

**Mental Health Services Act  
Workforce Education and Training**

**Needs Assessment  
Special Topic Workgroup**

**August 10, 2006**

**1. Present.**

- a. Rudy Arrieta, San Joaquin County Mental Health
- b. Marianne Baptista, California Association of Psychosocial Rehabilitation Agencies
- c. Mark Cerri, Mendocino County Mental Health
- d. Viviana Criado, San Diego County Mental Health
- e. Wendy Desormeaux, Department of Mental Health
- f. Fran Edelstein, California Alliance of Child and Family Services
- g. Brian Keefer, California Mental Health Planning Council
- h. R. Connie Lira, California Mental Health Planning Council
- i. Mona Maggio, Board of Behavioral Science Examiners
- j. Rick Ramirez, Gardner Family Care Foundation
- k. Shelley Spear, United Advocates for Children of California
- l. Gary Spicer, Alameda County Mental Health
- m. Inna Tysoe, Department of Mental Health
- n. Richard Van Horn, Mental Health Association Los Angeles

**Facilitators:** Warren Hayes, Department of Mental Health, and John Shea, Allen Shea and Associates

**1. Power Point Presentation.**

The group reviewed a power point presentation that outlined the results of statewide workforce needs by occupational classification and diversity challenges, as reflected in community services and support (CSS) plans.

Thirty-six county CSS plans were summarized and analyzed for new MHSA workforce positions, stated needs and challenges, diversity and language proficiency issues, and proposed one-time funds allocated for education and training.

**2. Proposed Needs Assessment Strategy.**

The group recognized the groundbreaking nature of attempting to accomplish a comprehensive needs assessment of California's total public mental health workforce, and sketched initial thoughts as to how to proceed.

a. **Research completed studies.**

- Using existing information determine statewide the size and composition of today's public mental health workforce, and identify projection factors, such as turnover rate, prevalence of serious mental illness amongst persons eligible for public mental health, population and demographic trends, and existing population to provider ratios by type of mental health service occupation, such as those used by the federal government to designate shortage areas.
- Functionally define the knowledge, skills and abilities, or sets of competencies, needed to deliver services in a culturally competent recovery oriented model. Identify any minimum education, certification and/or licensing that is required, and the possible range of occupational categories that can provide each of these services. Services can range from peer support to prescribing and administering psychotropic medications. Identify key benchmarks, such as levels of care and appropriate caseload size, target populations and competencies unique to serving the target population. Address core competencies needed to start as a service provider, and which competencies need to be developed. Also identify what core competencies are not dependent upon post-secondary education; to include consumer and family member lived experience.
- From existing information conduct an assessment of California's capacity to generate sufficient individuals with the educational backgrounds in those occupational categories where such educational level is required.

b. **Conduct focus groups and key informant interviews.** Supplement the above quantitative information with systematic qualitative inquiry of service delivery systems that involve line staff, management, administrative and support personnel, consumers and family members and key partners, such as educators. The small group and individual interviews would address such topics as:

- How people enter the public mental health field, and what are the barriers to entering and staying in public mental health,
- What competencies individuals need to start as a service provider, and what can be learned on the job,
- What education, training and technical assistance is needed at the beginning, and what is needed later on,
- What are effective strategies for learning competencies needed on the job.

c. **Provide useable information to enable appropriate education and training resource decisions.** The above needs assessment strategy will result in timely information being provided in order to enable a state, regional and local planning process for allocation of MHSA education and training fund resources. Counties will need advance funding to develop

sufficient workforce education and training staffing infrastructure to be able to respond to the task of planning and then implementing their MHSA education and training component. This will set the conditions for long-term systems change strategies to be put in place and have impact.

- d. **County Plan Requirements.** Counties will utilize the above information in their local education and training planning process, and via standardized survey be able to provide standardized workforce baseline and projection information that can then be evaluated over time.

### **3. Next Steps.**

Brian Keefer, Marianne Baptista, Vivianna Criado, Fran Edelstein, Rick Ramirez, and Inna Tysoe volunteered to assist Allen, Shea and Associates with identifying and assembling existing information that describe functional competencies, such as developed curricula, levels of care and target populations, benchmarks for caseload size, and creditable planning factors to enhance projections of California's public mental health workforce by occupation.

Workgroup members are invited to participate in a day of strategizing with invited workforce experts in Sacramento on Wednesday, September 13th. Entitled "Designing a Quality Needs Assessment" Allen, Shea and Associates will facilitate a discussion focused on how best to do the needs assessment. (see attached)

The next workgroup meeting will be held on Thursday, October 26th, from 10:00 A.M. until 3:00 P.M. at the California Endowment. Agenda items will include an update on progress in implementing the MHSA Workforce Education and Training component, and reviewing and commenting on the progress of the comprehensive statewide needs assessment.