

OSHPD's Priorities in Healthcare Workforce Development

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Healthcare Workforce Challenges

- Increased demand for health care services
- Shortage of health professionals
- Mal-distribution of health professionals
- Lack of race/ethnic and linguistic diversity
- Insufficient number of bilingual professionals
- An aging workforce
- Lack of clear career pathways
- Constraints on capacity of educational programs
- Salary differentials by specialty
- Regulatory and scope of practice issues
- Defining reimbursable services
- A lack of formal integration and coordination of mental health, substance use treatment and primary care
- Delivery models

Mental Health Workforce

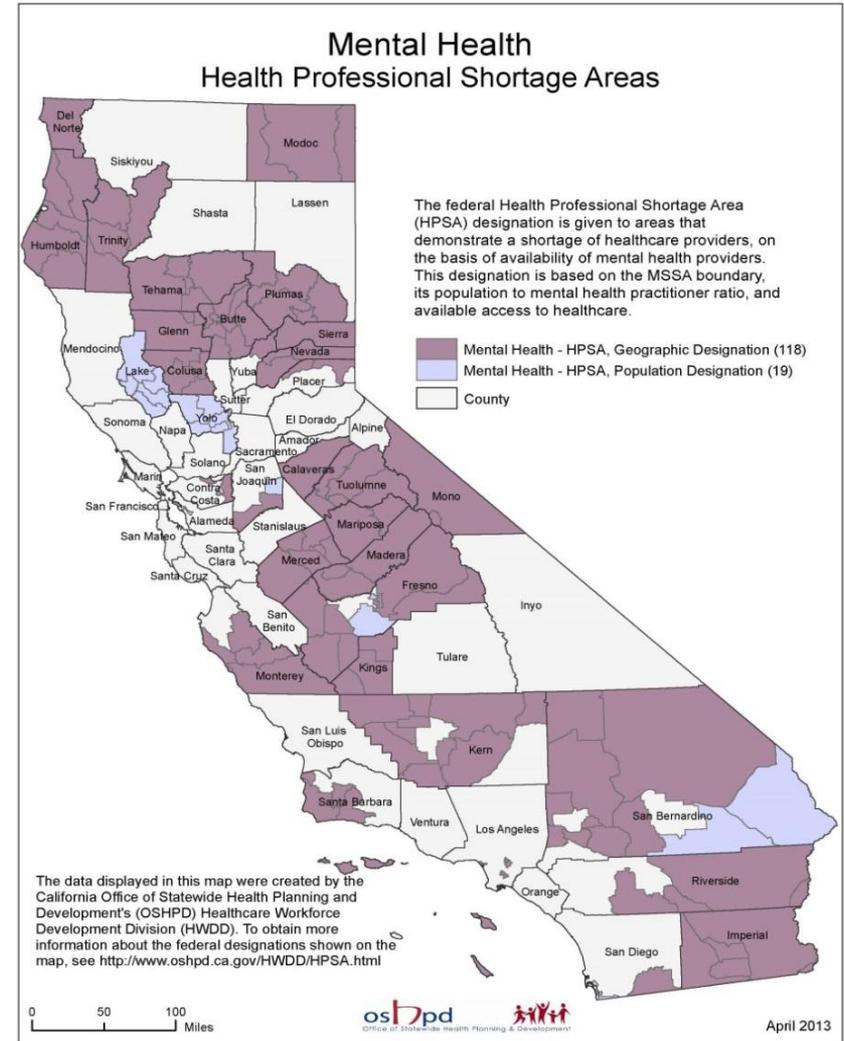
Public Mental Health workforce challenges include:

- An inadequate supply and mal-distribution of providers
- Lack of ethnic and linguistic diversity
- Low salaries
- An aging workforce
- High caseloads
- Lack of adequate training and graduate preparation programs
- Lack of clear pathways at all levels
- A workforce with limited training in providing care that is family-centered or recovery-oriented as well as limited training opportunities in these areas.
- Limited opportunities for advancement
- Regulatory and scope of practice issues
- Defining reimbursable services
- A lack of formal integration and coordination of mental health, substance use treatment and primary care
- A lack of positions in the public mental health system for consumers and family members.
- Variability among the counties in the use and training of staff in state-of-the art and evidence-based and recovery oriented treatments and variability in county collaborations.

