

EXHIBIT 1: WORKFORCE FACE SHEET

**MENTAL HEALTH SERVICES ACT (MHSA) WORKFORCE EDUCATION AND TRAINING COMPONENT
THREE-YEAR PROGRAM AND EXPENDITURE PLAN, Fiscal Years 2006-07, 2007-08, 2008-09**

County: **Mendocino**

Date: **July 6, 2009**

This County's Workforce Education and Training component of the Three-Year Program and Expenditure Plan addresses the shortage of qualified individuals who provide services in this County's Public Mental Health System. This includes community based organizations and individuals in solo or small group practices who provide publicly funded mental health services to the degree they comprise this County's Public Mental Health System workforce. This Workforce Education and Training component is consistent with, and supportive of, the vision, values, mission, goals, objectives and proposed actions of California's MHSA Workforce Education and Training Five-Year Strategic Plan (Five-Year Plan), and this County's current MHSA Community Services and Supports component. Actions to be funded in this Workforce Education and Training component supplement state administered workforce programs. The combined Actions of California's Five-Year Plan and this County's Workforce Education and Training component together address this County's workforce needs as indicated in Exhibits 3 through 6.

Funds do not supplant existing workforce development and/or education and training activities. Funds will be used to modify and/or expand existing programs and services to fully meet the fundamental principles contained in the Act.

All proposed education, training and workforce development programs and activities contribute to developing and maintaining a culturally competent workforce, to include individuals with client and family member experience who are capable of providing client- and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes. This Workforce Education and Training component has been developed with stakeholders and public participation. All input has been considered, with adjustments made as appropriate.

Progress and outcomes of education and training programs and activities listed in this Workforce Education and Training component will be reported and shared on an annual basis with appropriate adjustments made. An updated assessment of this county's workforce needs will be provided as part of the development of each subsequent Workforce Education and Training component.

County Mental Health Director

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EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY

Counties are to provide a short summary of their planning process, to include identifying stakeholder entities involved and the nature of the planning process; for example, description of the use of focus groups, planning meetings, teleconferences, electronic communication, use of regional partnerships.

ABOUT MENDOCINO COUNTY:

Residents of Mendocino County (pop. 90,163) are fortunate to enjoy rural, small-town living, while being situated barely 100 miles north of the San Francisco Bay Area. The county's vast open space results in a population density of only 25 persons per square mile, compared to 217 for the state of California. Approximately two-thirds of residents live in the county's interior region along US Highway 101, which runs from Sonoma County in the south to Humboldt County in the north. The two incorporated inland communities are the county seat, Ukiah (pop. 15,758) and Willits (pop. 5,032). Most of the remaining third of the population reside on the western side of the Coastal Mountain Range (a 1½-hour drive from Ukiah) in communities scattered along 90 miles of scenic and isolated coastline. The largest coastal population cluster is in Fort Bragg (pop. 6,890), the business and service center for the coast.

With an economy formerly based on timber and fishing, in recent decades viticulture and tourism have become more important, with about 10% of jobs being related to the tourist industry. Most Mendocino County jobs are in government, which includes Indian tribal government. The area is also known for its clandestine marijuana cultivation and methamphetamine production.

Living in a rural/frontier area requires service providers to maximize available resources. Both financial and human capital is often spread thin. Overcoming the challenges presented by a smaller revenue base and the geographic isolation of small outlying communities requires creativity and collaboration within the service network to effectively address the area's needs. The past several years of MHSA networking and planning have forged an effective team of diverse agencies and individuals, working together to implement MHSA components, including WET.

THE PLANNING PROCESS:

In 2007, initial WET planning was conducted at meetings of various groups, including Vocational Rehabilitation, the Mental Health Board, the Mental Health Leadership Team, the Transitional Age Youth subcommittee of the Children's System of Care Cabinet, and the Workforce Investment Focus Group. A plan was developed in 2007 and submitted to the state in 2008. The plan was returned with instructions for necessary corrections.

In 2009, WET planning resumed under the direction of the WET Workgroup (see attached roster). Changes requested by DMH were incorporated into the plan. Corrections made to Exhibit 3 were made with the guidance of John Shea. Additional assistance was obtained through Adrienne Shilton at CMHDA. The two original Actions developed in 2007 (Staffing and Scholarships) were retained. A third Action (Staff Training) was added in response to needs identified by HHSA leadership. An updated draft of the plan was presented to the WET Workgroup in April 2009.

