Solano County Health & Social Services



Mental Health Services Act Workforce Education and Training Plan

November 7, 2008

PART IV: REQUIRED EXHIBITS

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: Solano County Date: November 7, 2008

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 consumer and family member experience that are capable of providing consumer- 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.

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> EXHIBIT 2: STAKEHOLDER PROCESS

Solano County initiated its planning process for MHSA Workforce Education and Training (WET) building on stakeholder input obtained during initial community planning for CSS funds in 2005. More than 1500 stakeholders participated in the CSS community planning process that included a variety of community-outreach methods. Throughout 2006, as we implemented our CSS plan, feedback from our stakeholder partners has informed the planning process for Workforce Development. As part of cultural competence planning and other organizational assessments, surveys of training needs were conducted in 2007. These training needs survey data were used this year during formal planning for Workforce Development.

The Prevention and Early Intervention (PEI) Community Planning Process (September 2007 through May 2008) added in-depth stakeholder participation to the development of the WET Plan. Community forums were convened in all seven Solano County cities, and discussions and focus groups were held with specific communities including the Filipino Community and Older Adults. Four stakeholder workgroups (Early Childhood/Stressed Families, School-Aged, Transition-Aged Youth (TAY)/First Break and Older Adult) conducted in-depth research on the PEI needs of their target age groups, and developed proposals which included several activities related to significant education and training issues. PEI plan proposals included family and provider education to recognize mental health issues among young children and older adults; training for community providers to use screening tools for early childhood mental health and to help older adults navigate the mental health system; education for family members of TAY who have experienced or are at risk of a first break; educational and job support for TAY in community college; and training for school personnel to offer specialized short-term mental health support for students in grades 4-8. All of these proposals would be significantly enhanced and expanded with additional support from WET.

To ensure community input on specific Workforce Education and Training Needs, WET staff convened stakeholder meetings attended by Solano County Human Resources and Mental Health (management and staff, contractors and providers offering mental health services. Provider concerns related to education and training included:

- **Consumer and families:** job retraining; nutrition and exercise education and programs; life skills training for transition-aged youth; family understanding of Mobile Crisis services.
- Staff workforce and training needs: Spanish and Tagalog linguistic educational training; increased staff cultural diversity; training in motivational counseling, gang related issues and substance abuse, and supervision of a peer counselors.
- Recruitment and retention recommendations: in-house internships; tuition assistance programs; increased outreach to minority communities; signon bonuses; flexibility in qualifications, including bi-lingual testing; greater use of extra-help; loan forgiveness.

Health and Social Services Mental Health's employees supported:

- Staffing: Hiring a full-time Education and Training supervisor to organize training opportunities throughout the Division.
- Consumer and Family Employment: Preparing consumer employees and parent partners for employment, to facilitate consumer and family support groups, to provide job support to consumers and increased job opportunities at different levels throughout the Division.
- **Targeted Training**: Offering evidenced-based training specific to cultural, gender, economic and spiritual issues; using a train-the trainer model to efficiently train staff, contractors and consumers.
- Recruitment: Additional recruitment efforts for hard-to-fill positions, emphasizing job coaching, wellness planning, community-based services and supports

Finally a survey to rank potential WET plan activities was distributed to 38 HHS Mental Health employees, 31 Mental Health Consumers, especially those participating in college and workforce peer specialist programs, and 24 family members. The table below shows how each of five broadly-defined WET activities was ranked by each group of respondents. Activities ranked one had highest priority and five lowest priorities)

WET Activity	Consumer Priority	Family Member Priority	Employee Priority
Consumer & Family Member Training and Support: Program to create a mental health career pathway for individuals (including family members) with experience as recipients of mental health services; identify and train consumer employees	#1	#1	#3
Development of staff clinical competence: including evidence-based trainings specific to cultural, gender, economic and spiritual issues and hire trainers to facilitate; specialized supervisory trainings; train-the-trainer opportunities	#4	#2	#2
Expanded internship and supervision program: Funds for internships, consultations, intern supervision training; funds for undergrad/graduate level students as well as consumer-employees; possible paid internships for interns	#3	#3	#1

Spanish and Tagalog language learning: both computer-based home and office learning as well as classroom study for county and contract employees	#5	#5	#5
Stipends/scholarships to higher education: for county and contracted employees, targeted financial incentives to increase workforce diversity. Support stakeholder meetings and ongoing collaboration with educational entities	#2	#4	#4

Consumers and family members ranked training and support for mental health consumers and their families highest, while employees ranked expanded internships as their top priority. Development of clinical competence was very important to employees and family members but significantly less important to consumers. Among all groups, Spanish language training received the lowest priority.

Throughout the stake holder process we have engaged over 200 stakeholders including HSS staff, the HSS Cultural Diversity Committee, the Consumer and Family Advisory Committee, community based organization staff, consumers, family members, diverse community groups, educational partners, and other community partners. Stakeholders will be invited to provide feedback on the WET Plan during the 30 day public review period.

The final stage of our stakeholder process will be an in-depth review and discussion of this plan. A complete draft of this Workforce Education and Training Plan including all exhibits will be posted for public review and comment beginning November 7, 2008. An electronic copy will be posted on the County's website. Paper copies will be sent to five Solano County Public Library resource desks, electronic notification will be sent to all HSS Mental Health service sites with a link announcing the posting of the Plan. MHSA Stakeholder Steering Committee members will be sent notices informing them of the start of the 30-day review. The general public will be notified by public notice posted in five newspapers throughout Solano County. The notice will include reference to and a phone number for requesting a copy of the Plan. For ease of public review and comment, the last page of the Request for Funding will be a feedback form in English and Spanish. Public review and comment will be obtained during a public hearing at the Mental Health Board meeting on November 18, 2008.

Solano County Health and Social Services, 275 Beck Ave., Fairfield, CA 707-784-8320 (phone) 707-421-6619 (fax) **EXHIBIT 3A: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 1

