Central Region Partnership

Outcomes Report

April 2013 through March 2015

Prepared by
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Executive Summary

California’s Mental Health Services Act (MHSA) funded five regional partnerships beginning in 2008 to support the advancement and development of the public mental health workforce from a regional perspective. MHSA Workforce Education and Training (WET) activities are designed to build and improve local workforces by coordinating resources through partnerships between county mental health systems, contracted providers, educational partners, persons with lived experience, consumers, family members, caregivers, volunteers, and other stakeholders. Each regional partnership focuses on projects and goals specific to their regional needs related to goals and objectives of the Five Year MHSA Workforce Education and Training (WET) Plan. This report covers the accomplishments and outcomes of the Central Region from April 2013 through March 2015.

The Central Region is comprised of 20 counties in the center of the state. In 2009, the Central Region partners met to discuss priorities and strategies to meet local needs. Over the past six years, the Central Region has started and completed many programs and projects to accomplish the priorities that were initially determined by the partners. Priorities are focused on several different strategies, including: educational pipeline strategies, clinical supervision, skill development of staff and providers, and the training of persons with lived experience, consumers, family members, caregivers, staff, volunteers, providers and community members, including reducing stigma against mental illness in our communities.

The educational pipeline strategies included the partial funding of the

development of a hybrid (online and on-campus) Master of Social Work program at CSU, Stanislaus and two online psychosocial rehabilitation programs at the Madera Campus of the State Center Community College District and Modesto Junior College. Outcomes from the Region’s online psychiatric rehabilitation courses include the learning of over 50 individuals, the start-up of a learning community of peers in Tulare County, and the transition of two of our contracted classes into college-sustained classes at the Madera Campus.

The clinical supervision priority was addressed by having counties share a contract for a licensed clinical social worker to provide clinical supervision for employees. Most of these employees collected the hours required to become licensed clinicians or to become eligible to take exams for licensure. Outcomes include licensing of 16 clinicians from seven counties in the region that might not otherwise have had an opportunity to become licensed given the supervision capacity in the participating counties.

The skill development priority has been addressed by offering several trainings, some evidence-based and others geared more toward recovery or consumer and family member training. Outcomes include training approximately 700 individuals (some attending more than one training), including staff members, providers and volunteers, about such topics as: Seeking Safety; Trauma-Focused Cognitive Behavioral Therapy; and, Leadership Trainings for executive management, middle-management and peer employees and volunteers.

Mental Health First Aid Training for Instructors allows community members to be trained across the counties in the Central Region. Mental Health First Aid is a mental health literacy and stigma reduction training program that teaches community members about the signs and symptoms of mental illness and a 5-step action plan that addresses how to help someone who may be developing a mental illness, or who may be experiencing a mental health crisis. Because of the Central Region Partnership funding for MHFA Instructor training, counties are able to provide these trainings free of
charge. Additionally, the Central Region Partnership has provided thousands of the manuals required to instruct a course to certified instructors in the counties of the Central Region. Approximately 155 active and certified instructors in the Region have trained an estimated 6000 individuals in the Central Region in Mental Health First Aid. A monthly MHFA Instructor Support Group is held to foster dialogue and discussion amongst instructors. The number of trained individuals are decreasing the stigma and building the capacity of communities to assist those with mental illnesses. In addition, Mental Health First Aid increases goodwill amongst community members towards public mental health.

The Mental Health Services Act emphasizes the need for the public mental health workforce to be culturally competent. One way the Region addressed this was by funding the Northern California Cultural Competency Summit in October of 2013. This summit provided valuable cultural competency content in a culturally humble manner to hundreds of participants, primarily from the Central Region of California. Additionally, we provided interpreter training for interpreters and providers throughout the Region. Based on 2010 US Census data, the Central Region’s racial and ethnic population is primarily white (71%) and Hispanic/Latino (28.88%).

<table>
<thead>
<tr>
<th>Race/Ethnicity Information of Central Region Counties, combined – US Census Bureau, 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian and Alaskan Natives</td>
</tr>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>Black</td>
</tr>
<tr>
<td>Hispanic or Latino origin</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>Persons reporting two or more races</td>
</tr>
</tbody>
</table>

Outcomes from the first four years of the Region’s activities (through March of 2013) were published in June of 2013. This report updates the activities that were completed or in progress at that time. It also highlights new and future programs and projects.
The members of the Central Region Partnership take pride in their accomplishments over the past six years and look forward to continuing development of the Region's public mental health workforce.
Why These Activities for the Central Region Partnership?

The Central Region Workforce Education and Training Partnership of California is a collaboration of 20 counties, provider agencies, state and community colleges, community-based organizations, consumers, family members, caregivers, volunteers and other stakeholders. Geographically, the Region spans from Sutter, Yuba and Placer Counties on the north, to Kings, Tulare and Inyo Counties on the south. It borders Bay Area counties on the west, and the state of Nevada on the east. The Central Region Partnership’s purpose is to increase and improve the public mental health workforce in our area through workforce development, career and educational pipeline improvement and coordinated training efforts. This projects and programs of the Partnership are funded by the Mental Health Services Act through the Office of Statewide Health Planning and Development. Placer County Department of Health & Human Services serves as the Lead County and fiscal agent, and contracts management services for the Partnership through the California Institute for Behavioral Health Solutions (CIBHS).

Fifteen of the 20 counties that comprise the Central Region are considered small counties (<200,000 population). Traditionally, small counties have more difficulty obtaining trainings and trainers of the caliber that larger counties can, given their funding is focused on other priorities. One of the strategies identified by members of the Central Region Partnership was to provide quality training on a regional basis, giving access to those who might not have been able to obtain such training without the Region’s resources. Additionally, to ensure broad participation, the Region offers travel reimbursements according to a standardized policy. This report addresses the outcomes of trainings and other projects sponsored and
provided from April 2013 through March 2015 by the Central Region Partnership in the counties of the Central Region.

