

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.

County Mental Health Director Printed

Name: Michael Opredek

Street Address (or, PO Box): 275 Beck Ave. MS5-250

ZIP Code: Fairfield, 94533

Phone # 707-784-8320

Fax # 707-421-6619

Signature:

E-mail address: MJOpredek@SolanoCounty.com

Contact Person's Name: Joseph Robinson

Phone: 707-784-8333

Fax: 707-421-6619

email: JFRobinson@SolanoCounty.com

TABLE OF CONTENTS

	Page
EXHIBIT 1: WORKFORCE FACE SHEET _____	1
EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY _____	3
EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT _____	6
EXHIBIT 4: WORK DETAIL _____	14
EXHIBIT 5: ACTION MATRIX _____	34
EXHIBIT 6: BUDGET SUMMARY _____	35

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 program; life skills training for transition-aged youth; family understanding of Mobile Crisis services.
- **Staff workforce and training needs:** Spanish, Tagalog and American Sign Language skills and fluency; additional staff (social workers; a discharge planner office automation); increased African American cultural diversity; training in motivational counseling, gang issues and substance abuse, and start-up and supervision of a peer counselor
- **Recruitment and retention recommendations:** in-house internships; tuition assistance programs; increased outreach to minority communities; sign-on 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

<p>Spanish and Tagalog language learning, both computer-based home and office learning as well as classroom study for county and contract employees</p>	#5	#5	#5
<p>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</p>	#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 on 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 gathered during a public hearing at the Mental Health Board meeting on November 18, 2008.

EXHIBIT 3A: WORKFORCE NEEDS ASSESSMENT

Formatted: Bullets and Numbering

I. By Occupational Category - page 1

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)						
				White/ Cau- casian (5)	His- panic/ 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) (11)
A. Unlicensed Mental Health Direct Service Staff:				(Licensed Mental Health Direct Service Staff; Sub-Totals Only) +						
County (employees, independent contractors, volunteers):										
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							
Family Member Support Staff	0.0	0	0.3							
Benefits/Eligibility Specialist	2.0	0	0.2							
Other <i>Unlicensed</i> MH Direct Service Staff	0.0	0	0.4							
<i>Sub-total, A (County)</i>	46.1	1	2.9	12.1	4.5	11.0	2.0	0	11.3	40.9
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Licensed Mental Health Direct Service Staff; Sub-Totals and Total Only) +						
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							
Family Member Support Staff	21.5	0	0.0							
Benefits/Eligibility Specialist	1.0	0	1.0							
Other <i>Unlicensed</i> MH Direct Service Staff	42.0	0	1.0							
<i>Sub-total, A (All Other)</i>	120.0		14.0	49.0	22.5	26.0	19.0	0.5	1.0	118.0
Total, A (County & All Other):	166.1		16.9	61.1	27.0	37.0	21.0	0.5	12.3	158.9

*Solano County Amount of Extra Help Utilized

➤ **EXHIBIT 3A: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 2

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)						
				White/ Cau- casian (5)	His- panic/ 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) (11)
B. Licensed Mental Health Staff (direct service):										
County (employees, independent contractors, volunteers):										
Psychiatrist, general	9.9	1	0.2							
Psychiatrist, child/adolescent	5.0	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 waived)	0.0	0	0.2							
Licensed Clinical Social Worker (LCSW)	15.4	0	0.7							
MSW, registered intern (or waived)	3.1	0	0.4							
Marriage and Family Therapist (MFT)	30.0	0	0.8							
MFT registered intern (or waived)	35.0	0	0.4							
Other Licensed MH Staff (direct service)	0.0	1	0.2							
<i>Sub-total, B (County)</i>	99.4		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 volunteers):										
Psychiatrist, general	1.0	1	0.0							
Psychiatrist, child/adolescent	1.0	1	0.0							
Psychiatrist, geriatric	0.0	0	0.0							
Psychiatric or Family Nurse Practitioner	1.5	1	0.0							
Clinical Nurse Specialist	0.0	0	0.0							
Licensed Psychiatric Technician	9.5	1	3.5							
Licensed Clinical Psychologist	4.0	1	0.0							
Psychologist, registered intern (or waived)	1.0	0	0.0							
Licensed Clinical Social Worker (LCSW)	8.5	1	1.0							
MSW, registered intern (or waived)	20.0	1	1.0							
Marriage and Family Therapist (MFT)	9.1	1	4.0							
MFT registered intern (or waived)	16.8	0	1.1							
Other Licensed MH Staff (direct service)	1.0	0	0.0							
<i>Sub-total, B (All Other)</i>	73.4		10.6	49.6	4.0	8.4	8.1	0.0	3.2	73.3
Total, B (County & All Other):	172.8		14.8	91.7	9.0	14.4	10.6	0.0	36.7	162.4