i. By Occupational Category - page i			1 # FTF	Decal	Albaioite of	CTCs sures	nthe in the ···-	wleferes O	al (11)	
	Esti-	Position	# FTE	Race/e	etnnicity of	F I ES CURRE	ntly in the wo	rktorce C	01. (11)	T # CTC
	mated	hard to	estimated to meet need in			African-				# FTE filled
	# FTE	fill?	addition to #	White/	His-	Ameri-	Asian/	Native	Multi	(5)+(6)+
	author-	1=Yes;	FTE	Cau-	panic/	can/	Pacific	Ameri-	Race or	(7)+(8)+
Major Group and Positions	ized	0=No	authorized	casian	Latino	Black	Islander	can	Other	(9)+(10)
(1)	(2)	(3)	(4)*	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Unlicensed Mental Health Direct Service Sta										
County (employees, independent contractors, volu										
Mental Health Rehabilitation Specialist	36.1	0	0.6							
Case Manager/Service Coordinator	0.0	0	0.6							
Employment Services Staff	0.0	0	0.3							
Housing Services Staff	0.0	0	0.2							
Consumer Support Staff	8.0	1	0.3		(Liconson	d Montal L	ealth Direct S	'arriaa Staff	f. Cub Totala	Only
Family Member Support Staff	0.0	0	0.3		(LICEI 1961	u Mentai ne	+	ervice Stair	I, Sub-Tulais	Offiy)
Benefits/Eligibility Specialist	2.0	0	0.2							
Other Unlicensed MH Direct Service Staff	0.0	0	0.4							
Sub-total, A (County)	46.1	N/A	2.9	12.1	4.5	11.0	2.0	0	11.3	40.9
All Other (CBOs, CBO sub-contractors, network providers	and volunte	ers):								
Mental Health Rehabilitation Specialist	15.0	1	4.0							
Case Manager/Service Coordinator	29.0	1	3.0							
Employment Services Staff	3.5	0	2.5							
Housing Services Staff	4.0	0	1.5							
Consumer Support Staff	4.0	0	1.0				I Health Dire	ct Service S	Staff; Sub-Tot	als
Family Member Support Staff	21.5	0	0.0		and I	otal Only)				
Benefits/Eligibility Specialist	1.0	0	1.0					+		
Other Unlicensed MH Direct Service Staff	42.0	0	1.0							
Sub-total, A (All Other)	120.0]	14.0	49.0	22.5	26.0	19.0	.5	1.0	118.0
Total, A (County & All Other):	166.1]	16.1	61.1	27.0	37.0	21.0	0.5	12.3	158.9

^{*}Solano County Amount of Extra Help Utilized

I. By Occupational Category - page 2

1. By Occupational Category - page 2			# FTE	R	ace/ethnicity	of FTEs curre	ently in the wo	orkforce Co	l. (11)	
	Esti-	Position	estimated to							# FTE
	mated	hard to	meet need in			African-				filled
	# FTE	fill?	addition to #	White/	His-	Ameri-	Asian/	Native	Multi	(5)+(6)+
	author-	1=Yes;	FTE	Cau-	panic/	can/	Pacific	Ameri-	Race or	(7)+(8)+
Major Group and Positions	ized	0=No	authorized	casian	Latino	Black	Islander	can	Other	(9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
B. Licensed Mental Health Staff (direct service):										
County (employees, independent contractors, voluntee										
Psychiatrist, general	9.9	1	0.2							
Psychiatrist, child/adolescent	0.5	1	0.4							
Psychiatrist, geriatric	0.0	1	0.1							
Psychiatric or Family Nurse Practitioner	0.0	0	0.1							
Clinical Nurse Specialist	0.0	1	0.2							
Licensed Psychiatric Technician	0.0	0	0.1							
Licensed Clinical Psychologist	1.0	0	0.4							
Psychologist, registered intern (or waivered)	0.0	0	0.2							
Licensed Clinical Social Worker (LCSW)	15.4	0	0.7							
MSW, registered intern (or waivered)	3.1	0	0.4							
Marriage and Family Therapist (MFT)	30.0	0	0.8	l		5		o		
MFT registered intern (or waivered)	35.0	Û	0.4	(<i>L</i>	icensed Ment	al Health D	irect Service	e Staff; Sub-	l otals Only)	
Other Licensed MH Staff (direct service)	.0.0	1	0.2				+			
Sub-total, B (County)	94.9]	4.2	42.1	5.0	6.0	2.5	0.0	33.5	89.1
All Other (CBOs, CBO sub-contractors, network providers and	l volunteers) <i>:</i>								
Psychiatrist, general	1.0	1	0.0							
Psychiatrist, child/adolescent	10	1	0.0							
Psychiatrist, geriatric	0.0	'n	0.0							
Psychiatric or Family Nurse Practitioner	1.5	1	0.0							
Clinical Nurse Specialist	0.0	,	0.0	1						
Licensed Psychiatric Technician	9.5	1	3.5	1						
Licensed Clinical Psychologist	4.0	1	0.0	1						
Psychologist, registered intern (or waivered)	1.0	0	0.0							
Licensed Clinical Social Worker (LCSW)	8.5	1	1.0							
MSW, registered intern (or waivered)	20.0	1	1.0	1						
Marriage and Family Therapist (MFT)	91	1	4	1						
MFT registered intern (or waivered)	16.8	'n	11	(License	d Mental Hea	Ith Direct S	ervice Staff:	Sub-Totals	and Total On	ly)
Other Licensed MH Staff (direct service)	1.0	0	0.0				+ ′			• • • • • • • • • • • • • • • • • • • •
Sub-total, B (All Other)	73.4]	7.0	49.6	4.0	8.4	8.1	0.0	3.2	73.3
Total, B (County & All Other):		ĺ	12.3	91.7	9.0	14.4	10.6	0.0	36.7	162.4
Total, D (County & All Other).	100.3	J	<u> </u>	<u> </u>	J 9.U	1 14.4	1 10.0	1 0.0	<u> </u>	102.4

> EXHIBIT 3A: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 3										
	F (# FTE	Race	ethnicity o	f FTEs curre	ntly in the wo	rkforce C	ol. (11)	
	Esti-	Position	estimated to			A fui a a u				# FTE
	mated	hard to	meet need in		Liia	African-	l		Multi	filled
	# FTE author-	fill?	addition to #	White/ Cau-	His-	Ameri-	Asian/	Native Ameri-	Race	(5)+(6)+
Maior Crown and Donitions		1=Yes; 0=No	FTE		panic/	can/	Pacific	_	or	(7)+(8)+
Major Group and Positions	ized		authorized	casian	Latino	Black (7)	Islander (8)	(9)	Other (10)	(9)+(10) (11)
(1)	(2)	(3)	(4)	(5)	(6)	(1)	(0)	(9)	(10)	(11)
C. Other Health Care Staff (direct service): County (employees, independent contractors, volunteers):				l						
Physician	0.0	1	0.0							
Registered Nurse	12.5	1	0.2							
Licensed Vocational Nurse	0.0	1	0.0							
Physician Assistant	0.0	1	0.1							
Occupational Therapist	0.0	1	0.2			0 0 "	D: 40 :	0.1.7.1		
Other Therapist (e.g., physical, recreation, art, dance)	0.0	0	0.1	(0	ther Health	Care Staff,	Direct Service	e; Sub-Total	is and Tota	I Only)
Other Health Care Staff (direct service, to include traditional cultural healers)	0.0	0	0.1							
Sub-total, C (County)	12.5]	0.7	5.0	1.0	2.0	0.0	0.0	3.5	11.5
All Other (CBOs, CBO sub-contractors, network providers	and voluntee	rs):								
Physician	1.8	1	0.5							
Registered Nurse	0.5	1	0.0							
Licensed Vocational Nurse	1.0	1	0.0							
Physician Assistant	0.0	0	0.0							
Occupational Therapist	0.0	0	0.0							
Other Therapist (e.g., physical, recreation, art, dance)	2.0	0	1.0							
Other Health Care Staff (direct service, to include traditional cultural healers)	1.2	0	0.5	(Oth	er Health C	are Staff, Di	rect Service;	Sub-Totals	and Total C	nly)
Sub-total, C (All Other)	6.5] [2.0	5.0	0.0	0.0	1.5	0.0	0.0	6.5
Total, C (County & All Other):		ĺ	2.0	10.0	1.0	2.0	1.5	0.0	3.5	18.0

