

Partners in Transformation:
Innovative Solutions to the Mental Health Workforce Crisis

Janet Black, MSW
Professor Emeritus, CSU Long Beach
Consultant, CalSWEC MH Initiative

Beverly Buckles, Ph.D.
Chair, Department of Social Work and Social Ecology
Loma Linda University
Co-Chair, CalSWEC MH Initiative

John Ryan, MSW
Co-Chair, CalSWEC MH Initiative

Partners in Transformation:

Innovative Solutions to the Mental Health Workforce Crisis

This paper describes an innovative statewide collaboration between schools of social work and public mental health departments to transform social work curriculum and address the workforce crisis in public mental health service systems. Mental Health Curriculum Competencies addressing recovery, resiliency, evidence based practice and psychosocial rehabilitation principles will be presented.

Partners in Transformation:

Innovative Solutions to the Mental Health Workforce Crisis

Introduction and the National Perspective

After decades of little or no attention to the existence and ravages of mental illness, current thinking and recent legislation are proposing a new level of support to this population group. The disrepair and fragmentation of the nations' mental health service delivery system has been identified, and a new focus on a fundamental transformation of the nation's approach to mental health care has been defined. The President's New Freedom Commission indicates that "this transformation must ensure that mental health services and supports actively facilitate recovery and build resilience to face life's challenges (Institute of Medicine, 2001; New Freedom Commission, 2003, pg. 1; Daniels, N. & Adams, N., 2003). Testimony from consumers, families, advocates, public and private providers has clearly identified a "workforce crisis" in mental health care. This crisis extends across the country, affecting both urban and rural areas, and across all ethnic and social strata. Rural areas are affected more significantly, and additionally, there is a major shortage in mental health providers who specialize in services to children, adolescents and older adults (Freedom Commission, 2003; Peterson et al 1998; Bird, et al, 2001).

Existing educational programs in the United States are frequently outdated in terms of evidence based and best practice technology, and have not updated curriculum to reflect the current focus of mental health treatment (Hoge and Morris, 2002). In addition, models of education are frequently used that support didactic instruction that may not be the most effective. Additionally, existing mental health systems have not addressed the unique needs of culturally diverse groups, resulting in "not only less care but a poorer quality of care for these populations

(US Public Health Service 2001). Substantial numbers of adults and older adults with severe mental illness and children and adolescents with serious emotional disorders have co-occurring mental illness and substance abuse disorders, complicating the treatment and intervention approach significantly (Substance Abuse 2002, Watkins et al, 2001).

The aforementioned issues and the anticipated "new look" to mental health service delivery will present an additional set of challenges: providing a new cadre of adequately trained providers, who are knowledgeable about the new focus of mental health services, and exposed to evidence based and best practice principles, and re-training existing staff and practitioners to new ideas and knowledge.

Developing Competency Models for the Behavioral Health Workforce

Over the past decade, several forces have emerged that have driven a move toward the development of competency based thinking. The onset of managed care, with an increased attention to effectiveness of interventions and the qualifications of those providing services to constituency groups has led this thinking (Hoge, Tondora & Marrelli, 2005). Additional critical influencing factors include the development of professional practice guidelines and standards for a variety of professional groups, and the emphasis on development and implementation of evidence based practice models (APA 2000, Drake et al, 2001, Hoge, Tondora & Marrelli, 2005). The importance of a common definition of competencies is critical to the development effort, and is provided by Hoge, Tondora & Marrelli (2005):

“A competency is a measurable human capability that is required for the effective performance. It is comprised of knowledge, a single skill or ability, or personal characteristic – or a cluster of these building blocks of work performance. Successful completion of most tasks requires the simultaneous or sequenced demonstration of multiple competencies.” (pg. 517)

A comprehensive overview of efforts to develop competencies in behavioral health care has been completed by Hoge et al, 2005). They found competency development efforts underway in several distinct areas including Substance Abuse, Interdisciplinary, Discipline Specific (including MFTT, Psychology, Psychiatric Mental Health Nurse Practitioners, Psychosocial Rehabilitation Practitioners, Psychiatry and Social Work), Population Focused groups (including Children's Mental Health, Serious and Persistent Mental Illness) and in Special Approaches to Care (including Recovery Oriented, Cultural Competency and Peer Specialists). Developmental efforts among these groups was uneven but was characterized by its recent onset, the effort to identify core knowledge, skills and attitudes required for practice, and an effort to develop some clusters of like competencies (Hoge et. al. 2005). Little work has been identified to date that addresses issues of implementing the developed competencies in an organized training program for students or existing workforce members, and most efforts reviewed have not included consumer and family involvement in the competency identification or development process (Hoge et. al., 2005).

