



*Looking Back – Moving Forward:*

WORKFORCE DEVELOPMENT FOR  
HEALTHCARE REFORM

2011 CMHACY CONFERENCE

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# MENTAL HEALTH WORKFORCE NEEDS

- 2001:** Approx. 4 million adults in California needed MH services
- 2004-05:** 600,000 clients received county MH services
- 2008:** Vacancy rate for MH providers in California = 20-25%, higher in rural areas.

# MENTAL HEALTH WORKFORCE SHORTAGES

**Table 2: Employment, Projected Growth, and Mean Wages for Selected Professions in California's Mental Health Workforce**

Profession	Mean Hourly & Annual Wages	Current Employment 2007	Percentage Growth (%) 2006-2016	Ratio per 100,000 Population
Mental Health and Substance Abuse Social Workers <sup>I</sup>	\$19.44/41,470	14,010	22.8	38.4
Clinical, Counseling, and School Psychologists	\$36.67/78,213	12,560	20.1	34.5
Psychiatric Technicians	\$19.89/42,434	10,390 <sup>II</sup>	15.1	28.5
Mental Health Counselors	\$21.89/46,700	9,360	20.5	25.7
Substance Abuse and Behavioral Disorder Counselors	\$16.96/36,189	8,300	35.4	22.8
Rehabilitation Counselors	\$20.02/42,711	7,620	13.0	20.9
Marriage and Family Therapists	\$20.50/43,716	6,130	21.9	16.8
Psychiatrists	\$72.92/NA	2,480	16.4	6.8

Sources: California Employment Development Department: Labor Market Information, 2008 & Employment Projections, 2006-2016; U.S. Department of Labor: Bureau of Labor Statistics Data – Occupational Employment Statistics Survey, May 2006 & May 2007; U.S. Census: California Population, 2006

Lok, V., & Chapman, S. (2009). The Mental Health Workforce in California : Employment, Education, and Diversity. UCSF Center for the Health Professions

# DIVERSITY IN CALIFORNIA'S MENTAL HEALTH WORKFORCE

Lok, V., & Chapman, S. (2009).

**Psychology:** doctoral and master's level degrees are predominantly received by White graduates. Percentage of White grads dropped from 78% to 71% in last decade. Hispanic/Latino and Asian /Pacific Islander grads have increased.

**MFT:** Diversity is increasing, but there continues to a lack. White graduates decreased from 85% in 1996 to 62% in 2000. Hispanic/Latino grads increased from 7% in 1997 – 21% in 2006.

**MSW:** Diversity is increasing. White graduates have decreased from 52% in 2000 to 43% in 2006. Hispanic Latino grads increased from approx. 23% to 30%. Change among African-American, Native American, and API grads has been flat between 2008-2008.

**Psychiatric Tech:** Fairly diverse. In 2006, White and Hispanic grads each comprised approximately 30% of the grads. African American grads comprised approx. 18%, and API approx. 22%.

# CalSWEC

**1991** - California Social Work Education Center started at UC Berkeley School of Social Welfare, to strengthen the child welfare workforce with funding from Title IV-E Federal, State DSS, and matching funds from participating universities.



Eric Petersen / The Livingston Enterprise

# CalSWEC TODAY

- 20 schools of social work, county departments of social services or mental health (CWDA and CMHDA), the California Department of Social Services, and the California Chapter of the National Association of Social Workers
- CalSWEC's workforce development programs:
  - child welfare (undergrad, grad, and in-service training);
  - mental health (graduate); and
  - aging (under construction).