Our pipeline priorities reflect the needs of our partner agencies as well as the requirements outlined in the Workforce Education and Training Component of the Mental Health Services Act. For example, Online Education for recovery-based Psychosocial Rehabilitation meets the needs of our counties’ staff, providers and volunteers while providing valuable and relevant, MHSA-focused content, along with community college credits.

Most of the Central Region’s projects have been focused on the development and enhancement of skills necessary to improve outcomes in mental health services to consumers and in the community. The following pages summarize the projects that the Partnership has funded and highlights the outcomes of each project. More detailed information about any of the projects is available by contacting the Central Region Partnership Coordinator.
Pipeline Priorities – In Progress

Roving Clinical Supervisor Program

Purpose/Goal(s) and/or Intended Outcomes and MHSA WET Component Addressed by the Project or Program: The intended outcome of this project was to increase the number of licensed professional, hard-to-fill, clinical positions of staff and providers in the agencies and organizations of the public mental health system in the Central Region through the sharing of clinical supervisors between counties. This project began in a few small, rural counties where clinical supervision was more difficult to obtain. This program addresses the Mental Health Career Pathway Programs Component of MHSA WET.

Project/Program Summary: The Central Region Partnership members have determined that obtaining licensure for professional staff and providers is a priority. To this end we are providing clinical supervision to staff collecting hours for licensure. Clinical supervisors can be contracted by the Partnership to serve students, staff and providers in a minimum of two partnering counties, between which the supervisor travels to provide supervision.

Outcomes: Three Roving Supervisors have provided clinical supervision for the last two years in: Amador and Calaveras Counties, and approximately three years in Alpine County. A second supervisor was contracted to provide clinical supervision between Stanislaus and Tuolumne Counties. A third supervisor was contracted to provide clinical supervision in Merced and Inyo Counties. Since inception, 76 individuals have utilized the program. Sixteen individuals, 21% of participants, have become licensed as Marriage and Family Therapists or Licensed Clinical Social Workers. Another seventeen, or 22%, have collected the required hours and are ready to take exams for licensure.

Because of this effort, 16 individuals have become licensed as Marriage and Family Therapists orLicensed Clinical Social Workers.
Important to note is that six of the individuals who participated in the Roving Supervisor program were part of the Rural Weekend MSW program that was partially sponsored by the Central Region Partnership in 2009 through 2011 through a contract with CSU, Sacramento. So far, one of those participants has become licensed.

![Participants in the Roving Supervisor Program](image)

### County Participants

<table>
<thead>
<tr>
<th>County</th>
<th>Number of Participants Per County</th>
<th>Number Licensed</th>
<th>Number Ready for Exams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpine</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Amador</td>
<td>4</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Calaveras</td>
<td>13</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Inyo</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Merced</td>
<td>27</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>13</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Tuolumne</td>
<td>8</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
After collecting hours, two of the individuals in the program left to work in public mental health agencies in counties outside of the Central Region.

We will continue to monitor licensure in these counties and look forward to developing and increasing licensed clinical staff in the Region.

**Online Psychosocial Rehabilitation Programs**

**Purpose/Goal(s) and/or Intended Outcomes and MHSA WET Component Addressed by the Project or Program:** These programs are intended to increase accessibility to recovery-based education for a wide mix of people (employees, volunteers, consumers and family members). These programs address the Mental Health Career Pathway Programs Component of the MHSA WET.

**Project/Program Summary:** The Partnership approached two different community colleges with two different contracts to provide online psychosocial rehabilitation programs in the Central Region. The two campuses are: the Madera Campus of the State Center Community College District and the Modesto Junior College of the Yosemite Community College District. The specific programs are described in the following summaries:

**Madera Campus:**

Courses are offered through the State Center Community College District (SCCCD), Madera Community College Center Distance Learning Program. Weekly courses and supervision will be accomplished using distance education course management system, Blackboard. Betty Dahlquist, Executive Director of the California Association of Social Rehabilitation Agencies (CASRA), was contracted by the college to instruct the course until a full-time instructor was hired in February of 2013. The new instructor, Susan Lowe, is pictured below with some of the graduates from the 2014 cohort.
Classes began late in the fall of 2012 and will end in the summer of 2015. Tuition and books were purchased for students.

The program provided two 3-unit courses per semester in fall and spring. The summer semester included a field placement for students in the county that sent them to the course worth up to 3 units, depending on the number of hours worked.

**Outcomes:** In the first semester of the first cohort (commencing fall of 2012), there were approximately 26 students enrolled. Twelve of those students registered for coursework and completed the first semester in the first cohort. Nine students enrolled and completed the second semester. Four students went on to the summer field placement course and completed it.

In the first semester of the second cohort (commencing fall of 2013), 27 students enrolled. Eleven of those students registered for coursework and completed the first semester in the first cohort. Eleven students enrolled and completed the second semester, as well. Seven students enrolled in the summer filed placement course and six completed the fieldwork.

In the first semester of the third cohort (commencing fall of 2014), 23 students enrolled. Seventeen passed and enrolled in the second semester. Fifteen remain in the course at this time.

Even though a small percentage of participants completed the entire program including summer placement fieldwork, all participants increased their knowledge and/or skills in psychosocial rehabilitation.

The community college heard a lot of interest in the courses from those in the community who were unable to enroll during our contract, so they transitioned two classes to have open enrollment as of next semester with
no funding from the Partnership. If popular enough, the other two courses may transition given the sustainability of the classes through the college’s typical financial sources.

**Modesto Jr. College:**

Courses are offered through the Modesto Junior College (MJC) Human Services Program. Existing courses were developed into online courses. The course utilizes the CASRA curriculum.

Weekly courses and supervision have been accomplished using distance education course management system, Blackboard. MJC’s existing instructors provided instruction for the online courses, as well.

