

## EXHIBIT 1: WORKFORCE FACE SHEET

### MENTAL HEALTH SERVICES ACT (MHSA) WORKFORCE EDUCATION AND TRAINING COMPONENT THREE-YEAR PROGRAM AND EXPENDITURE PLAN, Fiscal Years 2006-07, 2007-08, 2008-09

**County:** SIERRA      **Date:** January 2009

This County's Workforce Education and Training component of the Three-Year Program and Expenditure Plan addresses the shortage of qualified individuals who provide services in this County's Public Mental Health System. This includes community based organizations, consumers and potential volunteers. This Workforce Education and Training component is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of California's MHSA Workforce Education and Training Five-Year Strategic Plan (Five-Year Plan), and this County's current MHSA Community Services and Supports component. Actions to be funded in this Workforce Education and Training component supplement state administered workforce programs. The combined actions of California's Five-Year Plan and this County's Workforce Education and Training component together address this County's workforce needs as indicated in Exhibits 3 through 6.

Funds do not supplant existing workforce development and/or education and training activities. Funds will be used to modify and/or expand existing programs and services to fully meet the fundamental principles contained in the Act.

All proposed education, training and workforce development programs and activities contribute to developing and maintaining a culturally competent workforce, to include individuals with client and family member experience that are capable of providing client- and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes. This Workforce Education and Training component has been developed with stakeholders and public participation. All input has been considered, with adjustments made, as appropriate.

Progress and outcomes of education and training programs and activities listed in this Workforce Education and Training component will be reported and shared on an annual basis, with appropriate adjustments made. An updated assessment of this county's workforce needs will be provided as part of the development of each subsequent Workforce Education and Training component.

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## **EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY**

Sierra County has a population of only 3500. In an effort to minimize participant exhaustion, the Workforce and Education Training (WET) plan outreach process drew information from an initial community survey initiated by Sierra County Mental Health (SCMH) as part of our CSS Planning Process. The survey and accompanying focus groups were conducted in late 2006 and early 2007, and the information is still pertinent today. This comprehensive survey was mailed to all county residents, as well as distributed manually to all county employees, clients and family members and community-based organizations. Local consumers were involved in this process through outreach activities at school sites, Friday Night Live afterschool programs, and youth participating in Mental Health groups. Classroom teachers assisted in the distribution and collection of completed surveys. A follow-up questionnaire was revised to better reflect the goals of the MHSA, and redistributed to every client and family member. Copies of both surveys are attached. There was a concerted effort to reach particularly isolated communities within the county, drug/alcohol clients, drug court clients, and consumers along with special site visits to the senior apartment residents. Two focus groups at the Senior Nutrition Center and the community center in Loyalton ensured the opportunity for additional outreach and information solicitation. Marketing and outreach activities included newspaper articles promoting the availability of transportation and childcare vouchers to encourage participation and attendance of a wider area of community stakeholders.

To gather consumer input for the Workforce Education and Training Component, seven current consumers were interviewed in person and over the phone to gather information on their experiences, personal opinions, insights, suggestions and ideas with regard to positive and negative experiences with Sierra County Mental Health. A written survey was administered through an identified community-leader at the local Literacy Program with the intent to reach Spanish-speaking community members. A copy of this survey is attached. These interviews began with a brief explanation of the MHSA and the purpose of the WET plan. Through informal face-to-face communications with community members in day-to-day contact, a general opinion of the mental health department as well as the idea of mental health in general was gleaned. These results were then analyzed to determine areas of need that could be alleviated by providing education and training to staff and consumers. These activities took place during the summer of 2008.

Additionally, during the summer of 2008, 100% of Sierra County's mental health employees, including administrative staff and all five Social Services social workers completed electronic surveys which polled the desired focus of future trainings, method of training delivery, and identified professional career paths. This information will be used to design an electronic learning curriculum available to all mental health employees, social workers, Family Resource Centers in Loyalton and Sierra City, Sierra Safe and Victim Witness Program, Sierra-Plumas Joint Unified School District, Sierra County's Children & Families Commission (First 5), Senior Centers on both sides of the county, as well as several youth advocacy groups

including Friday Night Live and P.H.A.T. (Peer Helpers Against Tobacco). The curriculum will have two 'branches' of focus: one to address skill development of mental health professionals, and another branch offering education and outreach to mental health consumers, including substance abuse treatment clients, senior centers, students, parents and the general public. It should be noted that Sierra County does not have any private mental health practitioners or CBO mental health practitioners.