Solano County Health and Social Services, 275 Beck Ave., Fairfield, CA 707-784-8320 (phone) 707-421-6619 (fax)

EXHIBIT 3A: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 4

1. By Occupational Category - page 4			# FTE		Race/ethnic	ity of FTEs cu	rrently in the v	vorkforce (Col. (11)	
Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1 = Yes; 0 = No	estimated to meet need in addition to # FTE authorized	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)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)
D. Managerial and Supervisory:	()	(5)	()	(-)	(-)	()	(0)	()	(- /	(/
County (employees, independent contractors, volu-	nteers):									
CEO or manager above direct supervisor	9.0	0	0.0						_	
Supervising psychiatrist (or other physician)	0.0	1	0.1		(Manag	erial and Sup	ervisory; Sub	-Totals Only	/)	
Licensed supervising clinician	17.8	0	0.2							
Other managers and supervisors	5.0	0	0.1							
Sub-total, D (County)	31.8	0	0.4	18.0	1.0	2.0	0.0	0.0	10.0	31.0
All Other (CBOs, CBO sub-contractors, network providers	and voluntee	ers):								
CEO or manager above direct supervisor	8.2	0	0.2	Ī						
Supervising psychiatrist (or other physician)	1.0	1	0.3		(Manag	erial and Sup	ervisory; Sub	-Totals and	Total Only)	
Licensed supervising clinician	7.5	1	1.3			·	•		•,	
Other managers and supervisors	4.9	1	0.1							
Sub-total, D (All Other)	21.6]	1.9	19.4	1.0	1.0	0.0	0.0	0.0	21.4
Total, D (County & All Other):	53.4		1.9	37.4	2.0	3.0	0.0	0.0	10.0	52.4
E. Support Staff (non-direct service):										
County (employees, independent contractors, ve	olunteers):									
Analysts, tech support, quality assurance	9.5	1	0.2							
Education, training, research	0.4	0	0.1			/Cupr	ort Ctoff: Cul	. Totala On	LΛ	
Clerical, secretary, administrative assistants	0.0	1	1.0			(Supp	oort Staff; Sub	o-Totals On	iy)	
Other support staff (non-direct services)	34.5	1	0.0							
Sub-total, E (County)	44.4	0	1.3	18.4	3.0	10.0	0.5	0.0	9.5	41.4
All Other (CBOs, CBO sub-contractors, network providers	and voluntee	rs):								
Analysts, tech support, quality assurance	3.1	1	0.5	1						
Education, training, research	1.0	0	1.0			(O : -			10.11	
Clerical, secretary, administrative assistants	14.1	1	3.5	_		(Support S	taff; Sub-Tota	als and Tota	al Only)	
Other support staff (non-direct services)	16.5	1	1.0							
Sub-total, E (All Other)	34.7]	6.0	15.0	7.1	4.5	5.0	0.5	0.6	32.7
Total, E (County & All Other):	79.1]	6.0	33.4	10.1	14.5	5.5	0.5	10.1	74.10

> EXHIBIT 3A: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 5

GRAND TOTAL WORKFORCE

(A+B+C+D+E)

			# FTE	Ra	ce/ethnicity	of FTEs cur	rently in the v	workforce	Col. (11)	
Major Group and Positions	Esti- mated # FTE author- ized	Position hard to fill? 1=Yes; 0=No	estimated to meet need in addition to # FTE	White/ Cau-	Hispanic/	African- Ameri- can/	Asian/ Pacific	Native Ameri-	Multi Race or	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)
Wajor Group and Positions			authorized	casian	Latino	Black	Islander (8)	can	Other (10)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(0)	(9)	(10)	(11)
County (employees, independent contractors, volunteers) (A+B+C+D+E)	229.7		7.4	95.6	14.5	31.0	5.0	0.0	67.8	213.9
All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E)	288.0		30.9	156.0	35.6	41.9	33.6	1.0	14.8	282.9
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	517.7		38.3	251.6	50.1	72.9	38.6	1.0	82.6	496.8

F. TOTAL PUBLIC MENTAL HEALTH POPULATION			_							
		Race/ethnicity of individuals planned to be served Col. (11)								
				White/ Cau- casion	Hispanic/ Latino	African- Ameri- can/ Black	Asian/ Pacific Islander	Native Ameri- can	Multi Race or Other	All (5)+(6)+ (7)+(8)+ (9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
F. TOTAL PUBLIC MH POPULATION	Leave C	ol. 23 & 4	l blank	1,927	529	1,198	118	51	73	4,071

> EXHIBIT 3B: WORKFORCE NEEDS ASSESSMENT

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

	Estimated	Position hard to fill with	# additional consumer or family
	# FTE authorized and to be filled by	consumers or family members?	member FTEs estimated to
Major Group and Positions	consumers or family members	(1 =Yes; 0=No)	meet need
(1)	(2)	(3)	(4)
A. Unlicensed Mental Health Direct Service Staff:			
Consumer Support Staff	10.5	0	5.0
Family Member Support Staff	0.0	1	1.0
Other Unlicensed MH Direct Service Staff	3.0	0	2.5
Sub-Total, A:	13.5	1	8.5
B. Licensed Mental Health Staff (direct service)	1.0	1	0.0
C. Other Health Care Staff (direct service)	3.0	1	1.0
D. Managerial and Supervisory	2.0	1	0.0
E. Support Staff (non-direct services)	1.0	1	1.0
GRAND TOTAL (A+B+C+D+E)	20.5		10.5

> EXHIBIT 3C: ANALYSIS OF SOLANO COUNTY PMH WORKFORCE SURVEY

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):

			Additional number who no	eed to be		
Language, other than English	Number who are pro	oficient	proficient		TOTAL (2) + (3)	
(1)	(2)		(3)		(4)	
	Direct Service Staff	59.8	Direct Service Staff	15.7	Direct Service Staff	75.5
1. Spanish	Others	19.0	Others		Others	19.0
	Direct Service Staff	15.0	Direct Service Staff		Direct Service Staff	15.0
2. Tagalog	Others	3.0	Others		Others	3.0
	Direct Service Staff	1.0	Direct Service Staff		Direct Service Staff	1.0
3. American Sign Language	Others		Others		Others	0
	Direct Service Staff	1.0	Direct Service Staff		Direct Service Staff	1.0
4. Korean	Others		Others		Others	0
	Direct Service Staff	76.8	Direct Service Staff	15.7	Direct Service Staff	92.5
5. TOTAL, all other languages other English	Others	22.0	Others	0.0	Others	22.0