# MENTAL HEALTH INITIATIVE

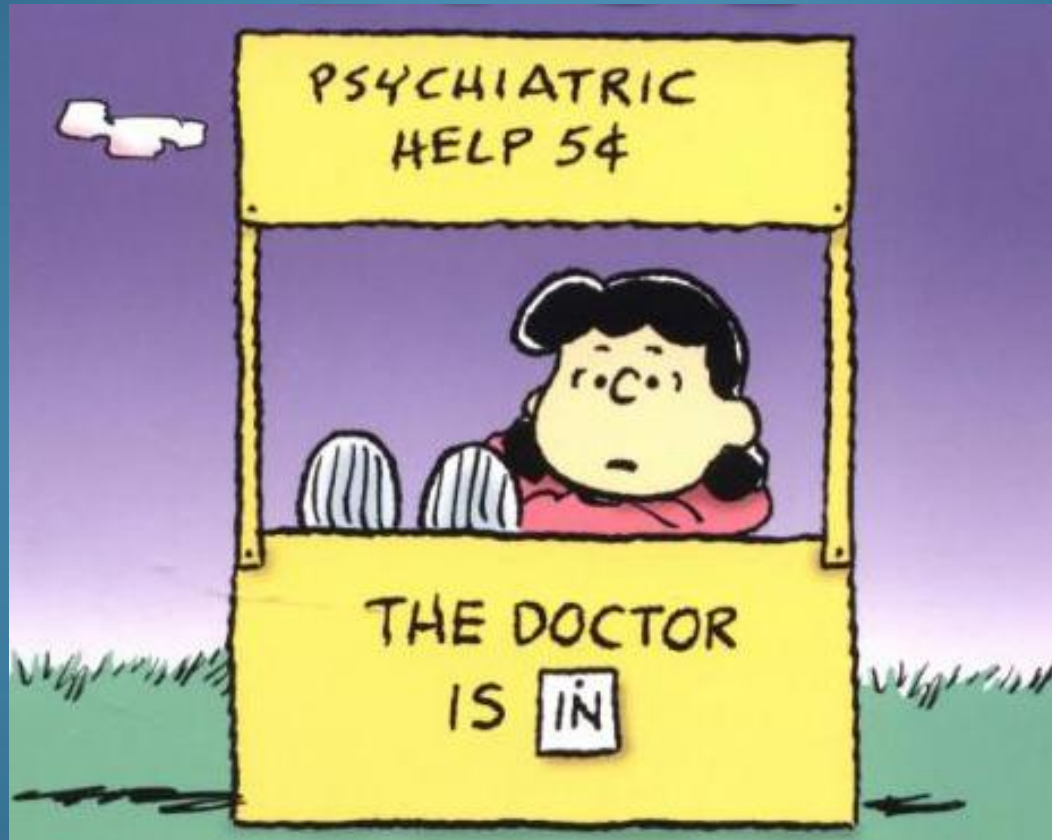
## 1993-2003

- Mental Health Directors, social work educators, and practitioners explored how to create a program, modeled on the CalSWEC Title IV-E program, to alleviate shortages of social work professionals from diverse backgrounds with skills to serve public mental health clients.
- 2003 - Developed a set of core competencies to prepare graduate students for careers in public mental health services.



2004

# MENTAL HEALTH SERVICES ACT



No longer “business as usual...”

# MHSA WORKFORCE, EDUCATION, AND TRAINING GOALS

- Address critical MH workforce shortages
- Retool the existing workforce to create and sustain system transformation
- Create/strengthen career pathways for consumers and family members.



# CalSWEC DMH CONTRACT

- MHSAs funding since 2005 for stipends and program activities.
- \$5.8 million per year through CalSWEC to Schools of Social Work throughout California for:
  - Stipends (\$18,500) for up to 196 second-year students
  - Operating costs



# ELIGIBILITY AND PAYBACK OBLIGATION

- ✓ Final-year students who are enrolled full-time and interested in a career in public mental health systems, including contract agencies, are eligible.
- ✓ Each student commits to one year of employment in a county or contract MH agency following graduation
- ✓ Students have 180 days after graduation to find eligible employment; they may appeal for time extensions to graduate and/or to complete payback obligation.



# MENTAL HEALTH SOCIAL WORK CURRICULUM COMPETENCIES

## Foundation and Advanced/Specialization Curriculum Areas

- Cultural and Linguistic Competency
- Foundation Social Work Practice / Advanced MH Practice
- Human Behavior and the Social Environment / Human Behavior and the Mental Health Environment
- Workplace Management
- Mental Health Policy, Planning and Administration



# MHP PROGRAM EVALUATION

- **UC Berkeley SSW Outcome Study:**
  - ❑ Cohort characteristics
  - ❑ Payback obligation performance
  - ❑ Post-payback employment
  
- **Loma Linda University, Dept. of SW & Social Ecology:**
  - ❑ Implementation of the curriculum competencies
  - ❑ Preparation of MHESP graduates to work in recovery-oriented mental health systems

# Mental Health Program Diversity

# Ethnic Background

ETHNIC GROUPS		2005-06		2006-07		2007-08		2008-09		2009-10		SUB-TOTAL	
		N	%	N	%	N	%	N	%	N	%	N	%
<b>Minority Students</b>	American-Indian	2	1	0	0	2	1	3	2	1	1	8	1
	Asian/Pacific Islander	24	14	35	19	23	13	20	11	24	13	126	14
	African-American	17	10	19	10	18	10	21	11	19	10	94	10
	Hispanic/Latino/ Chicano	40	23	47	25	45	24	49	27	50	27	230	25
	Other	9	5	8	5	16	9	12	7	12	6	57	6
	Declined to state							0	0	1	1	2	0.2
<b>Total Minority Students</b>		<b>92</b>	<b>53</b>	<b>109</b>	<b>59</b>	<b>104</b>	<b>57</b>	<b>105</b>	<b>57</b>	<b>107</b>	<b>58</b>	<b>517</b>	<b>57</b>
<b>White/ Caucasian</b>		<b>82</b>	<b>47</b>	<b>78</b>	<b>41</b>	<b>80</b>	<b>43</b>	<b>78</b>	<b>43</b>	<b>76</b>	<b>42</b>	<b>394</b>	<b>43</b>
<b>TOTAL</b>		<b>174</b>	<b>100</b>	<b>187</b>	<b>100</b>	<b>184</b>	<b>100</b>	<b>183</b>	<b>100</b>	<b>183</b>	<b>100</b>	<b>911</b>	<b>100</b>