A completed draft of the Workforce Education and Training Plan including all exhibits was available for review and comment at Sierra County Human Services and on the Sierra County website. Copies of the plan were distributed to members of the Mental Health Advisory Board and citizens who had requested them.. The advisory board meeting and public review was advertised two weeks in advance in both local newspapers. Six advisory board members attended including one consumer/family member. The group discussed the Plan's components for clarification and estimated time of implementation; the group had no suggestions or requests for any changes. The draft of the Workforce Education and Training Plan then went before the Board of Supervisors on January 20 for approval after a public hearing. This public hearing was also advertised two weeks in advance on the county website. Three members of the public requested a copy of the Plan to review. The Board asked about funding security for the Plan, but had no other questions, comments, or requested editions, and subsequently passed the resolution adopting the Plan pending State approval.

### EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

#### I. By Occupational Category – page 1

Major Group and Positions	Esti- mated # FTE author- ized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/ Cau- casian	His- panic/ Latino	African- Ameri- can/ Black	Asian/ Pacific Islander	Native Ameri- can	Multi Race or Other	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<b>A. Unlicensed Mental Health Direct Service Staff:</b>										
<b>County (employees, independent contractors, volunteers):</b>										
Mental Health Rehabilitation Specialist										
Case Manager/Service Coordinator .....	1	1	1							
Employment Services Staff .....										
Housing Services Staff .....										
Consumer Support Staff .....	1	0	.5							
Family Member Support Staff .....	.5	0	1							
Benefits/Eligibility Specialist .....										
Other <i>Unlicensed</i> MH Direct Service Staff .....	.75	1		.75						.75
<i>Sub-total, A (County)</i>	<b>3.25</b>	<b>2</b>	<b>2.5</b>	<b>1.75</b>						<b>1.75</b>
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>										
Mental Health Rehabilitation Specialist										
Case Manager/Service Coordinator .....										
Employment Services Staff .....										
Housing Services Staff .....										
Consumer Support Staff .....										
Family Member Support Staff .....										
Benefits/Eligibility Specialist .....										
Other <i>Unlicensed</i> MH Direct Service Staff .....	.5	0	.5							
<i>Sub-total, A (All Other)</i>	<b>.5</b>	<b>0</b>	<b>.5</b>	<b>.5</b>						<b>.5</b>
<b>Total, A (County &amp; All Other):</b>	<b>3.75</b>	<b>2</b>	<b>3.0</b>	<b>2.5</b>						<b>2.5</b>

### EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 2

Major Group and Positions	Esti- # FTE auth	Hard to fill? 1=Yes; 0=No	# FTE est. to meet need in addition to # FTE auth'd	Race/ethnicity of FTEs currently in the workforce -- Col. (11)													
				Wht/ Cau-	His / Latino	Af.Am/ Black	Asian/ P.I.	NtvAm	Multi / Other	(5)+(6)+ (7)+(8)+ (9)+(10)							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)							
<b>B. Licensed Mental Health Staff (direct service):</b>																	
<b>County (employees, independent contractors, volunteers):</b>																	
Psychiatrist, general.....	.20	1	.10								.20	.2					
Psychiatrist, child/adolescent.....																	
Psychiatrist, geriatric.....																	
Psychiatric or Family Nurse Practitioner.....																	
Clinical Nurse Specialist .....																	
Licensed Psychiatric Technician.....																	
Licensed Clinical Psychologist.....	.60	1	.40								.60	.6					
Psychologist, registered intern (or waived).....																	
Licensed Clinical Social Worker (LCSW).....																	
MSW, registered intern (or waived) .....	1	1									1.0	1.0					
Marriage and Family Therapist (MFT) .....																	
MFT registered intern (or waived) .....	1	1									1.0	1.0					
Other <i>Licensed</i> MH Staff (direct service) .....			1														
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>																	
Psychiatrist, general.....																	
Psychiatrist, child/adolescent.....																	
Psychiatrist, geriatric.....																	
Psychiatric or Family Nurse Practitioner.....																	
Clinical Nurse Specialist .....																	
Licensed Psychiatric Technician.....																	
Licensed Clinical Psychologist.....																	
Psychologist, registered intern (or waived).....																	
Licensed Clinical Social Worker (LCSW).....																	
MSW, registered intern (or waived) .....																	
Marriage and Family Therapist (MFT) .....																	
MFT registered intern (or waived) .....																	
Other <i>Licensed</i> MH Staff (direct service) .....																	
<b>Total, B (County &amp; All Other):</b>	<b>2.8</b>	<b>4.0</b>	<b>2.5</b>	<b>2.8</b>						<b>2.8</b>							

### EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

#### I. By Occupational Category - page 3

Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes' 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/ Cau- casian (5)	His- panic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				.20						.2
<b>C. Other Health Care Staff (direct service):</b>										
<b>County (employees, independent contractors, volunteers):</b>										
Physician .....										
Registered Nurse .....	.20	1	.30							
Licensed Vocational Nurse .....										
Physician Assistant .....										
Occupational Therapist .....										
Other Therapist (e.g., physical, recreation, art, dance) .....										
Other Health Care Staff (direct service, to include traditional cultural healers).....										
Sub-total, C (County)	.20	1	.30	.20						.2
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>										
Physician .....										
Registered Nurse .....			1.0							
Licensed Vocational Nurse .....										
Physician Assistant .....										
Occupational Therapist .....										
Other Therapist (e.g., physical, recreation, art, dance) .....			1.0							
Other Health Care Staff (direct service, to include traditional cultural healers).....										
Sub-total, C (All Other)			2.0							0.0
<b>Total, C (County &amp; All Other):</b>	.20	1	2.3	.20						.2

### EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

#### I. By Occupational Category - page 4

Major Group and Positions (1)	Esti- # FTE auth (2)	Hard to fill? 1=Yes; 0=No (3)	# FTE est. to meet need in plus # FTE auth'd (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				Wht/ Cau- (5)	His/Lat (1)	AfAm/Bl k (2)	Asian/PI (3)	NtvAm (4)	Wht/ Cau- (5)	Total (1)
<b>D. Managerial and Supervisory:</b>										
<b>County (employees, independent contractors, volunteers):</b>										
CEO or manager above direct supervisor.....	.58			.58						.58
Supervising psychiatrist (or other physician) ....										
Licensed supervising clinician.....	.75			.75						.75
Other managers and supervisors.....										
Sub-total, D (County)	1.33	1	1	1.55						1.55
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>										
CEO or manager above direct supervisor.....										
Supervising psychiatrist (or other physician) ....										
Licensed supervising clinician.....										
Other managers and supervisors.....										
Sub-total, D (All Other)										0
Total, D (County & All Other):	1.33	1	1	1.55						1.55
<b>E. Support Staff (non-direct service):</b>										
<b>County (employees, independent contractors, volunteers):</b>										
Analysts, tech support, quality assurance.....			.75							
Education, training, research .....	1	1		1.0						1.0
Clerical, secretary, administrative assistants .....	.90			.90						.90
Other support staff (non-direct services).....	.33		.50	.33						.33
Sub-total, E (County)	2.23	1	1.25	2.23						2.23
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>										
Analysts, tech support, quality assurance.....										
Education, training, research .....										
Clerical, secretary, administrative assistants .....										
Other support staff (non-direct services).....										
Sub-total, E (All Other)	2.23	1	1.25	2.23						2.23
Total, E (County & All Other):	2.23	1	1.25	2.23						2.23



### EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 5

#### GRAND TOTAL WORKFORCE

(A+B+C+D+E)

Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/ Cau- casian (5)	Hispanic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
<b>County (employees, independent contractors, volunteers) (A+B+C+D+E) .....</b>	<b>9.81</b>	<b>9</b>	<b>7.55</b>	<b>8.31</b>						<b>8.31</b>
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E) .....</b>	<b>.50</b>		<b>2.50</b>	<b>.50</b>						<b>.50</b>
<b>GRAND TOTAL WORKFORCE (County &amp; All Other) (A+B+C+D+E)</b>	<b>10.31</b>		<b>10.05</b>	<b>8.81</b>						<b>10.31</b>

#### F. TOTAL PUBLIC MENTAL HEALTH POPULATION

600				Race/ethnicity of individuals planned to be served -- Col. (11)						
				White/ Cau- casian	Hispanic/ Latino	African- Ameri- can/ Black	Asian/ Pacific Islander	Native Ameri- can	Multi Race or Other	All individuals (5)+(6)+ (7)+(8)+ (9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
F. TOTAL PUBLIC MH POPULATION	Leave Col. 2, 3, & 4 blank			88.2	6.0	0.2	0.3	1.9	3.4	100.0

### EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

#### II. Positions Specifically Designated for Individuals with Consumer and Family Member Experience:- page 6

Major Group and Positions	Estimated # FTE authorized and to be filled by clients or family members	Position hard to fill with clients or family members? (1=Yes; 0=No)	# additional client or family member FTEs estimated to meet need
(1)	(2)	(3)	(4)
<b>A. Unlicensed Mental Health Direct Service Staff:</b>			
Consumer Support Staff.....	1.0	0	.5
Family Member Support Staff .....	.5	0	1.0
Other Unlicensed MH Direct Service Staff .....			
<b>Sub-Total, A:</b>	<b>1.5</b>	<b>0</b>	<b>1.5</b>
<b>B. Licensed Mental Health Staff (direct service).....</b>			
<b>C. Other Health Care Staff (direct service) .....</b>			
<b>D. Managerial and Supervisory.....</b>			
<b>E. Support Staff (non-direct services).....</b>			
<b>GRAND TOTAL (A+B+C+D+E)</b>	<b>1.5</b>	<b>0</b>	<b>1.5</b>

