

# **MHSA Workforce Education & Training (WET)**

*County of San Diego  
Mental Health Services*

# MHSA – WET Fundamental Concepts

Counties work with their communities to implement education and training that contributes to developing and maintaining a workforce which

- ✓ includes *clients and family members*, and
- ✓ is capable of providing *culturally competent*,
- ✓ *integrated*,
- ✓ *client- and family-driven*,
- ✓ *wellness and recovery/resiliency oriented* services

within a collaborative environment.

# Five WET Funding Categories

\$17.3 million (over 10 years) for programs & activities in 5 funding categories:

## 1. Workforce Staffing Support

for planning, administering, supporting and evaluating the workforce programs and trainings

## 2. Training and Technical Assistance

for events and activities to assist the public mental health workforce in improving delivery of services consistent with the MHSA-WET fundamental concepts

# WET Funding Categories

## **3. Mental Health Career Pathway Programs**

for educational, training and counseling programs designed to recruit and prepare individuals for public mental health careers

## **4. Residency and Internship Programs**

for addressing identified shortages in the licensed, direct service provider positions

## **5. Financial Incentive Programs**

for stipends, scholarships and loan assumption programs to recruit and retain public mental health employees



# WET Planning Data

Counties are required to propose programs and activities that address the County's workforce development, education and training needs identified through a **Needs Assessment.**

# Workforce Needs Assessment

A standardized **baseline set of workforce data** summarizing personnel shortages and needs of ethnic/racial and culturally underrepresented populations by indicating:

- Current staffing patterns
- Hard-to-fill positions
- Additional staffing requirements
- Current ethnic/racial composition and language capacity

# Workforce Needs Assessment Stakeholder Participation

- **25 Focus Groups – 229 individuals**
  - Providers, Consumers, Education, Training, Community, Councils, HHSA
- **25 Key Informant Interviews**
  - Community, consumer, family and current mental health providers
- **3 Targeted Surveys – 80 respondents**
  - Consumer and family members, program managers, and direct mental health service providers





# WET Plan Development

	December 2008	January 2009	February 2009	March 2009
Needs Assessment Presented For Comment				
Solicited WET Recommendations From Community				
Convened WET Workgroup				

- **Step 2** – Share Needs Assessment findings with stakeholder representatives to generate WET programming ideas

***Completed***

- **Step 3** – Convene WET work group including subject matter experts to craft WET programming recommendations using ideas from Needs Assessment, stakeholder representatives, consumers/family members

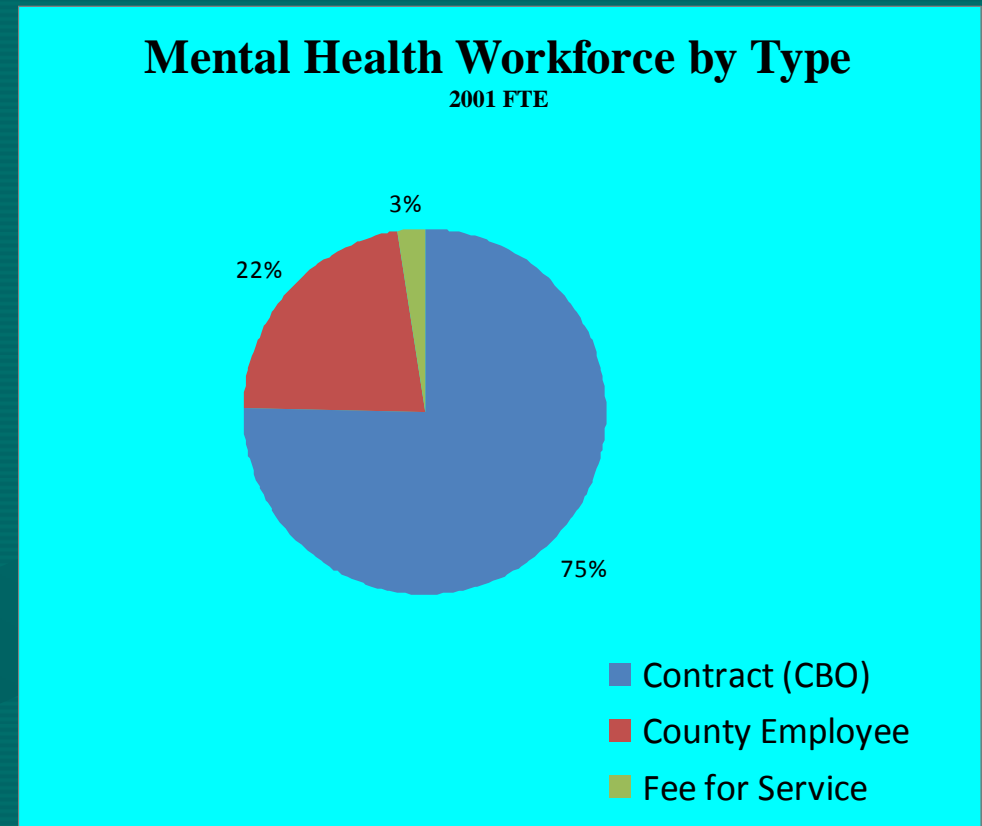
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***REVIEW OF  
NEEDS ASSESSMENT  
KEY FINDINGS***

