**Top Accomplishments**

<table>
<thead>
<tr>
<th>Program, Project or Activity Description</th>
<th>Number Served</th>
<th>Who Was Served</th>
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<td><strong>1. Roving Supervisor Program</strong> – Assisting unlicensed staff and providers to collect hours needed to become licensed providers.</td>
<td>One hundred seventy-three (173), with forty-five (45) becoming licensed – The number of licensed individuals is expected to increase by almost twice by end of FY 17/18. Participating counties are considering/collaborating about how to sustain the program without Regional funding.</td>
<td>One hundred seventy-three staff from 8 different Central Region Counties.</td>
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<td><strong>2. Mental Health First Aid Training</strong> – Training instructors in the Central Region Counties to deliver the evidence-based Mental Health First Aid Program to laypeople in our communities to help recognize signs and symptoms of mental illness and encourage seeking professional treatment and other supports.</td>
<td>20,000 + community members in the Central Region – expected to increase as training are provided into the future</td>
<td>Community members received the training which builds capacity for them to assist those who may be developing a mental health concern before or if it becomes a crisis.</td>
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<td><strong>3. College and University partnerships and programs</strong> – Two online psychosocial rehabilitation programs were started at two different community colleges: Modesto Jr. College and State Center Community College District’s Madera Campus. One hybrid MSW Program was started at CSU, Stanislaus with partial funding from the Central Region Partnership.</td>
<td>300 + students – This number is expected to increase each year as these programs continue to be offered at the colleges and universities where they were started.</td>
<td>Peers and staff of County Behavioral Health Departments in the Central Region; and, others who have registered for and attended the courses which have become available to the public since they were developed.</td>
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Lessons Learned

1. Plan with sustainability in mind. One of the issues we will face with phasing out the roving supervisors is how to handle ongoing supervision issues once the Central Region Partnership is dissolved. We are planning to discuss sustainability plan with plans each time the partnership meets so that it is always before us. Since this has been such a successful project it will be important for counties to find creative ways to sustain supervision for unlicensed clinical staff because smaller counties have a more difficult time recruiting licensed clinical staff and are often are forced to, “grow their own,” by hiring unlicensed staff right out of graduate schools and training them in clinical evidence based practices and county culture.

2. Be strategic about who to send to trainings. One of the issues early on with the Mental Health First Aid Training for Instructors program was that counties were sending clinical folks to become trainers who had to carve out time from what could be billable to be able to train. Some counties sent volunteers who were able to train until they found other employment; then, they were no longer able to commit the time necessary to provide the training sessions. Additionally, sending folks with presenting or training experience was helpful.

3. Counties benefit from networking with one another. This has been a positive outcome of the Central Region Partnership as counties of different sizes meet in person or on phone calls once a month and share what is working and what is not. It gives counties an opportunity to share resource materials, to learn what each is doing and it provides an opportunity to collaborate and share ideas. It allows time for staff members to attend trainings hosted by the Central Region Partnership and to learn together.

4. The Central Region Partnership has provided a valuable venue to address small county issues and to research possible solutions. We tackled the shortage of psychiatrists in the Central Region and did extensive research into alternatives including, hiring Psychiatric Nurse Practitioners or Physician’s Assistants as an alternative to hiring a live psychiatrist. We also looked at hiring a roving psychiatrist that would coordinate with other counties. We invited CalMHSA to the table to act as the contractor. We also looked at working with universities in hiring graduating Psychiatric Nurse Practitioners and/or Nurse Practitioners. Even though we were not successful in hiring staff to address this problem the exercise was good in that it helped us to dream of how things could be and it proved to be an innovative approach to solving an ongoing problem for most counties who were involved.

5. We learned that, “if you build it, they will come.” We learned from hosting leadership trainings for Central Region Partnership counties that there is interest in training our workforce on how to lead and supervise. The Central Region was able to provide funding to sponsor that training. This was presented by U.C. Davis and we had mixed results from the trainings and we learned lessons each time we hosted them. Lessons learned were applied to future trainings and by the last training we had an effective curriculum and staff who attended reported they were rewarded by the opportunity to have advanced training in management and supervision of other staff. This project proved to be innovative and a building block for the future of staff who work in Central Region Counties.

This report is complete and true to the best of my knowledge.

Gina Ehlert, M. Ed. – Central Region Coordinator

Date

August 31, 2017

Central Region Partnership Report of Top Three Accomplishments and Lessons Learned