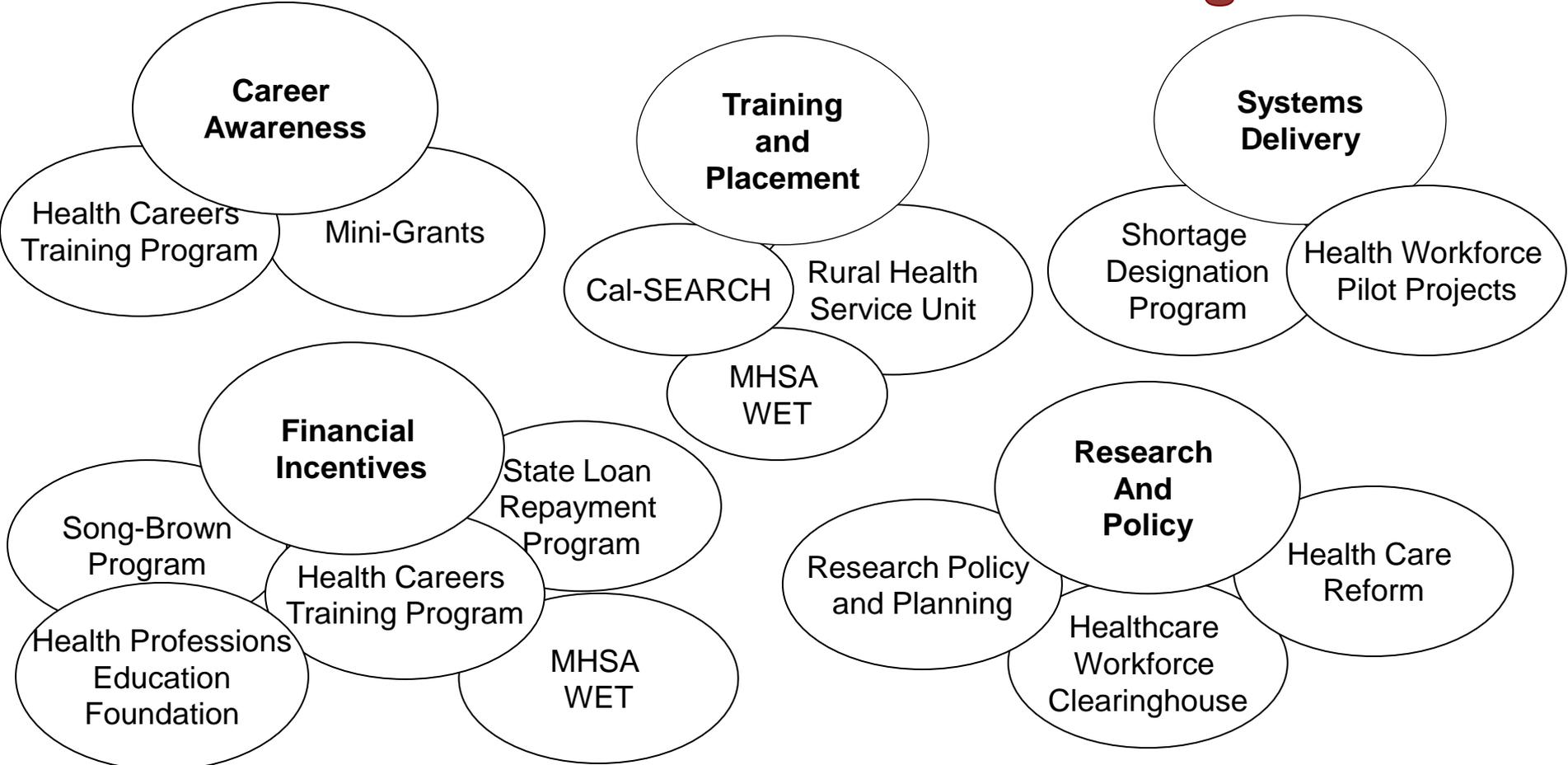
Mental Health Shortages Areas

As of March 2013 there are

- 137 MHPSAs designated in California
- 3,975,902 million residents living in a designated mental health professional shortage area.



OSHPD Healthcare Workforce Programs



Access to Safe, Quality Healthcare Environments that Meet California's Diverse and Dynamic Needs

Health Workforce Development Programs

Career Awareness

Health Careers Training Program – Increases awareness of health careers via the Newsletter highlighting career pathways and the HCTP Resources Page exploring health careers, educational opportunities, scholarship and loan repayments, and job placement resources. The Newsletter is distributed electronically to approximately 10,000 students, parents, teachers, and guidance counselors annually.

Mini-Grants – Provides grants to organizations supporting underrepresented and economically disadvantaged students pursuit of careers in health care. Since 2005, nearly \$1 million has been awarded to support health career exploration, conferences and workshops serving nearly 28,000 students statewide.

Training and Placement

Rural Health - Maintains a free, on-line service to assist rural providers recruit health professionals. Since 2002, more than 5,100 job opportunities in rural communities have been posted.

Cal-SEARCH – A 3 year project that resulted in 150 student and resident rotations from dentistry, family medicine, physician assistants, and other medical disciplines in community clinics and health centers. Exploring opportunities for funding to allow future Cal-SEARCH rotations.

Financial Incentives

CalREACH – developing an electronic application and monitoring system for OSHPD's 16 financial incentive programs that will be fully deployed by June 2013.

California State Loan Repayment Program – Increases the number of primary care physicians, dentists, dental hygienist, physician assistants, nurse practitioners, certified nurse midwives and mental health providers practicing in health professional shortage areas. Since 1990, approximately \$22 million has been awarded in education loan repayments.