# Current Workforce Type

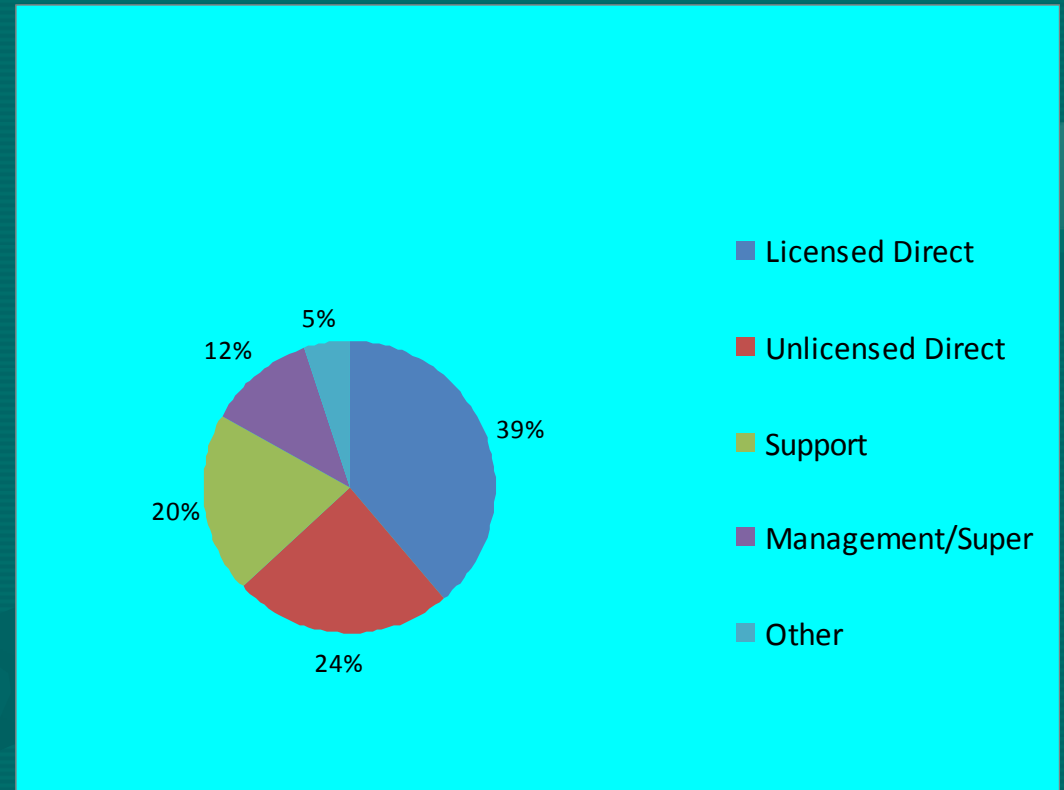
- 3491 individuals, 2001 full time equivalent (FTE) positions
  - 22% County Staff
  - 75% Contracted Staff - community based organizations (CBO)
  - 3% fee-for-service providers (FFS)



