

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: Sonoma

Date: February 11, 2010

This County's Workforce Education and Training component 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 5.

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 Mental Health Services Act.

All proposed education, training and workforce development programs and activities contribute to developing and maintaining a culturally competent workforce, to include individuals with client and family member experience who are capable of providing client- and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes. Sonoma County's Workforce Education and Training component has been developed with full stakeholder and public participation. Stakeholder and consumer input was solicited throughout the Workforce Education and Training planning process using a variety of methodologies. All input was collected, synthesized, and incorporated into the plan described below.

Progress and outcomes of education and training programs and activities listed in this Workforce Education and Training Plan will be reported and shared on an annual basis, with appropriate adjustments made to ensure continuous quality improvement. 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 PARTICIPATION SUMMARY

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

Overview

In 2008, the Sonoma County Department of Health Services–Mental Health Division (MHD) undertook its planning process for the Workforce Education and Training (WET) component of the Mental Health Services Act (MHSA). The following plan that results from this process fully incorporates the voices of participating stakeholders, in addition to building on existing knowledge and knowledge gained from the MHSA Community Services & Supports (CSS) and the MHSA Prevention & Early Intervention (PEI) planning processes. The WET planning process was coordinated and implemented by the Sonoma County MHD MHSA program coordinator, in collaboration with Harder+Company Community Research, a public sector consulting firm that also led the CSS and PEI planning processes.

The Sonoma County MHD ensured an open stakeholder process that included three needs assessment surveys, a community-wide convening, four focus groups, two stakeholder advisory group meetings, and a call for concept papers. In combination, these diverse opportunities for involvement reached the following stakeholder groups:

- * Consumers or family members of consumers who are Sonoma County MHD staff
- * Consumers or family members of consumers who are staff at community-based mental health organizations
- * Sonoma County MHD management and supervisory staff
- * Sonoma County MHS line staff
- * Managers and line staff from community-based organizations (CBOs)
- * Private practitioners who serve County mental health clients

In total, the WET planning process included more than 200 unduplicated Sonoma County mental health stakeholders. Following is a breakdown providing more detail on types of participation by stakeholder group:

- * 138 County staff in all occupational categories responded to an individual, paper-based workforce needs assessment survey;
- * 22 County managers and supervisors responded to an electronic survey about all staff positions that report to them;
- * 29 community-based partner agency managers responded to an electronic survey about all positions that report to them;
- * 34 consumers, community members, and providers attended the community-wide convening;
- * 15 consumers, community members and providers participated in a focus group on career pathways for consumers/family members;
- * 19 community members and providers participated in a focus group on professional career pathways;
- * 24 County managers and supervisors participated in a focus group to discuss the training needs of line staff;
- * 24 County managers and supervisors participated in a focus group to discuss their own training needs; and

* 15 community partners submitted concept papers to Sonoma County MHD, proposing WET strategies and program elements.

Needs Assessment Surveys

The first phase of WET planning was a needs assessment that allowed mapping of the current mental health workforce and identified current and projected workforce shortages. The WET planning process was launched by collecting survey data from County staff and community-based mental health organizations (partner agencies) on Workforce Education and Training needs. The first needs assessment survey was distributed to individual Sonoma County staff from all classifications. The local County MHSA program coordinator met with each team of County staff to explain the purpose of the assessment and administer the survey. A total of 138 surveys were completed, and all responses were kept confidential in order to encourage honest responses. The individual survey collected information about respondents' occupational categories, position/title, race/ethnicity, language proficiency, and retirement plans.

Harder+Company administered a second Internet-based survey that gathered data from Sonoma County managers and supervisors (n=22), and Sonoma County MHD community-based partner agency managers (n=29). To maximize participation, survey participants received electronic communication and telephone reminders to complete the survey from Harder+Company and the MHSA program coordinator. The online surveys collected information by occupational category to identify which positions are hard to fill and to estimate additional positions that the County and CBOs project are needed to meet present and future service needs. The surveys also provided the opportunity to compare the racial/ethnic makeup of the County's mental health workforce to that of the population in Sonoma County.

Focus Groups with Consumers, Providers, and County Managers

In May 2008 the Sonoma County MHD held a community-wide convening. Extensive outreach was conducted to maximize diverse stakeholder participation. The meeting successfully attracted 42 community members, providers, mental health consumers and their family members. Demographic data were collected on 35 of the participating community stakeholders, who represented an impressive 25 organizations throughout Sonoma County. Examples of participating organizations include Santa Rosa Junior College, Sonoma State University, Sonoma County Indian Health, Goodwill Industries, Community Support Network, Family Service Agency, National Alliance on Mental Illness, Department of Rehabilitation, Redwood Community Health Coalition, National Association of Social Workers, Drug Abuse Alternatives Center, and Petaluma People's Service Center. Participants self-identified as White/Caucasian (68 percent, n=24), Latino/Hispanic (14 percent, n=5), Black/African-American (9 percent, n=3), Asian/Pacific Islander (3 percent, n=1), American Indian/Alaska Native (3 percent, n=1), and Multiracial/Other (3 percent, n=1). Importantly, 33 percent of participants self-identified as a mental health consumer or a family member of a consumer, one indicator of a thorough and successful outreach process. The meeting began with an overview of the WET planning process, guidelines, and goals, followed by a presentation of the initial needs assessment survey data. These large-group conversations provided an opportunity for stakeholder questions and feedback, and laid the groundwork for participants to self-select into one of two focus groups held the same afternoon.