The *Annapolis Coalition on Behavioral Health Workforce Education* was organized in 2001 with a mission to “build a national consensus on the nature of the workforce crisis and to promote improvements in the quality and relevance of education and training by identifying and implementing change strategies”(<http://annapoliscoalition.org/index.php>, 2004). The two founding organizations of the *Coalition*, are the American College of Mental Health Administration (ACMHA) , a national, interdisciplinary body focused on preserving and improving the quality of behavioral health care, and the Academic Behavioral Health Consortium (ABHC), a non-profit membership organization comprised of departments of psychiatry at a number of universities.

The *Annapolis Coalition* has been involved in a multiphase project to support improvement in education and training of the behavioral health workforce for students in professional training program, working professionals, non-degreed and bachelor degreed direct care staff, as well as persons in recovery and their families. (Hoge, Morris & Paris, 2005). Their activities have included national invitational conferences bringing together key leaders in the field to identify education and training needs, disseminating conference presentations and recommendations, and a strong consultative presence in the development of the President's New Freedom Commission on Mental Health. The critical work of this organization has been instrumental in guiding national efforts in building relevant training systems to provide the necessary education to produce the needed workforce. The Coalition leadership has been involved in the Mental Health Initiative activities described in this paper, and the authors are involved in monthly conference calls to assess common issues and strategies that are being developed to address the needs.

Mental Health Workforce and Program Needs in California

The mental and behavioral health care workforce in California numbered nearly 63,000 licensed professionals at the time of the most recent statewide workforce study (McRee et. al., 2003). The majority of this workforce (59 percent) was marriage and family therapists (MFT) and licensed clinical social workers (LCSW), with 19 percent psychologists and 15 percent psychiatric technicians. Less than 1 percent were advanced practice nurses in psychiatric and mental health (PMH) and about 8 percent were psychiatrists. (McRee et.al., 2003; American Medical Association, 2000). California is experiencing severe shortages in available mental health providers which mirrors that reported in national reports (New Freedom Commission 2003; SAMHSA, 2003). Additionally, statewide workforce studies have reported a critical

shortage in individuals appropriately trained to provide services to individuals from the wide variety of cultural and ethnic groups residing in the state. It appears certain from the most recent workforce surveys that non-white providers are not represented in proportion to their numbers in the general population, and the growing ethnic and immigrant population groups in the state are reflected in disproportionate numbers as consumers of mental health services, at all age levels of service - children, adolescents, adults and older adults (McRee et. al., 2003). Additionally, the majority of licensed mental health workers in the state are concentrated in urban areas. The majority of the 58 counties in the state are designated “small” or “medium sized” counties, and have higher levels of vacancy in available licensed positions, as well as increased difficulty recruiting individuals to the more remote and rural environments. During FY 2001-2002, a total of 595,405 individuals were served through California’s public sector mental health agencies, including over 197,000 adults with serious mental illnesses, and over 106,000 children with serious emotional disturbances (McRee et.al., 2003). Many of these individuals have treatment complications because they are dually diagnosed, or have “co-occurring” disabilities that include debilitating mental illness and involvement with alcohol and other drugs. These consumers are frequently shifted between mental health facilities and drug treatment programs as the systems continue to be fragmented. .

According to McRee (et. al., 2003), the overall demand for mental and behavioral health care workers in California between 2001 and 2010 can be expected to grow from 63,000 to between 73,000 and 80,000 (or between 16 and 30%). In 2001, there were 13,000 Licensed Clinical Social Workers providing social services in the state across all service areas. The statewide report concluded that there was a current shortage of social workers in the mental

health/behavioral health area, and that the current supply of social workers was inadequate for the state's growing needs (McRee et. al., 2003).

Pasztor et.al., in their 2002 study entitled "Demand for Social Workers in California" identify several important trends that provide impetus for the Mental Health Initiative activities currently underway. The study was commissioned by the California Assembly through the Faculty Fellows Research Program at the Center for California Studies, California State University, Sacramento. Their findings indicate that social work is one of the faster growing sectors of employment, and documented an increasing need for social workers across program areas of mental health, child welfare, disabilities, and school social work. Taking into consideration the growth of ethnic minority populations, an aging population group and the special needs of children and adolescents, the mental health workforce needs in terms of social work are astronomical.