# Language Spoken

LANGUAGE GROUPS	2006-2007		2007-2008		2008-2009		2009-2010		TOTAL	
	N	%	N	%	N	%	N	%	N	%
English only	77	38	91	48	83	44	77	41	328	43
Asian or Asian-Pacific (Tagalog, Chinese, Vietnamese, Korean, Hindi)	37	18.3	23	12	21	11	22	12	103	13.4
Native North American	0	0	0	0	0	0	0	0	0	0
Spanish	65	32.2	56	29	69	37	75	40	265	34.4
European (Russian, Italian, Portuguese)	17	8.5	15	8	12	6	12	6	56	7.2
African (Amharic, Zulu, Swahili)	2	1	3	2	3	2	1	1	9	1.2
American Sign Language	4	2	2	1	0	0	0	0	6	0.8
<b>TOTAL*</b>	<b>202</b>	<b>100</b>	<b>190</b>	<b>100</b>	<b>188</b>	<b>100</b>	<b>187</b>	<b>100</b>	<b>767</b>	<b>100</b>

# Payback Employment

EMPLOYMENT RECORD		COHORTS						TOTAL	
		2005-2006		2006-2007		2007-2008		2005-2008	
		N	%	N	%	N	%	N	%
<b>A.</b>	<b>NUMBER OF GRADUATING STUDENTS</b>	174	100	187	100	182	100	543	100
<b>B.</b>	<b>ENTERED EMPLOYMENT PAYBACK</b>								
1	Payback requirement								
	a. Met payback requirement	154	88.5	177	95	171	94	502	92.4
	b. Dropped out and paid back stipend	20	11.5	10	5	11	6	41	7.6
2	Field of Services (completed)								
	a. Mental Health	154	100	175	99	171	100	500	99.6
	b. Non Mental Health	0	0	2	1	0	0	2	0.4
3	Type of Agency								
	a. Public	98	63.6	90	51	89	52	277	55.2
	b. Contracting CBO	56	36.4	87	49	82	48	225	44.8

# Post-payback Employment

EMPLOYMENT PROGRESS		COHORTS						TOTAL	
		2005-2006		2006-2007		2007-2008		2005-2008	
		N	%	N	%	N	%	N	%
A.	TOTAL TRACED	139	100	145	100	143	100	<b>427</b>	<b>100</b>
B.	CURRENT EMPLOYMENT								
1	Employer (Agency)								
	a. The same agency where initially employed	103	74	109	75	83	58	<b>295</b>	<b>69.1</b>
	b. Different Agency	36	26	36	25	60	42	<b>132</b>	<b>30.9</b>
2	Field of Services								
	a. Mental Health	128	92	133	92	139	97	<b>400</b>	<b>93.7</b>
	b. Non Mental Health	11	8	12	8	4	3	<b>27</b>	<b>6.3</b>
3	Type of Agency								
	a. Public	82	60	78	54	67	47	<b>227</b>	<b>53.2</b>
	b. Contracting CBO	57	40	67	46	76	53	<b>200</b>	<b>46.8</b>
4.	Place of Employment								
	a. California	136	98	145	100	143	100	<b>424</b>	<b>99.3</b>
	b. Out of state	3	2	0	0	0	0	<b>3</b>	<b>0.7</b>



# CalSWEC Mental Health Curriculum Analysis Project

## California Mental Health Advocates for Children and Youth

May 12, 2011, Monterey, CA  
Sarah Taylor, PhD



Project funded by the Zellerbach Foundation via Loma Linda University.  
Thanks to Jan Black and Bev Buckles for supporting this project.