The classes commenced and were open to Central Region participants in the fall of 2013. Unlike the Madera Campus Program, this was not a cohort model. Students begin and end courses in any semester they are offered.

Student tuition, as well as books for classes, were purchased by the Central Region Partnership.

Three-unit courses are available each semester through spring of 2016: summer, fall and spring. One semester includes field placement for students in the county that sent them to the course worth up to 3 units, depending on the number of hours worked.

**Outcomes:** In the first Academic Year of the coursework (fall of 2013 and spring of 2014), ten Central Region students completed online coursework in this program, one of which completed two courses. In the second Academic Year of the coursework (fall of 2014 and spring of 2015), seventeen students completed the fall semester (six of whom attended two courses each) and fifteen are attending courses in the spring semester (three of whom are attending two courses). Student enrollment from the Central Region is increasing as the first semester had only three students and the current semester has 15.
We continue to provide orientations in the Region to promote attendance. We will provide more outcomes information in the future as it is collected.

Hybrid (online and on-campus) Master of Social Work Program Development Costs

Purpose/Goal(s) and/or Intended Outcomes and MHSA WET Component Addressed by the Project or Program: The intended outcome of this program was to increase the number of mental health-focused, hard-to-fill social worker staff and providers in the public mental health agencies and organizations of the Region. It is being developed primarily as an online and twice per semester on-campus program to address transportation challenges posed by traditional social work graduate programs. This program addresses the Mental Health Career Pathway Programs Component of MHSA WET.

Project/Program Summary: In 2013, directors began discussing the need to provide an accessible and affordable hybrid online Master of Social Work Program to address the shortage of MSW mental health service providers in the Central Region. In February 2015, the Central Region posted and disseminated a Request for Applications for a $50,000 award to develop an online hybrid MSW Program in a Central Region state university. In March 2015, the only applicant, CSU, Stanislaus, met criteria to win a $50,000 contract for the development of the program.

Outcomes: This program is not yet completely developed. Contract negotiations begin in April 2015 and the funds will be disbursed over the course of the program’s 2-year period. We will collect data on the program and report on outcomes, separately, after the data is received.

Central Region Partnership Coordinator Work

Purpose/Goal(s) and/or Intended Outcomes and MHSA WET Component Addressed by the Project or Program: The intended outcome of hiring a coordinator was to have one individual coordinate, facilitate and manage the projects and programs of the Central Region
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Partnership. This project addresses the Workforce Staffing Support Component of MHSA WET.

**Project/Program Summary:** The coordinator was hired when regional efforts began in May of 2009. The coordinator facilitates meetings, manages contracts, coordinates trainings, collects outcomes data, writes grants and reports, and ensures that regional projects and programs are implemented, run smoothly, and finish timely.

**Outcomes:** The Partnership’s outcomes were supported by 20 monthly meetings, six of which were face-to-face. The Partnership developed over several meetings the FY 14/15 Work Plan and began work on the FY 15/16 Work Plan. In addition, the coordinator has facilitated over 90 sub-committee meetings associated with our projects. These efforts have resulted in 17 trainings and six contracts for school-based programs or supervision. All projects received assistance from the coordinator to assure that programs were implemented, ran smoothly, and finished timely. Most importantly, the program outcomes, that allow the region to determine success and to make programmatic changes for improvement were developed, tracked and reported by the coordinator.
Training Priorities

Where the Partnership and Training Intersect

The Central Region established a high priority for skill development in both the workforce and the community in the area of mental health. The range of trainings provided over the last two years in the Central Region have included the following topics: Mental Health First Aid Training for Instructors; Mental Health First Aid for community members; Leadership Training Series – UC Davis Extension Center for Human Services; Interpreter trainings for interpreters and providers; Seeking Safety training; and the initial course of Trauma-Focused Cognitive Behavioral Therapy. Additionally, many folks have been funded to attend relevant conferences and workshops, e.g., 9 participants attended the Leadership Institute for executive management; 21 participants attended the “Together Against Stigma” Conference; and, the Central Region sponsored the Cultural Competency Summit which served nearly 300 people, mostly from the Central Region.

Other training sessions are under consideration for the future. This report will cover a summary of trainings and other projects provided for the two-year period, as well as their specific outcomes.
Completed Trainings

Leadership Training Series – UC Davis Extension Center for Human Services

Purpose/Goal(s) and/or Intended Outcomes and MHSA WET Component Addressed by the Project or Program: The intended outcome of this training was to develop the leadership skills of staff, providers, volunteers, consumers and family members. This project addresses the Training and Technical Assistance Component of MHSA WET.

Project/Program Summary: The University of California-Davis, Center for Human Services, developed a one-year course of study on Leadership in Mental Health Services. Over 60 mental health administrators and consumer leaders enrolled. The participation of leaders/emerging leaders with backgrounds reflecting the diversity of our communities as well as lived experience as mental health clients/persons in recovery, parents or family members was strongly encouraged.

The twelve trainings were held in Modesto (10) and Merced (2). Each topic required a full day of training. Topics covered included:

- Introduction to Leadership
- Understanding Diversity in an Effective Service Organization
- Systems Thinking and Organization Effectiveness
- Personal Influence and Organizational Insight
- Self-Care for Leaders
- Change Management and Staff Morale
- Problem Solving and Critical Thinking
• Principles and Practices of Organizational and Interpersonal Communication
• Sustaining Collaboration and Building Teams
• How to Measure Quality to Improve Services
• Project Management
• Putting it All Together

**Outcomes:**

Sixty-three participants registered to attend the twelve sessions. The training session with the highest attendance was the first session with 63 people attending. The training session with the lowest attendance was the 11th session with 33 people attending.

Using a scale of 1 – 5, 1 being low, students scored the quality, value and effectiveness (whether course objectives were met and whether the course provided a balance between theory and application) of the training sessions, on average, as 4 or greater for 10 of the 12 sessions.