Health Workforce Development Programs, cont.

Song-Brown Healthcare Workforce Training Program – Provides grants to family practice residency, nurse practitioner, physician assistant, mental health and registered nursery training programs to increase the number and distribution of these professions in underserved areas. Since 2000, over \$77 million has been awarded to Family Practice Residency, Family Nurse Practitioner/Physician Assistant, and Registered Nurse programs.

Health Professions Education Foundation – awards up to \$12 million per year in financial incentives to students and practitioners in exchange for direct patient care in an underserved area. Since 1990, has awarded more than \$60 million in scholarships and loan repayments to 5,394 students and practitioners.

Mental Health Services Act (MHSA) Workforce Education and Training (WET) Program – Funded by Proposition 63, remedies the shortage of mental health practitioners in the public mental health system (PMHS) via financial incentives, grants to expand psychiatric residency programs, a technical assistance center and county regional partnerships.

Systems Redesign

Health Workforce Pilot Project (HWPP) – Allows organizations to test, demonstrate and evaluate new or expanded roles for health professionals or new health delivery alternatives before changes in licensing laws are made by the Legislature. Since 1972, 23 legislative and/or regulatory changes have been influenced by HWPP.

Shortage Designation Program – Designates areas as Health Professional Shortage Areas or Medically Underserved Areas/Populations that enable clinics to be eligible for assignment of National Health Service Corps Personnel and apply for Rural Health Clinic Certification, Federally Qualified Health Center Look-Alike certification, and New Start/Expansion Program. For the past 5 years, approximately \$7 billion federal, state, and local funds have been leveraged to safety-net clinics, and primary care providers as a result of these designations.

Health Workforce Development Programs, cont.

Medical Service Study Areas (MSSAs) Reconfiguration – Assesses changes to demographic or socio-economic data and population shifts to reconfigure MSSA boundaries. In 2012, engaged local health departments and stakeholders to reconfigure MSSAs that better represented the needs of that county's population.

Research and Policy

Research, Policy and Planning GIS/Data System – Reviews California counties to assess provider-to-population ratios, poverty levels and public health indicators for eligibility to receive federal assistance for health care.

Health Care Reform – Engages stakeholders on federal/state health workforce development activities and provides analysis of health reform initiatives; leads efforts to develop the Mental Health Services Act's 5 Year Workforce Education and Training Plan. Conducted daily monitoring of federal health workforce grant activities which led to the distribution of over 100 funding opportunity/meeting announcements to stakeholders.

Healthcare Workforce Clearinghouse Program – Serves as the state's central repository of health workforce and education information via the collection, analysis and distribution of educational, licensing and employment data and trends. Released in June 2012, the Clearinghouse has demographic information on licensees such as race, ethnicity, languages spoken, practice locations as well as data on current supply and employment projections for many of California's health professions.



Career Pathways

- Augment funding for Mini-Grants to increase exposure to healthcare careers
- Rollout “OSHPD Academy” to augment resources to pipeline programs
- Develop pipeline programs to increase supply and diversity of health professionals
- Explore partnerships to support “frontline” and allied health workers



Training & Placement

- Institutionalize CalSEARCH to provide clinical rotations in underserved areas
- Explore role in mental health peer support
- Fund innovative health training programs via Song Brown
- Explore funding of primary care and non-educational training programs via Song Brown
- Explore development of innovative training/retraining programs for incumbents



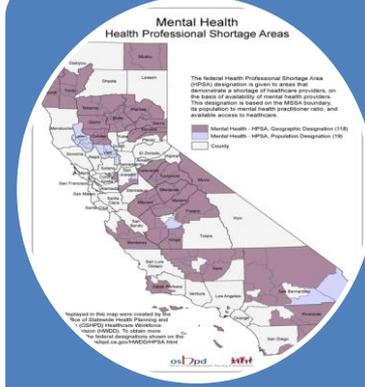
Financial Incentives

- Implement \$52 million grant to support health professionals and training programs
- Increase funding for existing programs
- Develop financial incentive programs for:
 - Entry-level masters in nursing
 - Nurse Educators
 - PharmD
- Expand eligibility of State Loan Repayment Program (SLRP) to pharmacists
- Explore other state's best practices for SLRP
- Implement CalREACH, OSHPD's e-app for financial incentive programs



Systems Redesign

- Explore development of projects that support new healthcare delivery models
- Increase utilization of Healthcare Workforce Pilot Program to test, demonstrate and evaluate expanded skill set and test new health delivery models
- Oversee community paramedicine pilot project
- Continue to proactively designate health professional shortage areas
- Explore e-application for WET and shortage designations
- Explore regional partnerships across primary care and mental health



Research & Policy

- Create five-year mental health workforce education and training plan
- Enhance Clearinghouse, adding supply, demand and education data for all healthcare professions
- Lead efforts to standardize data collected on health professions
- Explore development of database with community identified and best practices in healthcare workforce development
- Develop policy recommendations on health workforce issues
- Track and analyze legislation impacting health workforce