#### III. LANGUAGE PROFICIENCY

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

Language, other than English	Number who are proficient	Additional number who need to be proficient	<b>TOTAL (2)+(3)</b>
(1)	(2)	(3)	(4)
1. <u>Spanish</u>	Direct Service Staff <u>0</u> Others <u>0</u>	Direct Service Staff <u>2</u> Others <u>1</u>	Direct Service Staff <u>2</u> Others <u>1</u>
2. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
3. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
4. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
5. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____

### **EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

#### **A. Shortages by occupational category:**

Therapists, counselors, and contracted psychologists are hard-to-fill and hard-to-retain positions for Sierra County. Due to attrition, the mental health department has experienced significant turnover. In a county this small, if one position should become vacant, the entire balance is upset and clients suffer the effects of an over-burdened staff. Because of the high cost-of-living in Sierra County and the extreme rural isolation, young professional families find it difficult to relocate to Sierra County. The ideal situation would be to increase the .6 FTE psychologist to a 1.0 FTE position and increase the licensed therapy staff by two positions.

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

Sierra County contracts with one psychologist three days a week, a psychiatrist on the east side of the county two times a month, and a psychiatrist on the west side of the county one day per month, all three are white males. The County Mental Health Department employs one full-time LCSW-Intern, one MFT-Intern, one licensed MFT, three Behavioral Health Specialists and a .80 administrative assistant. Two are male, four are female and all are Caucasian. None speak Spanish. The workforce does not reflect the 6% Hispanic population, or the 1.9% American Indian population.

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

Historically, Sierra County Mental Health has not actively recruited consumers for positions within the department. Funding from the Mental Health Services Act will enable Sierra County to fund at least one part-time Parent Partner position to participate in our Full Service Partnership Wraparound services. The position has already been approved by the county Board of Supervisors. The mental health department will also be able to create and fill at least two Peer Mentor positions to increase outreach into unserved and underserved populations, specifically Older Adults and Latino. Peer Mentor positions have also been approved by the Board of Supervisors. These positions will be supported through training and supervision within the Mental Health department. Funding will come from the initial WET components and will be included in future budgets within Sierra County's subsequent MHSA Three-Year Integrated Plans.

#### **D. Language proficiency:**

Sierra County has a small but significant Hispanic population. While the number does not meet the criteria to have Spanish designated as a threshold language, there is a clear need for Spanish speaking Mental Health staff. Unfortunately, there are few, if any, job applicants who are proficient in Spanish.

#### **E. Other, miscellaneous:**

In addition to our extra-help translator, Sierra County Mental Health has access to an ESL teacher in the community, but her schedule is so busy we cannot depend on having on-demand access to her interpretive skills.

## **EXHIBIT 4: WORK DETAIL**

### **A. WORKFORCE STAFFING SUPPORT**

#### **Action #1 – Title: Workforce Education and Training Coordination**

##### **Description:**

Funds from this action will provide for 1 FTE to coordinate all WET-related activities. These activities will include but not be limited to coordination of activities aimed at reducing stigma in the community around seeking help for mental illness, educating the community about mental illnesses, reaching out to underserved populations. Cost of this position includes support staff contribution to WET-related programs such as fiscal, maintenance, and other overhead responsibilities.

##### **Objectives:**

1. Completion of the three-year WET plan and ongoing development and operation of workforce programs.
2. Broaden awareness and promote destigmatization of mental health issues and increase the community's cultural awareness through outreach, education and discussion opportunities through once-per-month movie nights on both sides of the county. Movies will be chosen that help to reduce stigma and increase cultural competency.
3. Coordination of annual Community Academy schedules with topics that focus on community education, awareness, de-stigmatization, and cultural competency
4. Coordinate continuing education and ongoing training opportunities for workforce to ensure professional skills.
5. Coordinate positions, hiring and training of Parent Partners and Peer Mentors to increase outreach and improve service to underserved populations
6. Participate in statewide trainings as required or recommended in relation to carrying out WET activities
7. Promote the integration of wellness, recovery and resiliency concepts throughout the mental health delivery system at all levels of service.
8. Develop cultural competence of staff throughout the mental health system.
9. Increase capacity and capability for the provision of clinical supervision (mentoring, coaching, etc.).
10. Improving the coordination and streamlining of training efforts throughout the mental health system.
11. Ensure that consumers, family members, and underserved and underrepresented communities are included as both trainers and participants.
12. Designing training interventions to meet the needs of a multidisciplinary workforce, including mental health, substance abuse, and primary care.
13. Enhance collaboration with community-based organizations (CBOs).