The California Public Mental Health System

The various members of the California Mental Health constituency groups have a long history of working together and share a clear vision of the mission of the public mental health system. Recently, the California Mental Health Planning Council developed and published the California Mental Health Master Plan. In this document, they indicate that " the mental health constituency envisions a society in which persons of all ages, ethnicities, and cultures who experience serious mental illness or serious emotional disturbance receive high quality, culturally and linguistically competent and effective services from the mental health system. As a result of the services, support and rehabilitation they receive, these persons are able to lead happy, productive and fulfilling lives.

The mission of California's public mental health system is to enable all individuals, including adults and older adults with serious mental illness and their families and children with serious emotional disturbances and their families, to access services from a seamless system of care. These services will assist them in a manner tailored to each individual to achieve their personal goals and optimal recovery, and to develop skills that support living the most constructive and satisfying lives possible in the least restrictive environment. The mental health system shall help children achieve optimal development" (California Mental Health Planning Council, 2003).

The California public mental health system has been on a financial roller coaster for the last 20 years. In good financial years, mental health would get an incremental increase in its budget. Never would the increase enable the system to meet the need that existed in the state. Many times there would be promises of "more" in the future that rarely materialized. In bad years, mental health would always get its budget reduced. In the last two budgets, the Children's System of Care funding was totally eliminated.

The Planning Council estimates that there are "600,000 adults, older adults and children and youth in need of mental health treatment who are not receiving services" (California Mental Health Master Plan, 2003). Of these, 300,000 are children and youth, 200,000 adults and 200,000 older adults. The Planning Council further states that to meet the above need, the public mental health system would need to double in size and scope of services.

The above factors, a clear mission, the financial roller coaster and the large unmet mental health need in California led to the Mental Health Constituency Group, given leadership by California State Assemblyman Darrell Steinberg, placing Proposition 63 on the state election ballot. The intent of the proposition was to expand mental health care for children and adults in

an effort to meet the unmet need that exists in the state. It was estimated that if the proposition passed, an additional \$750 million would be added to the mental health budget in 2006-2007. The proposition places a 1% tax on taxable personal income over \$1 million. The monies generated from this tax are restricted and can only be spent on mental health services. The proposition passed by a margin of 53.4% on the November 2004 ballot.

The passage of Proposition 63, called the Mental Health Services Act (MHSA) defines a critical and historic undertaking for public mental health care in California. The Vision Statement and Guiding Principles for Department of Mental (DMH) implementation of the MHSA state that “The California DMH will dedicate its resources and energies to work with stakeholders to create a state-of-the-art, culturally competent system that promotes recovery and wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families” (www.dmh.cahwnet.gov/MHSA/default.asp). The MHSA builds upon principles, goals and strategies identified in the President’s New Freedom Commission, Quality Chasm, and the Substance Abuse Mental Health Services Administration (SAMHSA) reports as described earlier in this paper and provides a blueprint to fundamentally transform how mental health care is conceptualized and delivered in California.

Social Work Education in California

Social work education is deeply rooted within the context of agency practice. As such, it is guided by an educational philosophy which emphasizes preparing a workforce that is competent to meet the needs of individuals, families, groups, organizations, and communities (Dinerman and Geismar, 1984). While the relationship between social work education and practice has been long and usually productive, it has not always been a relationship that has been easily maintained. For generations now social work educators and practitioners have grappled

with and often lamented the challenge of keeping education current with practice. Likewise, the struggle associated with the rise and fall of workforce resources adequate to meet population dynamics and agency needs continues as a reoccurring theme.

In deed, the need to maintain strong linkages between social work education and practice while natural, is not new or accomplished without ongoing intentionality. In fact, in some ways the current efforts of social work education in California to respond to the workforce shortage affecting public mental health is reminiscent of early workforce studies from the 1950's which documented the severe shortfall of properly trained social workers and proposed interventions to strengthen curricula and improve linkages to practice (Dinerman and Geismar, 1984). However, despite the appearance of cyclical themes, social work education in California is much better prepared to engage in a partnership with practice than was possible even a decade ago. Much has been done and continues to be done to understand and enhance the capacity of social work education to effectively respond to the needs of mental health services in California.

