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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) Plan¹. This report covers the accomplishments and outcomes of the Central Region from April 2015 through March 2017.

The Central Region is comprised of 20 counties in the center of the state. In May of 2009, the Central Region partners met to discuss priorities and strategies to meet local needs. Over the past nearly eight years, the Central Region has commenced and completed many programs and projects to accomplish the priorities that were initially and periodically determined necessary 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, family members, caregivers, staff, volunteers, providers and community members, additionally we want to reduce stigma against mental illness in our communities.

The educational pipeline strategies we have used have 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 Partnership’s hybrid Master of Social Work program include the completion of the first cohort of 23 students, of which 6 currently work in public behavioral health and 20 are interested in working in the Public Behavioral Health System.

The clinical supervision priority was addressed by having counties share contracts for licensed clinical social workers to provide clinical supervision for employees of those counties. Most of these employees have collected or are collecting the hours required to become licensed clinicians or to become eligible to take exams for licensure. Outcomes include licensing of 43 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. Over 100 others have been collecting hours towards licensure.

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 500 individuals (some attending more than one training), including staff members, providers and volunteers, about such topics as: Motivational Interviewing for Peers; Understanding Data in Public Mental Health; and, Leadership Trainings for executive management, middle-management and peer employees and volunteers.

Addressing the priority of reducing stigma in our communities, Mental Health First Aid Training for Instructors trains community members 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 to community members. 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. Since 2010, approximately 169 active and certified instructors in the Region have trained an estimated 1450 courses to 20,000 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 a training on Implicit Bias and Understanding the National Cultural and Linguistic Assistance Standards. 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 six years of the Region’s activities (through March of 2015) were published in June of 2015. 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 nearly eight 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. The 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, formerly CiMH).

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 Partnership’s resources. Additionally, to ensure broad participation, the Partnership offers travel reimbursements according to a standardized policy. This report addresses the outcomes of trainings and other projects sponsored and provided from April 2015 through March 2017 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, Mental Health Services Act essential element-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

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 the MHSA WET Plan.

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.

Because of this effort, 43 individuals have become licensed as Marriage and Family Therapists or Licensed Clinical Social Workers.

Outcomes: Three Roving Supervisors, total, have provided clinical supervision for the last two years. One was contracted to provide supervision in Amador and Calaveras Counties. 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, 173 individuals have utilized the program. Forty-three individuals, 25% of participants, have become licensed as Marriage and Family Therapists, Licensed Professional Clinical Counselors, or Licensed Clinical Social Workers. Another fifty-three, or 31%, have collected the required hours and are ready to take exams for licensure.
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. At least two of those participants have become licensed.

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

We are hopeful that counties utilizing Roving Supervisors are able to sustain the supervision after the Partnership is no longer able to fund the program. Participating counties will need to come up with their own strategies to maintain sustainability. The Partnership is expected to support this program for approximately one more year.

Online Psychosocial Rehabilitation Program

Purpose/Goal(s) and/or Intended Outcomes and MHSA WET Component Addressed by the Project or Program: This program was intended to increase accessibility to recovery-based education for an ample blend of people (employees, volunteers, consumers and family members). This program addresses the Mental Health Career Pathway Program component of the MHSA WET Plan.

Project/Program Summary: The Partnership continued work with Modesto Junior College (MJC) to provide an online psychosocial rehabilitation program in the Central Region. Courses were offered through the Modesto Junior College Human Services Program. Existing courses were developed into online courses. The course utilizes the California Association of Social Rehabilitation (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 originally open to Central Region participants in the fall of 2013. Students begin and end courses in any semester they are offered.

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

Three-unit courses were 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 spring of Academic Year of 2015, 19 Central Region students enrolled in this program, 1 of whom attended 3 courses, and 3 of whom attended 2 courses.

In fall of Academic Year 2015, 23 students enrolled, one of whom attended all 4 courses, 8 of whom attended 3 courses, 4 of whom attended 2 courses and 9 of whom attended 1 course.

In spring of Academic Year 2016, the final semester of the contract, 8 students enrolled, 2 of whom completed 2 courses, and 4 of whom completed 1 course.

An electronic survey was disseminated to students who had attended any of the courses during the contract period. A total of 10 students responded: 4 from Fresno County, 2 from Placer County and 1 from Sacramento County. The others stated they were from the United States but did not indicate a county. The following is data from that survey:

Of the 9 who answered the question about gender, 8 stated they were female and one stated he was male.