In 2009, planning meetings were held with the following stakeholders:

- Older Adult System of Care Planning Committee (see attached roster)
- MHSA Adult System of Care Workgroup (see attached roster)
- Mental Health Board (see attached roster)
- Mental Health Services Act Stakeholders Committee (see attached roster)
- Law enforcement partners including the Sheriff's Department and the Willits and Ukiah Police Departments
- National Alliance on Mental Illness (NAMI) Mendocino County

On May 18, 2009, the revised plan was posted at the three Mental Health offices (Willits, Fort Bragg, and Ukiah) and on the county's Mental Health website. Public comment was accepted from May 18 through June 16, 2009. Hard copies of the plan were mailed to all Mental Health Board (MHB) members and MHSA Stakeholders (see attached mailing list) on May 18. The plan was reviewed at the May 21 MHB meeting in Covelo, a geographically isolated community in NW Mendocino County whose residents are 39% Native American and 11% Hispanic. The plan was also reviewed at the June 3 joint meeting of the MHB and MHSA Stakeholders, which was attended by Adrienne Shilton of CMHDA and Brian Keefer of CMHPC. A public hearing was held in Ukiah during the June 17 MHB meeting. No changes or additions to the plan were suggested at the public hearing. The MHB unanimously voted to recommend its submission to the state for review.

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
A. Unlicensed Mental Health Direct Service Staff:										
County (employees, independent contractors, volunteers):										
Mental Health Rehabilitation Specialist	52	1	14							
Case Manager/Service Coordinator	21	0	2							
Employment Services Staff.....	1	1	0							
Housing Services Staff	1	1	2							
Consumer Support Staff	6	1	3							
Family Member Support Staff	3	1	0							
Benefits/Eligibility Specialist	1	1	1							
Other <i>Unlicensed</i> MH Direct Service Staff	9	0	6							
<i>Sub-total, A (County)</i>	94	6	28	72.8	5.5	3.6	0	6.4	2.7	91.0
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Mental Health Rehabilitation Specialist	27.25	1	8.75							
Case Manager/Service Coordinator	15	1	19							
Employment Services Staff.....	3	1	2							
Housing Services Staff	0	0	0							
Consumer Support Staff	8.5	1	1							
Family Member Support Staff	0	0	0							
Benefits/Eligibility Specialist	0	0	0							
Other <i>Unlicensed</i> MH Direct Service Staff	0	0	0							
<i>Sub-total, A (All Other)</i>	53.75	4	30.75	41.4	3.1	2.1	0	3.6	1.6	51.8
Total, A (County & All Other):	147.75	10	58.75	114.2	8.6	5.7	0	10.0	4.3	142.8

(Unlicensed Mental Health Direct Service Staff; Sub-Totals Only)



(Unlicensed Mental Health Direct Service Staff; Sub-Totals and Total Only)



EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category

Major Group and Positions	Esti- mated # FTE author- ized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce -- Col. (11)							# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)
				White/ Cau- casian	His- panic/ Latino	African- Ameri- can/ Black	Asian/ Pacific Islander	Native Ameri- can	Multi Race or Other	(11)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
B. Licensed Mental Health Staff (direct service):				(Licensed Mental Health Direct Service Staff; Sub-Totals Only) ↓							
County (employees, independent contractors, volunteers):											
Psychiatrist, general	2	1	2								
Psychiatrist, child/adolescent	1	1	0								
Psychiatrist, geriatric.....	0	0	0								
Psychiatric or Family Nurse Practitioner.....	2.2	1	3.8								
Clinical Nurse Specialist	2	1	2								
Licensed Psychiatric Technician.....	0	0	0								
Licensed Clinical Psychologist	6	1	0								
Psychologist, registered intern (or waived)	0	0	0								
Licensed Clinical Social Worker (LCSW)	8	1	5								
MSW, registered intern (or waived)	0	0	0								
Marriage and Family Therapist (MFT)	40.6	1	5								
MFT registered intern (or waived)	18.6	1	0								
Other Licensed MH Staff (direct service).....	0	0	0								
<i>Sub-total, B (County)</i>	80.40	8	17.80	65.8	7.0	0	2.3	2.3	0	77.4	
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Licensed Mental Health Direct Service Staff; Sub-Totals and Total Only) ↓							
Psychiatrist, general7	1	.8								
Psychiatrist, child/adolescent	0	0	0								
Psychiatrist, geriatric.....	0	0	0								
Psychiatric or Family Nurse Practitioner.....	0	0	0								
Clinical Nurse Specialist	0	0	0								
Licensed Psychiatric Technician.....	0	0	0								
Licensed Clinical Psychologist	2	1	1								
Psychologist, registered intern (or waived)	2	1	0								
Licensed Clinical Social Worker (LCSW)	12.1	1	8								
MSW, registered intern (or waived)	6	1	3								
Marriage and Family Therapist (MFT)	17.3	1	7								
MFT registered intern (or waived)	9	1	0								
Other Licensed MH Staff (direct service).....	0	0	0								
<i>Sub-total, B (All Other)</i>	49.10	7	19.8	40.9	4.3	0	1.4	1.4	0	48.0	
Total, B (County & All Other):	129.50	15	37.60	106.7	11.3	0	3.7	3.7	0	125.4	