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

+

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

+

➤ **EXHIBIT 3A: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 3

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)						
				White/ Cau- casian (5)	His- panic/ 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) (11)
C. Other Health Care Staff (direct service):				(Other Health Care Staff, Direct Service; Sub-Totals and Total Only)						
County (employees, independent contractors, volunteers):										
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							
Other Therapist (e.g., physical, recreation, art, dance) _____	0.0	0	0.1							
Other Health Care Staff (direct service, to include traditional cultural healers) _____	0.0	0	0.1							
<i>Sub-total, C (County)</i>	12.5		0.7							
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Other Health Care Staff, Direct Service; Sub-Totals and Total Only) <i>Æ</i>						
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	1	0.0							
Occupational Therapist _____	0.0	1	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							
<i>Sub-total, C (All Other)</i>	6.5		2.0	5.0	0.0	0.0	1.5	0.0	0.0	6.5
Total, C (County & All Other):			2.7	10.0	1.0	2.0	1.5	0.0	3.5	18.0

➤ **EXHIBIT 3A: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 4

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)
D. Managerial and Supervisory:				(Managerial and Supervisory; Sub-Totals Only)						
County (employees, independent contractors, volunteers):										
CEO or manager above direct supervisor	9.0	0	0.0							
Supervising psychiatrist (or other physician)	0.0	1	0.1							
Licensed supervising clinician	17.8	0	0.2							
Other managers and supervisors	5.0	0	0.1							
<i>Sub-total, D (County)</i>	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 volunteers):				(Managerial and Supervisory; Sub-Totals and Total Only)						
CEO or manager above direct supervisor	8.2	0	0.2							
Supervising psychiatrist (or other physician)	1.0	1	0.3							
Licensed supervising clinician	7.5	1	1.3							
Other managers and supervisors	4.9	1	0.1							
<i>Sub-total, D (All Other)</i>	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		2.3	37.4	2.0	3.0	0.0	0.0	10.0	52.4
E. Support Staff (non-direct service):				(Support Staff; Sub-Totals Only) Æ						
County (employees, independent contractors, volunteers):										
Analysts, tech support, quality assurance	9.5	1	0.2							
Education, training, research	0.4	0	0.1							
Clerical, secretary, administrative assistants	0.0	1	1.0							
Other support staff (non-direct services)	34.5	1	0.0							
<i>Sub-total, E (County)</i>	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 volunteers):				(Support Staff; Sub-Totals and Total Only) Æ						
Analysts, tech support, quality assurance	3.1	1	0.5							
Education, training, research	1.0	0	1.0							
Clerical, secretary, administrative assistants	14.1	1	3.5							
Other support staff (non-direct services)	16.5	1	1.0							
<i>Sub-total, E (All Other)</i>	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		7.3	33.4	10.1	14.5	5.5	0.5	10.1	74.1

➤ **EXHIBIT 3A: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 5

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)	234.2		9.5	95.6	14.5	31.0	5.0	0	67.8	213.9
All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E)	256.2		34.5	138.0	34.6	39.9	33.6	1.0	4.8	251.9
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	490.4		44.0	233.6	49.1	70.9	38.6	1.0	72.6	465.8

F. TOTAL PUBLIC MENTAL HEALTH POPULATION

(1)	(2)	(3)	(4)	Race/ethnicity of individuals planned to be served -- Col. (11)						All (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			1,927	529	1,198	118	51	73	3,896

➤ **EXHIBIT 3B: 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 consumers or family members (2)	Position hard to fill with consumers or family members? (1 =Yes; 0=No) (3)	# additional consumer or family member FTEs estimated to meet need (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 <i>Unlicensed</i> 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**

