

**WORKFORCE EDUCATION AND TRAINING (WET)
ADVISORY COMMITTEE MEETING MINUTES**

August 11, 2015
400 R Street, Suite 471
Sacramento, CA 95811
1:00 PM to 4:00 PM

Staff in Attendance		
Linda Onstad-Adkins, Deputy Director John Madriz, Acting Section Chief Felicia Borges, Manager Daniel Alvarado, Analyst		Brent Houser, Manager Sergio Aguilar, Analyst Wes Salter, Staff
Committee Members In Attendance or on Phone		
Perfecto Munoz Jane Adcock Kimberly Mayer Anne Robin Poshi Mikalson Christa Thompson Michaele Beebe	Robert McCarron Ruben Cantu Tanya McCullon Sarah Bream Karin Lettau Rowena Gillo Angelita Diaz-Akahori	Malia Javier Fontecchio Guillermo Billy Diaz Deborah Johnson Cynthia Harrison Deborah Johnson

Agenda Item Number	TOPIC	Discussion
1	Welcome and Introductions	<p>Ms. Linda Onstad-Adkins welcomed the Workforce Education and Training (WET) Advisory Committee and public members to the WET Advisory Committee meeting. The focus of this meeting was to provide updates on the status of the WET Five-Year Plan 2014-2019 implementation, updates on WET Mini-Grants and WET Cal-SEARCH program and a discussion on the WET budget re-assessment process.</p> <p>Ms. Linda Onstad-Adkins provided an opportunity for member introductions. Mr. Aguilar provided brief ground rules and instructions for attendees participating via the phone/web.</p>

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2	Update on WET Programs and The Five-Year Plan and Budget	<p>Mr. Aguilar provided a presentation on the WET Five-Year Plan 2014-2019 activities. The presentation can be found via the following link: http://oshpd.ca.gov/HWDD/2015/WET/WET-Program-Update.pdf</p> <p>Mr. Aguilar presented information on WET Request for Applications (RFA) that were released and funded in Fiscal Year (FY) 2014-15. OSHPD staff has been working diligently over the last year to implement the programs outlined in the Five-Year Plan. FY 2014-15 marked the first full year of implementation of the Five-Year Plan.</p> <p>Mr. Aguilar provided updates for each WET program. First, the Mental Health Loan Assumption Program (MHLAP) offers loan repayment of up to \$10,000 to mental health workers in hard-to-fill and hard-to-retain positions in the Public Mental Health System (PMHS) in exchange for a 12 month service obligation. A total of \$10 million is allocated yearly to loan assumption awards and \$9.4 million was awarded for FY 2014-15. A total of 1,085 individuals received loan assumptions across 54 counties, and of those, 590 speak a language other than English. The WET stipend programs for FY 2014-15 were allocated \$17.5 million and awarded seven organizations for \$15.1 million. A total of 601 stipends are expected to be provided in four different professions including social workers, marriage and family therapists, psychiatric mental health nurse practitioners (PMHNP), and clinical psychologists. OSHPD contracts with organizations to fund residency slots in psychiatric residency education programs to increase their capacity to train residents and provide clinical rotations in the PMHS. OSHPD awarded a total of \$5.4 million in FY 2014-15 for the Psychiatry Education Capacity Program, which will result in adding 53 residents over the next three years and over 45,000 hours of residency training in PMHS. OSHPD contracts with organizations to increase PMHNPS education programs' capacity to train and provide clinical rotations in the PMHS. Out of \$3 million available, OSHPD awarded a total of \$2.9 million in FY 2014-15 programs to four organizations serving seven counties, adding 136 student slots and over 46,000 student hours in the PMHS. OSHPD also funds five Regional Partnerships (RP) that have formed across the state to promote building and improving local workforce, education and training resources. RPs include representation from County mental/behavioral health</p>
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departments, community based organizations, educational/training entities, consumers, family members, and other partners to plan and implement programs that build and improve local workforce education and training resources. Each RP focuses on projects and goals specific to their regional needs.