California Endowment Grant

- March 2013: California Endowment announces \$91 million investment in California's healthcare workforce to support the implementation of the Affordable Care Act
- \$52 million over 3 years committed to the Office of Statewide Health Planning and Development
 - Increase the supply and capacity of healthcare providers in underserved communities
 - \$31 million for Health Professions Education Foundation
 - Allied health and front-line workers, mental health, advanced practice clinicians (family nurse practitioners and physician assistants) and physicians
 - Scholarships and loan repayments
 - \$21 million for Song Brown Program
 - Family practice physicians, family nurse practitioners and primary care physician assistants
 - Fund base/capitation funding
 - Special programs

California Endowment Grant, Song Brown Special Programs

- Preference to training programs
 - located in counties with 14 Building Healthy Communities sites, including Central Valley
 - with 50% or more of trainees reflecting California's diversity
- Featuring the following innovations:
 - Coordinate and link strategies that develop career pathways for under-represented groups
 - Support model expansion and innovations in training multi-professional teams that deepen language and cultural competence, expand practice, prioritize equity and prevention, and prepare trainees for practice in underserved urban, rural and geographically isolated places
 - Expand service capacity through practice at top of licensure and multi-disciplinary team care
 - Test workforce practice design models supporting evidence-based expansion of roles and autonomy of licensed health professionals to provide prevention services, diagnosis and treatment within their respective professional competence
 - nurse practitioners, pharmacists, dentists, optometrists, midwives, dental hygienists, etc.
 - Expand capacity through innovative technology
 - e-referrals, telehealth, electronic medical records, mobile health, and video medical interpreting, etc.
 - Support linkages and collaboration between public health and clinical professionals
 - Support school based health center models and teams needed to staff them
 - Provide support, technical assistance for practice redesign (including EHR support and training, operations redesign and online curriculum for medical assistants and other team members)
 - Bolster impact of health professionals through community capacity-building for health literacy, health consumer empowerment, preparedness and resilience training, and community health improvements through environmental and policy change.

Mental Health Services Act Workforce Education and Training (WET)

Mental Health Services Act (MHSA) [Prop 63 passed in November 2004]

- Imposes a 1 percent tax on personal income in excess of \$1 million to support the public mental health system (PMHS) via prevention, early intervention and services.
- Historically underfunded, the PMHS suffers from a shortage of mental health providers in addition to mal-distribution, lack of diversity, and under-representation of practitioners with client experience.
- To address the mental health provider issues, the MHSA included a component for Mental Health Workforce Education and Training (WET) programs.

Mental Health Services Act Workforce Education and Training (WET)

5 Year Workforce Education and Training Development Plan

- Developed in 2008 by the Department of Mental Health (DMH)
- Provided a framework for the advancement and development of mental health workforce education and training programs at the County, Regional, and State levels.
- Specifically, the 5 Year Plan provided the vision, values, mission, measurable goals and objectives, proposed actions and strategies, funding principles, and performance indicators for the use of MHSA WET funds.
- The 5 Year Plan developed by DMH was approved by the California Mental Health Planning Council in 2008 and covers the period from April 2008 to April 2013.

WET 5 Year Plan 2008-2013 State Administered Programs

The following statewide mental health workforce programs are funded by the Mental Health Services Act:

Stipend Programs: increase the number of licensed mental health professionals (Masters of Social Work; Marriage and Family Therapist; Clinical Psychologist; Psychiatric Mental Health Nurse Practitioner) in the Public Mental Health System (PMHS) and incorporate MHSA principles into graduate level curriculum.

**Mental Health Loan Assumption Program (MHLAP):* offers loan repayment of up to \$10,000 to mental health providers in hard-to-fill and/or hard- to-retain positions in the PMHS in exchange for a 12-month service obligation.

**Song-Brown Residency Program for Physician Assistants in Mental Health:* funds Physician Assistants (PA) programs that add a mental health track so that PAs can sign mental health treatment plans and prescribe and administer psychotropic medications. PA programs that train second-year residents to specialize in mental health are eligible to apply for augmented funding.

Psychiatric Residency Program: trains psychiatric residents in the PMHS, working with the populations prioritized by that community.

Client and Family Member Statewide Technical Assistance Center: promotes the employment of mental health clients and family members in the mental health system.

**Shortage Designation:* Reviews and recommends Primary Care, Dental, and Mental Health Professional Shortage Area (HPSA) and Medically Underserved Area/Medically Underserved Population (MUA/MUP) applications to HRSA's Shortage Designation Branch. HPSAs are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be by geographic or demographic designation.

Regional Partnerships: represent Bay Area counties, Central Valley counties, Southern counties, Los Angeles County, and Superior Region counties; include representation from mental health, community agencies, educational/training entities, consumers, family members, and other partners to plan and implement programs that build and improve local workforce education and training strategies.