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category

Major Group and Positions	Estimated # FTE authorized	Position hard to fill? 1=Yes' 0=No	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/Caucasian	Hispanic/Latino	African-American/Black	Asian/Pacific Islander	Native American	Multi Race or Other	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
C. Other Health Care Staff (direct service):										
County (employees, independent contractors, volunteers):										
Physician.....	0	0	0							
Registered Nurse	0	0	0							
Licensed Vocational Nurse	0	0	0							
Physician Assistant	0	0	0							
Occupational Therapist	0	0	0							
Other Therapist (e.g., physical, recreation, art, dance)	0	0	0							
Other Health Care Staff (direct service, to include traditional cultural healers)	0	0	0							
<i>Sub-total, C (County)</i>										
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Physician.....	0	0	0							
Registered Nurse	0	0	0							
Licensed Vocational Nurse	0	0	0							
Physician Assistant	0	0	0							
Occupational Therapist	0	0	0							
Other Therapist (e.g., physical, recreation, art, dance)	0	0	0							
Other Health Care Staff (direct service, to include traditional cultural healers)	0	0	0							
<i>Sub-total, C (All Other)</i>				0	0	0	0	0	0	0
Total, C (County & All Other):				0	0	0	0	0	0	0

(Other Health Care Staff, Direct Service; Sub-Totals Only)
↓

(Other Health Care Staff, Direct Service; Sub-Totals and Total Only)
↓

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category

Major Group and Positions	Est # FTE authorized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce -- Col. (11)							# FTE filled (5)+(6)+(7)+(8)+(9)+(10)		
				White/Caucasian	Hispanic/Latino	African-American/Black	Asian/Pacific Islander	Native American	Multi Race or Other				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)			
D. Managerial and Supervisory:				(Managerial and Supervisory; Sub-Totals Only) ↓									
County (employees, independent contractors, volunteers):													
CEO or manager above direct supervisor	8	1	0										
Supervising psychiatrist (or other physician)	0	0	0										
Licensed supervising clinician	4	1	3										
Other managers and supervisors	10.50	1	2.5										
<i>Sub-total, D (County)</i>	22.5	3	5.5	19.1	2.0	0	.7	.7	0	22.5			
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Managerial and Supervisory; Sub-Totals and Total Only) ↓									
CEO or manager above direct supervisor											8.7		
Supervising psychiatrist (or other physician)											0		
Licensed supervising clinician											0		
Other managers and supervisors											10.75		
<i>Sub-total, D (All Other)</i>											19.45	2	6
Total, D (County & All Other):				41.95	5	11.5	35.6	3.8	0	1.3	1.3	0	42.0
E. Support Staff (non-direct service):				(Support Staff; Sub-Totals Only) ↓									
County (employees, independent contractors, volunteers):													
Analysts, tech support, quality assurance											20		
Education, training, research											0		
Clerical, secretary, administrative assistants.....											29.70		
Other support staff (non-direct services)											0		
<i>Sub-total, E (County)</i>				49.70	1	4	38.2	2.9	1.9	0	3.3	1.4	47.7
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Support Staff; Sub-Totals and Total Only) ↓									
Analysts, tech support, quality assurance											7		
Education, training, research											2		
Clerical, secretary, administrative assistants.....											13.65		
Other support staff (non-direct services)											2		
<i>Sub-total, E (All Other)</i>											24.65	4	10.30
Total, E (County & All Other):				74.35	5	14.30	57.1	4.3	2.8	0	5.0	2.1	71.3

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category

GRAND TOTAL WORKFORCE

(A+B+C+D+E)

Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/ Cau- casian (5)	Hispanic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	
County (employees, independent contractors, volunteers) (A+B+C+D+E)	246.60	18	55.30	195.9	17.4	5.5	3.0	12.7	4.1	238.6
All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E)	146.95	17	66.85	117.7	10.6	3.0	2.0	7.3	2.3	142.9
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	393.55	35	122.15	313.6	28.0	8.5	5.0	20.0	6.4	381.5

F. TOTAL PUBLIC MENTAL HEALTH POPULATION

2,736 (1)	(2)	(3)	(4)	Race/ethnicity of individuals planned to be served -- Col. (11)						All individuals (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/ Cau- casian (5)	Hispanic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	
F. TOTAL PUBLIC MH POPULATION	Leave Col. 2, 3, & 4 blank			1,876	223	64	41	199	333	2,736

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

II. Positions Specifically Designated for Individuals with Consumer and Family Member Experience:

Major Group and Positions (1)	Estimated # FTE authorized and to be filled by clients or family members (2)	Position hard to fill with clients or family members? (1=Yes; 0=No) (3)	# additional client or family member FTEs estimated to meet need (4)
A. <i>Unlicensed</i> Mental Health Direct Service Staff:			
Consumer Support Staff.....	14.5	1	4
Family Member Support Staff	3	1	0
Other <i>Unlicensed</i> MH Direct Service Staff	3	0	6
Sub-Total, A:	20.5	2	10
B. <i>Licensed</i> Mental Health Staff (direct service)	7	1	2
C. Other Health Care Staff (direct service)	0	0	0
D. Managerial and Supervisory	4.8	1	1
E. Support Staff (non-direct services).....	2	1	1
GRAND TOTAL (A+B+C+D+E)	34.3	5	14

III. LANGUAGE PROFICIENCY

For languages other than English, please list (1) the major ones in your county/city, (2) the estimated number of public mental health workforce members currently proficient in the language, (3) the number of additional individuals needed to be proficient, and (4) the total need (2)+(3):

Language, other than English (1)	Number who are proficient (2)	Additional number who need to be proficient (3)	TOTAL (2)+(3) (4)
1. <u>Spanish</u>	Direct Service Staff <u>13</u> Others <u>07</u>	Direct Service Staff <u>26</u> Others <u>14</u>	Direct Service Staff <u>39</u> Others <u>21</u>
2. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
3. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
4. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
5. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

IV. REMARKS: Provide a brief listing of any significant shortfalls that have surfaced in the analysis of data provided in sections I, II, and/or III. Include any sub-sets of shortfalls or disparities that are not apparent in the categories listed, such as sub-sets within occupations, racial/ethnic groups, special populations, and unserved or underserved communities.

A. Shortages by occupational category:

Mendocino County agencies have difficulty recruiting or retaining staff in 35 out of 58 (60%) workforce categories in the Public Mental Health System. There is a need to increase the number of authorized and funded public mental health positions by 31% in order to meet the current estimated need for service. WET planning focuses on increasing the number of qualified applicants for “hard to fill” positions and increasing the capacity of the public mental health system to meet the community’s service needs.

B. Comparability of workforce, by race/ethnicity, to target population receiving public mental health services:

	White/Caucasian	Hispanic/Latino	Afr. Am/Black	Asian/Pac. Is.	Native American	Multi-Race/Other
Workforce	82%	8%	2%	1%	5%	2%
Consumers*	69%	8%	2%	1%	7%	12%

* Race/ethnicity is unknown for 45% of the 2,736 clients included in our Total Mental Health Population data because the information was not entered into the data system. Data entry procedures have since been improved, and more reliable race/ethnicity data will be available for future reports. For this Needs Assessment, the percentages calculated from the 1,486 clients with known race/ethnicity were extrapolated to the entire population.

The three primary races/ethnicities in Mendocino County are Caucasian, Hispanic, and Native American. It is expected that the majority of the 333 clients identified as “Multi-Race/Other” are also included within these three primary populations. It is also believed that the percentage of Hispanic clients is underrepresented by this data.

We are interested in increasing the racial/ethnic diversity of our public mental health workforce, primarily with Hispanic and Native American staff. Section E, below, shows that we are particularly deficient in Native American staff who are licensed. Qualified staff belonging to racial/ethnic minority groups are in high demand in all geographic areas and in many fields, and are thus difficult to recruit. It is therefore important for Mendocino County to “grow our own” by encouraging local people to enter and advance in fields related to public mental health.