Some students shared the following:

“All information was helpful. Great presenter. Very nice style and helpful to different learning styles.”

“Good introduction to leadership. Meaningful and relevant. Nice to have the information not be overwhelming.”

“The generational descriptions and leadership style information was most useful for me.”
Lessons Learned: This program was too lengthy for most participants to be able to attend. The recommendation is that the program needs to be shorter in total length, e.g., six months long versus 12 months long.

Additionally, some of the comments from self-declared peer participants were that they did not agree, on average, as being viewed as a leader in their organizations as a result of taking the leadership course. Of the self-declared groups of participants at varying levels reported learning from the coursework, there was a significant difference between mid-manager level workers and peer workers. There was no significant difference between supervisor level staff and peer staff. This course was not as effective for peer workers as it was for mid-managers.

Finally, some existing supervisors and mid-managers did not feel that they increased their abilities to measure and use data to improve outcomes in their organizations as a result of this training.
The Central Region Partnership is looking into other peer leadership training opportunities and using data training opportunities in the upcoming years.

**Cultural Competency Summit**

**Purpose/Goal(s) and/or Intended Outcomes and MHSA WET Component Addressed by the Project or Program:** The intended outcome of this Summit was to:

1. Provide information regarding Health Inequities for unserved, underserved and inappropriately served communities within the Central Region.
2. Increase participants’ capacity to deliver culturally competent services, thus increasing access to the populations noted above.
3. Develop skills, techniques and strategies of participants that could be utilized in current programs to enhance the overall advancement of positive health outcomes.

This project addresses the Training and Technical Assistance Component of MHSA WET.

**Project/Program Summary:** The conference theme, “CULTURAL COMPETENCY AND WORKFORCE DEVELOPMENT: The Bridge to Health Care Reform”, in keeping with the changing demographics of the state and the implementation of health care reform, is paramount in addressing issues of cultural competence and diversity. The goal of this Summit was to enhance the skill sets of our behavioral health workforce to be more sensitive and responsive to the needs of individuals and families from diverse communities.
Outcomes:  On October 2\textsuperscript{nd} and 3\textsuperscript{rd} of 2013, the Central Region Partnership sponsored the thirteenth Cultural Competence Summit for the Northern Region of California. Over 300 people registered to attend the conference which was held in Modesto, California.

Of the 118 participants that completed an evaluation, over 64% self-reported they were of a race or ethnicity other than white.

<table>
<thead>
<tr>
<th>Ethnicity of Responding Attendees</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian / Alaskan Native</td>
<td>14</td>
<td>11.9%</td>
</tr>
<tr>
<td>Asian</td>
<td>18</td>
<td>15.3%</td>
</tr>
<tr>
<td>African American</td>
<td>21</td>
<td>17.8%</td>
</tr>
<tr>
<td>Native Hawaiian / Other Pacific Islander</td>
<td>1</td>
<td>0.8%</td>
</tr>
<tr>
<td>White</td>
<td>42</td>
<td>35.6%</td>
</tr>
<tr>
<td>Hispanic / Latino</td>
<td>33</td>
<td>28.0%</td>
</tr>
</tbody>
</table>
Fourteen workshops on topics such as, “La Cultura Cura: Connecting with and Serving Diverse Populations;” “Promotores/as Model;” “Community Capacity Building;” “The California Reducing Disparities Project Strategic Plan, African American and Asian Pacific Islanders Population Report;” “LGBT Cultural Competence and Workplace Development;” “Who Should We Be Hiring?: Upstream Approaches for Supporting African American Males to Work as Mental Health Providers;” and, “Integration of Care from a Peer Perspective.” The average scores for all workshops combined, out of a scale of 1 – 10, with 10 being highest, were 8.8.

Average scores related to the Learning Objectives ranged from 4.4 to 4.5 on a 1 – 5 scale (5 being highest):

<table>
<thead>
<tr>
<th>Summit Learning Objectives</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information was received regarding Health Inequities for unserved, underserved and inappropriately served communities within the central region</td>
<td>4.5</td>
</tr>
<tr>
<td>Capacity to deliver culturally competent services increased</td>
<td>4.4</td>
</tr>
<tr>
<td>Skill development techniques and strategies were provided that can be utilized in current programs to enhance the overall advancement of positive health outcomes</td>
<td>4.4</td>
</tr>
</tbody>
</table>
When asked what participants liked most about the workshop, some participants shared:

“Authentic impassioned presenters who are knowledgeable of subject matter;”

“Diversity, all cultures represented even under represented population groups;” and,

“Everyone coming together for what is needed and that we are trying to do what is right for everyone.”

When asked what participants liked least about the workshop, some participants shared:

“It wasn't enough workshops done by consumers with lived experience;”

“I wish some workshops had been provided more than once;” and,

“Lots of info but less resources tools than I hoped.”

The Central Region may consider sponsoring another summit after other regions have an opportunity to host.

Interpreter Training for Interpreters and Providers

Purpose/Goal(s) and/or Intended Outcomes and MHSA WET Component Addressed by the Project or Program:  The Mental Health Interpreter Training is an intensive training program for bilingual dual role staff who provide interpreting services for monolingual English speaking service providers. Interpreters learn fundamental interpreting skills including roles and models of interpreting, legal requirements on culturally appropriate mental health services, aspects of culture that play a role in the mental health relationship, as well as the unique aspects associated with working with mental health issues.

The Training for Providers Who Use Interpreters in Mental Health Settings trains clinicians and case managers how to successfully use interpreter services in mental health services. Topics include information on the
fundamental principles of working with interpreters in mental health, legal considerations, techniques, and guidelines.

Both of these trainings also had an objective of increasing access to services for those who are monolingual non-English speakers or have Limited English Proficiency (LEP) by increasing the capacity of interpreters and providers who use interpreters.