# Current Workforce Classifications

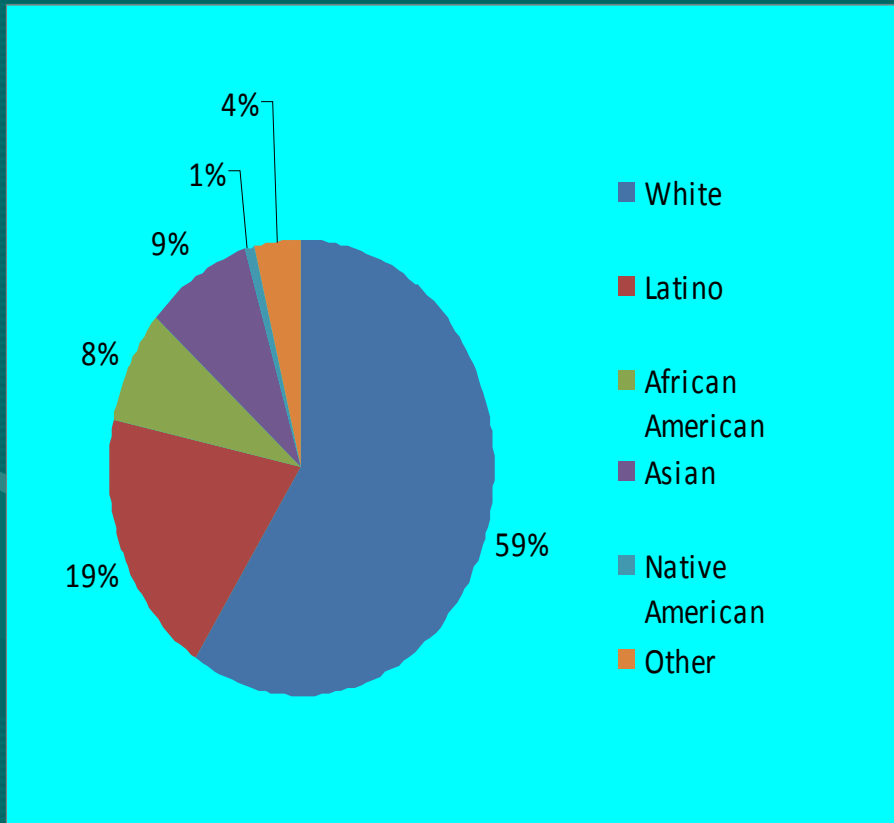
5 major job classifications  
highest concentrations are:

- 39% Licensed Direct
- 24% Unlicensed Direct
- 20% Support Staff

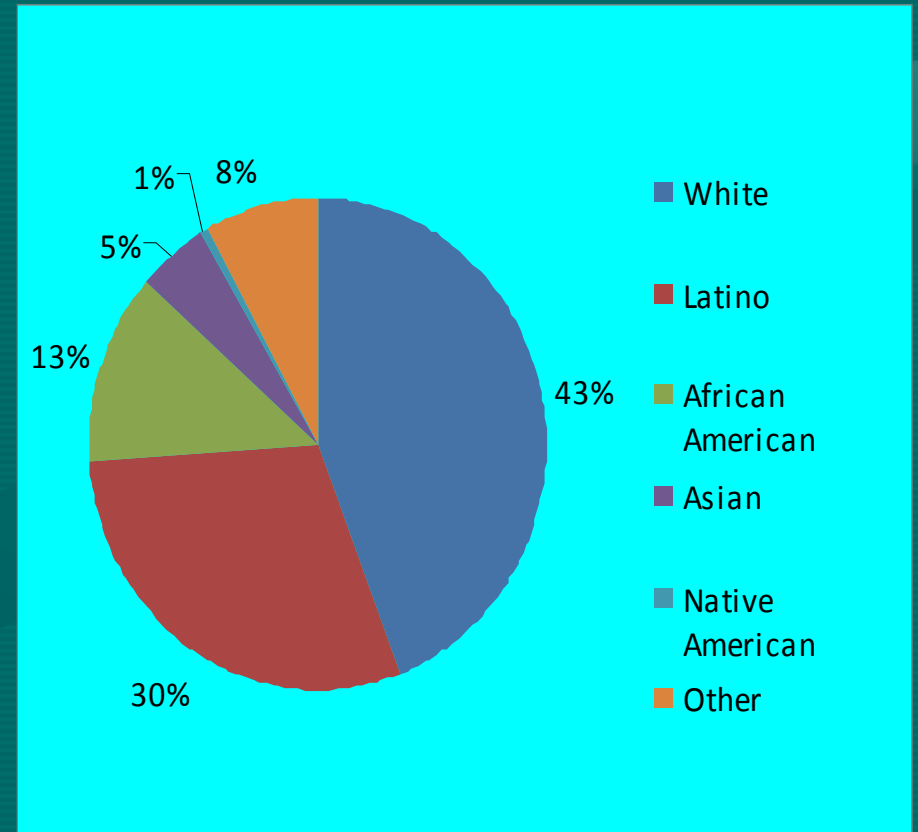


# Current Workforce Ethnicity

## Workforce by Ethnicity



## Consumers by Ethnicity

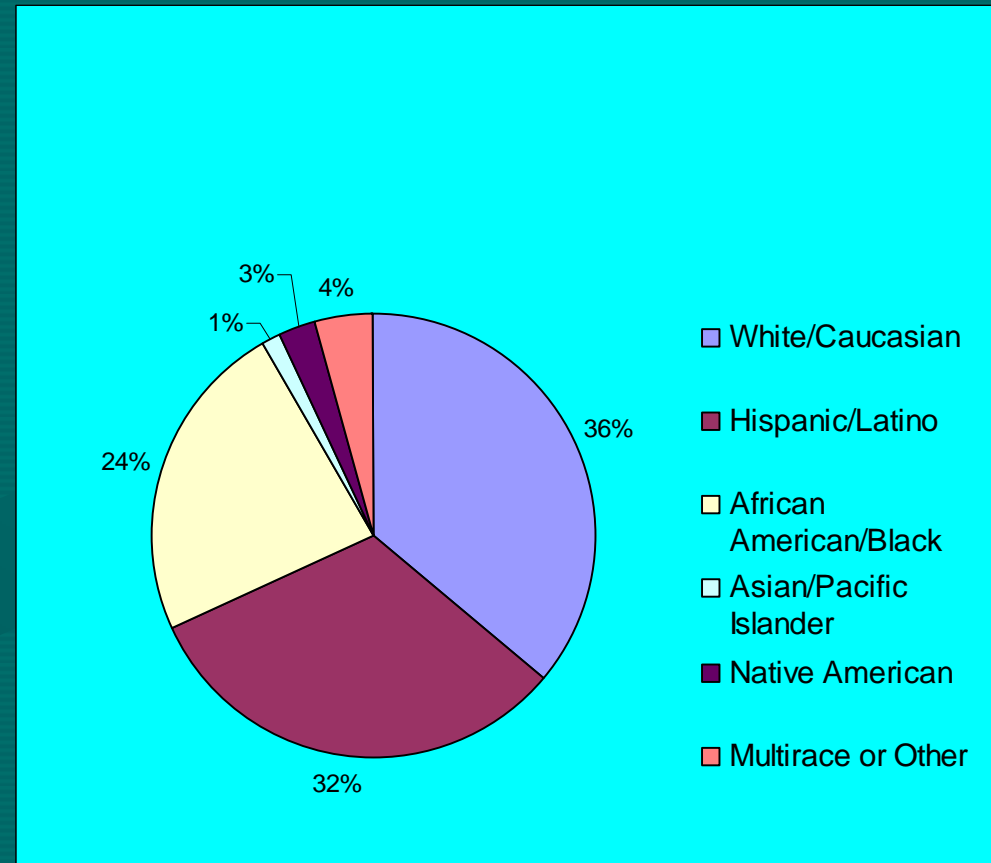


# Current Workforce Language

- 4 San Diego County threshold languages: Spanish, Vietnamese, Tagalog, Arabic
- Requirement for bilingual staff was one of the top reasons for the continued vacancy of direct service staff positions
- Spanish continues to be the most sought after language in the mental health workforce
- Other linguistic needs identified: Chaldean, Hmong, Cambodian, Laotian as well as for immigrant populations from East Africa, many of who speak Somali and Swahili.