EXHIBIT 3D: SUMMARY OF ANALYSIS

- ➤ County positions Ninety-one percent (91%) of authorized County Mental Health's positions are currently filled. Extra/temporary help is sometimes used to help fill vacant positions. Significant underrepresentation of ethnic groups include: Asian/Pacific Islanders, Black/African-Americans and Hispanics among Licensed Clinical Social Workers, Licensed Supervising Clinicians, Marriage and Family Therapists and Psychiatrists; Hispanics among Mental Health Rehabilitation Specialists and Registered Nurses, and White/Caucasians among Mental Health Rehabilitation Specialists.
- Contract providers. Mental Health Rehabilitation Specialist, Case Manager/Service Coordinator, Child Psychiatrist, Licensed Psychiatric Technician, Licensed Clinical Psychologist, Licensed Clinical Social Worker, Masters of Social Work, Marriage and Family Therapist, all managerial and supervisory positions, and all support staff positions, excluding education/training/research category were identified as hard-to-fill positions. Family Member Support Staff, Other Unlicensed Mental Health Direct Service Staff, and Managerial and Supervisory positions were specifically identified as hard to fill with consumers or family members. Under-representation of ethnic groups: included Asian/Pacific Islanders, Black/African-Americans and Hispanics among Licensed Supervising Clinicians and other managers/supervisors, Licensed, Clinical Social Workers, Marriage and Family Therapists; Asian/Pacific Islanders and Black/African Americans among Family Member Support Staff; Hispanics among Case Managers/Service Coordinators and Marriage and Family Therapists Interns, and Black/African Americans among Master in Social Workers.
- Language proficiency. Among the combined County's and CBO/contracted workforce, the analysis indicated that 13 additional Spanish-speaking positions were needed among direct service staff, representing a 31% increase. There is also a growing need for staff proficient in various Asian/Pacific languages. Under-representation of ethnic groups was found among direct service positions for Alaska Native/Native Americans, Asian/Pacific Islanders, Black/African Americans and Hispanics. Among Managerial and Supervisory positions, under-representation was found among Alaska Native/Native Americans, Black/African Americans and Hispanics. Among other direct health care staff, Black/African American and Hispanics were under-represented.
- > Shortages by occupational category: Occupational shortages in the combined workforce include:
 - General, Child/Adolescent, and Geriatric Psychiatry
 - Clinical Psychologists
 - Registered Nurses, particularly with specialized behavioral medicine experience
 - Case Managers/Service Coordinators
 - Licensed Psychiatric Technicians
 - Information Technology professionals
 - Experienced Billing and Coding specialists
 - Financial/Accounting specialists with public mental health experience

PERCENTAGE OF CONSUMERS, STAFF AND TARGET POPULATIONS

Ethnicity	% Consumers	% Staff	% Target Pop
African American	31%	15%	26%
Asian/Pacific Islander	3%	8%	12%
Caucasian	50%	50%	24%
Latino	13%	10%	31%
Multi Race/Other	2%	17%	7%

African American staff is under-represented by -16% of current consumers and by -14% of the target population.

Asian/Pacific Islander staff is over-represented by +5% of current consumers and under-represented by -4% of the target population.

Caucasian staff and current consumers are evenly matched at 50% and over-represented by +26% compared to the target population of Caucasians.

Latinos are over-represented by +3% compared to consumers currently served and under-represented by -21% compared to the target population of Latinos.

Regarding multi races/other race, the County's Human Resources' database (PeopleSoft) has broad ethnic/racial categories that lends to employees feeling like this category best describes them gives employees more options. Going forward changes are already underway that will allow for narrowing of this category in order to better ascertain needs and delivery of services.

Please note: Employees' numbers in this exhibit are drawn from a point in time survey conducted in 2005-06. Therefore, they are generally reflective of vacancies throughout the system, and not an exact count of the current timeframe.

> EXHIBIT 4: WORK DETAIL

A. Workforce Staffing Support

Action #1 - Title: Workforce Staffing and Support

Description:

In collaboration with various stakeholders, including public Mental Health staff (both County and Contractors), consumers, and family members, Solano County has created a Workforce, Education and Training Plan. The County will hire Workforce, Education, and Training (WET) staff to implement and coordinate the Plan. The WET staff will ensure that the five fundamental elements of the MHSA (consumer and family driven, community collaboration, recovery/resiliency strength-based services, integrated services, and culturally competency) are embedded within all training elements.

- 1. A WET Coordinator will be hired at the County's employment classification of Mental Health Services Coordinator.
- 2. A Human Resources (HR) Analyst will be hired at the County's employment classification of HR Analyst.
- 3. An Office Assistant (OA) will be hired at the County's employment classification of OAII.

Overview of Tasks and Activities:

- Implement the workforce education and training objectives outlined in this plan.
- Chair the Mental Health (MH) Training Committee. The MH Training Committee will:
 - Assess the educational and training needs of Mental Health's County and contractual staff;
 - Make recommendations to the Mental Health Director regarding County Mental Health's staff training requests;
 - Oversee the County's and contractual staff training database;
 - Ensure staff trainings are evidence-based, culturally sensitive, and consumer/family member focused;
 - Will maintain racial/ethnic and job class diversity from staff as well as representation from contract providers and consumers/family members.
- Ensure equitable training opportunities are provided to staff throughout the mental health system.
- Participation at both the state and regional level to maximize statewide collaboration and training opportunities.
- Expand opportunities, resources and fiscal support for workforce development, i.e. Identify and obtain workforce resources, such as federal, grant and foundation funding especially related to hard to fill positions in Federally designated underserved parts of the County, and non-monetary and match funding opportunities with local labor, education and vocational rehabilitation entities
- Liaison with stakeholders
- Provide annually updated analysis of workforce needs assessment.
- Develop concrete goals and objectives for Solano County regarding opportunities and equal access to the public mental health workforce for underrepresented racial/ethnic, cultural and/or linguistic groups.
- Complete a training needs assessment within the County's Public Mental Health system, and of consumers and family members who may provide service or become staff within this system.

- Coordinate training events for the public mental health system.
- Execute and monitor contracts with entities providing workforce education and training programs and services.
- Participate with regional and state educational and training efforts to ensure optimal coordination.
- Work with local colleges and universities to develop undergraduate and graduate internship programs.
- Recruit interns, focusing particularly on students who are bi-lingual and from underserved communities.

Objectives:

- 1. Provide annually updated analysis of workforce needs assessment.
- 2. Develop concrete goals and objectives for Solano County regarding opportunities and equal access to the public mental health workforce for underrepresented racial/ethnic, cultural and/or linguistic groups.
- 3. Complete a training needs assessment within the County's public mental health system, and of consumers and family members who may provide service or become staff within this system.
- 4. Coordinate training events for the public mental health system.
- 5. Execute and monitor contracts with entities providing workforce education and training programs and services.
- 6. Participation will involve regional and state educational and training efforts to ensure optimal coordination. Expansion will occur, of opportunities, resources and fiscal support for workforce development, i.e. identify and obtain workforce resources, such as Federal grant and foundation funding and non-monetary and match funding opportunities with local labor, educational and vocational rehabilitation entities
- 7. Increase the number of volunteer, short-term and employment preparation positions for consumer and family members within the County's mental health system.
- 8. Increase the number of consumers and family members engaged in volunteering or employment activities within the mental health workforce.
- 9. Increase capacity to meet consumers' special needs.
- 10. Continually enhance development of staff to integrate advancements in the field (e.g., evidence-based practices, best practices, leadership and management practices, etc.).
- 11. Promote the integration of wellness, recovery and resiliency concepts throughout the mental health delivery system (all levels of service).
- 12. Develop cultural competence of staff throughout the mental health system.
- 13. Increase capacity and capability for the provision of clinical supervision (mentoring, coaching, etc.).
- 14. Improving the coordination and streamlining of training efforts throughout the mental health system.
- 15. Ensure that consumers, family members, and underserved and underrepresented communities are included as both trainers and participants.