Of the 9 who answered the question about whether they were a consumer, family member or caregiver, 5 claimed to be consumers, 3 claimed to be family members and 5 claimed to be caregivers.
Of the 9 that responded to the question about race and ethnicity, over half stated that they were races and ethnicities other than Caucasian/white.

100% of respondents stated that the courses had a recovery/resiliency focus. One stated, “Loved the courses totally wellness and recovery focused.”
All 10 respondents stated “yes” to the question, “Do you feel the skills you gained from these courses have made you more culturally competent?”

Ten respondents answered “yes” to the question, “As a result of taking these courses, have you had any opportunities to use the knowledge, skills and abilities gained in a work or volunteer setting?” One added, “I use the people first skills everyday in my job.”

When asked, “How much do you feel your county’s peers will benefit from your knowledge and skills you gained from taking the courses?” respondents’ answers varied, though 70% stated, “very much.”

All 10 respondents answered “no” to the question, “Have you received any promotions or other increased responsibilities as a result of taking the course?”

When asked, “How do you feel taking these courses will improve your employment in the future?” 6 responded. Some of their comments follow:

- I am more confident in myself, willing to share my knowledge, experience, and desire to help others.
- I'm not sure, they haven't yet, but I'm hoping they will!
• Until a certification in Psychosocial Rehabilitation is recognized and I receive additional compensation because of it, it doesn't improve my future employment.
• I feel the knowledge and earned credits will improve and increase my employment opportunities and will also be beneficial toward my degree.

When asked to share any other comments, some respondents shared the following:

• These courses should remain available to anyone that wants to take them and be covered by WET funding. I also feel that the certification should be covered by WET funding after the successful completion of the CASRA courses.
• You should do a survey on the process of signing up for these classes!!!
• Thank you for paying for my books, fees, and giving me the opportunity to participate.

Lessons Learned:

We generally had higher attendance when we were able to provide orientations about the program in numerous locations in the Region. Additionally, there was no mechanism to ensure that counties could make changes to qualification preferences on job descriptions so completing the courses did not necessarily mean a promotion or more responsibility or pay for those who completed the coursework.

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 the MHSA WET Plan.

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 the $50,000 contract for the development of the program.

Outcomes: Shradha Tibrewal, Ph.D., Professor, the new chair for the MSW program at CSU, Stanislaus shared the students’ responses to questions about their experiences in the program. Twenty-three students completed the survey. The results are as follows:

Q1: 17 students (74%) currently do not work in the Public Behavioral Health System; 6 (26%) do work. Of the 6, 2 work in Merced, and 1 each in Placer, Stanislaus, and Tuolumne. One student did not specify their county of employment.

Q2: 20 students (87%) are interested in working in the Public Behavioral Health System and 2 are not.

Q3: 19 students (83%) are interested in entering the Public Behavioral Health System based on their experiences in the Stanislaus State MSW Hybrid program.

Q4: 11 students (48%) had a placement in a Public Behavioral Health System agency or organization and 12 (52%) did not.

Q5: However, 16 students (70%) did have an opportunity to have a field placement run a Public Behavioral Health System agency; 7 (30%) did not.
Q6: 18 students (78%) will be pursuing employment in Public Behavioral Health or any other government sector; 3 (11%) are unsure and 2 (9%) said no. The table below summarizes the county information. Some of them were unsure of the county in which they would be pursuing employment.

<table>
<thead>
<tr>
<th>County</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>9</td>
<td>39.1</td>
</tr>
<tr>
<td>Kings</td>
<td>1</td>
<td>4.3</td>
</tr>
<tr>
<td>Merced</td>
<td>2</td>
<td>8.7</td>
</tr>
<tr>
<td>Placer</td>
<td>1</td>
<td>4.3</td>
</tr>
<tr>
<td>Stan</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Stan/Merced</td>
<td>1</td>
<td>4.3</td>
</tr>
<tr>
<td>Stan/SJ</td>
<td>1</td>
<td>4.3</td>
</tr>
<tr>
<td>Stan/SJC</td>
<td>2</td>
<td>8.7</td>
</tr>
<tr>
<td>Tuolumne</td>
<td>1</td>
<td>4.3</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>23</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

We were pleased with the responses from this first cohort and are looking forward to see whether other staff members will be able to take advantage of this program in the future.