Following the community convening, Harder+Company led two focus groups with participants: one addressed training needs for mental health consumers and family members currently in the mental health workforce, and strategies for the creation of mental health career pathways for consumers and family members; and the other focused on current training needs of mental health professionals, and effective strategies to foster the development of career pathways for mental health professionals and those interested in the field. The focus group addressing consumer career pathways asked participants to share their perspectives on barriers and opportunities for the inclusion of individuals with mental health client and family member experience into the mental health workforce, gaps in language capacity and racial/ethnic diversity, and recommendations for addressing the shortages in Sonoma County's public mental health workforce in terms of specific occupations or skill sets. The focus group tailored to professional career pathways covered all of these areas as well, while also emphasizing an exploration of strategies that could be implemented to attract and retain culturally and linguistically diverse candidates to work as mental health service providers in Sonoma County.

Furthermore, to include input and perspectives from Sonoma County staff, Harder+Company conducted two focus groups with MHD management and supervisory staff. These two groups elicited input about: (a) the training needs of public mental health line staff; (b) the training needs of County mental health managers and supervisors; and (c) proposed implementation strategies and program elements to ensure training needs are met. Similar to the focus groups with community stakeholders and providers, the focus groups with Sonoma County managers elicited feedback about addressing identified shortages in Sonoma County's public mental health workforce in terms of occupations and skill sets, promoting the inclusion of individuals with mental health client and family member experience into the workforce, and ensuring that mental health service providers are culturally and linguistically reflective of the communities they serve. In addition, program managers shared feedback about their own training needs and training needs of the staff they manage, as well as the types of training, infrastructure, and supports that could be implemented to support managers who supervise consumers.

Advisory Committees: Following completion of the needs assessment surveys, focus groups, and stakeholder convenings, the Sonoma County MHD convened WET Advisory Committees to flesh out and prioritize the recommendations and strategies that emerged from the previous stakeholder involvement processes. One advisory committee focused its efforts on WET strategies aimed at consumers and family members; another addressed the career pathways and training needs of County staff and the diverse group of CBO mental health providers. Two Advisory Committees were convened to address issues related to communities of color. These committees elicited input regarding the elimination of ethnic and cultural disparities in accessibility, availability, and appropriateness of mental health services through the development and maintenance of a culturally competent mental health workforce that reflects the ethnic and cultural communities it serves. Specifically, these committees addressed (a) the barriers to train, recruit, hire and retain culturally competent mental health professionals and paraprofessionals who reflect the demographics of Sonoma County; and (b) the programs or supports that would increase the capacity of the public mental health system to train, recruit, hire and retain a culturally competent, demographically reflective workforce.

Invitations were extended to community stakeholders to join the WET Advisory Committee in order to ensure a body with diverse perspectives representing the views of the educational sector, community providers, management staff, County employees, mental health consumers, families of consumers, and communities of color. The Advisory Committees used the foundation of data provided by

the surveys and focus groups to formulate and prioritize strategies aimed at creating pathways for people to develop the needed skill sets to enter the mental health workforce, as well as addressing the training needs within the existing mental health workforce in Sonoma County. The work of the advisory committees fed directly into the call for concept papers, and is reflected in the strategy descriptions presented below.

Public Comment

A complete draft of the Sonoma County Workforce Education and Training Plan that includes all exhibits was posted for public review on the County's website on January 15, 2010. Public review and comment was held at a public hearing at the Steel Lane Community Center, 415 Steele Lane, Santa Rosa – Dohn Room on March 10, 2010 from 5:30 to 7:30.

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 1

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)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	
A. Unlicensed Mental Health Direct Service Staff:										
County (employees, independent contractors, volunteers):										
Mental Health Rehabilitation Specialist	9.0	0	5.0							
Case Manager/Service Coordinator	16.0	0	7.0							
Employment Services Staff.....	1.0	1	7.0							
Housing Services Staff	1.0	0	4.0							
Consumer Support Staff	0.0	1	7.0							
Family Member Support Staff	1.0	0	3.0							
Benefits/Eligibility Specialist	3.0	0	3.0							
Other <i>Unlicensed</i> MH Direct Service Staff	5.0	0	3.0							
<i>Sub-total, A (County)</i>				22	3	0	1	1	3	30
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Mental Health Rehabilitation Specialist	47.0	0	5.0							
Case Manager/Service Coordinator	23.0	1	2.0							
Employment Services Staff.....	8.0	0	2.0							
Housing Services Staff	0.0	0	0.0							
Consumer Support Staff	12.0	0	2.0							
Family Member Support Staff	2.0	0	0.0							
Benefits/Eligibility Specialist	1.0	0	1.0							
Other <i>Unlicensed</i> MH Direct Service Staff	42.0	0	6.0							
<i>Sub-total, A (All Other)</i>				101	19	9	3	1	3	136
Total, A (County & All Other):				123	22	9	4	2	6	166