C. Positions designated for individuals with consumer and/or family member experience:

All of the Consumer and Family Member Support Staff positions and one-third of the Other Unlicensed MH Direct Service Staff positions are designated for individuals with consumer or family member experience. Approximately 9% of the 393.55 FTE positions in the Public Mental Health System either designate consumer and/or family member experience in the job title or describe such experience as desirable or encouraged in the statement of qualifications.

D. Language proficiency:

In Mendocino County, the non-English language for which a significant number of clients and family members compel a reasonable accommodation is Spanish. According to the Workforce Needs Assessment, 5% of Direct Service Staff and 6% of Other Staff is proficient in Spanish. The need for Spanish-proficient staff would be met by doubling these numbers. Trainings coordinated through the WET Plan will include education for bilingual staff working with Spanish-speakers and will promote culturally competent service delivery. County workforce positions offer a pay differential for bilingual staff.

E. Other, miscellaneous:

The numbers of authorized FTE positions listed in Column 2 are actual numbers, not estimates. The numbers were gathered from two County agencies and 15 other contracted agencies or providers through in-person visits or phone interviews. Recruitment difficulties and numbers of additional FTE positions needed were also collected as part of this process.

An online survey sent to all County, contracted, and CBO staff in the Public Mental Health System generated data on staff race/ethnicity and second language proficiency. Following consultation with John Shea, race/ethnicity data was grouped according to licensure status. The resulting Licensed/Unlicensed percentages were applied to the workforce categories as follows:

	White/ Caucasian	Hispanic/ Latino	Afr. Am/ Black	Asian/ Pac. Is.	Native American	Multi- Race/Other
Licensed – Sections B & D	85%	9%	0%	3%	3%	0%
Unlicensed – Sections A & E	80%	6%	4%	0%	7%	3%

EXHIBIT 4: WORK DETAIL

Please provide a brief narrative of each proposed *Action*. Include a Title, short description, objectives on an annualized basis, a budget justification, and an amount budgeted for each of the fiscal years included in this Three-Year Plan. The amount budgeted is to include only those funds that are included as part of the County's Planning Estimate for the Workforce Education and Training component. The following is provided as a format to enable a description of proposed Action(s):

WORKFORCE STAFFING SUPPORT

Action #1 – Title: Workforce Education and Training (WET) Coordination and Support

Description:

Funds from this action will provide one 0.50 FTE WET Coordinator position (Program Administrator) and one 1.0 FTE WET Clerical Support position (Office Assistant III) to coordinate the planning and development of the WET component, including implementation of Actions in the WET Plan, reporting requirements, and evaluation of impact of workforce Actions on identified needs.

Objectives:

WET Coordinator

- Provide ongoing development and operation of workforce programs
- Promote the integration of wellness, recovery, and resiliency concepts throughout the mental health delivery system at all levels of service
- Develop cultural competence of staff throughout the mental health system
- Increase capacity and capability for the provision of clinical supervision (mentoring, coaching, etc.)
- Improve coordination of training efforts throughout the mental health system
- Coordinate continuing education and ongoing training opportunities for workforce to ensure professional skills
- Partner with community college staff on workforce development opportunities
- Provide outreach to high school and community college students regarding available mental health careers, educational requirements and resources, and 4-year university transfer requirements
- Ensure that consumers, family members, and underserved and underrepresented populations are included as both trainers and participants
- Incorporate consumer and family member viewpoints and experiences in all training and educational programs
- Design training interventions to meet the needs of a multidisciplinary workforce
- Coordinate and disseminate information on federal, state, and local loan forgiveness programs
- Enhance collaboration with community-based organizations (CBOs)
- Integrate WET Plan with other MHSA components
- Collaborate with Human Resources staff to recruit and support consumers and family members as employees
- Oversee all activities of Workforce Development program (WET Action #2) and Scholarship program (WET Action #3)
- Participate in statewide trainings as required or recommended in relation to carrying out WET activities