* = Administered by OSHPD prior to July 1, 2012 transfer

MHSA WET

Summary of 10-Year Expenditures and Spending Projections June 2012

	10-Year Funding Amounts	Expenditures to Date	Amounts Remaining to be Allocated
1) Local Programs	\$210 Million	\$210 Million	\$0
Regional Partnerships	\$27 Million	\$18 Million	\$9 Million
2) State-Administered Programs			
Assigned from DMH to OSHPD			
Stipend Programs	\$100 Million	\$45.48 Million	\$54.52 Million
Psychiatric Residency Programs	\$13.5 Million	\$3.215 Million	\$10.285 Million
Statewide Technical Assistance Center	\$8 Million	\$3.76 Million	\$4.24 Million
OSHPD			
MH Loan Assumption Program	\$75 Million	\$23.54 Million	\$51.46 Million
PA (Song-Brown) Program	\$5 Million	\$1.7 Million	\$3.3 Million
3) Uncommitted Funds	\$6 Million	\$0	\$6 Million
Total Expenditures	\$444.5 Million	\$305.695 Million	\$138.805 Million

Workforce Education and Training 5 Year Plan, 2014-2019

- In July 2012, following the elimination of DMH, the MHSA WET programs were transferred to OSHPD. OSHPD is also accountable for the development of the next 5 Year Plan.
- Will provide the vision, values, mission, measureable goals and objectives, proposed actions and strategies, funding principles, and performance indicators for the use of remaining MHSA WET funds for the period from April 2014 to April 2019.
- Will be accompanied by a 5 year budget that will allocate remaining State MHSA WET program funding for the next five years.
- This 5 year budget will allow the opportunity to provide changes to the funds remaining from the prior 10 year budget developed in 2008. Per WIC Section 5820 (e), the 5 Year Plan requires final approval from the California Mental Health Planning Council (CMHPC) by April 2014.

WET 5 Year Plan, 2014-2019

Per WIC Section 5822, the next 5 Year Plan shall incorporate the following elements:

- A. Expansion plans for the capacity of postsecondary education to meet the needs of identified mental health occupational shortages.
- B. Expansion plans for the forgiveness and scholarship programs offered in return for a commitment to employment in California's public mental health system and make loan forgiveness programs available to current employees of the mental health system who want to obtain Associate of Arts, Bachelor of Arts, master's degrees, or doctoral degrees.
- C. Creation of a stipend program modeled after the federal Title IV-E program for persons enrolled in academic institutions who want to be employed in the mental health system.
- D. Establishment of regional partnerships between the mental health system and the educational system to expand outreach to multicultural communities, increases the diversity of the mental health workforce, to reduce the stigma associated with mental illness, and to promote the use of web-based technologies, and distance learning techniques.
- E. Strategies to recruit high school students for mental health occupations, increasing the prevalence of mental health occupations in high school career development programs such as health science academies, adult schools, and regional occupation centers and programs, and increasing the number of human service academies.
- F. Curriculum to train and retrain staff to provide services in accordance with the provisions and principles of Part 3 (commencing with Section 5800), Part 3.2 (commencing with Section 5830), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division.
- G. Promotion of the employment of mental health consumers and family members in the mental health system.
- H. Promotion of the meaningful inclusion of mental health consumers and family members and incorporating their viewpoint and experiences in the training and education programs in subdivisions (a) through (f).
- I. Promotion of meaningful inclusion of diverse, racial, and ethnic community members who are underrepresented in the mental health provider network.
- J. Promotion of the inclusion of cultural competency in the training and education programs in subdivisions (a) through (f).

WET 5 Year Plan Stakeholder Engagement

- *WET Advisory Committee and WET 5 Year Plan Advisory Sub-Committee:* OSHPD is engaging experts and stakeholders through the WET Advisory Committee (Committee) and WET 5 Year Plan Advisory Sub-Committee (Sub-Committee) meetings. Committee and Sub-Committee members are able to provide their feedback and their stakeholder's feedback during the meetings when discussing the WET 5 Year Plan elements. Additionally, there will be time set aside for public comment at every Committee and Sub-Committee meeting, which allows public members attending in-person or by phone to provide input on the different 5 Year Plan elements discussed during the meetings.
- *Focus groups and community forums:* OSHPD will engage stakeholders through 14 community forums throughout the different regions of the State. The community forums will inform stakeholders on MHSA WET programs and solicit feedback on the elements and priorities that should be included in the next WET 5 Year Plan. There are numerous MHSA WET stakeholder organizations that meet regularly. To the extent possible, OSHPD will also request time at regularly scheduled stakeholder meetings to engage those stakeholders in focus groups.
- *Stakeholder interviews:* OSHPD will engage stakeholder groups through phone and in-person interviews. The interviews will be used to solicit feedback from key stakeholder groups on elements that should be included in the WET 5 Year Plan.
- *Webinars and surveys:* There are numerous stakeholders that may not be able to attend the WET Advisory Committee meetings, community forums/focus groups, and/or be involved in the key-stakeholder interviews. OSHPD will engage these stakeholders through webinars and surveys and will utilize the webinars to inform stakeholders about MHSA WET Programs and the WET 5 Year Plan. The webinars will be available online to allow stakeholders who do not have the opportunity to attend in person, to watch at their own leisure. OSHPD will subsequently send out surveys to engage stakeholders to solicit their feedback on what should be included in the WET 5 Year Plan.