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



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



EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 2

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)
B. Licensed Mental Health Staff (direct service):				(Licensed Mental Health Direct Service Staff; Sub-Totals Only) ↓						
County (employees, independent contractors, volunteers):										
Psychiatrist, general.....	11.0	1	2.0							
Psychiatrist, child/adolescent.....	6.0	1	0.0							
Psychiatrist, geriatric.....	1.0	1	0.0							
Psychiatric or Family Nurse Practitioner	0.0	1	1							
Clinical Nurse Specialist	1.0	1	0.0							
Licensed Psychiatric Technician	2.0	0	0.0							
Licensed Clinical Psychologist.....	1.0	1	0.0							
Psychologist, registered intern (or waived)	0.0	0	0.0							
Licensed Clinical Social Worker (LCSW)	38.0	0	3.0							
MSW, registered intern (or waived)	0.0	0	1.0							
Marriage and Family Therapist (MFT).....	24.0	0	4.0							
MFT registered intern (or waived).....	4.0	1	2.0							
Other Licensed MH Staff (direct service)	3.0	0	0.0							
<i>Sub-total, B (County)</i>	91.0	7	13.0	55	5	0	3	0	1	64
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Licensed Mental Health Direct Service Staff; Sub-Totals and Total Only) ↓						
Psychiatrist, general.....	3.0	1	1.0							
Psychiatrist, child/adolescent.....	4.0	1	2.0							
Psychiatrist, geriatric.....	0.0	0	0.0							
Psychiatric or Family Nurse Practitioner	0.0	0	0.0							
Clinical Nurse Specialist	1.0	1	0.0							
Licensed Psychiatric Technician	7.0	0	0.0							
Licensed Clinical Psychologist.....	5.0	1	2.0							
Psychologist, registered intern (or waived)	4.0	1	3.0							
Licensed Clinical Social Worker (LCSW)	6.0	1	5.0							
MSW, registered intern (or waived)	0.0	1	0							
Marriage and Family Therapist (MFT).....	24.0	1	9.0							
MFT registered intern (or waived).....	20.0	0	11.0							
Other Licensed MH Staff (direct service)	0.0	0	0.0							
<i>Sub-total, B (All Other)</i>	74.0	8	33.0	78	3	3	1	1	1	87
Total, B (County & All Other):	165.0	15	46.0	133	8	3	4	1	2	151

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 3

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)
C. Other Health Care Staff (direct service):										
County (employees, independent contractors, volunteers):										
Physician	0.0	0	0.0							
Registered Nurse	16.0	0	1.0							
Licensed Vocational Nurse	0.0	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).....	0.0	1	0.0							
Other Health Care Staff (direct service, to include traditional cultural healers).....	0.0	1	0.0	(Other Health Care Staff, Direct Service; Sub-Totals Only) ↓						
<i>Sub-total, C (County)</i>	16.0	5	1.0	6	0	0	0	0	1	7
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Physician	0.0	0	0.0							
Registered Nurse	8.0	1	5.0							
Licensed Vocational Nurse	9.0	0	2.0							
Physician Assistant	0.0	0	0.0							
Occupational Therapist	1.0	1	1.0							
Other Therapist (e.g., physical, recreation, art, dance).....	0.0	0	2.0							
Other Health Care Staff (direct service, to include traditional cultural healers).....	0.0	0	0.0	(Other Health Care Staff, Direct Service; Sub-Totals and Total Only) ↓						
<i>Sub-total, C (All Other)</i>	18.0	2	10.0	10	0	3	0	0	0	13
Total, C (County & All Other):	34.0	7	11.0	16	0	3	0	0	1	20

EXHIBIT 3: 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.....	16.0	0	1.0							
Supervising psychiatrist (or other physician)	3.0	1	0.0							
Licensed supervising clinician.....	4.0	0	1.0							
Other managers and supervisors.....	0.0	1	0.0							
<i>Sub-total, D (County)</i>	23.0	2	2.0	22	2	0	0	0	0	24
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Managerial and Supervisory; Sub-Totals and Total Only) ↓						
CEO or manager above direct supervisor.....	15.0	1	1.0							
Supervising psychiatrist (or other physician)	1.0	1	0.0							
Licensed supervising clinician.....	8.0	1	2.0							
Other managers and supervisors.....	15.0	1	2.0							
<i>Sub-total, D (All Other)</i>	39.0	4	5.0	16	3	3	0	0	0	22
Total, D (County & All Other):	62.0	6	7.0	22	3	3	0	0	0	28
E. Support Staff (non-direct service):				(Support Staff; Sub-Totals Only) ↓						
County (employees, independent contractors, volunteers):										
Analysts, tech support, quality assurance.....	3.0	1	6.0							
Education, training, research	1.0	0	0.0							
Clerical, secretary, administrative assistants	20.0	0	19.0							
Other support staff (non-direct services).....	4.0	0	0.0							
<i>Sub-total, E (County)</i>	28.0	1	25.0	19	5	0	1	0	0	25
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Support Staff; Sub-Totals and Total Only) ↓						
Analysts, tech support, quality assurance.....	2.0	0	1.0							
Education, training, research	4.0	0	0.0							
Clerical, secretary, administrative assistants	11.0	0	3.0							
Other support staff (non-direct services).....	4.0	0	3.0							
<i>Sub-total, E (All Other)</i>	21.0	0	7.0	10	5	1	1	2	0	19
Total, E (County & All Other):	49.0	1	32.0	29	10	1	2	2	0	44