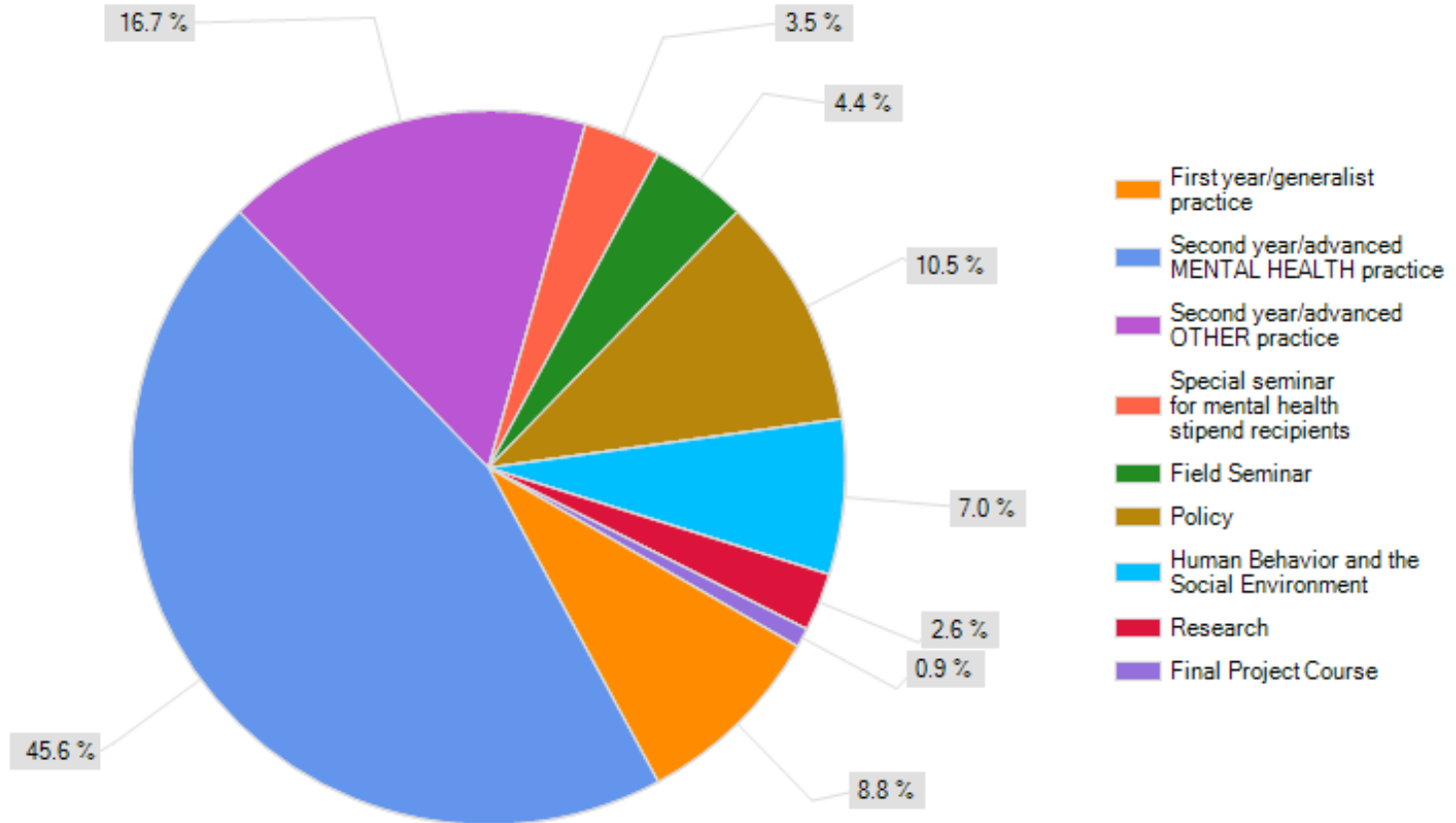


# Project Overview

- Purpose
  - Review of how CalSWEC schools are integrating KSAs, key themes of the MHSA, and the CalSWEC MH Competencies
- Methods
  - Letter requesting syllabi sent late September 2010
  - 100% response rate (20 schools; ~115 syllabi)
  - Research team: 3 MSW students + Sarah
  - SurveyMonkey for data collection ([www.surveymonkey.com](http://www.surveymonkey.com))
  - DiscoverText for title page word cloud and counts ([www.discovertext.com](http://www.discovertext.com))
  - Competency word cloud in Wordle ([www.wordle.net](http://www.wordle.net))
- Study strengths and limitations
  - Syllabi are a contract between students and faculty
  - Study team included MSW students, the consumers of MSW education
  - Syllabi are an incomplete portrait of what happens in the classroom
  - Schools interpreted call for syllabi differently