Mr. Aguilar introduced Mr. Alvarado, who provided an update on the WET Mini Grants and WET California Student/Resident Experiences and Rotations in Community Health (CalSEARCH) programs. He reported information on the number of awards and individuals served via the WET Mini-Grants and CalSEARCH program. Both programs anticipate releasing applications for FY 2015-16.

Mr. Aguilar continued with the next program, he updated the Committee on the PMHS Workforce Retention Program. The Retention grant was awarded to six organizations expecting to engage in retention activities that target over 2,000 select PMHS workforce. The WET Five-Year Plan 2014-2019 allocated \$10 million across FY 2014-15 and FY 2015-16 for the purpose of engaging in activities that increase and support consumer and family member employment in the PMHS. In April 2014, OSHPD formed the Consumer and Family Member Employment Advisory Committee to advise OSHPD on aspects related to OSHPD WET consumer and family member employment activities. The Committee met five times from April to December and provided recommendations for OSHPD's consideration. This past year OSHPD released four RFAs, the Local Organizational Support and Development Networks RFA which funded two organizations for a total of \$1 million to engage 29 PMHS employers to increase their ability to employ and support the consumer, family member, and parent/caregiver workforce. The Networks to Support PMHS Workforce with Lived Experience RFA Funded nine organizations \$1.3 million that will provide services to engage and support individuals with lived experience as consumers, family members, and parents/caregivers who are currently employed or are volunteering in County and/or Community Based Organization settings. OSHPD awarded \$400,000 to the University of California, San Diego (UCSD) Health Services Research Center to develop, collect, aggregate, and analyze data on the consumer, family member, and

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parent/caregiver workforce in the PMHS. The contractor will develop and conduct a comprehensive quantitative and qualitative assessment. In June, OSHPD released a RFA for a Statewide Consumer and Family Member Workforce Support Network with a possible award amount of \$1 - 1.2 million across FY 2015-16 and FY 2016-17. One organization will engage in various activities that aim to increase consumer and family member employment across the state.

He also discussed Senate Bill (SB) 614, which would require the state Department of Health Care Services (DHCS) to establish a statewide peer and family support specialist (P/FSS) certification program by July 1, 2016. DHCS would be required to define responsibilities and practice guidelines, determine curriculum and core competencies, specify training and continuing education requirements, as well as establish a code of ethics, certification renewal and revocation processes. DHCS would also be required to collaborate with the OSHPD and consult with other stakeholders in developing, implementing, and administering the P/FSS certification program.

Mr. Aguilar then opened it up for questions on the WET program updates.

A committee member asked if demographic information is collected. Mr. Aguilar responded that WET does collect demographic information on the participants in various WET programs.

A committee asked: how cultural competency is addressed? OSHPD responded that cultural competency is a component that all contractors must account for in their services whether it's in curricula and/or training.

A committee asked how family members are included in the curricula of different programs. OSHPD responded that contractors must report back to OSHPD via progress reports in how they incorporate individuals with lived experience in their programs including family members.

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		<p>A committee member asked why was only \$15.1 million of the \$17.5 million allocated for the stipends program used. OSHPD responded that for the PMHNP stipend programs that OSHPD did not receive enough applications to fully expend the funds. OSHPD released the RFA twice to try to expend as much as possible.</p>
3	<p>Presentation on Comprehensive Assessment of Consumer, Family Member, and Parent/Caregiver Workforce in the Public Mental Health System</p>	<p>Mr. Aguilar introduced Nicole Bracy from Harder + Company which is teamed with the UCSD Health Services Research Center as OSHPD’s contractor to develop, collect, aggregate, and analyze data on the consumer, family member, and parent/caregiver workforce in the PMHS. She gave a brief overview and status update of the project using the PowerPoint that can be found via the following link: http://oshpd.ca.gov/HWDD/2015/WET/WET-CFPC-Assessment-Presentation.pdf</p> <p>A committee member asked if they could supply a script of something that can be used to get the word out. Yes, marketing documents will be distributed that include, but not be limited to providing background information and the purpose of the assessment.</p> <p>A question was asked if demographic data was being collected such as sexual orientation and gender identity and is it possible to see the question that are being asked. Ms. Bracy stated to follow up with her and they could get the information out to them directly.</p> <p>A committee member ask if the final drafts of the three surveys could be shared with the committee members. OSHPD responded that the surveys will be shared.</p> <p>A committee asked if there will there be a way to send them out to a lot of people. OSHPD replied that the goal is to send the surveys to as many applicable respondents as possible.</p>