# Current Workforce Consumers & Family Members

- 82 people / 52 FTE designated consumer/family positions
- Consumer/family positions
  - Peer-to-Peer programs,
  - Clubhouses
  - Full Service Partnerships (FSP)
- There is a high level of ethnic diversity in the consumer positions (64%)





# Shortages by Classification

## Licensed Positions

- MFT/including MFT interns
- MSW /including interns
- LCSW
- Bilingual Therapist – outpatient services
- Psychiatrist (all)
  - General
  - Child/adolescent
  - Geriatric
- Psychologist- Licensed Clinical
- Nurse (all)
  - Clinical Specialist
  - Licensed Vocational
  - Registered
  - Psychiatric/Family Practitioner

# Shortages by Classification

## Unlicensed Positions

- Mental Health Rehabilitation Specialist
- Case Managers (CBO only)
- Consumer/Family Members (CBO only)
- Other Unlicensed:
  - Coordinator/Specialist
  - Program Aid/Assistant/Representative
  - Child Development Counselor, Child Care Worker
  - Chemical Dependency Counselor
  - Milieu Specialist
  - Student Interns (BA/AA, High school)
  - Volunteers/Interns
  - Mental Health Worker/Asst/Case Worker/Specialist/Counselor
  - Program Specialist
  - Emergency Response Team Worker
  - Awake Overnight Counselor
  - Legal Support Staff (Conservator)

# Shortages by Classification Management Positions

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- Chief Executive Officer (CEO)
- Other Manager/Supervisor
- Licensed Managers/Supervising Clinicians

# Shortages by Classification

## Support Positions

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- Clerical/Secretary
  - Administrative Assistant
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# Challenges in Attracting & Hiring

- Competing with higher salaries in other MH sectors (nonpublic)
- High cost of living in San Diego
- Intense competition for bilingual staff
- Perceived low status of mental health careers
- Under-representation of diverse cultural groups in higher education
- Educational pathways are not clearly defined

# Challenges to Retaining Staff

- Limited opportunities for advancement
- Salaries below community compensation
- Limited time for supervisors to mentor
- Productivity based too much on billing
- High level of stress & burnout
- Difficulty in retaining interns that often move to private practices or hospitals once licensure is attained

# ***STRATEGIES***



# Strategies

## Consumers and Family Member Focus

- Restructure delivery system models to deliver an integrated approach
- Identify training and clear professional ladders/ promotional opportunities
- Incorporate workforce opportunities for consumer and families beyond entry level or paraprofessional positions
- Make provisions for adequate supervision & support
- Create opportunities for consumer awareness and education regarding working in the system and the potential impact on finances and benefits (e.g. SSI, Section 8, taxes, etc.)



# Strategies by Position Classifications

- Define and target most critical position classifications
- Determine strategies based upon where partnerships within specific position classifications exist
- Identify the opportunities to create pipelines in these areas

# Strategies

## Create Opportunities for Pathways into Public Mental Health Careers

- Start young: career exposure for the emerging workforce
- Develop “current worker” pathways for a “grow our own” approach
- Strengthen connections at the post-secondary level to educate and inform about public mental health careers

# Strategies

## Retaining Staff

- Create a public mental health system culture that values and invests in the future of its workforce
- Create clear opportunities for advancement, pay increases, mentoring by supervisors, and further education to promote/enhance cultural competency
- Address expectations of the work with respect to the balance of time spent on billing, documentation and paperwork requirements versus direct services

# WET Plan Development & Submission - Next Steps

	December 2008	January 2009	February 2009	March 2009	April 2009
Convened WET Workgroup					
Cross Threading Group Makes Prioritization Recommendations					
<b>Workforce And Education Training Plan Submission</b>					
30-Day Public Comment Period					
Mental Health Board/Public Hearing					
Submit Plan To California State Department Of Mental Health					

- **Step 4** – Cross threading group prioritizes WET program recommendations followed by 30 day comment period
- **Step 5** – Mental Health Board/Public Hearing
- **Step 6** – Submission to State Department of Mental Health

# And now...

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The WET programming initiatives, ideas and activities the CrossThreading Work Group is considering for prioritization.

*For more information on WET see the Network of Care website: [www.sandiego.networkofcare.org](http://www.sandiego.networkofcare.org)*