One of the factors which has significantly affected the capacity of social work education in California has been the number of programs available to meet population needs. The growth of social work programs in California can best be described as sporadic, rather than planned. Like in many parts of the country social work programs emerged first in urban areas. In California, this meant that Los Angeles (USC 1922; UCLA 1949) and San Francisco (UC Berkeley 1928) were the first areas to develop graduate social work programs. It would be nearly another twenty years before additional programs would begin appearing around the state, and then only three were added (San Diego State, CSU Sacramento, and CSU Fresno). Over the next twenty years four more programs would appear. However, not until the late 1990's (California Social Work Education, 2000; Theriot and Midgley, 2001; Barr and Neustron, 2001) was there

shared acknowledgement that the number of social work programs was inadequate to meet the needs of California's citizens and honor the requirements of a strong partnership with practice.

Today, although the 17 social work programs in California vary in how each articulates the conceptual framework that guides the structure of their independent curricula, all are organized and thus unified by the educational standards, procedures of accreditation along with the foundations of generalist social work practice. Supporting this common ground are the revised (July 2003) CSWE accreditation standards which further support individualized institutional articulation of collective principles.

These foundations, along with the communication mechanism that is unique to California vis a vis the California Social Work Education Center (CalSWEC), positions social work education in California to be aptly responsive to the challenges facing the public mental health services. As a part of this response, a set of curriculum competencies (foundation and advanced) have emerged from the collaborative efforts of the Mental Health Initiative which is discussed in greater detail later in this paper. This being said, it should be understood that these competencies do not in any way replace, but rather rely and build upon CSWE accreditation standards. Rather, similar to the standards for practice that have been articulated by NASW for work with specific populations and systems, the mental health curriculum competencies respond to the need to prepare and retain committed, competent, and confident social workers for responsive practice in public mental health. Initiatives like this one are increasingly being recognized and encouraged by CSWE as the addressing the requirements for preparing social workers for the workplace of the future (Mizrahi and Baskind, 2003).

Like many other transforming ideas, the Mental Health Initiative benefited from related developments which had already raised public awareness regarding the challenges facing social

work education and workforce development in California. The Master Plan for Social Work Education in the State of California (Master Plan) was one of these developments. Beginning in 2000, the California Assembly Human Services Committee, under the leadership of its chair Assemblywomen Dion Aroner and urging by leadership in social work education in California, established an advisory group to begin to address California's shortfall of professional social workers. The Assembly Human Services Committee (Committee) took particular interest in the workforce development issues affecting social work as its members recognized the pivotal role that social workers perform in supporting the state's infrastructure of services to persons with the greatest needs. As such, the Committee also acknowledged the detrimental effects the state's shortage of social workers would have on the quality of services provided to adults, children, and families served by public human service agencies (Deichert, 2002).

At the conclusion of the Committee's work a report was generated which reflected the culmination of testimony and research findings which served to shed additional light on factors affecting the shortage of social workers in California. Important, was a comprehensive set of recommendations put forth by the Committee to give direction to the Governor of the state of California, the California Health and Human Services Agency, and its affiliated departments to take the necessary actions that would support an increased supply of social workers to meet California's growing needs (Deichert, 2002). However, perhaps the most important outgrowth of the work of the Committee was the sponsorship of *Assembly Concurrent Resolution 215*,

Aroner:

This measure would urge the California Community Colleges, the California State University, and the University of California to expand their enrollment in social work preparation programs. The measure would also request the California Association of Deans and Directors of Schools of Social Work and the California Social Work Education Center to collaborate with the California Community Colleges, the University of

California, the California State University, the Association of Independent California Colleges and Universities, and other interested persons to develop a master plan for social work education that addresses the state's shortage of social workers and reflects the state's diverse population, to be submitted to the Legislature by January 1, 2004 (ACR 215, CA State Legislature).

The Master Plan, submitted to the California Legislature in 2004, assesses the shortage of social workers and the implications that this shortfall has for California's most vulnerable populations. The plan suggests an integrated response which relies on both educational initiatives and workforce development. This response, known as the "Ladder of Learning" identifies the stages of education that can be followed by individuals who desire to become social workers. Beginning with high school certificates, the "Ladder of Learning" systematically demonstrates how one could move through community college certificates or degrees, to baccalaureate education and on to graduate education, including post graduate certificates, licensure, and attainment of a doctoral degree. At each of the educational rungs are the associated employment opportunities. The Master Plan goes on to provide recommendations for implementing the "Ladder of Learning" and workforce development plan in the various high school and tiers of the system of higher education in California (The Master Plan for Social Work Education in the State of California, July 2004).