**Lessons Learned:** The Directors of our counties were concerned about the summer block field placement piece of the program. Some of our counties would not be able to support staff to attend the program if the only field placement option was summer blocks. We shared our concerns with the program interim director and she continues to state that the committee will consider making other options available; however, they have not been able to as of yet. They state they are still considering it for future cohorts. We also have asked the interim director to consider using Central Region county public behavioral health agencies to promote the program in years to come to ensure that Central Region public mental health staff and volunteers can apply to enroll in the program each year. The Central Region will offer the
suggestion that the university consider some Central Region counties’ career pathway models for high schools at the university, as well.

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 Partnership. This project addresses the Workforce Staffing Support component of the MHSA WET Plan.

**Project/Program Summary:** The coordinator was hired when regional efforts began in May of 2009. The coordinator facilitates meetings, negotiates and 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 21 monthly meetings, six of which were face-to-face. The Partnership developed over several meetings the FY 16/17 Work Plan and began work on the FY 17/18 Work Plan. In addition, the coordinator has facilitated approximately 50 sub-committee meetings associated with our projects. These efforts have resulted in 19 training sessions and one contracts for a school-based program 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 for 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; Motivational Interviewing for Peers; Essential Approaches and Skills Working with Co-Occurring Mental Health and Substance Use Conditions; Understanding Data and Meaningful Use of Data; National Cultural and Linguistic Assistance Standards and Implicit Bias Training; Leadership Institute; Trauma-Focused Cognitive Behavioral Therapy.

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

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 recognize the signs and symptoms of mental illness and to assist those developing a mental illness and those in crisis to obtain 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 the MHSA WET Plan.

**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 Mental Health First Aid 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 three Mental Health First Aid trainings for instructors in this two-year report period, which has resulted in a total of 173 currently certified instructors from 20 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 sessions to more individuals over the course of years. When possible, regional training plans include trainings for instructors or training for trainers. In Sacramento County, due to the funding they were able to pilot this training in Spanish. Madera County was also instrumental in piloting the Youth Curriculum of Mental Health First Aid. Counties have also been able train new staff because of the funding. This enables Cunites to stay in step and provide Mental Health First Aid because of the Central Region WET program.

The Mental Health First Aid (MHFA) Program was entered into the Substance Abuse Mental Health Services Agency’s (SAMHSA) National Registry of Evidence Based Programs and Practices (NREPP) in 2013. This prestigious status took years to obtain but added extra credibility to a program that has been quite effective in the Central Region. When the National Council for Behavioral Health (which auspices the MHFA Program) wanted to develop the Spanish version of the MHFA program, they utilized counties in the Central Region as part of the pilot projects. The reasons that were cited for admittance into the NREPP program were:

1. increases knowledge and understanding
2. encourages people helping people
3. supports people getting help
4. decreases social distance
5. increases mental wellness

Additionally, during the Great Recession, when counties (including those in the Central Region) were reducing their workforces, financial support to train new staff and to provide manuals (which are required to deliver the course) to instructors helped to maintain the MHFA training programs in many Central Region counties while assisting counties to keep sustained interest in the project in their communities. In spring of 2015, the Central Region
Partnership sponsored the full cost of 9500 manuals that were disseminated to instructors throughout the Region.

Early in 2013, President Obama endorsed the Mental Health First Aid program and encouraged Congress to pass appropriations to ensure that many across the nation would be trained in this program. First Lady Obama was trained in the program in 2015 and stated, “I went through some of this training a few weeks ago…and I saw just how useful it is. It really gives you the skills you need to identify — and ultimately help — someone in need. Because you never know when these kinds of skills might be useful.”

After meeting with staff that provide and manage Mental Health First Aid in Sacramento County, Representative Doris Matsui (D-CA) and Lynn Jenkins (R-KS) introduced the Mental Health First Aid Act (H.R. 1877) to Congress in April 2015. Congresswoman Matsui has a history of bipartisan action on mental health, and has worked to bolster the full spectrum of behavioral health care. The bipartisan legislation would expand Mental Health First Aid training to help emergency services personnel, police officers, educators, and the public identify, understand and respond to mental health issues and disorders.
In March of 2017, the National Council for Behavioral Health published the following chart that demonstrates how many instructors and community members have been certified, by state. Since the publishing of this chart, California has trained at least .2% of its population in Mental Health First Aid. At 20,000, the Central Region counties have trained approximately one quarter of the MHFA certified community members in the state, although we have only 1/5th of the certified instructors of the state in our Region.