- 16. Designing training interventions to meet the needs of a multidisciplinary workforce, including Mental Health, Substance Abuse, and Primary Care.
- 17. Designing trainings to cut across various "tiers" of the workforce, including licensed providers, unlicensed, health care, etc. providing consistent messages and skill development for all.
- 18. Enhance collaboration with community-based organizations (CBOs).
- 19. Work with local colleges and universities to develop undergraduate and graduate internship programs.
- 20. Recruit interns, focusing particularly on students who are bi-lingual and from underserved communities.

Measures of Success by June 2010:

- Staff hired
- Training Committee established
- Training needs assessment completed
- Ongoing Memorandum Of Understanding (MOU) between HR and HSS defining roles and responsibilities for specialized recruitments
- Methodology implemented for on-going refreshing of workforce needs assessment's data, and first assessment completed
- Two meetings of local partners convened and agreement on the ongoing schedule agreed upon
- Development of the family/consumer training course
- At least ten (10) additional consumers or family members are working as volunteers or employees in the Mental Health System
- At least one additional internship agreement with a college or university is in place, and at least 3 students doing internships within the County's mental health system

Budget justification:

- 1.0 FTE Mental Health Coordinator to oversee the Workforce Education and Training program \$103,017.00 (salary + benefits)
- 1.0 FTE Human Resources Analyst to develop a plan for outreach, recruitment and active participation by un-served/under-served communities and special populations that includes, \$102,746.00 (salary + benefits)
- 1.0 FTE Office Assistant II to provide support to the Workforce, Education and Training program \$53,363.00 (salary + benefits)

These positions are necessary to build a pipeline of education and training to help underrepresented populations to enter the behavioral health workforce and to advance within the system to licensed and managerial roles, as desired. Significant coordination is necessary to create and strengthen alliances with the K-16 educational systems and graduate schools to ensure that Solano County has an increasingly representative workforce and that consumers are better served through a culturally and linguistically competent staff.

In addition, the team will work together to coordinate training for Solano County's and CBOs' staff to improve cultural competence and incorporation of a recovery approach throughout the Solano system of services. This is not a small task and requires a Workforce, Education, and Training Coordinator, a Human Resources Analyst, and an Office Assistant.

Budgeted Amount:	FY 2006-07:	FY 2007-08: \$144,700	FY 2008-09: \$259,126

B. Training and Technical Assistance

Action #2 – Improve Mental Health Workforce Clinical and Administrative Competence

Description:

This action reflects a high priority for additional clinical and administrative training identified by public and private providers, as well as family members, in the WET needs assessment. To identify specific training needs, an in-depth training needs assessment of the County's and contractual providers, consumers and family members will be developed and conducted with the oversight of the WET Committee. The Training Committee will include representation from the County's Mental Health staff, contractual providers, consumers, family members and community partners. All training will be made available to the Mental Health Division's staff, contractual providers, consumers/family members and community partners. Each training course will incorporate the consumer/family member voice to expand beyond the clinical perspective of the trainee. In addition, each training course will incorporate specific cultural, gender-based, economic and spiritual issues in order to better serve the diverse minority population of Solano County. Based on preliminary information gathered during the community planning process, we anticipate that training topics may include:

Wellness and Recovery Principles and Practice

Clinical Training

- 1. Clinical Supervision
- 2. Assessing/treating trauma
- 3. Assessing/treating co-occurring disorders
- 4. Therapeutic value of supportive housing; supportive education and employment; self-help and peer support
- 5. Spirituality

Administrative Training

- 1. Continuous quality improvement for MHSA transformational activities
- 2. Performance and outcome evaluations
- 3. Data collection and analysis for program planning and policy development
- 4. Financial planning and execution
- 5. Obtaining Federal Match for wellness recovery activities

Objectives:

- 1. Develop and complete a training needs assessment for the Mental Health's Division staff, contract providers, consumers and family members and community partners.
- 2. Identify evidenced-based models for each prioritize topic area, and select trainers.
- 3. Conduct training sessions which include the Mental Health Division's staff, contractual providers, consumers and family members and community partners
- 4. Develop and maintain a resource library compiled with information gathered from conferences attended by staff and deemed as "best evidence based practices" by the Mental Health Training Committee.

Measure of success by June 2010:

- · Needs assessment has been completed and prioritized.
- At least five new trainings have been offered and attended.
- Participants in each training session demonstrate increased knowledge and skills as measured by course evaluations and/or pre- and post- tests.
- Tools, instruments and/or techniques introduced at trainings are implemented, as measured by participants' feedback.

Budget Justification:

• Funds will be used to conduct needs assessments, and to contract with trainers to conduct at least guarterly trainings courses in 2008-09 and 2009-10

Budgeted Amount:	FY 2006-07:	FY 2007-08:	FY 2008-09 \$70,000

Action #3 - Develop Recruitment, Retention and Training Plans for Specific Underserved Populations

Description:

Throughout the stakeholder and workforce analysis process, the Filipino, Latino, and Lesbian Gay Bisexual Transgender (LGBT) populations were identified both as underserved and under-represented in the Solano County Mental Health workforce. Additional research and discussion are needed to:

- Further identify the distinct needs of each of these populations within the context of Solano County, and implement an outreach and engagement plan partially developed in Community and Supportive Services (CSS).
- Identify or develop curricula to train mental health staff, contractors, and consumer/family member volunteers and partners to address these needs.
- Develop a plan to increase recruitment and retention of staff from each of the communities.

Research and plan development will be assigned to sub-committees or task forces of the WET Committee representing each of the three populations; the research and plan development may be contracted to individuals with expertise in workforce issues for each population. Each plan is expected to be completed within nine months, and then presented and approved by the entire WET Committee. Expenditures will be approved by the WET Coordinator.

Objectives:

- 1. Develop and implement specific plans that meet the unique service needs of each of the three underserved groups.
- 2. Decrease the disparity of mental health services provided to the Filipino, Hispanic and LGBT populations in Solano County.
- 3. Increase recruitment and retention of these populations among the County's and contractual staff.

Measure of success by June 2010:

- Each of the three plans will be completed, and implementation of strategies will be underway.
- Service disparities will have decreased by at least 3% for the Filipino and Hispanic populations.
- A plan will be established to begin identifying/collecting the sexual orientation of consumers and employees who wish to disclose that information in order to begin obtaining disparity information on disparities specific to this group.
- Members of each of the three identified underserved populations, which receive mental health services will report satisfaction with services received.
- Recruitment and retention rates among the County and contractual staff of the three groups will be higher.

Budget Justification:

• Funds will be used to research and develop the three plans and any appropriate curricula, including the services of contractors as needed.