EXHIBIT 3: 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)	194.0	17	80.0	108	13	0	5	1	5	132
All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E)	287.0	15	73.0	221	31	19	5	4	4	284
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	481	32	153.0	329	44	19	10	5	9	416

F. TOTAL PUBLIC MENTAL HEALTH POPULATION

				Race/ethnicity of individuals planned to be served -- Col. (11)						All individuals (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/ Caucasian (5)	Hispanic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
F. TOTAL PUBLIC MH POPULATION	Leave Col. 2, 3, & 4 blank			3937	608	261	186	81	236	5309

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

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

Major Group and Positions (1)	Estimated # FTE authorized and to be filled by clients or family members (2)	Position hard to fill with clients or family members? (1=Yes; 0=No) (3)	# additional client or family member FTEs estimated to meet need (4)
A. <i>Unlicensed</i> Mental Health Direct Service Staff:			
Consumer Support Staff.....	1.0	1	7.0
Family Member Support Staff	2.0	1	3.0
Other <i>Unlicensed</i> MH Direct Service Staff	2.0	0	0.0
Sub-Total, A:	4.0	2	10.0
B. <i>Licensed</i> Mental Health Staff (direct service)	4.0	1	0.0
C. Other Health Care Staff (direct service)	0.0	1	0.0
D. Managerial and Supervisory.....	1.0	1	4.0
E. Support Staff (non-direct services).....	0.0	1	0.0
GRAND TOTAL (A+B+C+D+E)	9.0	4	14.0

III. LANGUAGE PROFICIENCY

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

Language, other than English (1)	Number who are proficient (2)	Additional number who need to be proficient (3)	TOTAL (2)+(3) (4)
1. <u>Spanish</u>	Direct Service Staff <u>42</u> Others <u>14</u>	Direct Service Staff <u>25</u> Others <u>4</u>	Direct Service Staff <u>67</u> Others <u>18</u>
2. <u>Vietnamese</u>	Direct Service Staff <u>0</u> Others <u>0</u>	Direct Service Staff <u>2</u> Others <u>0</u>	Direct Service Staff <u>2</u> Others <u>0</u>
3. <u>Cantonese</u>	Direct Service Staff <u>1</u> Others <u>0</u>	Direct Service Staff <u>0</u> Others <u>0</u>	Direct Service Staff <u>1</u> Others <u>0</u>
4. <u>Tagalog</u>	Direct Service Staff <u>4</u> Others <u>0</u>	Direct Service Staff <u>0</u> Others <u>0</u>	Direct Service Staff <u>4</u> Others <u>0</u>
5. <u>Russian</u>	Direct Service Staff <u>2</u> Others <u>0</u>	Direct Service Staff <u>0</u> Others <u>0</u>	Direct Service Staff <u>2</u> Others <u>0</u>
5. <u>American Sign Language</u>	Direct Service Staff <u>1</u> Others <u>0</u>	Direct Service Staff <u>1</u> Others <u>0</u>	Direct Service Staff <u>2</u> Others <u>0</u>

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

REMARKS: Summary of workforce needs assessment including a brief listing of any significant shortfalls or disparities such as, racial/ethnic groups, special populations, and unserved or underserved communities.

A. Shortages by occupational category:

- * There is a shortage of bilingual/bicultural staff in all occupational categories and at all levels.
- * There is a specific need to increase the number of unlicensed direct service staff. Some survey respondents indicated that there are existing teams that are “licensed-heavy,” and that unlicensed staff could carry out many of those tasks, making effective use of resources.
- * Positions that were specifically identified as needed by County staff were: For Unlicensed Direct Service Staff, “Client Support Assistant” and “Benefits Counselor”; and for Licensed Direct Service Staff, “Psychiatric Nurse” and “Mental Health Practitioner (advertise position as this, not Psychologist).”
- * Positions that were specifically identified as needed by Contractor Agencies were: for Other Health Care Staff, “Other Therapist (physical, arts, and dance); for Managerial and Supervisory, “Agency Mental Health Director.”
- * 42 percent of the total current County workforce plans to retire in the next 10 years. Specifically, 44 percent of County direct service staff plan to retire in the next 10 years, posing important shortage challenges.