…the Central Region counties have trained approximately one quarter (1/4th) of the MHFA certified community members in the state.
Outcomes: Between April of 2015 and March 2017, approximately 400 trainings have been provided to an estimated 12,500 community members across the Central Region because of this effort. Since inception, 20,000 community members have been trained. Currently, 173 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, 637 participants have replied to the impact survey. Results from the impact survey include participants’ responses to the following questions:
Some anecdotes about how the training impacted some respondents include:
I feel like gaining a better understanding through the training has left me better equipped and more patient to work with the clients we have;

I didn't realize suicide is as big as it is. It helps me be aware since I deal with a different culture daily;

I am a committee member for Yuba Sutter Stand for the Silent, an anti-bullying organization, I have used the skills I learned in dealing with youth who have faced being bullied and suicidal.

Able to recognize better when someone is in a crisis or [experiencing] symptoms.

It made me realize that one cannot expect that one technique can work with all the people.

Though I don't work professionally in Mental health, it's given me a better perspective on mental health issues.

…I think, this would be helpful to others in recognizing signs and the proper approaches to take.

great information, especially if no previous education or training in this area. and, 

assisting a teen in helping a friend in need.

The Central Region will continue to pursue providing 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.

Motivational Interviewing for Peers

Purpose/Goal(s) and/or Intended Outcomes and MHSA WET Component Addressed by the Project or Program: Motivational Interviewing for Peers is a six-hour training designed to teach the fundamental concepts of the Motivational Interviewing specific to the needs of peer workers. Using examples from jobs familiar to peer workers –
navigation, welcoming, linkage and advocacy – the training will address the primary philosophy and approach to the practice. Concepts and skills covered will include: understanding the necessary attitude and approach necessary for successful engagement, the processes of Motivational Interviewing, and the core interaction techniques.

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

**Project/Program Summary:** Peer workers will receive skills on recognizing, eliciting and working with “change talk”, and how to use change talk to have better patient/consumer outcomes. Initial training will be followed up with trainee and supervisor coaching as well as a spring “booster” training to reinforce the practice.

**Outcomes:** The training had 21 peer participants at the Modesto training held on October 27\(^{th}\), 2015. It had 24 peer participants at the Fresno training held on January 12\(^{th}\), 2016. Registrants represented the following counties: Amador, El Dorado, Fresno, Mariposa, Placer, San Joaquin, Stanislaus, Tulare, and Tuolumne counties. All participants identified themselves as peers.

Three coaching calls and a booster training were provided to ensure transfer of learning. The coaching calls were held on November 17\(^{th}\), 2015, December 3\(^{rd}\), 2015 and April 20\(^{th}\), 2016 after the final Booster Training on April 12\(^{th}\), 2016. Call participation was low with only 9 people attending the final call and some calls with only a few people calling in. Each call was structured to cover a specific topic related to Motivational Interviewing.

Pre- and post-tests were administered at each training and evaluations were also collected at each training. Finally, an electronic survey was
disseminated to participants six months after the final learning event to collect data on the impact of the training in the participants’ work lives.

Twenty-one people responded to the evaluation after the October training. Responses from the October training evaluations and average scores on a scale of 1 to 5, with 5 being highest, include:

- The degree to which the information was presented in a way that increased your understanding of the topic: 4.9 out of 5
- The degree to which the content was consistent with the stated course objectives: 4.9 out of 5
- How likely are you to initiate change in your work based on the knowledge and skills gained today?: 4.9 out of 5
- What did you like most about the Motivational Interviewing training?
  - Trainer provided usable examples of MI. Information provided can be perfectly implemented in the position I hold.
  - Info and examples instructor made sure the materials was fully understood. Great even though all day training. Informative. Loved it! Will come again if possible.
- What did you like least about the Motivational Interviewing training?
  - I found it hard to keep track of the acronyms.

Twenty people responded to the evaluation after the January training. Responses from the January training evaluations and average scores on a scale of 1 to 5, with 5 being highest, include:

- The degree to which the information was presented in a way that increased your understanding of the topic: 4.9 out of 5
- The degree to which the content was consistent with the stated course objectives: 4.95 out of 5
- How can this training further integrate MI into your practice?
o By providing opportunities to practice the MI techniques I learned a lot. It increases my "toolbox" of assisting people to help themselves.

o Bring out the strengths that are already there, but unable to be seen because of how overwhelmed they are feeling. Guide them with better support.

o I can use this training in my daily life and work by using the skills and language to better serve clients and peers.