**Project/Program Summary:** For interpreters, two trainings were held in June 2014. The first one was held in Sutter Creek on June 16-18, 2014. Ten Central Region counties participated:

- Amador County - 3 participants
- Calaveras County - 4 participants
- Mono County- 1 participant
- Placer County - 5 participants
- Sacramento County - 1 participants
- San Joaquin County - 3 participants
- Stanislaus County - 1 participant
- Sutter/ Yuba County - 7 participants
- Tuolumne County - 1 participant
- Yolo County - 2 participants

The second one was held in Fresno on June 23-25, 2014. Nine Central Region counties participated:

- Fresno County- 9 participants
- Kings County - 2 participants
- Madera County - 1 participant
- Merced County- 2 participants
- Placer County- 3 participants
- San Joaquin County - 1 participant
- Stanislaus County - 3 participants
- Sutter/ Yuba County - 2 participants
- Tulare County- 2 participants
For providers working with interpreters, two one-day trainings were held – one on June 26, 2014 in Sutter Creek, CA and the other on July 31, 2014 in Fresno, CA.

For the training held on June 26, 2014, six Central Region counties participated:

- Amador County – 12 participants
- Calaveras County – 1 participant
- San Joaquin County – 2 participants
- Stanislaus County – 1 participant
- Sutter/Yuba County – 5 participants
- Yolo County – 1 participant

On July 31, 2014, five Central Region counties participated:

- Kings County – 2 participants
- Madera County – 1 participant
- Stanislaus County – 1 participant
- Tulare County – 2 participants
- Fresno County – 3 participants

**Outcomes:** For all trainings, participants are given a pretest on day one and the same test as post-test on the final day of the training. The test had questions on culture, communication, and other interpreter skills.

At the Sutter Creek training on June 16-18, 2014, pretest participant scores ranged from 45 to 77 (mean=60.36, standard deviation=8.2). After the training, participant scores ranged from 66 to 86 (mean=79.04, standard deviation=8.47). On average, participant scores improved by 17.96 points (improvements ranged from 8 to 31 points).
The following graph represents the improvement of mean percentage correct of responses from pre-test (58%) to post-test (77%).

![Graph](image)

At the Fresno training on June 23-25, 2014, At pre-test, participant scores ranged from 41 to 72 (mean=58.86, standard deviation=8.18). After the training, participant scores ranged from 62 to 84 (mean= 76.21, standard deviation=6.2). On average, participant scores improved by 16.46 points (improvements ranged from 7 to 32 points).

The following graph represents the improvement of mean percentage correct of responses from pretest (52%) to post-test (66%).

![Graph](image)

This anecdote came from a representative in Tuolumne County: “(our participant went) on and on about her learning experience. Very high marks for the training!” Since then, management in Tuolumne County has “heard much interest from our Promotores de Salud group through Head Start. They all would very much like to attend a future interpreter training.”

For the Providers Working with Interpreters training in June and July, participants rated the overall course highly. Below is a chart of how participants from each training rated how well the training objectives were met on a scale of 1 to 5 (5 being the highest).
In January 2015, a follow-up survey was sent to participants from all four trainings on how the training has influenced their work. Thirty-two Interpreters and eleven providers responded to the survey.
The Central Region Partnership intends to pursue the development of an interpreter training for trainers so our counties can provide this type of training annually to staff and providers.

**Seeking Safety Training**

**Purpose/Goal(s) and/or Intended Outcomes and MHSA WET Component Addressed by the Project or Program:** The intended outcome of this training was to develop the skills of staff and providers in the evidence-based practice of Seeking Safety. This project addresses the Training and Technical Assistance Component of MHSA WET.

**Project/Program Summary:** Seeking Safety is an evidence-based, present-focused counseling model to help people attain safety from trauma and/or substance abuse. It directly addresses both trauma and addiction, but without requiring clients to delve into the trauma narrative (the detailed account of disturbing trauma memories), thus making it relevant to a very broad range of clients and easy to implement.
Any clinician can conduct it even without training as it is an extremely safe model; however, there are also many options for training.

This two-day training session, with 6 additional support conference calls, provided in Modesto, California, was designed for clinicians, substance abuse treatment professionals, mental health professionals, and paraprofessionals working with the substance abusing population. Seeking Safety offers hands-on skill-building instruction and information to providers at every level.

It was held on August 18-19, 2014 in Modesto, CA.

**Outcomes:** The training had 101 participants from Amador, Calaveras, Fresno, Kings, Mariposa, Merced, Placer, San Joaquin, Stanislaus, Sutter-Yuba, Tulare, Tuolumne, and Yolo counties. Out of 85 training evaluations, two people identified themselves as a caregiver to someone with a mental health diagnosis, fifteen people identified themselves as consumers, and eighteen people identified themselves as family members.
Below is the average of participant scores on how well the training met the learning objectives.

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Participant Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided assessment and treatment resources</td>
<td>4.1</td>
</tr>
<tr>
<td>Described Seeking Safety, an evidence-based model for trauma and/or substance abuse</td>
<td>4.4</td>
</tr>
<tr>
<td>Increased empathy and understanding of trauma and substance abuse</td>
<td>4.2</td>
</tr>
<tr>
<td>Reviewed clinical issues in treating trauma and substance abuse</td>
<td>4.3</td>
</tr>
</tbody>
</table>

Six continued learning calls were held after the training in September, October and November from 12pm-1pm on Wednesdays. Call participation was low with only 13 people attending the six calls and some calls with only one person calling in. Each call was structured to cover a specific topic related to Seeking Safety as well as allow time for questions related to Seeking Safety implementation. Topics included: Adapting Seeking Safety, Conducting the Session, Focusing on Addiction, Focusing on Trauma, and Working with Unsafe Behavior. Eleven people responded to a follow-up survey about the Continued Learning calls. The biggest barrier to call participation was scheduling conflicts. Several people suggested having calls at different times to accommodate different work schedules. Other barriers to call participation that ranked high were: participants felt they would not learn anything and did not feel it was worth the time needed to participate. In the survey, one person commented, “I believe I needed more time to start the program and then would have had more questions after the implementation.” The Central Region Partnership will take this information into consideration when planning future trainings and continued learning calls.
In February, a six month follow-up survey was sent to participants from the training. Twenty-six participants responded to the survey.