Language, other than English (1)	Number who are proficient (2)	Additional number who need to be proficient (3)	TOTAL (2) + (3) (4)
1. Spanish	Direct Service Staff 59.8	Direct Service Staff 15.7	Direct Service Staff 75.5
	Others 19.0	Others 0.0	Others 19.0
2. Tagalog	Direct Service Staff 15.0	Direct Service Staff 0.0	Direct Service Staff 15.0
	Others 3.0	Others 0.0	Others 3.0
3. American Sign Language	Direct Service Staff 1.0	Direct Service Staff 0.0	Direct Service Staff 1.0
	Others 0.0	Others 0.0	Others 0.0
4. Korean	Direct Service Staff 1.0	Direct Service Staff 0.0	Direct Service Staff 1.0
	Others 0.0	Others 0.0	Others 0.0
5. TOTAL, all other languages other English	Direct Service Staff 76.8	Direct Service Staff 15.7	Direct Service Staff 92.5
	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 a Workforce, Education, and Training (WET) Coordinator to implement and coordinate the Plan. The WET Coordinator 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.

Overview of Tasks and Activities :

1) Staff to support planning, development and operation of a comprehensive Workforce Program that meets MHSA requirements and supports development of workforce, including:

- 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; and
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** **\$114,575.00 (salary + benefits)**
Will oversee WET Program goals and objectives
- **1.0 FTE Human Resources Analyst** **\$126,019.00 (salary + benefits)**
Will develop an employment plan to outreach, recruit and retain interns/staff from un-served/under-served communities.
- **1.0 FTE Office Assistant II** **\$65,467.00 (salary + benefits)**
Will provide administrative support to the WET Program

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.

Total Annual Requested Amount **\$306,061**

FY 2008-09 Requested Amount **\$51,010**

May and June 2009- 1/6 of total annual request

Budgeted Amount:	FY 2006-07:	FY 2007-08: \$60,000	FY 2008-09: \$51,010
------------------	-------------	-----------------------------	-----------------------------

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 WET 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

Based on staff feedback regarding caseloads and productivity expectations adding more than one additional training per quarter could strain staff and ultimately be counterproductive. Therefore, once identified, trainings will be offered quarterly. Training attendance will be closely monitored by the WET Committee. Initial planning projected twenty to thirty participants per training depending on training topic. Therefore, often trainings will be repeated to different audiences and in different locations throughout the county.

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 ten 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:

- **Consultant Costs** **\$6,000**
Using an average consultant fee of \$150 per hour this funding will provide for 40 total consultant hours. This time will be used to assist WET staff in developing a training needs plan which includes training to consumers, family members, intra-divisional departments and community partners. Specifically, consultant time will be used to assist in identifying an assessment tool, organizing distribution, results and matching needs to potential trainings.
- **Consultant/Trainer Costs** **\$34,000**
Using an average consultant/training fee of \$150 per hour this funding will provide for approximately twenty-eight days of training. This will allow for an average of two trainings per month to staff including contract providers and a specialty quarterly training for consumers/family members. Again, no single staff person will attend more than one training quarterly. This number of trainings will allow for trainings in various sites throughout the county and smaller class sizes.
- **Resource Library** **\$10,000**
This library will include handouts and PowerPoint presentations of trainings as well as reference materials e.g. books, DVDs, etc. that compliment trainings. In addition, a camcorder and related equipment will be purchased in order to record trainings for broader, as well as, future audiences.

Total Annual Requested Amount **\$50,000**

Total FY 2008-09 Requested Amount **\$30,000**

Funds approved prior to plan approval

Budgeted Amount:	FY 2006-07:	FY 2007-08: \$20,000	FY 2008-09 \$30,000 (Funds approved prior to plan approval)
------------------	-------------	-----------------------------	--------------------------------------------------------------------

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, Latino 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 work group will have completed a plan specific to the identified population and implementation of identified strategies within each of the plans will be underway.
- 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:

- **Filipino Population** **\$10,000**
- **Latino Population** **\$10,000**
- **Lesbian Gay Bisexual Transgender (LGBT) Population** **\$10,000**

Funds will be used to research best practice strategies and to implement these strategies to the identified populations. Each of the three groups will have a working committee of 6—10 participants. Committee participants will include representation from the identified underserved/ under-represented populations, a consumer and/or family member (preferably from the identified population) and a manager from county mental health (again preferably from the identified population).