Among the many merits of the Master Plan has been its compatibility with the work of the California Mental Health Planning Council's Human Resource Committee. This congruence has helped to position social work education in the forefront of other disciplines responding the mental health workforce needs in California.

Strategies to Meet the Social Work Workforce Needs

Collaboration between schools of social work and their community partners is an integral component in all programs. The delivery of social work education curriculum is dependent upon

strong community partnerships and relationships, to support the field work/internship model of learning, bringing the academic community and the practice world together to train students for entry into the professional social work world. While each of the 17 schools of social work in California have specific concentration or specialization areas, and particular perspectives of the educational experience, a common theme among all of the schools has been attention to the issues of social justice and service provision to the underserved and underrepresented populations. Schools vary in their view about private practice and the public service environment, but have come together to embrace the need for training for the public social services within the framework of the California Social Work Education Center.

With visionary leadership and a strong commitment to the mission of producing professionals for careers in the publicly supported social services, Harry Specht, Dean of the School of Social Welfare at UC Berkeley brought together Deans and Directors of the schools of social work, the California Chapter of NASW for a discussion with the California Welfare Directors Association (CWDA). A partnership was proposed among the (then) 10 graduate schools of social work and the CWDA to redirect MSW education in California toward preparing graduates for work in the publicly supported social services. The California Social Work Education Center was thus created in 1990, and housed at the UC Berkeley School of Social Welfare (Ringuette, K., 2000). CalSWEC is the nation's largest state coalition of social work educators and practitioners – a consortium of the state's:

- 17 accredited social work graduate schools;
- 58 county department of social service and mental health
- California Department of Social Services
- California Mental Health Directors Association
- California Chapter of the National Association of Social Workers

CalSWEC's largest collaborative effort to date has been in the area of child welfare services, with the statewide Title IV-E program. The workforce crisis in child welfare services throughout the state is being addressed by the two main thrusts of this program:

- Training MSW and BASW students with a specialization in child welfare and providing financial aid in the form of stipends, tuition and book reimbursement with the use of Title IV-E federal dollars
- A statewide collaborative of Regional Training Academies providing continuing professional education to existing public child welfare staff. (Mathias, C., Lloyd, M., & Black, J. 2005)

The CalSWEC Board of Directors adopted a strategic plan in 2003 that outlined several new initiatives. These two initiatives, the *Mental Health Planning and Development Initiative* and the *Aging Planning and Development Initiative* are designed to expand on the successful work force and educational development activities which have taken place over the past 12 years in the child welfare arena under the auspices of CalSWEC.

In July 2003, the California Wellness Foundation and the Zellerbach Family Foundation awarded grants to CalSWEC to begin the Mental Health Initiative. This project has a primary goal of developing a culturally competent corps of trained social workers through the creation of a continuum of social work education and training programs, to respond to the mental health workforce crisis in California. The Mental Health Initiative has created a partnership between the education and mental health provider community to achieve this goal. The collaborative partnership includes a committee made up of representatives of schools of social work, county mental health directors, and leaders in the mental health stakeholder groups across the state. The membership is representative of multiple cultural and ethnic identities, rural and urban settings, and the full social and economic strata that exemplifies the state.

The initiative has three major objectives:

1. Development of core skills and competencies in mental health practice that will guide the curriculum in Schools/Departments of Social Work in California to produce a cadre of MSW level graduates for employment in the public mental health arena;
2. The creation of a partnership between the education and provider community for the planning, coordination and development of Mental Health Workforce Development Projects which recruit and deploy more social workers into the mental health system; and
3. A collaborative effort to seek funding from private and public resources to support the implementation of a training and educational continuum for social workers in public mental health services.

The Mental Health Initiative Committee includes faculty members from Schools/Departments of Social Work throughout the state, as well as Directors of County Mental Health Departments, and other key stakeholders in the Mental Health arena. The Committee is co-chaired by Dr. Beverly Buckles, Director, Loma Linda University Department of Social Work, and Mr. John Ryan, Director, Riverside County Department of Mental Health. Janet Black, Professor Emeritus from CSU Long Beach is the Consultant to the project. The Committee is linked to the wider CalSWEC governance structure as a subcommittee of the CalSWEC Curriculum Committee which, in turn, reports to the organization's board. Additional members are being added to the committee at this time, to assure full representation of all of the Schools and/or Departments of Social Work and to include newly identified key stakeholders who will bring expertise to the effort. The committee meets three times per year in various locations throughout the State, and has developed a regional network of university/agency partnerships that meet more frequently to address local issues and develop implementation strategies.