# Sample Characteristics

Type of course





# Integration of Knowledge, Skill, and Ability (KSA) Areas: Knowledge

Knowledge Categories	Keywords Searched	Number of syllabi listing
Agency systems and resources	agency	55
Ethical and legal issues in treatment	ethics	79
Client confidentiality	No useful results	
Impact of racial, ethnic, age, class, cultural identity, gender identity, and sexual orientation on mental health practice	diverse	74
	diversity	73
	“cultural competence”	29
	“cultural humility”	1
	“cultural sensitivity”	3
	oppression	38
Trauma and its impact on a person	trauma	51
Affect of lifestyle on mood and behavior	not searched	not searched
Client assessment processes	assessment	101
Recovery process	recovery	56
Treatment interventions	intervention	86
Therapeutic use of self	“use of self”	91
Evidence-Based Practices	“evidence-based practice”	31
Major theories, categories, and models used in explaining mental illness	“mental illness”	64
	“mental disorder”	12
Co-occurring disorders (mental illness/substance abuse)	co-occurring	28
	“dual diagnosis”	19
Psychiatric medications	medication	32
	psychopharmacology	18
DSM IV	DSM	56
Evaluation process leading to a DSM-IV diagnosis	“case formulation”	6



# Integration of Knowledge, Skill, and Ability (KSA) Areas: Skills

<b>Skill Categories</b>	<b>Keywords Searched</b>	<b>Number of syllabi listing</b>
Writing	No useful results	
Technical (use of computers/programs/internet)	software	7
Documentation/charting within Medi-Cal	documentation	28
Guidelines	Not searched	
Communication (includes listening and empathy)	communication	54
	listening	13
	empathy	15
Assessment of individual and his/her family	assessment	101
Development of tx, intervention, and d/c plans	“treatment plan”	23
Revising treatment plan	captured in “treatment plan”	
Case management	“case management”	38