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

- * There is a shortage of bilingual/bicultural staff compared to Sonoma County’s client population.
- * Shortage: 10.6 percent of the total mental health workforce in Sonoma County is Latino(a)/Hispanic. It is estimated that 22 percent of all Sonoma County residents are Latino(a)/Hispanic (American Community Survey, 2005-2007) and the proportion of Sonoma County Medi-Cal recipients who are Latino(a)/Hispanic is 41.76%. More importantly, the percentage of Latinos(as)/Hispanics currently receiving mental health services in Sonoma County is 15.4%, so it is estimated that the proportion planned to be served will be closer to 23% (based on Medi-Cal beneficiaries use of Mental health services at 54.9%).
- * Stakeholders identified that “positions become harder to fill when recruiting for minority staff,” as a survey respondent stated. Another stakeholder added, “We make efforts to recruit from the Hispanic/Latino community. Salaries are often not competitive with government and private sector jobs for those eligible to fill these positions.”

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

- * Stakeholders identified the need to increase the number of positions designated for consumers/family members. A survey respondent indicated, “None of the positions that report to me are designated as family member or consumer positions, nor do the job descriptions state that personal experience is highly desirable. I think this is a significant gap in our staffing patterns.” Another stakeholder stated, “We need to put much more emphasis on recruiting, hiring, and training consumer staff.”
- * Focus group participants made recommendations about ways to create pathways for consumers to join the mental health workforce. These include:

- Increase the number of positions designated for consumers and family members, in all categories, and specifically in direct services;
- Create part-time positions for consumers and family members, combined with educational/training opportunities;
- Provide both short-term training and long-term educational opportunities for consumers; and
- Conduct trainings for supervisors around working with consumer employees.

D. Language proficiency:

* Shortage: It is estimated that 23 percent of all Sonoma County residents over the age of five speak a primary language other than English at home (American Community Survey, 2005-2007). Spanish is a major second language in Sonoma County, given current demographic trends. Therefore, many identified the pressing need to hire staff who are bilingual in Spanish.

* 14 percent of direct service County staff are proficient in Spanish. By comparison, 70 percent of Contract Agencies reported that they have at least one Direct Service Staff proficient in Spanish. Nonetheless, both County and Contract Agencies identify the need to increase linguistic competency by hiring Spanish/English bilingual staff.

* Some stakeholders identified the need to hire bilingual staff who speak other languages as well, including Vietnamese and American Sign Language.

EXHIBIT 4: WORK DETAIL

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

Overview

A series of community focus groups were held to review the findings of the needs assessment and discuss the MHSA principles, goals and strategies to be addressed by the County's workforce development, education, and training plan. Based on the feedback from these focus groups, several work groups were assembled and asked to identify programmatic approaches to respond to the findings of the needs assessment and propose strategies to achieve the MHSA WET objectives. The recommendations of these work groups have resulted in the selection of the following proposed action plans:

A. WORKFORCE STAFFING SUPPORT

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

Description: Under this action item the current WET Coordinator role will be divided into two positions in order to provide increased public mental health system workforce and training coordination and enhanced Student/Intern program supports. Using early implementation dollars, a .5 FTE WET Coordinator was hired in September of 2007. This position has been responsible for:

- * Assuring that all WET planning and programs adhere to the values, principles, and goals of the MHSA;
- * Developing and coordinating the Workforce Needs Assessment;
- * Developing and coordinating the WET planning process;
- * Developing and coordinating the WET plan;
- * Providing internship supervision;
- * Developing relationships with educational and training partners; and
- * Participating both at the state and regional level to ensure coordination of training and to maximize training opportunities.

Objectives: This Action plan will increase the WET Coordinator position to full time and expand the position duties to include:

- * Coordinate all of Sonoma County Mental Health Division trainings;
- * Analyze training needs within the public mental health system on an ongoing basis;
- * Coordinate training events for the Sonoma County public mental health system;
- * Complete and monitor contracts with entities providing WET programs and services;
- * Participate in and support regional and state education and training programs and services;
- * Participate in local initiatives which expand opportunities and fiscal support for workforce development, i.e. Community colleges,

universities and the MH/DOR Co-operative program; and

* Provide annual updates to the WET plan and evaluate the effectiveness of services and trainings.

The development and supervision of an internship program will become the responsibility of a 1 FTE Intern Coordinator Specialist who will be responsible for:

* Expanding the internship program to include field work placements for undergraduate students and clinical internships for graduate and post graduate students;

* Student/intern recruitment;

* Supervision of students and interns; and

* Developing, expanding and maintaining relationships with the educational institutions providing students/interns.

* provide specialized training and supervision in the delivery of evidence based practices, i.e. Cognitive Behavioral Therapy, for post-graduate level interns seeking licensure.