Budgeted Amount:	FY 2006-07:	FY 2007-08:	FY 2008-09: \$30,000 (\$10,000 per
			underserved group)

Action #4 - Expand Cultural Competence Training

Description:

Both the County's and contractual provider staff that participated in WET stakeholder meetings highlighted the need for increased and improved training in cultural competence. Today, persons of color comprise over 60% of the County's population. Population projections consistently have Solano County experiencing continued growth of persons of color. This phenomenon will cause an increase of the County's residents with cultural customs, beliefs and practices that are different than those of much of the staff within the mental health system. In order to provide culturally sensitive services and create a professional atmosphere that is welcoming to all residents it will be essential to offer innovative cultural competent trainings. To this end training strategies will be developed to transform the organization, improve staff and contractors' cultural competence, increase participation of ethnic and cultural communities, and change the ways services are provided. These strategies will also focus on embedding cultural competency into the implementation and ongoing operation of all components of the MHSA plan—CSS, PEI, WET, CAPIT—as well as the upcoming Three Year Integrated Plan.

Objectives:

- 1. Develop or purchase and adapt training curricula for staff and supervisors based on the organizational assessment.
- 2. Provide trainings specifically focused on the diverse needs of populations not addressed in Action # 3.
- 3. Provide trainings for staff to improve skills when using interpreters to communicate with consumers/family members.
- 4. Provide trainings to staff in other divisions within Health & Social Services that also serve mental health consumers and family members.
- 5. Provide trainings to Dover Middle School staff. Dover has one of the most diverse student bodies of schools within the county but a mostly homogeneous staff.

Measures of Success by June 2010:

• Training participants will demonstrate increased knowledge and skills related to cultural competency, as measured by pre- and post- tests.

Budget justification:

Funds will be used to develop or purchase appropriate curricula, including contractors' services as needed.

Budgeted Amount:	FY 2006-07:	FY 2007-08:	FY 2008-09: \$50,000

Action #5 – ESL, Spanish and Tagalog Linguistic Development

Description:

In addition to cultural competency training, there is a significant need, as demonstrated in the workforce's linguistic analysis, for public and private mental health staff who can speak and provide services in their consumers' languages. Solano County has experienced a consistent increase of residents speaking Spanish and Tagalog, currently an estimated 21% and 2% respectively. Both populations are underserved throughout the County's mental health system. To reduce service disparities, language barriers must be bridged, either through recruitment and retention of more bilingual staff or development of Spanish and Tagalog linguistic skills. To date, the County Mental Health and contractual providers have been unable to recruit an adequate number of bilingual staff. In addition the renewed recruitment efforts, the County and providers participating in the WET needs assessment recommended Spanish and Tagalog linguistic training for staff.

Monolingual Spanish-speaking consumers in the Dixon Neighborhood of Dreams Full Service Partnership and a recent External Quality Review Organization (EQRO) audit, on the other hand, have pointed out the need for mental health consumers to improve their English linguistic skills. Speaking English will enable consumers to more effectively interact with a great number of people and advocate for their needs with County's and contractual staff, as they move into recovery.

For both staff and consumers, linguistically and culturally competent mental health services are necessary to provide an integrated services experience promoting wellness, recovery and resiliency. Effective communication also provides the basis for collaboration with the Spanish and Tagalog speaking communities. Solano County would like to develop an integrated linguistic skills developmental program to increase the capacity of the mental health system; establish and provide English as a second language (ESL) and other appropriate linguistic training to existing staff either in person or through distance learning opportunities; linguistic matching between staff and consumers – Spanish, Tagalog, ESL; and to meet the linguistic and cultural needs of consumers and families. Interpreter training would also be included in the linguistic development program.

Objectives:

- 1. Offer Spanish/Tagalog speaking linguistic classes to the County's Mental Health staff, contractual providers, consumers/family members, interns and volunteers.
- 2. Offer English language classes to consumers/family members as well as interested County's or contractual staff.
- 3. Offer individual computer or audio based linguistic training aides for Mental Health staff, providers, consumers and family members.
- 4. Adopt a linguistic skill developmental curriculum and evaluate tool for training.
- 5. Support and ESL program for health professionals that assists in their passing local and State certification and/or licensing requirements.
- 6. Ensure that cultural information accompanies Spanish, Tagalog and English speaking lessons.
- 7. Select and contract with an agency or instructor to provide the classes and individualized instructional support.

Measure of success by June 2010:

- At least 100 Mental Health's staff, contractual providers, and/or consumer/family members will have completed the individualized package course in Spanish/Tagalog.
- At least 15 consumers/family members will have completed an English language class.

• 75% of staff that begin an on site linguistic training class will complete this class. Graduates will have at least a basic knowledge of the studied language as evidenced by pre- and post- tests.

Budget Justification:

- On-site class costs are \$3,000.00 per 12 week session. Computer- and/ audio- based courses are \$3,000.00 for 20 individual Package courses. Funds will also be used for contractor to provide instructional support as needed.
- Consultants: Assessment of Current Bilingual Certification (\$5,000)
- Interpreter Training (\$5,000)

Budgeted Amount:	FY 2006-07:	FY 2007-08:	FY 2008-09: \$34,000

Action #6 – Training for Law Enforcement (CIT) Personnel Participating in CSS Mobile Crisis Response Program

Description:

The Mobile Crisis Response Team, implemented by Solano County and its community partners as part of the MHSA Community Services and Supports Plan, responded to a strong community need identified during the CSS planning process. Services were designed to include field interventions in order to avoid hospitalization or involuntary services. Because many of these interventions involve law enforcement, there is a significant need for enhanced and expanded training for law enforcement personnel on mental health issues.

This action will expand the scope of mental health training received by law enforcement personnel that responds to mental health-related calls, and increase the number of officers trained. The expanded training will include topics such as: Understanding mental illness and related treatments; assessing for risk and minimizing harm to persons with mental illness; homelessness, community resources, best practices and communicative skills specific to mental health consumers. The training will emphasize recovery and resiliency, and include input from consumers and families.

Over the next two years, we anticipate educating police officers in all five of the incorporated areas of the County as well as Deputy Sheriffs in the County. In addition, the plan is to incorporate this training as a regular part of the law enforcement curriculum for new recruits.

Each participant will receive training in crisis intervention techniques with mental health consumers, using a curriculum modeled after the Crisis Intervention Training (CIT) program. In keeping with the philosophy of MHSA, consumer and family members would be included in the development of the curriculum and be guest speakers during the instruction.

Objectives:

- 1. Improve safe, effective and least restrictive interventions for consumers and their families when encountering a mental health crisis.
- 2. Decrease the use of force against people with serious mental illness.
- 3. Decrease unnecessary arrests of people with serious mental illness. This will be informally tracked through dialogue with police staff.
- 4. Promote the MHSA's values-driven partnership among law enforcement, public mental health services and consumers and their families as evidenced by pre/post tests.
- 5. Decrease arrest rates for non criminal behaviors among persons with serious mental illness.
- 6. Decrease stigma associated with mental illness or behavioral disorders in youth.
- 7. Provide an integrated services experience for those seen by law enforcement, emergency response, and the mental health community as evidenced by an increase in collaboration.