Sixteen people responded to the evaluation after the April booster training. Responses from the April 2016 training evaluations include:

How can this training further integrate MI into your practice?

- This training relates to my everyday work practice. Very Helpful. I learned way more this time.
- I can keep focused on persuading the client to do more self-discovery on discovering change.
- I can use what I learned here today by focusing more, less talk, more listening.

Explain how you can move forward using MI after attending today's training?

- By better understanding MI. By being able to see the positive in people and meet them where they are.
- It reaffirmed and/or corrected my MI training and practice.
- More knowledge of techniques of usage.

Do you feel you received a useful review of the MI practice?

- Yes, I was better able to understand what to listen for when I am using MI.
- Yes. I thought this training was very helpful in remembering the parts of MI that I lost touch with.

Responses from the six-month follow-up survey include:
71.4% of the 7 respondents replied, “yes, a little,” to the question: Have you used any of the information learned from the MI training in your work?

71.4% of the 7 respondents replied, “yes, a little,” to the question: Are you able to use principles learned from the training?

71.4% of the 7 respondents replied, “yes, a little,” to the question: Has the training you received affected the way consumers and family members engage in services?

Some replied to this question: How do you think the training ultimately benefits consumers and family members? in this manner:
After the training, I learned how to get the client to make their own action plans. This helps the client to set reachable goals. The client feels better that they accomplish their goals.

It empowers the individuals and engages them in their recovery.

100% of the 7 respondents replied, “yes,” to the question: Do you feel that this event had a recovery/resiliency focus?

**Lessons Learned:** The coaching calls that were provided were not well attended. Although from a pedagogical standpoint it makes sense to offer these calls, the Partnership may not be getting the full benefit of the coaching calls because of the low attendance.

**Skills Working with Co-Occurring Conditions Trainings**

**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 Skills Working with Co-Occurring Conditions (COC) Training sessions was to practice behavioral interventions to address issues around relapse prevention, enhancement of coping skills and emotional regulation for individuals with COC; recognize the presence of cultural issues and trauma in the lives of individuals with COC; adjust interventions to ensure cultural responsiveness and trauma informed care; and identify the significant components of successful clinical documentation for individuals with COC. This project addresses the Training and Technical Assistance Component of MHSA WET.

**Project/Program Summary:** Co-occurring mental health and substance use disorder treatment is the expectation in behavioral health care, yet providing integrated care can be challenging due to the complexity of presentations and demand for clinicians’ time. This two-day training would
define the issues and expand understanding of co-occurring conditions, while building provider skill sets. Participants were to: learn the definition of COC and recognize the prevalence of COC in healthcare systems; select appropriate screening and assessment tools to identify and determine nature of COC; and, apply micro skills to enhance engagement in treatment for individuals with COC.

**Outcomes:** The Central Region Partnership held two training sessions for this project: a two-day training on January 28th and 29th, 2016 in Fresno and a second two-day training on February 8th and 9th, 2016 in Modesto. Twenty-seven participants attended in January and twenty-one participants attended in February.

Twenty-four individuals, on the evaluation after the training, reported, on average, 4.7 out of 5 (5 being high) that they had a better knowledge upon which to base their decisions and actions. Additionally, participants scored the following items:

- Are able to recall the definition of COC and recognize the prevalence of COC in healthcare systems. 4.4 out of 5.
- Are able to select appropriate screening and assessment tools to identify and determine nature of COC. 4.4 out of 5.
- Are able to apply micro skills to enhance engagement in treatment for individuals with COC. 4.4 out of 5.
- Are able to practice behavioral interventions to address issues around relapse prevention, enhancement of coping skills and emotional regulation for individuals with COC. 4.4 out of 5.
- Are able to recognize the presence of cultural issues and trauma in the lives of individuals with COC and adjust interventions to ensure cultural responsiveness and trauma informed care. 4.1 out of 5.
• Are able to identify the significant components of successful clinical documentation for individuals with COC. 4.2 out of 5.