Comments from the follow-up survey include:

- “It [Seeking Safety] is a good social model to engage clients in conversations and learning”
- “It [Seeking Safety] has allowed me to create more meaningful and thus helpful relationships with our consumers”
- “With the use of structured listening, families can engage without interruptions, leading to greater empathy and compassion, for one another”

The Central Region may choose to hold this training again and will take the above information into account when planning for future trainings.

**Leadership Institute**

**Purpose/Goal(s) and/or Intended Outcomes and MHSA WET Component Addressed by the Project or Program:** The intended outcome of
sending participants to the Leadership Institute was to increase the leadership skills of executive-level staff in county public mental health agencies to effectively plan, lead, organize and manage staff, provider contracts and other work in their settings. This project addresses the Training and Technical Assistance Component of MHSA WET.

**Project/Program Summary:** The CIBHS Leadership Institute curriculum was developed in conjunction with the University of Southern California’s Sol Price School of Public Policy. The initial 3-day training was held at the Kellogg West Conference Center and Lodge, Cal Poly Pomona in December of 2014, and the three subsequent 2-day sessions were held in Sacramento, California between January and March of 2015. The Institute has been a key element of training for new and emerging leaders in public mental health in California for the last eight years. The program has components of exercises, lecture, and peer consultation, or small group work.

**Outcomes:** The Central Region Partnership sponsored nine Central Region leaders to attend the conference. As the event just ended, we are still collecting data for this program currently. We will report out evaluation and impact survey information in the next outcomes document.

**International “Together Against Stigma” Conference**

**Purpose/Goal(s) and/or Intended Outcomes and MHSA WET Component Addressed by the Project or Program:** The intended outcome of sending participants to this conference was to strengthen and increase their skills and knowledge in preventing and/or decreasing stigma in the workplace and ensuring the mental health and substance abuse mental health workforce in their counties provide more culturally competent, recovery/resiliency oriented direct clinical services to the clients they serve. Additionally, participants would gain knowledge in best practices of community-wide stigma prevention education services. This project addresses the Training and Technical Assistance Component of MHSA WET.
Project/Program Summary: The intended outcome of sending participants to this conference was to strengthen and increase their skills and knowledge in preventing and/or decreasing stigma in the workplace and ensuring the mental health and substance abuse mental health workforce in their counties provide more culturally competent, recovery/resiliency oriented direct clinical services to the clients they serve. Additionally, participants would gain knowledge in best practices of community-wide stigma prevention education services. This project addresses the Training and Technical Assistance Component of MHSA WET.

Outcomes: The Central Region Partnership sponsored 21 participants from 12 central region counties (Alpine, Amador, Calaveras, Fresno, Inyo, Kings, Madera, Sacramento, Sutter-Yuba, Tulare, Tuolumne, and Yolo). Conference registration was purchased for all participants as well as hotel rooms and mileage reimbursement to/from the conference. As the event just ended, we are still collecting data for this program currently. We will report out evaluation and impact survey information in the next outcomes document.
Trainings in Progress

Mental Health First Aid Instructor and Community Trainings

Purpose/Goal(s) and/or Intended Outcomes and MHSA WET Component Addressed by the Project or Program: The intended outcome of this training was to increase the capacity of community members to assist in recognizing the signs and symptoms of mental illness and assisting those developing a mental illness and those in crisis to appropriate professional help. By increasing community capacity, service access points will also be increased, ensuring that those at risk will have even more opportunities to get the help they need. While reducing stigma, this project addresses the Training and Technical Assistance Component of MHSA WET.

Project/Program Summary: Mental Health First Aid Instructor Training is designed to train instructors on how to provide the 8-hour Mental Health First Aid course for Adults and for Adults who work with Youth in communities. The Mental Health First Aid community course is designed using role-playing and simulations to demonstrate how to assess a mental health crisis, select interventions and provide initial help. The training also addresses the risk factors and warning signs of specific illnesses like anxiety, depression, schizophrenia, bipolar disorder and substance use disorders. In 2013, Mental Health First Aid was added to the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry for Evidence-Based Programs and Practices (NREPP).

As part of its strategic effort, the Central Region Partnership sponsored a total of seven—five since April of 2013—Mental Health First Aid trainings for instructors, which has resulted in a total of 167 currently certified instructors from 16 of the counties in the region. The Partnership’s leaders agreed training Mental Health First Aid instructors would be an effective way to provide much needed, high-quality, evidence-based training to those in the communities of the Central Region.
Providing trainings for instructors allows the Region to build the capacity to provide training to more individuals over the course of years. When possible, regional training plans include trainings for instructors or training for trainers.

**Outcomes:** Between April of 2013 and March 2015, approximately 400 trainings have been provided to an estimated 6000 community members across the Central Region because of this effort. Since inception, 8500 community members have been trained. Currently, 155 of the Regionally-sponsored instructors remain certified.

To assist instructors on improving their training skills by learning from one another's experiences, a monthly Mental Health First Aid Instructor support group has been facilitated by the Central Region Partnership Coordinator.

Besides collecting data from evaluations post-training, many of our instructors collect pre- and post-training data regarding people’s opinions about mental health issues. Overwhelmingly, participants’ understanding of mental health issues and ways to be helpful improve.