Participants of each committee will be decided by the WET Coordinator, the WET Training Committee and the Quality Improvement Committee (QIC). This same oversight body will make the final recommendations on how best to allocate funds in order to meet objectives. The composition of each committee will be comprised within three months and committee recommendations on how best to allocate funds in order to meet stated objectives will be presented to the WET Coordinator within six months. Anticipated expenditures related to this action item will likely include hiring consultants to conduct and/or facilitate researching best practice interventions, contracting with trainers, and/or purchasing curricula. Determining costs related to this action item was based on an average consultant fee of \$150.00 per hour, average training cost, including printing and materials, of \$1,000.00 and an estimated curricula cost of \$2,000.00.

Total Annual Requested Amount **\$30,000**

FY 2008-09 Requested Amount **\$5,000**

May and June 2009- 1/6 of total annual request

Budgeted Amount:	FY 2006-07:	FY 2007-08:	FY 2008-09: \$5,000
------------------	-------------	-------------	----------------------------

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. In addition, WET stakeholders highlighted the need for community service providers to also have access to expanded cultural competency training. In recognizing that many consumers interact with Health & Social Services staff in other divisions it was deemed essential that increased effort be made to “speak the same language” by sharing innovative and improved cultural competency training.

Objectives:

1. Develop or purchase and adapt cultural competency 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 school staff within the county. For example, Dover Middle School has one of the most diverse student bodies of schools within the county and a mostly homogeneous staff and is slated to have a parent partner working at the school.

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:

- **Three copies of the California Brief Multicultural Competence Scale (CBMCS) \$15,000**
Established multicultural training program- copies to be purchased for county mental health staff, contract providers and intra-departmental divisions.
- **Consultant/Training costs to provide train-the-trainer trainings of CBMCS \$10,000**
Using an average consultant fee of \$150 per hour this funding will provide for 67 total consultant/trainer hours or just over 8 one-day trainings.
- **Intensive Training of Interpreters \$15,000**
This funding will provide for the intensive training of at least thirty Spanish interpreters throughout our system in becoming mental health interpreters. The National Latino Behavioral Health Association (NLBHA) presents twenty-one hours of training over the course of three days divided into seven modules to thirty participants for approximately \$15,000.

- **Interpreter Training for providers**

\$10,000

This funding will provide for training in the appropriate use of interpreters in mental health to at sixty frequent users of interpreters throughout our system. NLBHA presents this training over a seven hour period for approximately thirty participants for \$5,000 a training.

Total Annual Requested Amount

\$50,000

FY 2008-09 Requested Amount

\$8,333

May and June 2009- 1/6 of total annual request

Budgeted Amount:	FY 2006-07:	FY 2007-08:	FY 2008-09: \$8,333
------------------	-------------	-------------	----------------------------

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 an 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 50 Mental Health's staff, contractual providers, and/or consumer/family members will have completed a language course in Spanish or Tagalog.
- At least 15 consumers/family members will have completed an English language class.
- Language course participants will have at least a basic knowledge of the studied language as evidenced by pre- and post- tests.

Budget Justification:

- **On-site Language Class** **\$12,000**
4 sessions @ \$3,000.00 per 12 week class
 - **Computer- and/ audio- based language courses** **\$12,000**
80 individual Package courses
 - **Expert Trainers for ESL students preparing for state licensure** **\$6,000**
Using an average trainer/consultant fee of \$150 an hour this budget item will provide for 40 hours of individual/group training to assist non-licensed, license-eligible ESL staff in passing state licensing exams.
- Total Annual Requested Amount** **\$30,000**
- FY 2008-09 Requested Amount** **\$5,000**
May and June 2009- 1/6 of total annual request

Budgeted Amount:	FY 2006-07:	FY 2007-08:	FY 2008-09:\$5,000
------------------	-------------	-------------	--------------------

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 approved 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. 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 to officers county-wide will be completed.

