partnerships and collaborations at all levels.

- Need to evaluate policy level issues affecting mental health workforce, education, and training.
WET Five-Year Plan Needs Assessment

OSHPD contracted for assistance in conducting a statewide assessment of the workforce, education and training needs of California’s public mental health system which will be used to inform OSHPD in the development of the WET Five-Year Plan.

Specifically the contractor will provide to OSHPD:

1) An analysis of information currently available on public mental health workforce shortages and corresponding educational and training capacity;

2) An analysis of the county-reported WET Five-Year Plan assessments worksheets;

3) A methodology to conduct an analysis of current workforce and education/training capacities and shortfalls;

4) Estimates of long-term workforce needs; and

5) Workforce outcome benchmarks and the means to evaluate progress toward meeting these.
WET Five-Year Plan Stakeholder Engagement Phase 2

OSHPD will engage stakeholder to receive feedback on the draft plan from November 4\textsuperscript{th} to 8\textsuperscript{th} via:

- **Open Comment Period**
  - OSHPD will post the draft WET Five-Year plan online and accept comments to the draft plan to be sent via email to OSHPD.MHSAWET@oshpd.ca.gov

- **Two-day Webinar Forum:**
  - OSHPD will engage stakeholder through a two-day webinar/conference call stakeholder forum to discuss and obtain feedback on the draft WET Five-Year Plan. The webinar will be broken out into specific time frames by goals and objectives to allow stakeholders to call in during the timeframe that includes parts of the Five-Year Plan they would like to provide feedback on.
Career Pathways Sub-Committee

OSHPD in concert with the State Board is re-convening the Committee for Phase 3 which will focus on Behavioral Health, Mental Health, and Substance Abuse occupations:

- Clinical Psychologist;
- Marriage and Family Therapists;
- Licensed Professional Clinical Counselors
- Peer Support Specialists;
- Psychiatrists;
- Psychiatric Mental Health Nurse Practitioner/Clinical Nurse Specialists; and
- School Psychologist
- Alcohol and other drugs

A pathway for Social Work was completed in Phase 1 and therefore not included in Phase 3.

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 with a background in mental health.

Meetings will be held
- July 9, 2013
- July 30, 2013
- August 20, 2013
- September 17, 2013
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

Coordination and Support Infrastructure

Quality, Diverse Health Workforce

Jeff Oxendine©
Opportunities to Partner with OSHPD

- Partnering on programs and funding opportunities
- Making funding recommendations for financial incentives
  - Reviewing and scoring Mini-Grant applications
  - Participating in the Health Professions Education Foundation’s advisory committees
    - Allied Health Advisory Committee
    - Vocational Nursing Advisory Committee
    - Nursing Advisory Committee
    - Health Professions Education Advisory Committee
    - Mental Health Financial Incentives Advisory Committee
    - Steven Thompson Physician Loan Repayment Program Advisory Committee
- Advising on healthcare workforce data collection and distribution via Clearinghouse Advisory Committee
- Development of next Workforce Education and Training 5 Year Plan
- Identifying and/or partnering with organizations that may be interested in testing and evaluating an expanded skill set via Healthcare Workforce Pilot Project
- Serving on our Healthcare Workforce Pilot Project Advisory Committee
- Identifying communities that may need assistance with becoming Health Professional Shortage Area
- Signing up for our email listserv
Sign Up for Emails

Sign up for OSHPD’s healthcare workforce related listservs:

http://oshpd.ca.gov/signup.html (general)
OSHPD.MHSAWET@oshpd.ca.gov (mental health)
HCRWorkforce@oshpd.ca.gov (healthcare reform)
Contact

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