Six months after the training sessions, an electronic survey was disseminated to capture the impact of the training over time. Seventeen participants completed the electronic survey. The following are results from that survey:

• 94.12% of respondents stated that they have used the principles and/or any of the information learned at the training.
• 93.75% of respondents stated that, based on what was learned at the training, the way that consumers and family members engage has been impacted.
• In response to the question, “How do you think the training ultimately benefits consumers and family members,” one respondent stated, “Because of the principles and techniques acquired be me makes it easier to get them engaged.”
• 100% of respondent felt that the course was culturally competent and had a resiliency/recovery focus.

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 six-month course of study on Leadership in Mental Health Services. Approximately 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 six trainings were held in Modesto. Each topic required a full day of training. Topics covered included:

- The Leadership Challenge
- Critical Thinking and Innovation
- Leveraging Emotional Intelligence
- Sustaining Transformational Change
- High Performance Teams
- Leading in a Mental Health Setting
- Sustaining Transformational Change

**Outcomes:**

Approximately 60 participants registered to attend the six sessions. The training session with the highest attendance was the first session with 55 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 4.80 or greater for all 6 sessions.

Some students shared the following:
The leadership training taught us to be compassionate, perceptive and aware as leaders. It taught us to understand ourselves first to understand how we may differ from those we lead and then take the steps to overcome our bias and allow us to lead effectively.

I took away from 1 session the importance of highlighting [one’s] skills and your team needs to have a variety of skill sets to be successful as opposed to having everyone's strengths the same.

I have several years of experience as a manager, but also additional post grad and doctoral work in management and organizational development, but even with that the training provided me with some new approaches, how to trouble shoot and ensure that the team [is] included in processes.

Lessons Learned: Some of the comments from participants were:
I felt the series was very well done and while this was a leadership training for management staff could see how this could apply to every level of staff within our organization!

It was a worthwhile opportunity for myself and some peers, but also being able to interact and learn from others in other agencies, new managers and their struggles which gave me some insight into things I could do to help the new manager in our teams.

The Central Region Partnership will provide a leadership training for trainers based on this curriculum in the upcoming year. This should help with sustainability after Regional funds have been expended.

Understanding Data and Meaningful Use of Data Trainings

**Purpose/Goal(s) and/or Intended Outcomes and MHSA WET Component Addressed by the Project or Program:** The purpose of Understanding Data and Meaningful Use of Data Trainings were to provide staff at various levels of interest knowledge, comprehension and some analysis skills when looking at or interpreting data that may be captured by the systems used in our counties.

Topics in the Understanding Data course included: providing a general overview of the types of data generated within and used by public behavioral health agencies; essential questions to ask when presented with data; basic elements of program and service evaluation, as well as general guidelines for interpretation.

Topics in the Meaningful Use of Data course included: providing a focused look at the use of data in public behavioral health to achieve multiple goals, including: matching services to need; understanding clinical/symptom profiles for clients served; describing service/program participation; and, documenting progress related to service/program participation.
This project addresses the Training and Technical Assistance Component of MHSA WET.

**Project/Program Summary:** The two trainings were held in November of 2016. The Understanding Data course was a half-day course held on November 29\(^{th}\), 2016 while the Meaningful Use course was a full-day course held on November 30\(^{th}\), 2016. A total of approximately 100 people registered for the 2 courses. Approximately 50 attended each of the courses. Fifteen Central Region counties were represented, including:

- Alpine
- Amador
- Calaveras
- El Dorado
- Fresno
- Kings
- Madera
- Mariposa
- San Joaquin
- Stanislaus
- Sutter/Yuba
- Tulare
- Tuolumne
- Yolo

**Outcomes:**

The following graphs represent the outcomes from the evaluations collected after the conclusion of the trainings:
In May 2017, a follow-up survey was sent to participants regarding each course asking about how the training has influenced their work. The results of the survey will be published in the final comprehensive Central Region Partnership Outcomes document.

**Lessons Learned:** Some participants would have liked more detail about the course objectives and outline ahead of time. Some also mixed up the two classes and attended the course opposite of the one they wanted to attend.