We also collect information from participants who respond to an electronic survey provided six months after a training asking about the impact of the training and the training’s action plan. Since inception, 481 participants have replied to the impact survey. Results from the impact survey results include participants’ responses to the following questions:

<table>
<thead>
<tr>
<th>Please tell us to what extent the Mental Health First Aid Course has had an impact on your:</th>
<th>1. Not at all</th>
<th>2. Somewhat</th>
<th>3. Moderately</th>
<th>4. Quite a bit</th>
<th>5. A lot</th>
<th>Rating Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own Mental Health</td>
<td>15.0% (72)</td>
<td>27.9% (134)</td>
<td>24.4% (117)</td>
<td>20.2% (97)</td>
<td>12.5% (60)</td>
<td>480</td>
</tr>
</tbody>
</table>
Please tell us to what extent the Mental Health First Aid Course has had an impact on your:

<table>
<thead>
<tr>
<th>Area</th>
<th>13.1%</th>
<th>21.6%</th>
<th>28.3%</th>
<th>22.8%</th>
<th>14.2%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>473</td>
</tr>
<tr>
<td>Relationships with friends</td>
<td>12.0%</td>
<td>25.2%</td>
<td>27.1%</td>
<td>23.3%</td>
<td>12.4%</td>
<td>476</td>
</tr>
<tr>
<td>Relationships with co-workers or acquaintances</td>
<td>9.9%</td>
<td>22.9%</td>
<td>28.0%</td>
<td>24.8%</td>
<td>14.3%</td>
<td>475</td>
</tr>
<tr>
<td>Interactions with job-related contacts or those with whom you come in contact with during your day</td>
<td>4.6%</td>
<td>10.6%</td>
<td>25.8%</td>
<td>34.4%</td>
<td>24.6%</td>
<td>480</td>
</tr>
<tr>
<td>My confidence in talking about mental health-related issues</td>
<td>2.7%</td>
<td>7.1%</td>
<td>22.8%</td>
<td>38.6%</td>
<td>28.8%</td>
<td>479</td>
</tr>
<tr>
<td>My ability to speak to someone in crisis</td>
<td>2.9%</td>
<td>7.1%</td>
<td>21.1%</td>
<td>39.5%</td>
<td>29.3%</td>
<td>478</td>
</tr>
<tr>
<td>My ability to directly ask someone whether he or she is planning to complete suicide</td>
<td>4.2%</td>
<td>8.2%</td>
<td>20.3%</td>
<td>34.5%</td>
<td>32.8%</td>
<td>478</td>
</tr>
<tr>
<td>My ability to listen non-judgmentally</td>
<td>3.3%</td>
<td>6.7%</td>
<td>15.4%</td>
<td>35.3%</td>
<td>39.2%</td>
<td>479</td>
</tr>
<tr>
<td>My awareness of available professional resources</td>
<td>1.7%</td>
<td>7.3%</td>
<td>18.0%</td>
<td>38.4%</td>
<td>34.7%</td>
<td>479</td>
</tr>
<tr>
<td>My awareness of available self-help resources</td>
<td>3.1%</td>
<td>7.3%</td>
<td>20.3%</td>
<td>37.5%</td>
<td>31.7%</td>
<td>477</td>
</tr>
</tbody>
</table>

Having completed the Mental Health First Aid course, how much have your skills increased in the following areas:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Not</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4. Quite</td>
<td></td>
</tr>
<tr>
<td>5. A</td>
<td></td>
</tr>
</tbody>
</table>

Page 36
Having completed the Mental Health First Aid course, how much have your skills increased in the following areas:

<table>
<thead>
<tr>
<th>Area</th>
<th>at all</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>a bit</th>
<th>lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>My willingness to talk about mental health-related issues with family members and/or friends</td>
<td>5.2%</td>
<td>10.8%</td>
<td>23.3%</td>
<td>34.1%</td>
<td>26.6%</td>
</tr>
<tr>
<td></td>
<td>(25)</td>
<td>(52)</td>
<td>(112)</td>
<td>(164)</td>
<td>(128)</td>
</tr>
<tr>
<td>My willingness to talk about mental health-related issues with co-workers or those in social settings</td>
<td>4.4%</td>
<td>9.8%</td>
<td>23.7%</td>
<td>35.6%</td>
<td>26.6%</td>
</tr>
<tr>
<td></td>
<td>(21)</td>
<td>(47)</td>
<td>(114)</td>
<td>(171)</td>
<td>(128)</td>
</tr>
<tr>
<td>My willingness to talk about mental health-related issues with those with whom I come in contact during my day (at work, running errands, etc.)</td>
<td>3.3%</td>
<td>13.2%</td>
<td>24.4%</td>
<td>31.5%</td>
<td>27.6%</td>
</tr>
<tr>
<td></td>
<td>(16)</td>
<td>(63)</td>
<td>(117)</td>
<td>(151)</td>
<td>(132)</td>
</tr>
</tbody>
</table>

Some anecdotes about how the training impacted some respondents include:

“Some close friend’s son committed suicide and I was there for them. The course gave me the skills to help them try to cope and understand the whys;”

“A friend directly came to me in crisis and I was better prepared to help;” and,

“I have been dealing with Mental illness personally and having training helped me have a better understanding of myself and how I affect those around me.”

The Central Region will continue to pursue Mental Health First Aid trainings for instructors to ensure that the attrition of certified instructors is replenished so that this community capacity-building program will continue.
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Purpose/Goal(s) and/or Intended Outcomes and MHSA WET Component Addressed by the Project or Program: The Central Region Partnership intends to have clinicians become certified in TF-CBT to provide evidence-based and trauma-focused services to children and their families within the Central Region. This project addresses the Training and Technical Assistance Component of MHSA WET.