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4	WET Budget Re-Assessment Process and Timeline	<p>Mr. Houser provided a presentation on the WET Five-Year Plan 2014-2019 Budget Re-assessment. The presentation can be found via the following link: http://oshpd.ca.gov/HWDD/2015/WET/WET-Five-Year-Plan-BudgetRe-assessment.pdf</p> <p>Mr. Houser provided background on the need for re-assessing the budget. He stated that in January 2014, the California Mental Health Planning Council (CMHPC) approved the WET Five-Year Plan 2014-2019 with its accompanying four-year budget. OSHPD committed to re-assessing the WET budget in FY 2015-16 to determine if funding is still being guided by priority needs. The re-assessment's purpose is to help inform OSHPD if there is a need to propose budget modifications for the remaining funding. These budget adjustments would be effective for FY 2016-17 and FY 2017-18. If any changes to the WET Five-Year Plan budget are proposed, OSHPD will seek approval from CMHPC and the California State Legislature through the legislative budget change process.</p> <p>A committee member asked to clarify how the budget re-assessment works with funds allocated for 2016-17 and 2017-18 and the unspent funds from 2014-15 and 2015-16. Mr. Houser responded stating the remaining balances consists of funds initially allocated from FY 2014-15 and FY 2015-16 that were unspent plus the original allocations from FY 2016-7 and FY 2017-18.</p>
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5	Discussion of Need for WET Budget Changes	<p>Mr. Houser introduced agenda item number five pertaining to a discussion on the potential need for WET budget changes. There was a handout used in the discussion and can be found at the following link: http://oshpd.ca.gov/HWDD/2015/WET/WET-Advisory-Committee-Discussion-Questions-August-11.pdf</p> <p>The first question posed was “Are you aware of any major changes in mental/behavioral health workforce shortages in the PMHS within the past two years?” The following items were responses to this question:</p> <ul style="list-style-type: none">• Nurse Practitioners should be higher on the list of needs in California.• There is a shortage of therapists and PMHS employers are unable to keep them because the money is better elsewhere.• Nurse Practitioners and therapists are of equal need in the PMHS.• We are becoming incubator sites for therapists to get their license and then we are not able to keep them once they are licensed.• Licensed professionals have been identified as a priority position. It would be nice to have more of those positions that have the specialty in working with older adult populations. That continues to be an area of expertise that is lacking and especially with the Affordable Care Act (ACA), and of course with the aging population.
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		<p>Mr. Houser posed the second question, “Are you aware of any major legislative and/or policy changes within the past two years that may have or will alter the need or demand for certain types of mental health professions or services?” The following items were responses to this question:</p> <ul style="list-style-type: none">• The Federal government is now allowing many more refugees and they are coming into California. They are coming in with very complex trauma issues, especially children, women and the elderly.• Over the last two years, California’s population is represented by 40 percent Latinos. Our policies and expenditures need to be more aligned with that demographic.• We have been pushing for a long time to collect sexual orientation and gender identity data, hopefully Governor will sign bill 8959.• Also when it comes to the ACA, more Lesbian Bi-sexual Gay and Transgender (LGBT) people will finally have insurance for mental healthcare and because primary care providers wind up being one of the major mental health providers, it is important to note that they are identified as one of the most rejecting providers, so that could be a problem.• Senate Bill 4 along with Federal waiver 1532 will allow through Covered California, those who do not qualify for any kind of federal funding to be able to purchase healthcare through Covered California.• At the Federal level, the Occupational Therapy Mental Healthcare Act, they are requiring that Occupational Therapy be available for the loan forgiveness program. The state of California should consider to align with the federal recommendation.