Measures of Success by 2010

- The mental health law enforcement training curriculum will be completed and implemented.
- A pilot project teaching the aforementioned curriculum will be completed and taught to officers county-wide.

Budget justification:

Expenses for paid consultant to provide training
 Stipends for consumer/family members participating in the training
 \$15,000

Budgeted Amount:	FY 2006-07:	FY 2007-08:	FY 2008-09: \$60,000

Action #7 – Expansion of Funding for Education and Training Activities proposed in the PEI Plan

Description:

The Solano's PEI Plan included a variety of educational and training strategies, reinforced by extensive research and needs assessments. Each strategy, however, was necessarily limited by available funding all of these proposals will be expanded with additional support from WET. This action will expand funding for the following education and training strategies:

- 1. Early Childhood/Stressed Families: Early Childhood developmental and mental health providers working with children ages zero to five, as well as family support providers who regularly come in contact with stressed families with children ages zero to five will receive education and training in the best practice instruments and models identified by the ages zero to five PEI work group for screening, assessment, and intervention. These training modules will increase practice consistency and coordination among providers. Training will consist of the identified best practice model instruments, models and curricula to be utilized countywide, e.g. Ages and Stages Questionnaire (ASQ), ASQ Social Emotional (ASQ-SE), Modified Child Autism (M-CHAT), Triple P, Circle of Security, Parent Child Interactive Therapy (PCIT) and Video Intervention Therapy (VIT). As a result, mental and developmental health providers will incorporate these best practice models into their ages zero to five programs and outcome results can be tracked across providers for a coordinated countywide approach.
- 2. **School-Age:** School personnel will receive training to provide School-based Supplemental Services programs for students with short-term social-emotional needs. The training will address various student interventions, including anger management; handling stressful emotions; problem solving; resolving conflict; dealing with rumors, peer pressure and bullying; and communicative skills. These schools will also offer parent and teacher education and support through collaboration and consultation to support the strategies being learned in counseling.
- 3. **Transition-Age Youth/First Break:** A new class, "Parenting Your Transitional Age Youth" will be offered by the Fairfield-Suisun, Vallejo and Dixon, Adult Schools. Each class will cover the understanding of mental health risk factors; the importance of early intervention; treatment options; how to access mental health, medical and support services; Wellness and Recovery self-care plans; communicative techniques for empowering youth; empowering youth for independent living; employment resources; and information and referral options to community resources.
- 4. **Older Adult:** The Gatekeeper program trains community members and agencies working with older adults' who come in contact with older adults to recognize signs of depression and other mental illness and to help seniors connect to services. The Professional Development Program to improve Mental Health Consultation in Primary Care will train health providers on unique geriatric mental health issues, differentiation of dementia from other mental illnesses, and local referral options.

Objectives:

- 1. Active engagement of parents and community early childhood providers as evidenced by their participation in parent/provider education workshops.
- 2. Provide School-based Supplemental Services training to school personnel working within the County.
- 3. Develop Curricula and information handbooks will be developed in both English and Spanish for the "Parenting Your Transition-Aged Youth" adult school class for parents of young people who have had, or who are at risk of a first psychotic break. In addition, increase the number of sessions offered each year will be increased.
- 4. Offer Gatekeeper training to community members as well as specific geriatric mental health education and consultation to primary care providers.

Measures of Success by June 2010:

- An additional 30 parents and providers will participate in parent/provider education workshops.
- One school (approximately 40 students) will receive training and support to implement and operate a Supplemental Services Program.
- Curricula and information handbooks for the adult school class for parents of TAY will be translated into Spanish; one additional section of the class will be added annually.
- An additional 30 Older Adult Gatekeepers will be trained, and an additional session of the Professional Development course for medical professionals, serving approximately 10 individuals will be offered.

Budget justification:

• Funding will be used to schedule additional training sessions, and to translate curriculum and resource material into Spanish.

Budgeted Amount: FY 2006-07:	FY 2007-08:	FY 2008-09:\$40,000 (\$10,000 per PEI group)
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C. Mental Health Career Pathway Program

Action #8 -Consumer and Family Members

Description:

To meet our overall objective of targeting workforce development in the area of consumer and family employment, we will promote wellness, recovery, and resiliency concepts and enhance the trajectory of recovery of consumers by promoting and recruiting culturally competent employees (consumers and family members) based on regional needs and creating consumer and family jobs categories to augment responsibilities of professional staff. We plan to train individuals to become "employment ready" while shifting organizational cultural to support effective employment of more consumers and family members.

The need to expand career pathways in the County for consumer and family members was the top priority of consumers within the County's mental health system, and a strong priority of providers and employees in the Workforce Needs Assessment. To reach this goal, we plan to offer expanded opportunities for successful consumer and family employment; therefore both workplace preparation and vocational training for consumers and family members will be critical. Part of this training will include the local chapter of National Alliance on Mental Illness (NAMI) that offers peer training and Family to Family training in English and Spanish, and Family Partners in the Children's System of Care offers the Educate, Equip and Support (EES) curriculum.)

Objectives:

Address areas of concern and need in the workforce pathway:

- 1. Increase the level of integrated Wellness, Recovery, and Resiliency concepts in our services as evidenced by increased referrals to proactive activities e.g. attendance at school and / or pre-employment activities, employment, participation in Neighborhood of Dreams, etc.
- 2. Lower the racial/ ethnic disparity between staff and consumers.
- 3. Offer opportunities for successful consumer and family member employment of consumers and family members.
- 4. Increase the number of participants in entry-level career certificate programs, particularly with Solano Community College, from 20 to 30 individuals.
- 5. Identify and advertise career pathway opportunities in the county, particularly to underserved racial/ethnic minority populations.
- 6. Establish work experience that is tied to job training and support.
- 7. Create speaker opportunities for consumers and family members within local educational and county programs.
- 8. Provide comprehensive benefits planning to consumers considering employment, and especially to those individuals currently employed but have yet to access this training.
- 9. Provide stipends to consumers and family members participating in committees, trainings and County mental health related events.

Measure of success by June 2010:

- Promote wellness, recovery and resiliency concepts by monitoring referrals to proactive involvement in school, training, employment, volunteering, etc.
- Augment responsibilities of professional staff by a greater involvement of consumers and family members throughout the county mental health system.
- Enhance recovery trajectory of recovery of consumers by providing greater emphasis and opportunities in proactive involvement in school, training, employment, volunteering, etc..

- Promote and recruit culturally competent employees (consumer and family members).
- Create consumer/family jobs categories.