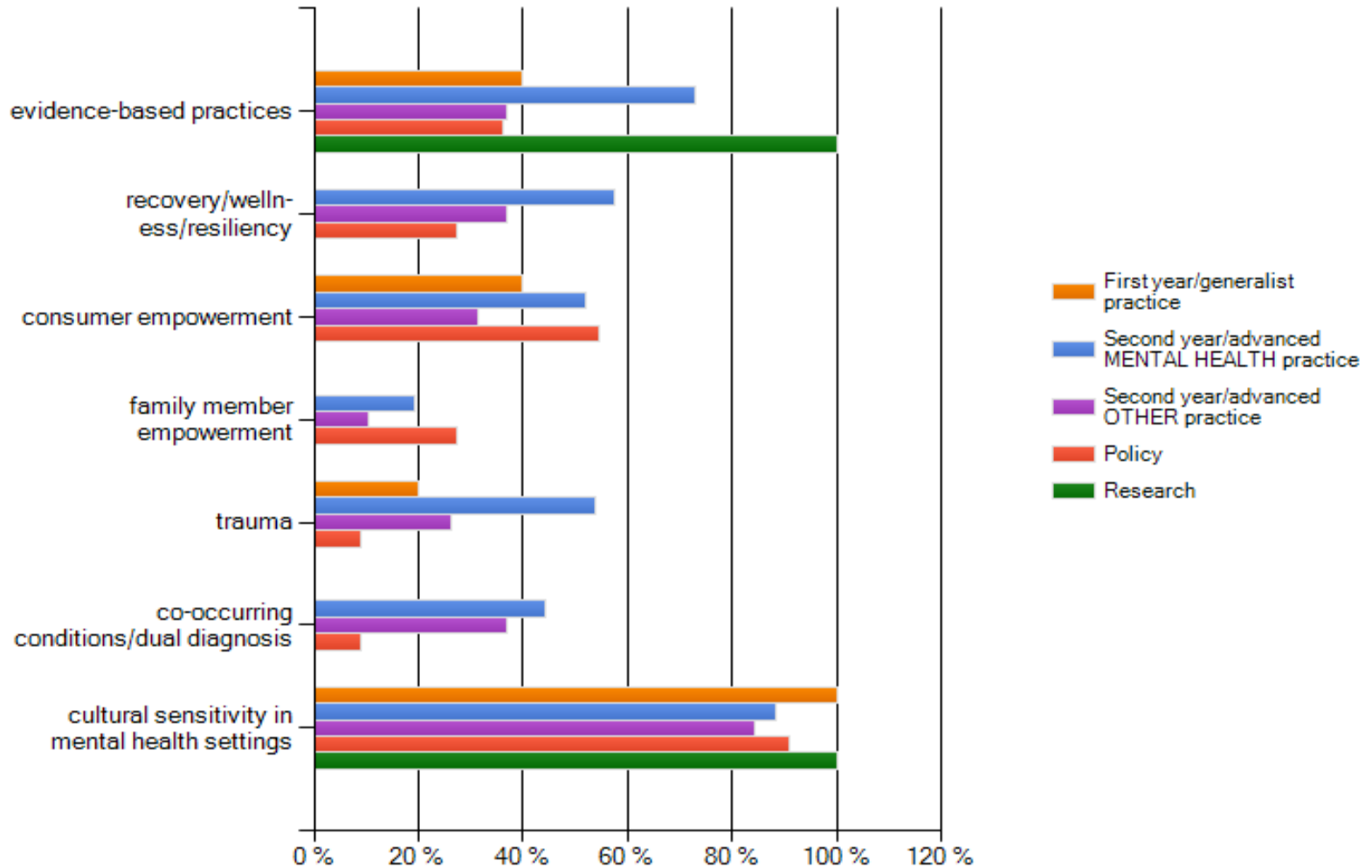


# Integration of Knowledge, Skill, and Ability (KSA) Areas: Abilities

Ability Categories	Keywords Searched	Number of syllabi listing
Integrating theory into practice	“theory into practice”	41
Advocacy	advocacy	42
	“social justice”	50
Assertiveness	No useful results	
Cultural competency	See Knowledge slide	
Crisis intervention	crisis	47
Conflict resolution	“conflict resolution”	3
Multidisciplinary/Interdisciplinary teamwork	multi-disciplinary	20
	inter-disciplinary	22
Collaboration with coworkers and community	collaboration	44
Development of therapeutic relationship	“relationship building”	9
	rapport	6
	“therapeutic alliance”	5
Engaging client before beginning treatment	engagement	33
Facilitating self help/peer support interventions	“self-help”	14
	“peer support”	8
Handling non compliance/resistance to treatment	motivation	20
	motivational	28
	resistance	13
Maintaining appropriate boundaries	boundaries	25
Time management- plan, prioritize and monitor completion of assigned activities	No useful results	
Utilization of supervision	supervision	23
Stress management/self care in reducing work-related stress factors	“self-care”	10
Strategies to continue learning/maintaining professional growth	“professional development”	14

# Integration of MHSA Key Themes

Which of the following topics does the course cover? (Check all that apply.)





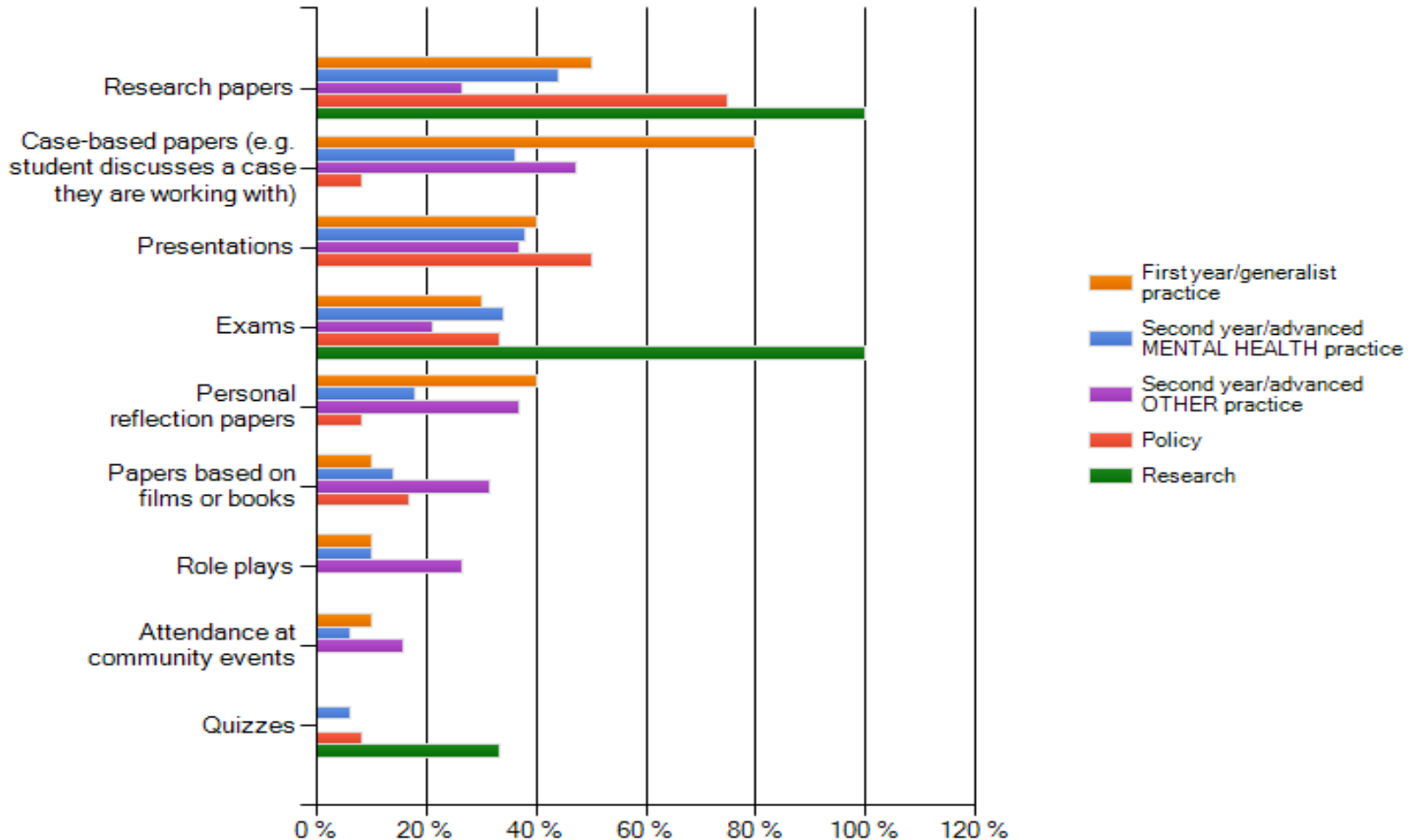
# Integration of CalSWEC MH Curriculum Competencies