WET 5 Year Plan Development Schedule

Action	Date
WET Advisory Committee Meeting	December 3, 2012
Begin Evaluation of Current WET Programs	January 2, 2013
WET Advisory Committee Meeting	January 29, 2013
WET 5 Year Plan Advisory Sub-Committee Meeting	February 27, 2013
Begin Phase 1 Stakeholder Engagement Process (community forums, focus groups, surveys, interviews)	March 4, 2013
WET Advisory Committee Meeting	June 20, 2013
Needs Assessment Begins	July 1, 2013
Mental Health Career Pathways Sub-Committee	July 1, 2013
Finalize First Draft of WET 5 Year Plan	July 24, 2013
WET 5 Year Plan Advisory Sub-Committee Meeting	September 19, 2013
WET Advisory Committee Meeting	September 19, 2013
Finalize First Draft of 5 Year Plan	September 20, 2013
Contractor Provides Statewide Needs Assessment Data	September 25, 2013
Begin Phase 2 of Stakeholder Engagement Process (key stakeholder forums, surveys, interviews, etc.)	September 30, 2013
WET 5 Year-Plan Advisory Sub-Committee Meeting	November 13, 2013
Government Partners Meeting	December 4, 2013
WET Advisory Committee Meeting	December 18, 2013
Planning Council Meeting to Review WET 5 Year Plan	January 2014
WET 5 Year Plan Submitted to Administration for Approval	March 2014
Finalize and Submit 5 Year Plan to Legislature	April 1, 2014

Career Pathways Sub-Committee

OSHPD in concert with the State Board is re-convening the Committee for Phase 3 which will focus on Behavioral Health, Mental Health, and Substance Abuse occupations:

- Clinical Psychologist;
- Marriage and Family Therapists;
- Licensed Professional Clinical Counselors
- Peer Support Specialists;
- Psychiatrists;
- Psychiatric Mental Health Nurse Practitioner/Clinical Nurse Specialists; and
- School Psychologist
- Alcohol and other drugs

The Committee will be comprised of experts and stakeholders that include a cross-section of educational system representatives, employers, workforce development professionals, advocacy and professional associations, and researchers with a background in mental health.