Budget justification:

- **Expenses for paid consultant to provide training** **\$55,000**
 Expenses for this budget item were calculated using an average consultant fee of \$150 per hour. Therefore, the budgeted amount for paid consultants will provide for 367 consultant/trainer hours. The actual trainings will be 20-40 hours in duration depending on the amount of time each of the individual city police departments allocate towards this training. Approximately 150 hours i.e. an average of 30 hours per training at five separate locations will be allocated specifically to training. The additional consultant time will be needed to organize curricula, engage individual police departments and for the provision of post training consultation.
- **Stipends for consumer/family members participating in the training** **\$5,000**
 Consumers/family members are an integral component of this training. Participants will be compensated at \$15.00 an hour to prepare salient presentations as well as participating in trainings.

Total Annual Requested Amount **\$60,000**

FY 2008-09 Requested Amount **\$10,000**

May and June 2009- 1/6 of total annual request

Budgeted Amount:	FY 2006-07:	FY 2007-08:	FY 2008-09: \$10,000
------------------	-------------	-------------	-----------------------------

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

Description:

The Solano County'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. WET stakeholders wanted to build upon the vast planning of PEI subgroups by supplementing identified training efforts using WET funding. 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:

- At least 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.
- At least 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:

- **Early Childhood/Stressed Families PEI Subgroup** **\$10,000**

This budget request amount was calculated using the average cost (approximately \$3,000) for instruments, models and curricula mentioned in the narrative description. Therefore, the requested amount would provide for the purchase of approximately three instruments, models and/or curriculum specific to this subgroup.

- **School-Age PEI Subgroup** **\$10,000**

This budget requests funding trainers and purchasing specific curricula. Using the average trainer fee of \$150 per hour (less \$2,500 for the purchase of curricula) the requested amount will provide for fifty hours with a trainer to train school personnel at multiple schools on the use of the curricula.

- **Transition-Age Youth/First Break PEI Subgroup** **\$10,000**

This subgroup is requesting funds to supplement costs associated with offering a new class at adult schools in three different cities. One quarter of the requested amount will fund the development and production of class curricula. The other three quarters will be divided evenly among each of the three school sites. By supplementing the costs of these classes this curriculum will be taught by expert educators and made available to anyone regardless of ability to pay.

- **Older Adult PEI Subgroup** **\$10,000**

This budget request is to train senior peer community volunteers in recognizing mental health signs and symptoms as well as skills to help link those identified seniors with appropriate resources. Specifically, the costs associated with this action item are partial payment towards the curriculum (\$1,000), program related expenses such as printing costs (\$250), and ongoing volunteer support groups facilitated by a licensed mental health professional (\$150 per group held twice a month= \$3,600 per year.) The second part of this funding request (Balance of \$5150) is to develop and distribute an information packet on unique geriatric mental health issues which includes local referral options. Costs will include design/printing costs as well as a distribution plan.

Total Annual Requested Amount **\$40,000**

FY 2008-09 Requested Amount **\$6,667**

May and June 2009- 1/6 total annual request

Budgeted Amount:	FY 2006-07:	FY 2007-08:	FY 2008-09: \$6,667
------------------	-------------	-------------	----------------------------

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 such as attendance at school and/or pre-employment activities, employment, participation in Neighborhood of Dreams, etc.
2. Lower the disparity in ethnicities between staff and consumers.
3. Offer opportunities for successful consumer and family member employment.
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 advertize career pathways opportunities in the county.
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.

Budget justification:

- **Half time employment for consumer/family members** **\$120,000**
 Extra-help Mental Health Specialist I positions in which consumers/family members will be employed as Parent Partners at approximately \$20,000 per position for half-time employment per year. The budget for this action item was determined by funding six of these positions throughout the mental health system for a total of \$120,000.
 - **Per diem costs for consumer/family members** **\$10,000**
 The balance of \$10,000 will provide for 667 hours at \$15.00 dollars an hour of per diem consumer/family member participation in workgroups, committees, etc.
- Total Annual Requested Amount** **\$130,000**
- FY 2008-09 Requested Amount** **\$21,667**
 May and June 2009- 1/6 of total annual request

Budgeted Amount:	FY 2006-07:	FY 2007-08: \$20,000	FY 2008-09: \$21,667
------------------	-------------	-----------------------------	-----------------------------

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 graduate 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. Identify additional field instruction sites for internships.
4. Implement a supervisory structure to ensure supervision of interns, students and pre-licensed candidates.