**National Cultural and Linguistic Assistance Standards 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 provide information on the National Cultural and Linguistic Assistance Standards and allow participants opportunities to gain insight into their own implicit biases. This training was supposed to give participants a better understanding on what to include when completing cultural competency plans. This project addresses the Training and Technical Assistance Component of MHSA WET.
Project/Program Summary: The training “National and Culturally and Linguistically Appropriate Services Standards Training, A workshop for individuals working in public mental health” 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 Workshop 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 January 11, 2017, the Central Region Partnership presented a workshop for individuals working in public mental health. Over 70 administrators, managers, supervisors, line staff, consumers, and family members attended the workshop that was held in Modesto, CA. Participants shared their appreciation of the implicit bias focus of the training; however, wanted more information related to NCLAS standards and suggestions for completing cultural competency plans. There was no information given regarding the NCLAS standards. Evaluation information follows:

This work has enabled me to apply the topic in my work (66 responses)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
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<tbody>
<tr>
<td>48%</td>
<td>33%</td>
<td>14%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Strongly Agree 48%, Agree 33%, Neutral 14%, Disagree 5%
Lessons Learned: There was not enough emphasis on completing the Cultural Competency plans nor was there enough focus on the NCLAS standards. However, the new NCLAS standards as they relate to our cultural competence plan requirements have not been published.

The Central Region Partnership is considering holding another NCLAS training in the upcoming year with more emphasis on completing Cultural Competency Plans to the new NCLAS standards.
After Rural Suicide: A Guide for Coordinated Community Postvention Response

Purpose/Goal(s) and/or Intended Outcomes and MHSA WET Component Addressed by the Project or Program: The intended outcome of this Guide was to support California’s rural counties with developing a formal, locally controlled, and coordinated effort in responding to the community after a suicide has occurred. The primary audiences are county and local behavioral and public health agencies, law enforcement, and existing suicide prevention coalitions or task forces. Others, such as peer support programs and community-based organizations, may also find it helpful.

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

Project/Program Summary: In coordination with the California Mental Health Services Authority (CalMHSA) and consultants working with the Suicide Prevention Resource Center (SPRC), this postvention guide was developed to address rural community needs after a specific set of suicides in and around a particular Central Region county. Another goal of this project was to give guidance to other rural communities after they experience suicides locally.

Outcomes: In August of 2016, a webinar was provided to share the publication of the Suicide Postvention Guide and how rural communities can use it. This Guide was created to support California’s rural counties with developing a formal, locally controlled, and coordinated effort in responding to the community after a suicide has occurred. The publication and recorded webinar remain accessible to the public on the Central Region web page. A total of 287 people visited the page with 86 downloading the Suicide Postvention Guide.
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. Initial outcomes were shared in the 2015 Central Region Outcomes document; however, this report includes the comprehensive data for the event and impact 6 months after the event. 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 from the following counties: Fresno, Kings, Merced, Placer (2), San Joaquin (2), Sutter-Yuba and Yolo. Participants completed evaluations at the end of each of 3 sessions; however, we were not able to obtain discreet data about those who attended from the evaluations collected at these sessions. We did, however, develop an electronic evaluation for participants to complete after all 3 sessions were finished. Five (5) of the 9 participants completed this survey. Those who responded were from the following counties: Kings, Merced, Placer, Sutter-Yuba, and Yolo. The results of that survey follow:
One hundred percent (100%) of those who responded to the survey stated that they were a family member or caregiver of a consumer of public mental health services:

![Pie chart showing percentages of family members and caregivers.]

100% of those who responded to this survey stated that the felt the Leadership Institute had a recovery- or resiliency-focus.

Eighty percent (80%) stated they felt the skills they gained from the training made them more culturally competent:

![Pie chart showing percentages of yes and no.]

On a scale of 1 to 5, 5 being “very much,” 100% of those who responded rated the following question with either a “4” or “5” rating: “To what extent do you feel your leadership knowledge and skills have improved having gone through the program?”

Eighty percent (80%) of those who responded to this survey rated a “4” on a scale of 1 to 5, 5 being “very much,” that they felt their county’s mental health
staff and providers would benefit from their attending the program. 20% rated a “5.”

One participant who responded to the survey stated, “Some of the tools I have learned will benefit the interactions I have with other managers to lead our organization in the right direction.”

Eighty percent (80%) of those who responded to the survey rated “4” or “5” on a scale of 1 to 5, 5 being “very much” to the question, “How much do you feel your county’s peers will benefit from your attendance?”