Project/Program Summary: TF-CBT is an evidence based treatment model designed to treat posttraumatic stress and related emotional and behavioral problems in children and adolescents. Initially developed to address the psychological trauma associated with child sexual abuse, the model has been adapted for use with children who have a wide array of traumatic experiences, including domestic violence, traumatic loss, and the often multiple psychological traumas experienced by children prior to foster care placement. The acronym PRACTICE reflects the components of the treatment model:

- Psychoeducation and Parenting Skills
- Relaxation Skills
- Affect Expression and Regulation Skills
- Cognitive Coping Skills and Processing
- Trauma Narrative
- In Vivo Exposure
- Conjoint Parent-Child Sessions
- Enhancing Safety and Future Development

The training is geared for clinicians and supervisors.
Outcomes: To become certified in TF-CBT, clinicians must fulfill several requirements:

- Complete an initial ten hour online training
- Attend initial training scheduled for October 29-31, 2014 (two days for everyone with an extra ½ day for peer leaders)
- Participate in 14 one-hour monthly consultation calls
- Attend booster training on March 19-20, 2015 (one day for everyone with an extra ½ day for peer leaders)
- Submit an audio-taped session to the trainer for review and certification in TF-CBT

Self-selected peer leaders help make sure the implementation process is smooth as well as help with data collection. The 40 training participants were divided into four groups of ten for consultation calls and each group has one or two peer leaders.

The October 29-31, 2014 training was held in Modesto, CA. Out of the 40 participants registered for the training, 34 participants attended the initial two-day training. The following counties were represented at the training: Amador, Fresno, Kings, Madera, Mariposa, Placer, San Joaquin, Sutter-Yuba, Tulare, and Tuolumne.

Participant feedback was overwhelmingly positive for the initial training. Comments about what people liked best included:

“[I liked] the examples of the different ways to apply each part of the model. Jennifer [the trainer] was engaging, knowledgeable and informative. She answered all questions with relevant answers.”

“[I liked] how clearly the information was presented with handouts and hand-on activities.”

“I really enjoyed the presenter. She was able to be very clear and easy to understand.”

The following table shows the average scores on post-training surveys for key training indicators. The lowest average score on the post-training survey was 4.5 for “as a result of attending training, how satisfied are you
that you would be able to apply TF-CBT model with children of different ages and from diverse cultural backgrounds”.

Consultation calls started the following month with each group of ten having its own call time. Six months after the initial training, a booster training was held in Sonora within Tuolumne County on March 19-20, 2015. Twenty-nine participants attended the full-day training on March 19, 2015. Peer leaders and supervisors met on March 20th for a half day of training. Three people missed the training due to scheduling conflicts. All three plan on taking another TF-CBT booster class within the next few months to qualify for certification. Two people dropped out of the training due to job changes.

At the booster training, participant feedback was full of high praise once again. Participants’ comments included:

“Appreciate this mid-point check-in – time to ask specific questions as well as focus on complex/developmental trauma and traumatic grief.”

“[I liked] reviewing cases of other groups members and instructor providing feedback on next steps if not knowing how to proceed with the model.”

“Continue to apply the treatment. Continue to grow with experience.”
Post-training survey results mirrored the results of the initial training in October with the instructor knowledge averaging 5 out of 5 and the lowest score an average of 4.5 for meeting the learning objectives.

Participants will continue working with the instructor on consultation calls over the next year and submit an audio-tape session to become certified. The Central Region should know the number of clinicians certified in TF-CBT in the next two years.
Conclusion

The Central Region Workforce Education and Training Partnership of California has developed programs that have benefited 20 county mental and behavioral health agencies, provider agencies, state and community colleges, community-based organizations, consumers and family members. Because small counties have more difficulty obtaining trainings and providing programs than larger counties can, one central strategy has been to provide quality training on a regional basis, giving access to those who might not have been able to obtain such training without the Region’s resources. The Partnership has provided professional development and skills-building opportunities to the public mental health workforce in the Region through certificate and Master degree programs such as the Online CASRA programs through two community colleges and the Hybrid MSW Program through CSU, Stanislaus. Outcomes from the Region’s online psychiatric rehabilitation courses include the learning of over 50 individuals, the start-up of a learning community of peers in Tulare County, and the transition of two of our contracted classes into college-sustained classes at the Madera Campus.

The Central Region has provided “Roving Clinical Supervision” in counties where the amount of supervision needed was not being addressed because of capacity issues of the workforce. Outcomes from the Roving Supervisor Program include licensing of 16 clinicians from seven counties and preparation of 17 others to take exams for licensure within the year.
The Central Region has provided professional development and skills-building opportunities through several trainings, most evidence-based and others geared toward recovery or consumer, family member, caregiver and peer training. Outcomes include training approximately 700 individuals (some attending more than one training), including staff members, providers, peers and volunteers, about such topics as: Seeking Safety; Trauma-Focused Cognitive Behavioral Therapy; and, Leadership Trainings for executive management, middle-management and peer employees and volunteers. The Central Region provided for Mental Health First Aid Training for Instructors allowing approximately 6000 community members to be trained for free across the counties in the Central Region. These trained individuals are decreasing the stigma and building the capacity of communities to assist those with mental illnesses.

The Mental Health Services Act emphasizes the need for the public mental health workforce to be culturally competent. The Central Region Partnership sponsored the Northern California Cultural Competency Summit in October of 2013. Outcomes include providing valuable cultural competency content in a culturally humble manner to over 300 participants, primarily from the Central Region of California. Additionally, the Central Region Partnership provided interpreter training for
interpreters and providers for a total of approximately 85 staff and providers throughout the Region.

The Central Region Partnership has provided, and will continue to provide, access to the unserved and under-served through online educational programs, trainings, conferences and conventions; through professional development of clinical and non-clinical staff, providers, volunteers and community members to promote recovery, resiliency and wellness, reduce stigma, and be culturally inclusive; and, through strong support for consumers, family members, caregivers and peers to acquire leadership skills for professional development. The Central Region Partnership will continue to determine and meet the workforce educational and training needs of the member counties while transparently collecting relevant data and reporting evaluation and outcomes data to the public.