

Better Health for All*County of Santa Clara Health System*

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DATE: October 26, 2021

TO: Honorable Members of the Board of Supervisors

Jeffrey V. Smith, M.D., J.D., County Executive

FROM: René G. Santiago, Deputy County Executive/Director, SCVHHS

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Sherri Terao, Director of Behavioral Health Services Department (BHSD)

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SUBJECT: Mental Health and Substance Use Treatment Services Integration- Workforce Delta for Children, Youth, and Families

During the September 14, 2021, Board of Supervisors' Meeting (Item No. 21), Supervisor Chavez requested the BHSD to provide an off-agenda report on the Mental Health (MH) and Substance Use Treatment Services (SUTS) integration related to the Children Youth and Families (CYF) workforce delta. This off-agenda report includes the requested information on the workforce delta, service provider delta, number of clinicians and paraprofessionals needed to undergo co-occurring training, present needs and future projected needs, workforce strategies in place to meet said needs, and training partners anticipated to become primary partners.

Co-Occurring Workforce in CYF System of Care

The CYF System of Care in its entirety is currently composed of a MH and SUTS workforce delta of 1,585 providers at varying levels of scope of practice and credentialing, including clinicians, psychiatrists, nurses, and paraprofessionals. Of the 1,481 providers in the current MH system, 245 (16.5%) have co-occurring capacity, and in the SUTS system of care, of the 104 providers, 56 (53.8%) have co-occurring capacity. The remaining 1,284 (81%) providers need to go through appropriate co-occurring training in accordance with their discipline and scope of work to develop co-occurring capabilities. Existing co-occurring providers provide an array of integrated mental health and substance use services from screening, engagement, readiness and retention, education, advocacy, collaboration, referrals, and linkages to assessments and treatment for individuals and their families facing co-occurring disorders. The table below lists the breakdown of co-occurring capabilities for existing clinicians and paraprofessionals. An estimated two to three years is required to train the remaining workforce.

	Number of Clinicians	Number of Paraprofessionals
Co-Occurring Capability	255	0
Need Co-Occurring Training	511	646



Workforce Development

Under the Workforce Education and Training (WET) Co-Occurring Training Plan, a variety of specific courses have been offered to develop personnel competencies to become Co-Occurring Informed, Capable, and Enhanced in their levels of practice when working with individuals with both mental health and substance use issues. Below are the descriptions for each level of practice:

- The **Co-Occurring Informed** level of practice identifies the core skills needed to support treatment. At this level, the skills needed within the following domains were identified: screening, engagement, readiness and retention, education, advocacy, and collaboration.
- The **Co-Occurring Capable** level of practice identifies the core skills needed to provide an integrated assessment and treatment to consumers and their families facing mild to moderate co-occurring disorders. The domains identified for this level are screening, assessment, and diagnosis, co-occurring capable treatment.
- The **Co-Occurring Enhanced** level of practice identifies the expertise needed to provide fully integrated treatment to consumers and their families challenged with moderate to severe co-occurring disorders. In this category, the identified domains are assessment and diagnosis, and integrated treatment.

Currently, in collaboration with the scLearn, BHSD's Learning Partnership is developing a certificate of completion program for providers to provide services at the Co-Occurring Informed level. As providers attend an approved course, the credit will be given towards the level they are working towards. When providers complete all the required courses, they will then need to pass a comprehensive online quiz reflective of the material learned. After completing the required training and successfully passing the online quiz, providers will be able to practice at that level and be eligible to complete the next level, if appropriate to their role and scope of work. Credit will be given for similar coursework taken outside of Learning Partnership within the last 4 years, such as Title IV-E, online courses, and San Jose City College. A review of the topic and syllabus will be required before credit is provided to ensure that the external training content is in alignment with the Co-Occurring Certificate competency requirements. System testing for the Co-Occurring Informed level is being completed with an expected go live by the end of 2021, to be followed by the development of the Capable and Enhanced levels in the system.

In addition, to online co-occurring training modules available for required trainings, Case Western Reserve University will be the BHSD's primary training partner and provide trainings such as Motivational Interviewing, Alcohol and Other Drugs Considerations for Serious and Persistent Mental Illness, Person Centered Treatment Planning, Getting Unstuck: A Do-It-Yourself Guide to Co-Occurring Disorders Clinical Case Reviews and Harm Reduction. BHSD will continue to refresh, identify, and offer target trainings specific to the requirements put forth by the co-occurring training plan by bringing in other internal and external training instructors. BHSD will also explore other training partnerships and reach out to local colleges and universities, such as San Jose City College.

**Anticipated Need**

The existing workforce trained at the co-occurring capable level of practice addresses the needs of individuals with mild to moderate co-occurring disorders. Providers at this level coordinate care and provide parallel services to address the high MH and SUTS for those individuals who have significant needs in both areas. The goal is to ensure that all providers develop competencies in the different levels of co-occurring practice and that 10% of the direct clinical providers develop competencies in the co-occurring enhanced category. We anticipate the need for an ongoing training offered at all levels of co-occurring capacity to train new providers that join the programs across the system of care.

The shortage of providers continues to pose significant challenges in the systems of care to ensure that services are delivered seamlessly and timely. Several workforce strategies are employed to address staff recruitment and retention throughout the CYF:

- Comprehensive salary and benefits package
- Bilingual pay
- Wellness programs
- Internship opportunities
- Management and leadership training opportunities
- Staff recognition
- Employee engagement committees
- Clinical license compensation where applicable
- Tuition assistance

Two additional promising strategies that BHSD anticipates implementing through the Office of Statewide Health Planning and Development's (OSHPD) WET program, aimed at addressing the shortage of mental health providers in the public mental health system (PMHS), are the Loan Repayment Program and tuition stipends. This will be done through a framework that engages Regional Partnerships. Santa Clara County is part of the Greater Bay Area (GBA) region that consists of Alameda, Contra Costa, Marin, Monterey, Napa, San Francisco, San Mateo, San Benito, Solano, Santa Cruz, and Sonoma Counties and the City of Berkeley. The Greater Bay Area Region agreed to implement the Loan Repayment Program and Clinical Master and Doctoral Graduate Education Stipend. Regionally, the Loan Repayment program is expected to award, over the span of 5 years, \$8,300,000 to 830 selected applicants, which represents \$1,660,000 and 166 selected applicants per year. Eligible individuals include PMHS professionals that the local jurisdiction identifies as high priority in the region, considering applicants who previously received scholarships and/or stipends.

In addition, the tuition stipend program will award over the span of 5 years, \$675,000.00 to 75 selected applicants, which represents \$135,000 and 15 selected applicants per year. Eligible students will receive funding for post-graduate clinical master and doctoral education work performed in a local PMHS agency. GBA selects students in advance of their final year of education, considering applicants who previously received a WET scholarship. GBA shall

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determine the amount they award and length of volunteer or paid work commitment. For counties to receive the state WET funds, each county must contribute a local match. The projected local match for Santa Clara County is \$646,671 in order to receive \$2,266,330 for the Loan Repayment and Clinical Master and Doctoral Graduate Education Stipend programs. California Mental Health Services Authority (CalMHSA) is administering the WET grants fund for the GBA and is preparing the Memorandum of Understanding and Participation Agreement for each county. BHSD is committed to developing and maintaining an integrated workforce so that clients are able receive behavioral health services in a seamless and transparent manner. BHSD will continue to work with our stakeholders and community providers on addressing the critical workforce shortages that exist in Santa Clara County.

cc: Miguel Marquez, Chief Operating Officer
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