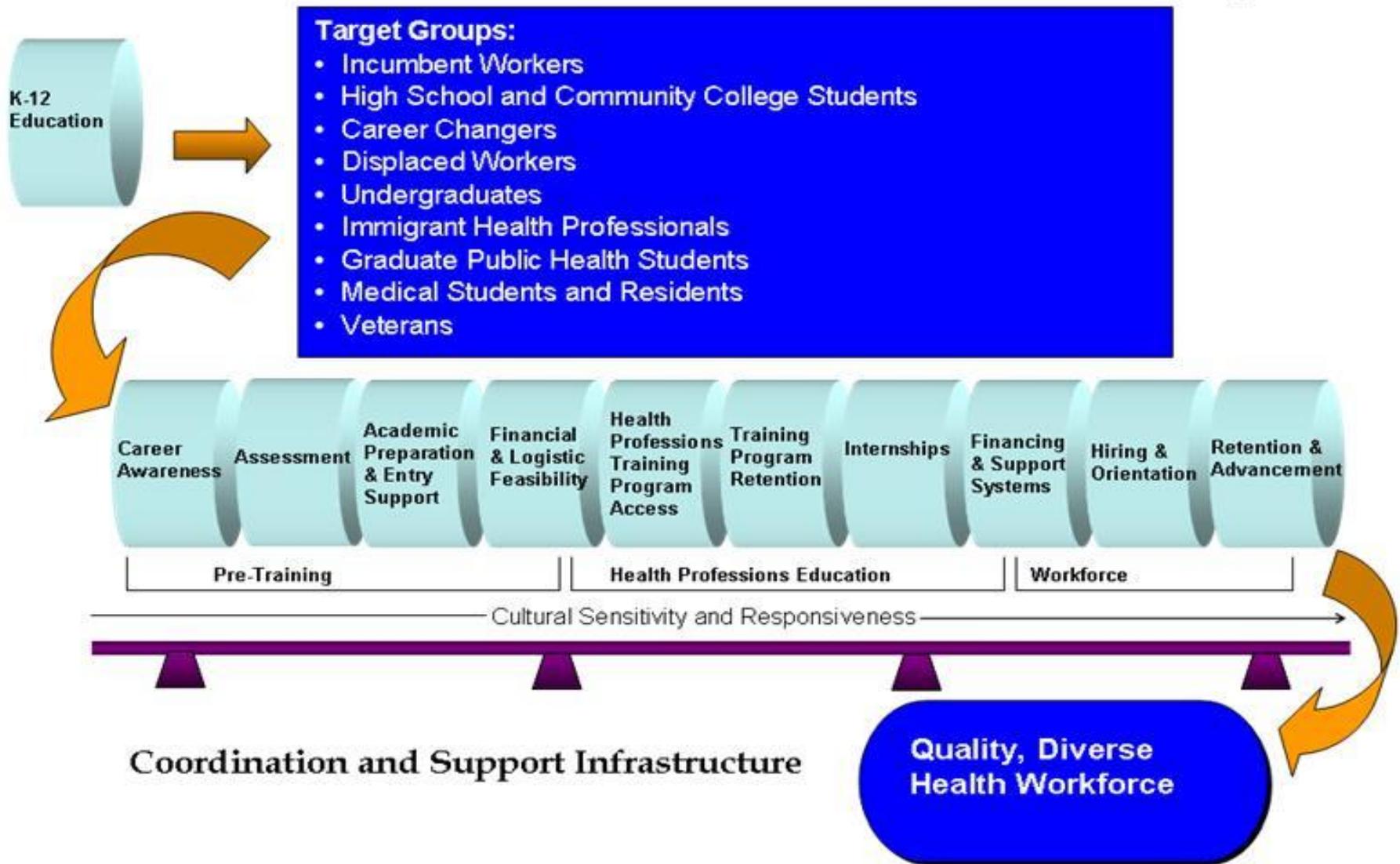
Meetings will be held

- July 9, 2013
- July 30, 2013
- August 20, 2013
- September 17, 2013

Applications for membership to this Committee are due June 21, 2013.

A pathway for Social Work was completed in Phase 1 and therefore not included in Phase 3.

Coordinated Health Workforce Pathway



CalEMSA Community Paramedicine Pilot

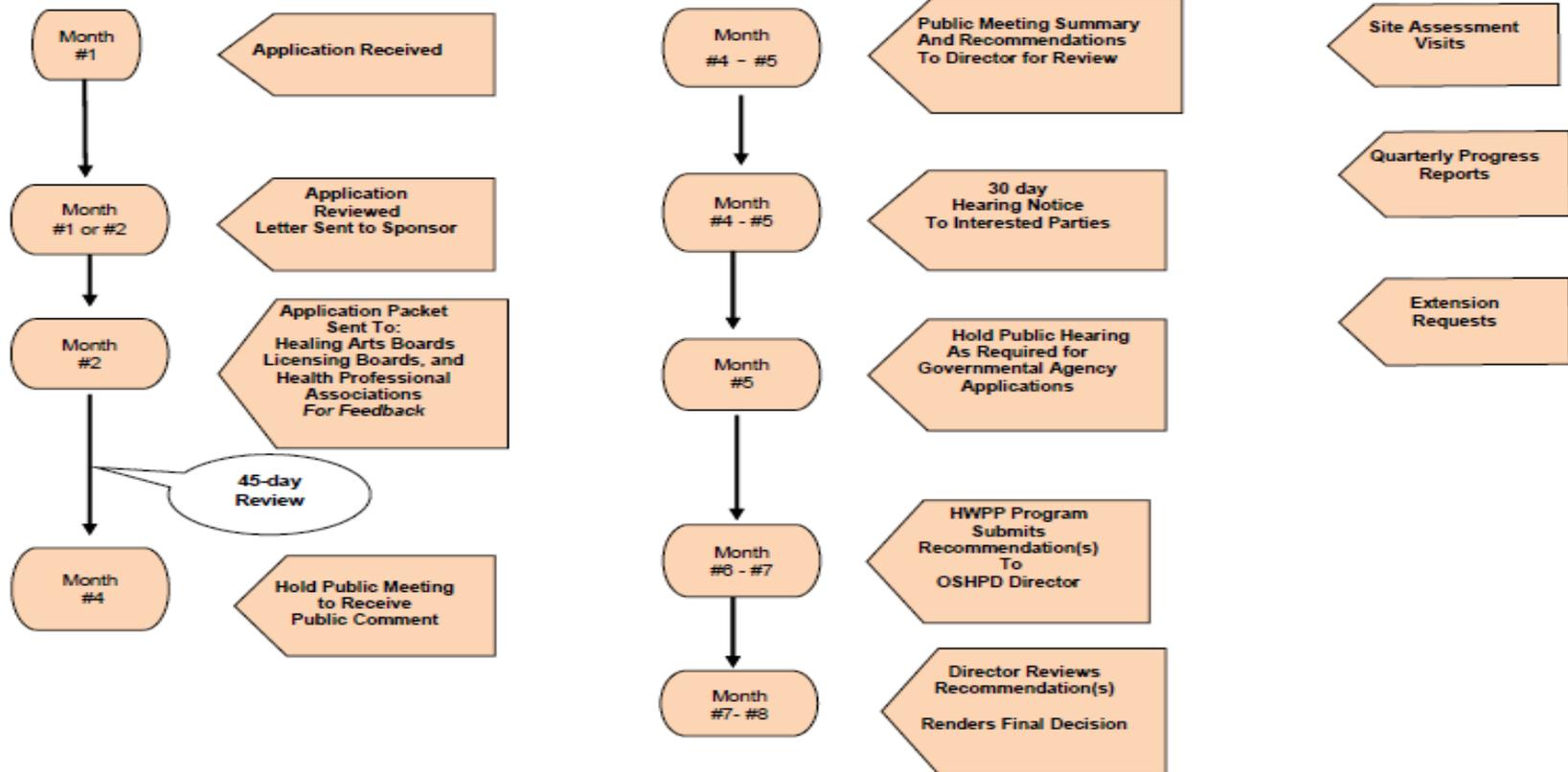
- EMSA operates State Paramedic Licensure program that licenses and conducts disciplinary investigations of paramedics to ensure care provided meets high standards for prehospital care
- seeking interest of local EMSAs to develop pilot projects that expand role and practice of Emergency Medical Technician–Paramedic (EMT-P)
- Currently, EMT-Paramedics trained to provide advanced life support services in emergency settings or during inter-facility transfers.
- California Health and Safety Code Division 2.5, Emergency Medical Services:
 - Limits the EMT-Paramedics scope of practice to emergency care in the pre-hospital environment
 - Requires that patients under the care of an EMT-Paramedic be transported to a general acute hospital that has a basic or comprehensive emergency department permit (Health and Safety Code Section 1797.52, 1797.218)
 - Requires emergency medical services to transport a patient to the closest and most appropriate facility (Health and Safety Code Section 1797.114)
- Expanded role of paramedic services through Community Paramedicine in California may allow for the following:
 - Transport patients with specified conditions not needing emergency care to alternate, non-emergency department locations
 - After assessing and treating as needed, determine whether it is appropriate to refer or release an individual at the scene of an emergency response rather than transporting them to a hospital emergency department
 - Address the needs of frequent 911 callers or frequent visitors to emergency departments by helping them access primary care and other social services
 - Provide follow-up care for persons recently discharged from the hospital and at increased risk of a return visit to the emergency department or readmission to the hospital
 - Provide support for persons with diabetes, asthma, congestive heart failure, or multiple chronic conditions
 - Partner with community health workers and primary care providers in underserved areas to provide preventive care
-