Action #1 Budget justification:

		FTE	FY 08 09 Costs	FY 09 10 Costs	FY 10 11 Costs	FY 11 12 Costs	Total
Salaries and Benefits:							
Program Manager	WET Coordinator	1.00	\$ 140,619	\$ 152,845	\$ 155,016	\$ 155,016	\$ 603,496
LCSW/MFT Specialist	Intern Coordinator	1.00			130,951	130,951	261,902
Senior Office Assistant		0.50			2,729	42,729	85,458
Sub Total Salary and Benefits		2.50	140,619	152,845	328,696	328,696	950,856
Other Costs							
Operating Costs				30,000	30,000	30,000	90,000
Travel				5,000	5,000	5,000	15,000
Consultation					10,000	10,000	20,000
Flexible Funds				8,000	8,000	8,144	24,144
Sub Total Other Costs			-	43,000	53,000	53,144	149,144
Total Costs			140,619	195,845	381,696	381,840	1,100,000
Revenue:							
MHSA WET Funding		*	140,619	959,381			1,100,000
Net Costs (Savings)			\$ -	\$ (763,536)	\$ 381,696	\$ 381,840	\$ -

*: Funds requested and received in FY 07 08

Action # 1 Budget Narrative:

- Salary and Benefits costs reflect costs for the 1.00 FTE Wet Coordinator through FY 08 09 through FY 11 12 plus the cost of a 1.00 FTE LCSW/MFT Specialist and a 0.50 FTE Senior Office Assistance for FYs 10 11 and 11 12.
- Operating costs include a number of items:
 - Costs for 3 phone lines at \$25 per line per month each year
 - Costs for 2 cell phones at \$50 per phone per month each year
 - Food costs estimated at \$190 per FTE
 - Janitorial expenses estimated at \$425 per FTE
 - Liability insurance calculated at \$600 per FTE
 - Building maintenance costs estimated at \$900 per FTE
 - Office expenses at \$160 per FTE
 - Costs for brochures or other marketing documents estimated at \$3 per document for 500 pieces
 - Photo copy supplies calculated at \$120 per FTE
 - Postage at \$25 per FTE
 - Cost for 3 computers and network charges at \$2,250 each
 - Books and periodicals at \$400 per FTE
 - Training for staff at \$1,000 per FTE
 - And a portion of the A-87 charges allocated to SCMHD at \$8,500 per FTE
- Travel costs reflect an estimate of \$600 per FTE
- Consultation costs are based on an assumption of 100 hour in year at \$100 per hour
- The flexible funds were set aside to be used to supplement one of the other line items in this budget or in one of the other three actions. The intent is to use these funds to supplement training, or consultation, or travel expenses, or provide for additional stipends. The amount budgeted was based on the remaining funds available from the allocation for this Action once the other budgets for the other items were determined.

B. TRAINING AND TECHNICAL ASSISTANCE

Action #2 – Title: Workforce Development

Description: The Sonoma County Workforce Education and Training planning process identified a need for providing training to public mental health staff in a variety of skill sets. Training activities will address the areas identified throughout the planning process, including: helping clients towards recovery by developing and maintaining independent living skills; incorporating effective, evidence-based, or best/promising practices in mental health services provision; providing culturally competent, consumer-driven services; and preparing leadership and management to implement the goals of the Mental Health Services Act.

In addition, a public mental health training committee will be developed and funded to provide a variety of trainings to public mental health staff (both county employees and employees of CBOs and client-run programs who provide services to SPMI and SED consumers). The Sonoma County Mental Health Division will conduct regular assessments of staff training needs, both in directly operated programs and other public mental health community agencies. An expanded WET training committee (to include consumer/family representatives and representatives from contracted public mental health agencies) and the WET Coordinator will identify, organize and evaluate the trainings. A variety of training methods will be explored and utilized. All training providers will integrate the fundamental principles of MHSA throughout the trainings.

Objectives:

- * Provide trainings and ongoing consultations to develop staff competencies in identified training need areas;
- * Incorporate effective, evidence based, and best/promising practices in provision of mental health services, including the use of consumers as trainers and best practices for including and working with consumers and family members as peers;
- * Promote mental health career paths for consumers, family members, and ethnically diverse communities;
- * Provide supports (including stipends when necessary) and coaching on and off the job to ensure greater success for recruitment and job retention of consumer and family members;
- * Use plans, techniques, and knowledge on independent living skills to support clients toward recovery; and
- * Develop a new workforce (current workforce and new professional pathways) in leadership and management.

Action #2 Budget justification:

		FY 10 11	FY 11 12	
Salaries and Benefits:	FTE	Costs	Costs	Total
** Independent Living Skills Coordinator	1.00	\$ 75,000	\$ 75,000	\$ 150,000
Sub Total Salary and Benefits	1.00	75,000	75,000	150,000
Services:				
Training Costs		10,000	10,000	20,000
Consultation		5,000	5,000	10,000
Peer Mentorship Trainee Stipends		6,000	6,000	12,000
Expert Stipends		4,000	4,000	8,000
Sub Total Services		25,000	25,000	50,000
	Total Costs	100,000	100,000	200,000
Revenue:				
MHSA WET Funding		200,000		200,000
Net Costs (Savings)		\$ (100,000)	\$ 100,000	\$ -

Action #2 Budget Narrative:

- Salary and benefits costs reflect 1.00 FTE Independent Living Skills Coordinator. The Independent Living Skills Coordinator identified in the budget will coordinate the recruitment, hiring, training, and supervision of the peer staff whose role will be to teach independent living skills to clients. In addition, the Independent Living Skills Coordinator will act as a liaison to the County Mental Health Division assisting the Division to develop strategies and protocols for sharing information about services with clients, as well as training curriculum for the peer providers.
- Training costs we calculated based on 40 hours of training at an average cost of \$250 per hour for about 10 trainings each year.
- Consultation costs reflect 50 hours of services at \$100 per hour
- The cost for the peer mentorship trainee stipends is calculated based on 400 hours at a cost of \$15 per hour.
- Expert Stipends reflect a \$20 per hour rate for 200 hours.