WET Clerical Support

- Develop agendas and take minutes for WET Workgroup meetings
- Manage and interface with the e-Learning module of Trilogy
- Serve as a liaison to Consolidated Tribal Health, Nuestra Casa, Round Valley, and other community partners to facilitate their use of e -Learning tools
- Ensure that e-Learning trainings include trainings available in Spanish and trainings to enhance cultural competence
- Assist with maintenance of the Mental Health website, especially the MHSA and Mental Health Board topic areas
- Assist with required WET reporting and annual renewals
- Provide support to Workforce Development program (WET Action #2) and Scholarship program (WET Action #3), such as:
 - Publicize availability of programs
 - Maintain a library of training materials
 - Schedule and coordinate with trainers and speakers
 - Coordinate all aspects of hosting trainings, including site reservations, food and coffee, copying training materials, etc.
 - Organize scholarship applications and coordinate selection process

Budget justification:

0.50 FTE WET Coordinator position: Annual salary \$ 28,735, Benefits \$ 14,997, and \$ 9,621 Indirect = \$ 53,353/year.

1.00 FTE WET Clerical Support position: Annual salary \$ 35,901, Benefits \$ 17,950, and \$ 11,847 Indirect = \$ 65,698/year.

Total cost per year: \$119,051.00

Planning funds (approved prior to plan approval) –

Planning 2007-08 \$33,800.00

Three-year plan –

Year 1 – 2009-10 \$ 85,251.00 (+ \$33,800 County match = \$119,051 total)

Year 2 – 2010-11 \$119,051.00

Year 3 – 2011-12 \$119,051.00

Three-year total: \$323,353.00

Grand Total: \$357,153.00

Budgeted Amount:	FY 2006-07: <u> N/A </u>	FY 2007-08: <u> \$33,800 </u>	FY 2008-09: <u> N/A </u>
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TRAINING AND TECHNICAL ASSISTANCE

Action #2 – Title: Workforce Development and Collaborative Partnership Training

Description:

Funds from this action will provide consultant and training resources to improve the capacity of Mendocino County public mental health staff, consumer and family member partners, and partner agencies to better deliver services consistent with the fundamental principles of the Mental Health Services Act. These include expanding our capacity to provide services that support wellness, recovery and resilience; that are culturally and linguistically competent; that are client-driven and family-driven; that provide an integrated service experience for clients and their family members; and that are delivered in a collaborative process with our partners. This action was prompted by our identified need to “grow our own” qualified and diverse staff with the capacity to respond to the community’s service needs.

Objectives:

- Provide education and training for all individuals who provide or support services in the Public Mental Health System.
- Develop and implement a system of cross-training for Mendocino County Mental Health staff, partner agencies, stakeholders, consumers, and family members on topics including:
 - 1. Consumer/Family Member-Driven Services**
 - Development of peer support programs
 - Accessing training resources through eLearning website
 - 2. Cultural Competency and Sensitivity**
 - Cross-cultural communication (incl. self-awareness)
 - Issues related to all special populations (e.g. LGBT, rural poor, older adults, TAY, racial/ethnic minorities)
 - Spirituality Initiative
 - 3. Community Partnerships and Collaborations**
 - First responder training (e.g. Crisis Intervention Team)
 - Forensic services and collaboration with criminal justice
 - Suicide prevention/risk identification
 - Tarasoff, confidentiality, and mandated reporting
 - Recognition of early onset mental health behavior in educational settings
 - 4. Wellness, Resiliency, and Recovery**
 - Tools for effective case management (e.g. Assertive Community Treatment, Person-in-Environment)
 - Pre-crisis recognition and intervention training
 - Harm reduction

5. Evidence-Based Practices

- Interviewing techniques (e.g. motivational interviewing)
 - Co-occurring disorders
 - Violence de-escalation training (e.g. Professional Assault Crisis Training)
 - Quality assurance support and technical assistance
- Utilize eLearning technology to make training resources available to a broad audience of professionals and community members on topics such as:
 - Recognizing symptoms of mental illness
 - What is mental health recovery?
 - What is case management?
 - Substance abuse and harm reduction
 - Continue to seek input from staff, community partners, consumers, and family members about annual priorities for staff training.

Budget justification:

Priority training topics for Year 1 include crisis response, case management, and co-occurring disorders. The pressing demand for these time-intensive trainings to be provided to large numbers of staff and partners lead us to anticipate higher training expenses in Year 1.

