

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

**Stipends/Loan Forgiveness/Scholarship Programs
Special Topic Workgroup**

June 27, 2006

1. Present.

- a. Scott Ahles, UCSF – Fresno University Medical Center, Psychiatry Residency Program
- b. Susan Bowen, consumer and family member representative, San Mateo County
- c. Robyn Boyer, Health Professions Education Foundation (HPEF)
- d. William Bruff, Saybrook Marriage and Family Therapy Graduate School
- e. Rosa Della Casa, Eastfield Ming Quong (EMQ) Children and Family Services
- f. Harvey Davis, San Francisco State/UCSF School of Nursing
- g. Steve Elson, California Alliance for Child and Family Services
- h. Jose Luis Flores, Phillips Marriage and Family Therapy Graduate School
- i. Brian Keefer, California Mental Health Planning Council (CMHPC)
- j. Karen Kraus, UCSF - Fresno University Medical Center, Child Psychiatry
- k. Teresa Morris, Chairperson, California Social Workers Educational Consortium (CalSWEC)
- l. Karen Munsterman, Office of Statewide Health Planning and Development (OSHDP)
- m. Deborah Pitts, University of Southern California Department of Occupational Therapy
- n. Tammi Richardson, Telecare
- o. Vicki Smith, California Institute of Mental Health (CIMH)
- p. Shelley Spear, United Advocates for Children of California (UACC)
- q. Inna Tysoe, Department of Mental Health (DMH)
- r. Monique Voss, Health Professions Education Foundation (HPEF)

Facilitator: Warren Hayes, Department of Mental Health

2. Power Point Presentation. (See Attached)

- a. 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 were outlined.

b. Stipends, scholarships, and loan forgiveness programs are all seen as financial incentives to induce both prospective and current public mental health employees who meet employers' needs for 1) workforce shortages of critical skills, 2) diversity and language proficiency shortfalls, and 3) promoting employment and career opportunities for individuals with consumer and family member experience in all public mental health positions. The group recommended that applications should be generated by and awarded to individuals, and that employers should make the awarding decisions at the local and regional level.

c. The group endorsed the California Mental Health Planning Council's recommendation to create a sustainable fund to permanently finance stipend, loan forgiveness and scholarship programs over time. The Health Professions Education Foundation is the appropriate statewide mechanism to set up and administer scholarship and loan forgiveness programs, while the California Social Workers Educational Consortium (CalSWEC) is a model statewide graduate level stipend program that should be continued, and provide a blueprint for other statewide mental health graduate level programs to replicate for potential stipend program participation.

d. The group also expanded the concept of stipends to include flexible, locally funded and managed financial incentives for individuals to participate in workforce education and training events. This could be money for time given, and/or per diem for expenses incurred.

e. Finally, the group endorsed the concept of contracting entities, such as the state and counties, providing incentives to contract agencies through contract budgeting to enable employees to take time for participation in education and training events.

3. Vision.

The group outlined a vision by which the success of financial incentive programs should be measured:

- An increase in the number of workers available for critical skills shortages
- An increase in the number of workers trained and educated according to the vision and intent of the Act.
- Progress toward the public mental health workforce culturally and linguistically approximating the community served.
- An increase in the number of individuals with consumer and family member experience working in public mental health.

4. Operating Principles.

The group then delineated principles to operate financial incentive programs:

- The size of any financial incentive program should be directly linked to demonstrated and expressed employer need

- All financial incentive programs must be easy to use and easy to administer
- Participating educational and training entities must demonstrate that their program prepares individuals according to the principles and values of the Act; i.e., cultural competence, wellness and recovery, and consumer and family member integration into all levels of public mental health
- All financial incentive programs should leverage existing funding mechanisms
- Funding mechanisms for the financial incentive programs should involve local, regional and state financial participation to maximize support at all levels
- Emphasize regional partnerships as the forum to match financial incentive programs with employer needs
- Participating entities, such as colleges, universities, or training programs need to demonstrate a master plan, or career ladder, to enable an individual to navigate through all levels of public mental health. Funds should not support entry or retention in “dead end” jobs.
- Participating entities need to demonstrate an alignment of their program with employers’ workplace needs, practices, and competencies. They need to demonstrate an ongoing dialogue to ensure ongoing relevance
- Be responsive to all variables that create both incentives and disincentives for participation, such as tax ramifications, and an individual’s previous loan participation history
- Programs need to be responsive to individuals who are from outside California, can immediately impact employers’ cultural and language proficiency needs, and who need assistance with meeting licensing and certification requirements.
- Each financial incentive program must include an evaluative element that establishes a baseline and measures impact over time

5. Next Steps.

Staff from DMH will meet with staff from the Health Professions Education Foundation and Cal SWEC to develop proposed funding mechanism structures for group consideration that are based upon the above values and principles.

The group will meet again on Thursday, August 15th, from 10:00 A.M. until 3:00 P.M. at the California Endowment conference room. The agenda will consist of reviewing progress on funding structure options, statewide needs assessment activities, and progress and products from other workgroups.