



CHAIRPERSON
Walter Shwe

EXECUTIVE OFFICER
Ann Ameill-Py, PhD

October 9, 2007

Stephen W. Mayberg, PhD, Director
Department of Mental Health
1600 Ninth Street, Room 100
Sacramento, CA 95814

Dear Dr. Mayberg:

The California Mental Health Planning Council (CMHPC) strongly believes that the Mental Health Services Act (MHSA) Education and Training Program component has the potential to serve as a catalyst for transforming the public mental health workforce at all levels of service. The CMHPC is committed to the successful implementation of local and statewide workforce, education, and training (WET) initiatives and has provided information and technical assistance to the Department of Mental Health (DMH) in order to ensure success. Since 2004, the CMHPC has worked with California Mental Health Directors Association (CMHDA) and the Mental Health Services Oversight and Accountability Commission (OAC) to coordinate input to the DMH and to develop short, mid, and long-term strategies for the early and long-term implementation of local and statewide WET initiatives. Currently, we are working with the DMH to revise the Five-Year Strategic Plan for Education and Training (Five-Year Plan) and to establish criteria and outcomes for both local and statewide initiatives.

Recently, the CMHPC has learned of a recommendation to expend an additional \$100 Million from the MHSA Education and Training Trust Fund for supporting the further development of local WET initiatives. Based upon our work over the last 8 years on WET initiatives and our collaborative efforts with CMHDA, OAC, and DMH, we are opposed to the release of any additional dollars for local WET initiatives at this time. We base our opposition to the release of additional local dollars on the following issues:

- The Five-Year Plan is not completed and approved. County guidelines for local WET initiatives are being implemented without the Five-Year Plan to guide counties in the development of planning factors, local objectives, or operationalizing the intent of the statutory requirements contained within the MHSA.
- The current draft of the Five-Year Plan does not contain performance measures or expectations regarding outcomes for any local and statewide initiatives that are described in the Five-Year Plan or in the recently released county guidelines. The MHSA provides direction for the outcomes that are supposed to be achieved from service provision through the Community Services and Supports and Prevention and Early Intervention Components. Unlike these parts of the Act, MHSA does not provide outcomes for the Education and Training Component. Consequently, the only vehicle for developing uniform objectives

and performance indicators for assuring accountability of education and training is the Five-Year Plan. Determining whether the vision and mission of the MHSA is being accomplished and assisting in increasing not only the capacity but also the multi-ethnic and multi-lingual diversity of the public mental health workforce is not possible without a minimum set of uniform objectives and performance indicators for structuring statewide and local initiatives.

- Any statewide planning and implementation process should be guided by a needs assessment. However, the needs assessment has not been completed. Moreover, the function and goals of the statewide needs assessment have yet to be adequately detailed.
- The DMH has yet to implement any statewide WET initiatives that guide or assist local WET planning efforts.

The CMHPC believes that there is not sufficient guidance from DMH to ensure that counties will implement local WET initiatives that increase the capacity and the multi-ethnic and multi-lingual diversity of the workforce, adhere to principles of recovery, are sustainable, increase the capacity of the workforce, and meet the needs of consumers and families. To increase the allocation of local dollars without such a structure, a Five-Year Plan, and an assessment of WET statewide needs is premature. The CMHPC feels strongly that additional MHSA Education and Training trust fund dollars should only be released if the DMH does the following:

- Establish a minimum set of performance indicators for local and statewide initiatives and a process for counties to include the additional indicators they wish to establish at the local level.
- Put an evaluation process in place to ensure that consumers and family members are included in establishing priorities for selecting local WET initiatives and are eligible to participate in the WET initiatives selected.
- Ensure that local initiatives will produce a workforce that will meet the needs of multi-ethnic and multi-lingual communities.
- Incentivize local programs to deploy a workforce in rural areas of the State through residency programs, financial incentives and internship opportunities, the success of which we can measure over time.

Stephen W. Mayberg, PhD
Page Three
October 9, 2007

If you have any questions about our comments or recommendations, please contact Brian Keefer at 916-445-1219, or e-mail at brian.keefe@dmh.ca.gov.

Sincerely,

Susan Mandel, Chairperson
Human Resources Committee

cc: Walter Shwe, Chairperson
CA Mental Health Planning Council

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