HEALTH WORKFORCE PILOT PROJECTS PROGRAM TIMELINE

Application Process

Hearing Process

Program Monitoring and Evaluation



Clearinghouse, Phase III

- Released interactive website and seven Fact Sheets
 - Doctors of Osteopathy (DO)
 - Physicians and Surgeons (MD)
 - Physician Assistants
 - Registered Nurses
 - Vocational Nurses
 - Psych Techs
 - Respiratory Care Practitioners
- Clearinghouse plans to develop Fact Sheets by Summer 2013 for the following:
 - Dentists
 - Dental Assistants
 - Dental Hygienists
 - Licensed Clinical Social Workers
 - Licensed Marriage and Family Therapists
 - Licensed Professional Clinical Counselor
 - Psychologists



Specific Focus on Mental Health

Board of Behavioral Science

- Associate Clinical Social Workers
- Marriage and Family Therapist Interns
- Professional Clinical Counselor Intern
- Licensed Clinical Social Workers
- Licensed Marriage and Family Therapists
- Licensed Professional Clinical Counselor
- Licensed Educational Psychologists

Board of Psychology

- Psychologists
- Psychological Assistants
- Registered Psychologists

Opportunities to Engage HWDC Members

OSHPD welcomes the participation of stakeholders via various opportunities such as:

- Partnering on programs and funding opportunities
- Making funding recommendations for financial incentives
 - Reviewing and scoring Mini-Grant applications
 - Participating in the Health Professions Education Foundation’s advisory committees
 - Allied Health Advisory Committee
 - Vocational Nursing Advisory Committee
 - Nursing Advisory Committee
 - Health Professions Education Advisory Committee
 - Mental Health Financial Incentives Advisory Committee
 - Steven Thompson Physician Loan Repayment Program Advisory Committee
- Advising on healthcare workforce data collection and distribution via Clearinghouse Advisory Committee
- Development of the next Workforce Education and Training 5 Year Plan
- Identifying and/or partnering with organizations that may be interested in testing and evaluating an expanded skill set via Healthcare Workforce Pilot Project
- Serving on our Healthcare Workforce Pilot Project Advisory Committee
- Identifying communities that may need assistance with becoming Health Professional Shortage Area
- Signing up for our email listserv

Sign Up for Emails

Sign up for OSHPD's healthcare workforce related listservs:

<http://oshpd.ca.gov/signup.html> (general)

OSHPD.MHSAWET@oshpd.ca.gov (mental health)

HCRWorkforce@oshpd.ca.gov (healthcare reform)

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