Annual budget:	Year 1 2009-10	Year 2 2010-11	Year 3 2011-12
Trainer expense (incl. travel & lodging)	\$1,947	\$1,200	\$1,200
Training materials	\$300	\$200	\$200
Office supplies	\$400	\$300	\$300
Facilities rental	\$1,000	600	600
Purchase of curriculum	\$200	\$200	\$200
Cost per year	\$3,847	\$2,500	\$2,500

Three-year plan total: \$8,847.00

Budgeted Amount:	FY 2006-07: <u> N/A </u>	FY 2007-08: <u> N/A </u>	FY 2008-09: <u> N/A </u>
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FINANCIAL INCENTIVE PROGRAMS

Action #3 – Title: Scholarships and Loan Assistance in Support of Education Related to Public Mental Health Services

Description:

Funds from this action will provide scholarships and loan assistance to those willing to make a commitment to work with the public mental health system. Funded coursework must be applicable to a certificate or degree related to the mental health field (e.g. human services, counseling, social work, psychology, etc.) Students receiving scholarships or loan assistance will commit to seeking work with the County Health and Human Service Agency, Consolidated Tribal Health Project, Inc., Round Valley Indian Health Center, Nuestra Casa or with a nonprofit contracted with the County to provide mental health consumer services. Internships required for the degree will be accomplished in one of the settings mentioned above. Anyone from Mendocino County may apply for assistance, with priority given to consumers and family members, persons of Latino or Native American descent, and current employees of the public mental health system. The WET Coordinator and Clerical Support will manage the scholarship/loan assistance program, with oversight provided by a Scholarship Committee that includes representatives from each of the three priority populations listed above. Scholarships may be renewed annually until graduation upon committee approval. This action was prompted by our identified need to encourage local people to enter and advance in fields related to public mental health.

Objectives:

- Expand the public mental health system in a manner that supports cultural competency, the involvement of consumers and family members, and the promotion of staff from within the system.
- Establish a scholarship program including procedures for application, selection, payment, follow-up, and tracking the fulfillment of student obligations.
- Provide outreach and publicity about scholarship availability
- Convene a Scholarship Committee and facilitate regular meetings
- Provide financial assistance to at least 5 students annually

Budget justification:

A total of \$28,000 will be available each year (2009-10, 2010-11, and 2011-12; **total \$84,000**) to assist students with tuition, travel costs, books and other educational materials as needed. Students in community college 2-year or certificate programs will be eligible for awards of up to \$3,000 per year. Students in Bachelor's or Master's level programs will be eligible for up to \$7,500 per year. The Scholarship Committee will determine amounts of individual awards depending on the type of degree being sought, the cost of tuition at the school attended, the amount being requested by the student. The program will support as many students as the funding permits, with a minimum of 5 students receiving assistance annually.

Budgeted Amount:	FY 2006-07: <u> N/A </u>	FY 2007-08: <u> N/A </u>	FY 2008-09: <u> N/A </u>
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EXHIBIT 5: ACTION MATRIX

Please list the titles of *ACTIONS* described in Exhibit 4, and check the appropriate boxes that apply.

Actions (as numbered in Exhibit 4, above)	Promotes wellness, recovery, and resilience	Promotes culturally competent service delivery	Promotes meaningful inclusion of clients/family members	Promotes an integrated service experience for clients and their family members	Promotes community collaboration	Staff support (infrastructure for workforce development)	Resolves occupational shortages	Expands postsecondary education capacity	Loan forgiveness, scholarships, and stipends	Regional partnerships	Distance learning	Career pathway programs	Employment of clients and family members within MH system
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Action # 1 : WET Coordination and Support	X	X	X	X	X	X				X			X
Action # 2 : Workforce Development	X	X	X	X	X	X	X	X		X	X	X	X
Action # 3 : Scholarship Program	X	X	X	X	X		X	X	X	X	X	X	X

EXHIBIT 6: BUDGET SUMMARY

Fiscal Year: 2006-07			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:			0
B. Training and Technical Assistance			0
C. Mental Health Career Pathway Programs			0
D. Residency, Internship Programs			0
E. Financial Incentive Programs			0
GRAND TOTAL FUNDS REQUESTED for FY 2006-07			0

Fiscal Year: 2007-08			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:	\$ 33,800		\$ 33,800
B. Training and Technical Assistance			0
C. Mental Health Career Pathway Programs			0
D. Residency, Internship Programs			0
E. Financial Incentive Programs			0
GRAND TOTAL FUNDS REQUESTED for FY 2007-08			\$33,800

Fiscal Year: 2008-09			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:			0
B. Training and Technical Assistance			0
C. Mental Health Career Pathway Programs			0
D. Residency, Internship Programs			0
E. Financial Incentive Programs			0
GRAND TOTAL FUNDS REQUESTED for FY 2008-09			0