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 supervisory structure will be in place to ensure clinical supervision of interns.

Budget justification:

- **Stipends- \$15,000 for five interns** **\$75,000**
- **Expenses related to creating and implementing supervisory curriculum** **\$10,000**

The \$10,000 requested in this action item will fund the creation of a clear core competencies training curricula for interns. Costs were calculated using an estimated \$150 per hour consultant fee and an average cost of curricula of \$3,000. Therefore, it is estimated that a consultant will spend approximately fifty hours assisting the MHP in individualizing the purchased training curricula to meet the needs of our system. Specifically ensuring wellness and recovery principles are embraced, and that traditional classroom study specific to discipline is closely linked to the practicum experience while highlighting the unique elements of our system, such as underserved populations, outreach attempts, community partners and other resources.

Total Annual Requested Amount **\$85,000**

FY 2008-09 Requested Amount **\$10,000**

The \$10,000 expense related to curriculum development is requesting in FY 2008-09 in order to begin preparing for school year 2009/10 interns.

Budgeted Amount:	FY 2006-07:	FY 2007-08:	FY 2008-09: \$10,000
------------------	-------------	-------------	-----------------------------

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, Licensed Clinical Social Workers and Marriage and Family Therapists.

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 professional mental health services, including those provided by Licensed Clinical Social Workers and Marriage and Family Therapists.

In reviewing options to address this, WET stakeholders concluded that this action will best 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, process by which candidates are selected and the hardest-to-fill positions will 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**
(\$5,000 per year for two years for 10 enrollees)
- **20% Management Fee** **\$20,000**
Paid to an external management company that verifies academic loan amounts, coordinates payments, etc.

Total Annual Requested Amount **\$120,000**

FY 2008-09 Requested Amount **\$20,000**

The \$20,000 expense in FY 2008-09 will to paid to the external management company to begin identifying and preparing for program participants.

Budgeted Amount:	FY 2006-07:	FY 2007-08: \$14,700	FY 2008-09: \$20,000
------------------	-------------	-----------------------------	-----------------------------

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 meaningful inclusion of consumers/family members	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	√	√	√	√	√	√	√	√				√	√
Action #2: Improve Mental Health Workforce Clinical and Administrative Competence	√	√	√	√	√							√	
Action #3: Develop Recruitment, Retention and Training Plans for Specific Underserved Populations	√	√	√	√	√	√	√					√	√
Action #4: Expand Cultural Competence Training	√	√	√	√	√	√		√					
Action #5: ESL, Spanish and Tagalog Language Training	√	√	√	√	√	√	√	√					
Action #6: Enhanced Training for Law Enforcement (CIT) Personnel Participating in CSS Mobile Crisis Response Program	√	√	√	√	√							√	√
Action #7: Expansion of Funding for Education and Training Activities proposed in the PEI Plan	√	√	√	√	√	√		√		√			
Action #8: Consumer and Family Members	√	√	√	√	√	√			√			√	√
Action #9: Expanded Internship and Supervision Program	√	√	√	√	√	√	√	√	√			√	√
Action #10: Loan Assumption Program	√	√	√	√	√	√	√	√	√	√		√	√



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			
GRAND TOTAL FUNDS REQUESTED for FY 2006-07			

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	\$60,000		\$60,000
B. Training and Technical Assistance	\$20,000		\$20,000
C. Mental Health Career Pathway Assistance	\$20,000		\$20,000
D. Residency, Internship Programs			
E. Financial Incentive Programs	\$14,700		\$14,700
GRAND TOTAL FUNDS REQUESTED for FY 2007-08			\$114,700

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		\$51,010	\$111,010
B. Training and Technical Assistance	\$30,000	\$35,000	\$85,000
C. Mental Health Career Pathway Assistance		\$21,667	\$41,667
D. Residency, Internship Programs		\$10,000	\$10,000
E. Financial Incentive Programs		\$20,000	\$34,700
GRAND TOTAL FUNDS REQUESTED for FY 2008-09			\$282,377