Mental Health Services Act
Workforce Education and Training

Post-Secondary Education/Training Programs

Special Topic Workgroup

July 6, 2006

1. **Present.**

a. Sheila Boltz, California Association of Social Rehabilitation Agencies (CASRA)
b. Stephanie Clendenin, Office of Statewide Health Planning and Development (OSHPD)
c. Rosa Della Casa, Eastfield Ming Quong (EMQ)
d. Wendy Desormeaux, Department of Mental Health (DMH)
e. Judy Johnson, Board Member, Behavioral Science Examiners
f. Brian Keefer, California Mental Health Planning Council (CMHPC)
g. Robert McCarron, University of California at Davis, Department of Psychiatry
h. Dale Mueller, College of Health and Human Services, California State University at Dominguez Hills
i. Gigi Nordquist, Division of Continuing and International Education, California State University East Bay
j. Jesus Olivia, Regional Health Occupations Resource Center
k. Deborah Pitts, Department of Occupational Science and Occupational Therapy, University of Southern California
l. Melany Speilman, Institute for Mental Health and Wellness Education
m. Toni Tullys, Greater Bay Area Mental Health Regional Workforce Collaborative
p. Inna Tysoe, Department of Mental Health (DMH)
q. Eduardo Vega, National Mental Health Association of Greater Los Angeles
r. Lesley Zwillinger, San Francisco State University, Rehabilitation Counseling

Facilitator: Warren Hayes, Department of Mental Health

2. **Power Point Presentation. (See Attached)**

The group reviewed a power point presentation that outlined the reason for the workgroup topic, the MHSA Workforce Education and Training context for this topic, operating principles for developing recommendations and options, the process for review and consideration of workgroup products, and short- versus long-term considerations. The California Mental Health Planning Council's recommendations, as well as a broad summary of stakeholder input to date was reviewed and discussed.

3. Post-Secondary Education Strategies.

The group discussed and developed strategies in five broad areas that could further increase the capacity of post-secondary education to meet the workforce needs of public mental health:

- Outlining parameters for funding post-secondary education programs
- Facilitating continuing education, or lifelong learning
- Engaging post-secondary education faculty in public mental health
- Linking educators to employers and to each other
- Assisting post-secondary education provide supportive educational environments.

a. **Fund post-secondary education programs.** The group focused upon two areas:

- Post-graduate residency and internship programs that would lead in one or two years to licensure, specialization and preparation to working in public mental health. UC Davis's multidisciplinary med-psych training incentive program, UCSF's Fresno extension campus, Kern County's psychiatric residency program, and the statewide Welcome Back programs were cited as models from which specifications, or a request for proposals, could be developed that would directly respond to public mental health workforce shortages for functional proficiency in such activities as prescribing and administering medication, and supervision of treatment plans.
- Paraprofessional certification programs that lead to producing individuals proficient in delivering services according to the principles and practices intended by the Act. The Psychiatric Rehabilitation Certification Program (CPRP), Jump start, and Welcome Back programs were cited as models from which specifications, or a request for proposals, could be developed for post-secondary institutions to directly respond to the level of public mental health need for trained professionals.

b. **Continuing Education.** The group endorsed the strategy of linking the continuing education requirements of licensed professionals to curricula developed to further the principles and practices envisioned by the Act. Also, community colleges were seen as educational resources for existing public mental health employees to acquire language proficiency and cultural competence in serving specific underserved communities. Regional Partnerships were seen as the forum to develop post-secondary education responses to articulated needs at the local and regional level.

c. **Engage Faculty.** This strategy involves providing incentives to both mental health staff and educational faculty to work side-by-side to educate both students and themselves, and to ensure that the education students receive is consonant with the employment functions they will perform upon graduation. The group felt that this strategy was the most effective to change

curriculum and combat stigma. This strategy involves bringing public mental health staff, consumers and family members to the campus, and bringing faculty and students to public mental health settings. Again, Regional Partnerships was identified as the best forum for implementing this strategy. It was recognized that selected financial incentives would be needed to enable release time for staff in both education and public mental health settings, and to pay consumers and family members for participation.

d. **Educator/Employer Partnership.** Regional Partnerships could again be a forum for encouraging common research and grant activities between public mental health and educators as well as educators across disciplines that would benefit all entities and assist in the evolution of promising practices to evidence-based practices to publication and replication.

e. **Supportive Education.** The group felt that reasonable accommodations for individuals with mental health issues were needed in order to assist these individuals as students succeed in a post-secondary education setting. Colleges and universities could use assistance in improving the quality and expanding the availability of these educational supports. These might include campus-based peer support and advocacy, faculty mentoring, public mental health services supplementing services offered through Disabled Programs and Services (DSPS), and designated instructional services for special education students as stipulated on their Individual Educational Plan (IEP).

4. Next Steps.

The group decided that smaller groups of this workgroup will teleconference on these five broad areas to give them greater specificity and incorporate them into other funding strategies, such as Regional Partnerships, and/or make MHSA funding recommendations. The group will then meet again on Tuesday, October 10 at the California Endowment to review the products of the teleconferences in light of developments in the stakeholder process, and to plan next steps.