C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action #3 – Title: Consumer and Family Member Mental Health Career Pathways

Description: Consumers, family members, and other community members who participated in the planning process identified a need for providing education and employment opportunities and other opportunities for involvement in the public mental health system for consumers of mental health services and their family members. Therefore, this action will address the needs of consumers and family members who are interested in mental health educational and career pathways.

Major activities include outreach, education and employment coordination, and peer mentoring and counseling, consumer and family satisfaction projects and quality improvement. In order to encourage consumers and family members to explore employment and training options in public mental health, outreach will occur through programs targeting underrepresented consumers/family members in the County (i.e., Latino/a and Spanish-speaking, homeless), and community presentations promoting careers in the public mental health field. Education and employment coordination will encompass strengthening links between local education programs and interested mental health consumers and family members, promoting internships/externships and certificate programs, collaborating to design job openings that accept and are reflective of consumer/family member experience, and promoting relevant training, evaluations and announcements about workforce, training and education developments. Consumer and family satisfaction activities will ensure effective and meaningful involvement of consumer and family members in the mental health system of care.

Additionally, in order for consumers of public mental health services to be successful as providers of public mental health services, they need specialized support and training. As a first step toward a career in public mental health, training in peer counseling and peer mentoring provides a period of work adjustment career exploration and supported education and is an excellent entry point for consumers interested in gaining the skills, exposure, and hands-on experience necessary to be employed in public mental health. Peer counseling and peer mentoring trainee programs may train consumers on facilitating peer-to-peer counseling relationships; delivering effective workforce and life-skill coaching at a peer level; and provide specialized training (i.e., forensic mental health, independent living skills, psychosocial rehabilitation). Consumers and family members will also have opportunities to provide leadership via quality improvement activities to the public mental health system.

When necessary to meet the stated objectives, these positions may be stipended and/or not be identified as “peer” but rather entry-level, on-the-job training opportunities.

Objectives:

- * Increase the number of mental health consumers employed in the public mental health system;
- * Provide outreach and education within the public mental health employer community;

- * Provide supports (including stipends when necessary) and coaching on and off the job to ensure greater success for recruitment and job retention;
- * Provide training and experience for trainees, interns, and/or externs to assist them in furthering their educational/vocational goals in public mental health;
- * Promote mental health career paths for consumers, family members, and ethnically diverse communities;
- * Liaison between local education programs and mental health consumers and family members;
- * Provide information regarding resources available in the community;
- * Provide opportunities for leadership within the consumer and family member community
- * Increase mental health development opportunities in high schools, adult education, regional occupational programs, and community colleges; and
- * Fund and support educational curricula that is consistent with MHSA values and priorities, including wellness, recovery, and resiliency.

Action #3 Budget justification: This item include

	FTE	FY 10 11	FY 11 12	Total
		Costs	Costs	
Salaries and Benefits:				
Consumer Affairs Coordinator	1.00	\$ 75,000	\$ 75,000	\$ 150,000
Consumer Education Coordinator	1.00	75,000	75,000	150,000
Sub Total Salary and Benefits	2.00	150,000	150,000	300,000
Services & Supplies:				
Peer Mentorship Trainee Stipends		150,000	150,000	300,000
Operating Costs		37,900	37,900	75,800
Consultation		50,000	50,000	100,000
Training		20,000	20,000	40,000
Sub Total Services and Supplies		257,900	257,900	515,800
Total Costs		407,900	407,900	815,800
Revenue:				
MHSA WET Funding		815,800		815,800
Net Costs (Savings)		\$ (407,900)	\$ 407,900	\$ -

Action #3 Budget Narrative:

- Salaries and Benefits reflect total salary and benefits costs for 2.00 FTE positions
- Peer Mentorship Trainee Stipend costs reflect 4.81 Full Time Equivalent Positions or about 10,005 hours for these positions over a year at a cost of \$15 per hour. SCMHD anticipates that none of the individuals participating in the peer mentorship training will work full time and that the available hours will support 9 to 10 individuals over a year.
- Operating Costs include a number of items:
 - Costs for 2 phone lines at \$25 per line per month each year
 - Costs for 4 cell phones at \$50 per phone per month
 - Costs for food for meetings and training sessions at \$190 times 7 individuals over a year
 - Costs for janitorial services based on \$425 per FTE at 2.00 FTE
 - Costs for liability insurance at an annual cost of \$600 per FTE (2.00 FTE)
 - Building maintenance costs at \$900 per FTE (2.00 FTE)
 - Office expenses at \$160 per individual based on 7 individuals for a year
 - Cost for 500 brochures or other marketing materials at \$3 each
 - Postage costs based on 6 individuals at \$25 per individual
 - Maintenance and network charges for 5 computers at \$2,250 per computer
 - A portion of the SCMHD's A-87 costs at \$8,500 per FTE based on 1.00 FTE
 - Travel costs calculated for 7 individuals at \$600 each
- Consultation costs assume 400 hours of service at \$125 per hour
- Training costs assume 200 hours of training annually at an average cost of \$100 per hour. This will provide for up to 40, 5 hour training sessions in a year. It is likely that the length of training sessions could be more or less than 5 hours resulting in a different number of sessions than 40.

D. RESIDENCY, INTERNSHIP PROGRAMS

Action #4 – Title: Post-Graduate Internships and Supervision

Description: Sonoma County WET planning process participants identified the need for competent practitioners who reflect the diversity of the community to fill the needs of mental health clients in Sonoma County. The dearth of necessary services is having an ever-greater effect on the health of Sonoma County communities as a whole, and thus community members called for the need to create real opportunity for qualified candidates to work in public mental health settings, particularly Latino/a and bilingual postgraduates and postgraduates interested in geriatric mental health services, forensic mental health, and adults who are seriously mentally ill and youth who are SED.

This Action helps address these needs by dedicating resources to internship opportunities, training and development, clinical supervision and consultation, and increased participation from post-graduates from underserved and/or underrepresented communities in internship opportunities.

Objectives:

- * Increase the pool of culturally competent licensed mental health providers;
- * Increase the number of licensed mental health providers from underserved and/or underrepresented communities including those from diverse ethnic communities; the Gay, Lesbian, Bisexual, Transgender, Queer, Questioning, and/or Intersex communities; and/or those with lived experience as mental health consumers or their family members; and
- * Increase the availability of linguistically and culturally appropriate, effective services to high-need populations in Sonoma County (i.e., older adults, Spanish-speaking communities, non-violent mentally ill offenders).

Action #4 Budget justification:

	FY 10 11	FY 11 12	Total
Bilingual/Bicultural Psychotherapy Internships	50,000	90,000	140,000
Operating Costs	15,109	15,110	30,219
Consultation/Clinical Training	15,000	14,781	29,781
Total Costs	80,109	119,891	200,000
MHSA WET Funding	*	200,000	200,000
Net Costs (Savings)	\$ (119,891)	\$ 119,891	\$ -

*: Funds equaling \$29,781 were requested and received in FY 07 08

Action # 4 Budget Narrative:

- The costs associated with the psychotherapy internships assumes a stipend of \$10,000 per internship for 5 slots in FY 10 11 and 9 slots in FY 11 12.
- Operating costs include several items:
 - Communication costs are calculated at \$25 per month per phone line for 2 lines.
 - Liability insurance costs reflect the cost for 5 slots at \$600 per slot
 - Office expense are calculated on \$360 per slot for 5 slots and will include training materials
 - Marketing materials costs reflect the purchase of 205 brochures or other marketing documents at \$2 per piece
 - Photo copying costs are based on \$60 per slot for 5 slots
 - Computer maintenance and network access cost are for 4 computers at \$2,250 per computer
 - Consultation and clinical training costs include 50 hours of specialized clinical supervision and case review with identified subject matter experts and 100 hours of small group training both at a cost of \$100 per hour.

EXHIBIT 5: ACTION MATRIX

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

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

EXHIBIT 6: BUDGET SUMMARY

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	140,619	0	140,619
B. Training and Technical Assistance	0	0	0
C. Mental Health Career Pathway Programs	0	0	0
D. Residency, Internship Programs	29,781	0	29,781
E. Financial Incentive Programs	0	0	0
GRAND TOTAL FUNDS REQUESTED for FY 2007-08			\$170,400

Fiscal Year: 2009-10			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support	0	959,381	959,381
B. Training and Technical Assistance	0	200,000	200,000
C. Mental Health Career Pathway Programs	0	815,800	815,800
D. Residency, Internship Programs	0	170,219	170,219
E. Financial Incentive Programs	0	0	0
GRAND TOTAL FUNDS REQUESTED for FY 2009-10			\$2,145,400

Fiscal Year: 2010-11			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support	0	0	0
B. Training and Technical Assistance	0	0	0
C. Mental Health Career Pathway Programs	0	0	0
D. Residency, Internship Programs	0	0	0
E. Financial Incentive Programs	0	0	0
GRAND TOTAL FUNDS REQUESTED for FY 2010-11			\$0

Attachment A – Action Budget Worksheets

- Action # 1 Workforce Education and Training Plan Coordination and Implementation
- Action # 2 Workforce Development
- Action # 3 Mental Health Career Pathways
- Action # 4 Residency and Internship Programs