- About 19% of syllabi explicitly listed the CalSWEC Mental Health Competencies that the course met.
- Of those that listed the competencies specifically, the majority were in the areas of culturally and linguistically competent mental health practice and foundation or advanced practice.
- Though most syllabi did not explicitly list competencies, the research team indicated that all syllabi covered at least some of the competencies.



# Assignments

What kind of assignments are required for the class? (Check all that apply.)



# Innovation

- Research team selected 48% of syllabi as innovative.
- Most of what the team identified as innovative were the assignments. Some of the assignments described were:
  - Agency visits
  - A “menu” of assignment choices
  - Attending a self-help meeting
  - Advocacy-related assignments
  - Community meetings
  - Experiential learning assignments
  - WRAP plans
  - Self-assessment assignments
- Other aspects of courses identified as innovative included:
  - Guest speakers
  - Comprehensiveness of material covered
  - Group field trips
  - Recovery focus



# Conclusion: Strengths

- Based on the findings of this survey, CalSWEC schools are doing an excellent job in the areas of:
  - Assessment
  - Intervention
  - Professional use of self
  - Ethics
  - Cultural sensitivity in mental health settings



# Conclusion: Areas in Progress

- Some areas where about half of courses seem to have good coverage and about half may need additional focus include:
  - Recovery
  - Trauma
  - Evidence-based practice
  - Consumer empowerment
  - Agency/organizational issues
  - DSM-IV
  - Advocacy
  - Managing resistance/motivational interviewing
  - Psychopharmacology
  - Collaboration
  - Integrating theory into practice



# Conclusion: Areas for Consideration

- Some areas that may require additional focus include:
  - Co-occurring disorders/dual diagnosis
  - Family member empowerment
  - Empathy & listening skills
  - Conflict resolution
  - Peer support/self-help
  - Use of software and other technology
  - Documentation
  - Relationship-building
  - Self-care
  - Supervision
  - Treatment planning
  - Continuing professional education and development



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Cal SWEC

# Health Care Reform and Mental Health Workforce Development

Changes and Needs under the  
Patient Protection &  
Affordable Care Act of 2010



# Overview

- Major changes affecting Mental Health
- Ethnic & Racial Disparities in Access to Coverage and Care
- Care Coordination
- Funding for Mental Health initiatives
- Professional Development Implications and Discussion Questions.



# Major policy changes under ACA affecting Mental Health

## Nearly universal insurance coverage:

- Increased demand for health and mental health care.
- Over 31 million previously uninsured to access health insurance.





# Major policy changes under ACA cont.

## Section 1311 (j), 1563(c) (4)

- **Parity of coverage for mental health services.**
- Makes health and addiction services become “on par” with medical services covered by insurance agencies.
- Co-payment amounts for consumers will be smaller.





# Major policy changes under ACA cont.

- **Section 5604: Co-location of Primary and Specialty Care in Community-Based Behavioral Health Settings.**
- \$50 million dollars in grants for coordinated and integrated care settings.
- More medical clinics within behavioral health settings.



# Major policy changes under ACA cont.

- Section 3501: Medicare Medical Home Pilot Program
- Integrated care in community-based settings.
- Care coordination.
- Greater partnerships and medical teams of mental health professionals and physicians.