The primary work of the Mental Health Initiative Committee since its inception in February, 2004 has focused on the curriculum development objective which builds on earlier work efforts. Early in 1992, under the auspices of the California Social Work Education Center (CalSWEC), faculty from Schools of Social Work and professionals from County Mental Health

Agencies throughout California embarked on a collaborative project to develop a curriculum of mental health competencies to prepare MSW level students to meet the workforce crisis in the public mental health service arena. A series of joint work sessions were held resulting in a document entitled "Guiding Philosophy and Principles of Graduate Social Work Education in Community Mental Health" which was produced in mid 1993, and included a set of 45 competencies. While there continued to be very strong support for the completion of the entire collaborative effort in mental health curriculum, funding streams and infrastructure support were not available and the project was put in abeyance for a time.

The result of the current curriculum development work is a set of Mental Health Competencies at both the first year (Foundation) and second year (Advanced or Specialization) level which can be implemented at each of the 17 schools of social work in the state, and in each of the county Department of Mental Health agencies who are involved in collaborative training agreements with these schools. Multiple stakeholders in the public mental health and educational partnership arena have developed the Mental Health Competency document through input and review. Many of these stakeholder groups were comprised of consumers and families who were provided an opportunity for inclusion in the development and revision process. The document underwent five (5) revisions, each time integrating newly suggested content areas, revising concepts and working, and adjusting presentation style to show consistency throughout the document. The competencies are designed to reflect the emphasis in mental health treatment on recovery, resiliency, evidence based practices, consumer/family driven treatment and psychosocial rehabilitation principles and will be delivered in classroom and agency based fieldwork settings. A series of regional meetings and technical assistance seminars involving education and agency participants have been held over the past few months

to develop implementation strategies to deliver the curriculum with the opening of the 2005-2006 academic year. Individuals have used a matrix document to identify where competency content will be delivered to students, including both classroom and agency based field work sites. Innovative teaching strategies and additional curriculum delivery products will be developed throughout the year to support the competency based curriculum.

A concurrent development occurring during this time in California was the passage of The Mental Health Services Act which is designed to bring a transformation of mental health services to the state. CalSWEC has worked closely with the State Department of Mental Health and has been awarded a one-year Mental Health Stipend Program as one of the first initiatives of the Act. Under the auspices of this program, approximately 170 MSW students are receiving the Mental Health Stipend and receive the Mental Health Competency curriculum in their final year of study. These students will be hired by County mental health agencies and/or their contracted community based organizations throughout the state to fulfill their employment requirement upon graduation in Spring 2006. Discussions are currently underway to design a more developed, multi-year Mental Health Stipend program that will be part of the five year plan for Mental Health Service throughout the state in an effort to positively increase the availability of a professionally trained social work workforce.

References

- American Medical Association (2000). *Selected datafile for CA Physicians: Excerpted form AMA Masterfile 2000 – 2001 Survey data*. Chicago IL: Medical Marketing Service, Inc.
- American Psychiatric Association. (2000). *Practice guidelines for the treatment of psychiatric disorders Compendium 2000*. Washington, DC: Author.
- Barr, B., & Neustrom, A. (2001). *The Prospects of Expanding Professional Social Work Programs in California*. California Policy Research Center. Berkeley, CA.
- Bird, D.C., Dempsey, P. & Hartley, D. (2001). *Addressing Mental Health Workforce Needs in Underserved Rural Areas; Accomplishments and Challenges*. Portland, ME: Maine Rural Health Research Center, University of Southern Maine.
- California Mental Health Planning Council (2003). *California mental health master plan*. Sacramento, CA:CMHPC.
- California Social Work Education Center (July 2004). *The Master Plan for Social Work Education in the State of California*. Berkeley, CA.
- California Social Work Education Center (May 2000). *Focusing on Public Social Services, Our First Decade: 1990-2000*. Berkeley, CA.
- California Workforce Initiative. *Chartbook: Resources for Mental and Behavioral Health Care in California's Counties*. San Francisco: California Workforce Initiative at the UCSF Center for the Health Professions. May 2004. This publication is available for download in PDF format at <http://futurehealth.ucsf.edu/cwi.html>.
- Daniels, A.S. & Adams, N. (2003). *Using the Quality Chasm and New Freedom Commission Reports as a Framework for Change*. American College of Mental Health Administration.
- Deichert, K. (November 2002). *Recommendations for Addressing California's Shortage of Social Workers*. California Assembly Human Services Committee. Sacramento, CA.
- Dinerman, M., and Geismar, L.L. (1984). *A quarter-century of social work education*. Washington D.C.: NASW Press.
- Drake, R.E., Goldman, H.H., Leff, H.S., Lehman, A.F., Dixon, L. & Mueser, K.T., et. al. (2001). Implementing evidence based practices in routine mental health service settings. *Psychiatric Services*, 52(2), 179-182.
- Hoge, M.A. & Morris, J.A. (2002). Special double issue: Behavioral health workforce education and training. *Administration and Policy in Mental Health*, 29, 295-439.