Additionally, we developed another electronic survey to collect impact data 6 months after the original electronic survey. Three (3) of the original 9 participants completed this survey. The results of that survey follow:

One hundred percent (100%) of those who responded to this survey answered, “Yes, a whole lot,” to the question, “Have you used any of the information learned from the CIBHS Leadership Institute training in your work?”
One hundred percent (100%) of those who responded to this survey answered, “Yes, a whole lot,” to the question, “Are you able to use principle learned from the training?”

When asked, “To what extent do you feel your leadership knowledge and skills have improved having gone through the program?” one participant responded, “I now think about what it means to be a leader and I now have the skills to be able to help my staff develop into leaders by helping them increase their own individual talents.” Another responded, “The Leadership Institute was instrumental in me becoming more confident in the abilities I already have. Because of the metrics used and the other practical applications we participated in, it was reassuring we were there because we were competent, and this increased our confidence in our abilities.”

When asked about any additional comments, one participant who responded to the survey stated,” This was an invaluable program for me. I have advocated for our Agency to continue to send competent leaders to the Institute for the next level of training. It was superb, not only the content of the course, but the staff who hosted it as well. Bravo.”

**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. Initial outcomes were shared in the 2015 Central Region Outcomes document; however, this report includes the comprehensive data for the event and impact 6 months after the event. This project addresses the Training and Technical Assistance Component of MHSA WET.
Project/Program Summary: The 7th International “Together Against Stigma” Conference was held for the first time in the United States in San Francisco February 18-20, 2015 on behalf of the California Mental Health Services Authority, the World Psychiatric Association, the California Institute for Behavioral Health Solutions, and the County Behavioral Health Directors Association of California. The Central Region Partnership sponsored Regional participants to attend. The international character of this conference underscored the fact that stigma associated with mental illness is not exclusive to any one country or culture: it is pervasive, encountered at all levels of society, institutions, among families and within the healthcare profession itself. Stigma – the negative attitudes toward people living with mental health challenges, and the negative behaviors that result – is a major barrier preventing individuals from asking for support and, often, preventing support from being readily available. For many people living with a mental health challenge, the stigma they face is often worse than the illness itself.

Outcomes: The Central Region Partnership sponsored 11 participants from 12 central region counties (Alpine, Amador, Calaveras, Fresno, Inyo, Kings, Madera, Sacramento, Sutter-Yuba, Tulare, Tuolumne, and Yolo). These participants identified as consumers, family members, and caregivers. Conference registration was purchased for all participants as well as hotel rooms and mileage reimbursement to/from the conference.

The event had a recovery/resiliency focus and the majority of attendees felt the focus was met. The conference also focused on working with attendees so that they felt more culturally competent. Below are some comments from attendees that attended:

*It provided information to help overcome disability related to mental illness by changing social environment elements.*
Many of the participants were glowing with pride for their participation in such a global discussion. Recovery and resiliency were most definitely addressed, encouraged and increased throughout the conference.

There is always room for improvement with all learned skills. The multicultural aspect of the conference led to a gained understanding of many areas of cultural competence. To have viewpoints from all over the world it was enlightening, for certain.

The attendees felt strongly that their county’s mental health staff and providers benefited from their attendance at the conference.

Attendees also felt strongly that their county peers would also benefit from their attendance.
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. Initial outcomes were shared in the 2015 Central Region Outcomes document; however, this report includes the comprehensive data for the event and impact 6 months after the event.

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 helped to ensure that the implementation process went smoothly 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”.

<table>
<thead>
<tr>
<th>The instructor’s level of knowledge in content area.</th>
<th>How likely are you to initiate change in your work based on the knowledge and skills gained at this training?</th>
<th>Rate the degree to which the training met your expectations</th>
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<tr>
<td>5</td>
<td>4.9</td>
<td>4.9</td>
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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 group 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.

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 Partnership’s hybrid
Master of Social Work program include the completion of the first cohort of 23 students, of which 6 currently work in public behavioral health and 20 are interested in working in the Public Behavioral Health System.

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 include licensing of 43 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. Over 100 others have been collecting hours towards licensure.

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 500 individuals (some attending more than one training), including staff members, providers, peers and volunteers, about such topics as: Motivational Interviewing for Peers; Understanding Data in Public Mental Health; 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 20,000 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 Implicit Bias and Understanding the National Cultural and Linguistic Assistance Standards training for nearly 100 employees or providers in our counties.

The Central Region Partnership has provided, and until funding ends, 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. The Partnership will publish a final comprehensive report of all outcomes by early summer of 2018.