# Care Coordination

- Coordinated and case management services for patients
- More client-centered.
- Should reduce expenses.
- Should eliminate duplicate services.
- **Role for Mental Health Workers as care coordinator, particularly social workers.**





# Ethnic & Racial Disparities in Access to Coverage and Care

- Institute of Medicine conducted analysis of 100 studies, and found inequalities in care delivery:
- In CA: 55% of Hispanic patients received no pain meds compared to 26% of white patients.
- Black patients with severe conditions treated less aggressively than whites.



# Ethnic & Racial Disparities in Access to Coverage and Care



- IOM found this discrepancies to continue regardless of insurance coverage.



# Funding for Mental Health initiatives

- Mental and Behavioral Health Education and Training Grants: 2010-1013:
  - \$8 million for social work students
  - \$12 million for psychology students
  - \$10 for training in professional child and adolescent mental health
  - \$5 million for training paraprofessionals in child and adolescent mental health.



# Funding for Mental Health initiatives

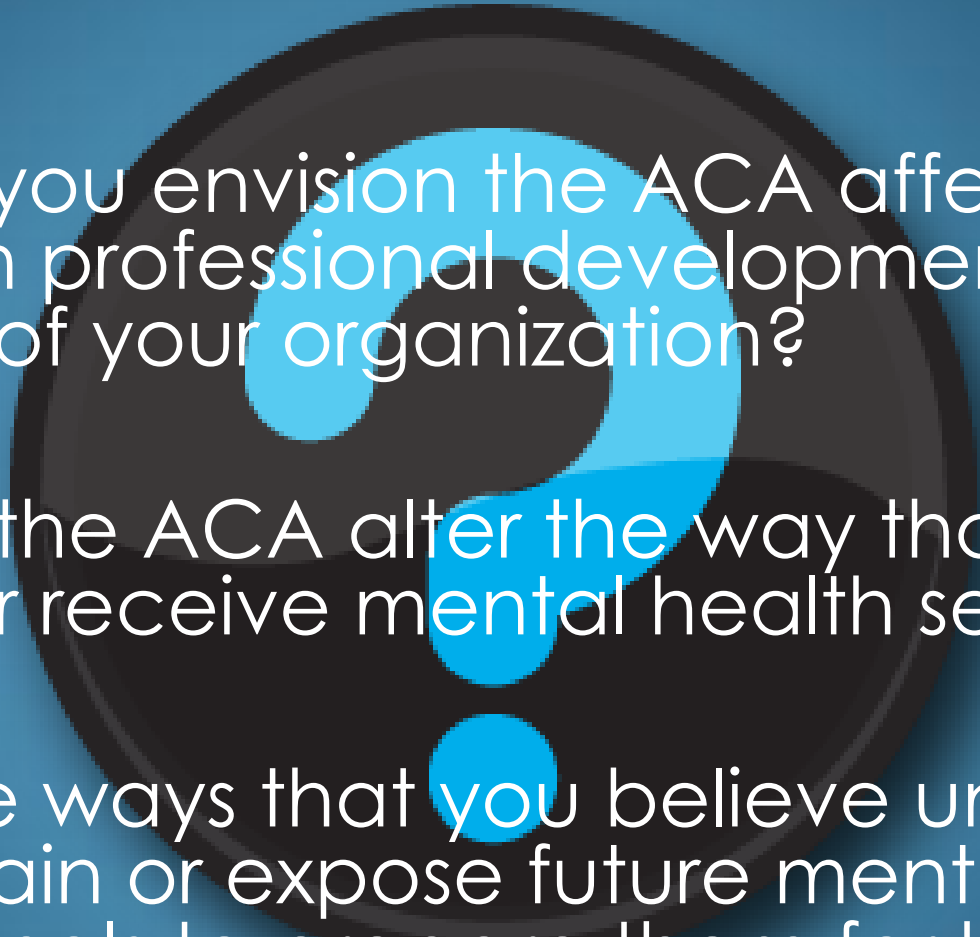
- **Section 5203:** Loan Repayment Program for Pediatric Behavioral Health Specialists in Underserved Areas- \$50 million
- **Section 5306:** Allows HHS secretary to award grants to schools for the development, expansion a or improvement of graduate or professional programs in child and adolescent mental health.



# Professional Development Implications

- Curriculum may need to refocus for some mental health professionals on preparation for integrated health settings.
- Curriculum and training needed on changes that will impact workers.
- Internship and Practice settings for graduate students may appear different in next 3-5 years.
- Concentrations and emphases may change for some professional schools.

# Discussion Questions

- 
- How do you envision the ACA affecting your own professional development needs or those of your organization?
  - How will the ACA alter the way that you deliver or receive mental health services?
  - What are ways that you believe universities should train or expose future mental health professionals to prepare them for health care reform changes?



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