Hoge, M.A., Morris, J.A. & Paris, M.Jr. (2005). Guest editor's introduction: Workforce competencies in behavioral health. *Administration and Policy in Mental Health*, 32 (5/6), 485-487.

Hoge, M.A., Paris, Jr., Adger, H. Jr., Collins, F.L., Finn, C.V., Fricks, L., Gill, K.J., Haber, J., Hansen, M., Ida, D.J., Kaplan, L., Northey, W.F. Jr., O'Connell, M.J., Rosen, A.L., Taintor, Z., Tondora, J. & Young, A.S. (2005). Workforce competencies in behavioral health: An overview. *Administration and Policy in Mental Health*, 32(5/6), 593-632.

Hoge, M.A., Tondora, J., & Marrelli, A.F. (2005). The fundamentals of workforce competency: Implications for behavioral health. *Administration and Policy in Mental Health*, 32,(5/6), 509-532.

<http://annapoliscoalition.org/index.php>, 2004. Accessed on September 24, 2005.

<http://www.dmh.cahwnet.gov/MHSA/default.asp>. Accessed on September 29, 2005.

Institute of Medicine (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington DC: National Academy Press.

McRee, T., Dower, C., Briggance, B., Vance, J., Keane, D., O'Neil, E. (2004). *The Mental Health Workforce: Who's Meeting California's Needs?* San Francisco, CA: California Workforce Initiative at the UCSF Center for the Health Professions.

Mathias, C., Lloyd, M., & Black, J. (2005). *CalSWEC II Mental Health Initiative*. California Social Work Education Center, University of California, Berkeley, School of Social Welfare.

Mizrahi T., & Baskind F.(2003). *Social Work Education and the Future*. In Encyclopedia of Social Work 2003 Supplement. 19th Edition. NASW Press. National Association of Social Workers. Washington, DC.

Pasztor, E.M., Saint-Germain, M. & DeCrescenzo, T. (2002). Demand for social workers in California. Retrieved September 24, 2005 from http://www.csus.edu/calst;Government_Affairs/faculty_fellows_program.

Peterson, B., West, J., Tanielian, T. & Pincus, H. (1998). *Mental health practitioners and trainees*. In R. Anderschiel & M. Henderson (Eds.). *Mental health united states 1998* (pp. 214-146). Rockville, MD: Substance Abuse and Mental Health Services Administration.

President's New Freedom Commission on Mental Health. July 2003. *Achieving the Promise: Transforming Mental Health in America*.

Ringuette, K. (2000). CalSWEC: A decade of collaboration on the public social services. *Reflections: Narratives of Professional Helping, May 2000*, 7-11.

Substance Abuse and Mental Health Services Administration (2002). *Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders*. Bethesda, MD: Substance Abuse and Mental Health Services Administration.

Substance Abuse and Mental Health Services Administration. (2003). *Overview of Findings from the 2002 National Survey on Drug Use and Health*. (Office of Applied Studies, NHSDA Series H-21, DHHS Publication No. SMA 03-3773). Rockfield, MD.

Theriot, M. & Midgley, J. (2000). *New Social Workers: Current Enrollment and Graduation from Accredited Social Work Program in California*. California Policy Research Center. Berkeley, CA.

United States Public Health Service, Office of the Surgeon General. (2001). *Mental Health: Culture, Race and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: Department of Health and Human Services, U.S. Public Health Service.

Watkins, K.E., Burnam, A., Kung, F.Y., & Paddock, S. (2001). A national survey of care for persons with co-occurring mental and substance use disorders. *Psychiatric Services*, *52*, 1062-1068,