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		<p>Mr. Houser posed the third question, "Are there any major PMHS workforce needs that are not currently being addressed by Statewide Mental Health Services Act (MHSA) WET funded activities?" The following items were responses to this question:</p> <ul style="list-style-type: none">• Looking back at the Consumer Family Employment Programs, it was mentioned that 23 counties are currently being served, that leaves 35 counties that are not. It is important that we figure out a way to serve all counties, this is a statewide issue.• Just for example Modoc County has zero Psychiatrists. All they have right now is Telemedicine, and that is expensive. Something has to be done in the remote areas.• One of the top barriers to service LBGT providers is a lack of training and lack of supervision by somebody who has expertise. I do not see a focus on that as a major statewide workforce training. It is left up to the counties who either cannot afford it or there is too many other fires to put out.• Workforce Retention issues related to LBGT providers who reflect that the workplace is not an affirming place to be.• A Latino community based group that serves in the mental health field has come together to address some of the challenges that Latinos face. I believe there are 32 counties that they represent. Counties are funding them, however they do not have the expertise that they need. I think that we need to include these types of groups in what resources may be available to help improve the capacity.• Community Health Workers is an area that should be explored.
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		<p>Mr. Houser posed the fourth question, “Are there any activities that you believe would increase or support the PMHS workforce that are not currently funded that should be further explored? If so, why?” The following items were responses to this question:</p> <ul style="list-style-type: none">• Training that would be helpful is cultural humility, because it cuts across everything. It is about religion, about sexual orientation, and gender identity.• We need to look more closely at crisis intervention, more training for the first responders.• Family education, we have a high number of youth attempting suicide, drugs, HIV, family rejection increases the rates of this happening.• We have not trained the Mental Health providers enough in cultural competency.• We have to do something different to address the psychiatrists, we can address this at a lower level with other mental health workers and classifications like that. <p>Mr. Houser posed the fifth question, “Are there any currently budgeted Statewide MHSA WET activities that you believe should either have reduced or increased funding? If so, why and by how much funding?” The following items were responses to this question:</p> <ul style="list-style-type: none">• We have a real shortage of psychiatrists, also prescribers which includes nurse practitioners. We have to figure out a way to train our primary care providers.• Another thing to look at in terms of training is to look at innovative programs that are taking individuals who are trained as physicians or nurses that cannot practice because they have trained outside of the country. We need to find ways to use these resources in trying to help those interested in a pathway in the mental health field.
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		<ul style="list-style-type: none">• The incentive could be they commit to stay five to ten years in the mental health field, in return they would get loan forgiveness. Hopefully to keep them in the mental health field.• I would like to recommend an increase in the funding for these CalSEARCH grants. They do a lot of good things in the community. We need to expand those resources to develop future psychiatrists and nurses through pipeline programs.• Along the lines to create incentives to retain the workforce, what about increasing the incentive, so in addition to the loan payback, each year they remain in the public health service, that the incentive increases.• Also I think the loan assumption programs should also be open to administrators, the people who coordinate, supervise and manage these programs.• We have to be careful with tele psychiatry and telecare, when you are working with a client, for example that may be experiencing some significant detachment from reality and delusions regarding strong fears of electronics. You do not want to talk to them on an electronic device. It may work for a lot of consumers, but it does not work for everyone. So we are providing a clinically inappropriate solution for some very at risk and underserved people.
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6	Public Comment	<p>A member of the public expressed comments related to retention and the consumer, family member, and parent/caregiver workforce survey. The member indicated one thing that was not addressed is discrimination against clients. He also wanted to speak up for clinical psychologists. Speaking as a consumer, he indicated that most psychiatry appointments are 10-15 minutes and that time is mostly spent on medication. He also indicated that psychologists look at you as a whole person and are more flexible and work well with people. He stated that we are wasting resources if we are not recruiting psychologists.</p>
7	Adjournment	<p>Mr. Madriz thanked Harder + Company for their presentation. He also thanked the committee members for their participation and feedback during the meeting. He indicated that the next meeting will possibly be November. Mr. Madriz indicated that staff will try to communicate some possible dates, but encouraged the committee members to continue to let OSHPD know of any dates to block out. He said that having that information has been very helpful in planning different events. He also reminded everyone that the slide presentations and hand-outs will be posted on our website.</p>