Budget justification:

- Peer Training and Education with an organization specializing in peer training and employment (beginning in 2009-2010)
- Family Training and Education with an organization specializing in family education and training (beginning in 2009-2010)
- Stipends for consumer/family members \$120,000
- Operating costs associated with this action item \$5,000

Budgeted Amount:	FY 2006-07:	FY 2007-08:	FY 2008-09: \$125,000

D. Residency, Internship Program

Action #9 - Expanded Internship and Supervision Program

Description:

During the WET community planning process, educational entities and staff at all levels identified the need for flexible and expanded internship opportunities for social workers and therapists at both the undergraduate and graduate level as a means to "grow our own". There was also a strong desire to seek out interns who reflect the ethnic and linguistic diversity of our consumers, particularly Hispanic/Spanish-speakers and Filipino/Tagalog-speakers, to address workforce disparities. They noted, however, that a key barrier to internships is the lack of staff time to provide adequate levels of supervision due to the constraints of Federal reimbursement requirements and revenue generation. Organizational providers, especially non-traditional, small, community agencies serving diverse communities, lack the staffing to meet the requirement of educational entities for supervision even though the experience gained at such agencies would be valuable. During clinical supervision, concepts are transferred into skills that demonstrate real cultural competency, recovery and wellness orientation, ability to offer integrated services experience, community collaboration skills, and consumer- and family- driven services. Additional resources for clinical supervision are central to transforming the public mental health system.

Action 9 addresses these needs through the addition of resources dedicated to increasing internship opportunities, improving clinical supervision toward licensure of existing staff and increased recruitment of individuals from underserved communities. The County will also monitor and recruit field instruction sites and instructors. We will also structure the internship program to include cultural and recovery immersion rotations, that are cultural and recovery- related for all interns, where students will experience clinics and agencies that provide services to underserved communities and witness the application and operation of recovery- oriented practice.

Objectives:

- 1. Provide additional internship slots annually for Masters level MSW/MFT students, and establish an internship/service learning program for students pursuing undergraduate degrees.
- 2. Recruit bi-lingual interns, as well as those from diverse, underserved communities.
- 3. Increase field instruction sites for internships.
- 4. Implement a supervisorial structure to ensure supervision of interns, students and pre-licensed candidates.
- 5. Expand development of internships with educational entities e.g. California State University at Sacramento, Solano Community College and University of California at Berkeley.

Measures of Success by June 2010:

- At least one agreement with an institution of higher education will be in place to develop and offer internships to undergraduates and Masters level MSW/MFT students.
- At least three paid internships slots will be identified.
- At least three interns will be in place, including at least two from an underserved ethnic or linguistic group.

• A supervisorial structure will be in place to ensure clinical supervision of interns.

Budget justification:

Stipends- \$15,000 for five interns
 Expenses related to creating and implementing supervisory curriculum
 \$75,000
 \$15,000

Budgeted Amount:	FY 2006-07:	FY 2007-08:	FY 2008-09: \$90,000

E. Financial Incentive Program

Action #10 - Loan Assumption Program

Description:

Solano County's Mental Health has had difficulty filling specified professional positions, because demand exceeds supply of available, qualified graduating students and professional staff. Currently, such positions include General, Child/Adolescent, and Geriatric Psychiatrists, Clinical Psychologists and Registered Nurses, particularly with specialized Behavioral Medicine experience.

Additionally, there is an ethnic disparity within the County between staff and consumers, particularly in the African American, Hispanic and Asian/Pacific communities, for culturally diverse mental health services, including those provided by Licensed Clinical Social Workers and Marriage and Family Therapists. This action will enhance the ability to recruit, promote and retain specified professionals by offering the payment of a current or prospective employee's educational loan debt in exchange for working in a position deemed hard-to-fill and/or retain by the employer i.e. county or contract agency. Eligibility criteria, loan amounts, process by which candidates are selected and the hardest-to-fill positions will all need to be determined.

The State's Department of Mental Health (DMH) intends to administer a Loan Assumption Program, allocating a designated amount to each county, based upon their size. This program is in the development stage and should be implemented in 2009-10. Counties can also utilize WET funds to enable individuals to participate in a local Loan Assumption Program that follows DMH guidelines. In keeping with these guidelines, a single payment of up to \$10,000 per year can be made on the participant's behalf after 12 consecutive months of employment in an eligible position.

Objectives:

- 1. Develop eligibility criteria, a selection process and policies and procedures for loan amounts and employment payback.
- 2. Identify and contract with a vendor to manage the Loan Assumption Program.
- 3. Evaluate program effectiveness in recruiting and retaining staff in hard-to-fill positions and/or staff that are bilingual, bicultural, or persons of color.
- 4. Develop outcome measures to evaluate staff retention rates in county and contract positions over time.

Measure of success by June 2010:

- Loan assumption program developed
- Participants enrolled in Loan Assumption Program

Budget Justification:

- Direct Loan Assumption Program payment to program enrollees \$100,000
- 20% Management Fee \$20,000

В	udgeted Amount:	FY 2006-07:	FY 2007-08:	FY 2008-09: \$120,000

> EXHIBIT 5: ACTION MATRIX

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

Actions (revise to reflect items described above) (as numbered in Exhibit 4, above)	Promotes wellness, recovery, and resilience	Promotes culturally competent service delivery		Promotes an integrated service experience for consumers 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 consumers and family members
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Action #1: Workforce Staffing and Support	√	V	\checkmark	$\sqrt{}$	√	√	$\sqrt{}$	V				√	$\sqrt{}$
Action #2: Improve Mental Health Workforce Clinical and Administrative Competence	V	V	V	V	V							√	
Action #3: Develop Recruitment, Retention and Training Plans for Specific Underserved Populations	√	V	V	V	√		1						V
Action #4: Expand Cultural Competence Training	V	V	V	√	V								
Action #5: ESL, Spanish and Tagalog Language Training	√	V	√	\checkmark	V								
Action #6: Enhanced Training for Law Enforcement (CIT) Personnel Participating in CSS Mobile Crisis Response Program	√	V	V	V	V							V	
Action #7: Expansion of Funding for Education and Training Activities proposed in the PEI Plan	√	V	$\sqrt{}$	$\sqrt{}$	V								
Action #8: Consumer and Family Members	√	√	√	$\sqrt{}$	V	√			√			√	V
Action #9: Expanded Internship and Supervision Program	V	V	V	V	V	V		V				V	V
Action #10: 20/20 Upgrade Training Program	√	√		V	V	√	√	√				√	V
~	\leq	MHSA Essen	tial Elements		>		R	equiremer	nts of MHSA AC	<u> </u>		>>	-

> 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			
B. Training and Technical Assistance			
C. Mental Health Career Pathway Programs			
D. Residency, Internship Programs			
E. Financial Incentive Programs			

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			
B. Training and Technical Assistance			
C. Mental Health Career Pathway Assistance			
D. Residency, Internship Programs			
E. Financial Incentive Programs			
	GRAND TOTAL FUNDS R	EQUESTED for FY 2007-08	

Fiscal Year: 2008-09			
Activity	Funds Approved Prior to	Balance of Funds	Total Funds Requested (A +
	Plan Approval (A)	Requested (B)	B)
A. Workforce Staffing Support	\$144,700.00	\$259,126.00	\$403,826.00
B. Training and Technical Assistance		\$284,000.00	\$284,000.00
C. Mental Health Career Pathway Assistance		\$125,000.00	\$125,000.00
D. Residency, Internship Programs		\$90,000.00	\$90,000.00
E. Financial Incentive Programs		\$120,000.00	\$120,000.00
GRAND TOTAL FUNDS REQUESTED for FY 2008-09			\$1,022,826.00