**Budget justification:**

**FY 06-07** Funds (\$16,900) used to develop ongoing regularly scheduled staff training on Mental Health topics, e.g., implementing Evidence Based Practices with fidelity. This will also include working with Trilogy to develop a menu of online trainings and course work for staff.

**FY 2008-09** 1.0 FTE WET Coordinator position; Salary **\$23,196** and Benefits **\$13,798** for 6 months. Position to be redefined as Mental Health Services Coordinator at start of FY 2009-10 to combine coordination of all MHSA components. Funding support will be incorporated into the Integrated Plan.

Support staff costs based on 15% of WET Coordinator position Salary \$23,196 plus Benefits is \$36,994 x 15% is **\$5,549**.

Trainings 6 x \$50.00 registration **\$300**

Facilitators Class **\$1000**

Lodging for 8 nights at \$150 per night **\$1,200**

Fuel costs for county provided vehicle is est. at \$45.per fill up x 10 **\$450**

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$16,900</b>	<b>FY 2007-08: \$</b>	<b>FY 2008-09: \$45,493</b>
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## **EXHIBIT 4: WORK DETAIL**

### **B. TRAINING AND TECHNICAL ASSISTANCE**

#### **Action #2 – Title: Ongoing Workforce Education and Training**

##### **Description:**

E-Learning will be an invaluable resource that will allow us to develop, deliver and manage educational opportunities and distance learning for staff, consumers/family members, and community based organizations. Funding will be used for access to the course catalog and to customize courses to meet the needs of our community. Trainings will be wellness, recovery, and resiliency oriented. All employees, including consumer and family members, will be able to access trainings. Training effectiveness will be monitored through evaluations, pre and post tests, as well as surveys and focus groups.

##### **Objectives:**

1. Design professional career ladders for mental health employees, Parent Partners, and Peer Mentors
2. Track training and license compliance for mental health employees
3. Provide opportunities for career development and electives
4. Provide Network of Care/Community Access Site to staff and community for coursework options as well as resource and referral information, education/awareness, announcements
5. Purchase computer workstations and two desks, chairs and phones to insure staff access. This includes rental of space to conduct continuing education trainings.
6. Facilitate outreach and education; destigmatization of mental health services
7. Provide greater ease for staff, community providers, consumers and family members to access training and educational courses which meet license requirements and/or provide career path development, as well as rehabilitation and consumer employment courses.
8. Explore providing a community access portal for consumers and family members and key stakeholders to meet their training and information needs.
9. Increase quality and availability of diverse training offerings while reducing cost.
10. Provide compliance and quality control for legal requirements by linking to the County's existing education and licensing tracking system.
11. Research existing training modules that offer established credibility
12. All staff will be trained in a set of core wellness, recovery, and resiliency oriented classes within 5 years.

**Budget justification:**

**FY 08/09** Based on a contract quote from Essential Learning (10755-F Scripps Poway Parkway #587, San Diego, CA 92131) the total start up cost is **\$11,390** with the breakout as follows:

Learning Management System (LMS) is \$3,492  
One time system set up fee for LMS \$1,500  
Community Access Site (CAS) \$2,000  
One time CAS site fee set up \$2,245  
Annual Maintenance Training/Support \$2,153.

Parent Partners and Peer Mentors will need the following items and rental space totaling **\$17,400** with breakout as follows:

Four workstations (Dell laptops with docking stations) \$10,400  
Two desks \$1000 each = \$2000  
Two chairs at \$225 each = \$450  
Two phones \$325 each = \$650  
Rental of building at \$650 per month x 6 months = \$3,900

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$</b>	<b>FY 2007-08: \$</b>	<b>FY 2008-09: \$28,790</b>
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## **B. TRAINING AND TECHNICAL ASSISTANCE**

### **Action #3 – Title: Community Education**

#### **Description:**

Community Academies are a series of guest speakers scheduled once a month during the spring, summer, and fall with the intention of providing education and awareness of new and emerging topics as well as basic service tenets such as cultural competency and evidence-based practices. Past speakers have included professionals from California Institute of Mental Health as well as various private consultants. Topics have included recovery and resiliency as they apply to community issues such as domestic violence, the effects of alcohol and other drugs on the developing brain, implementing evidence based practice programs, and other topics. Community Academies are intended to unite community agencies in a culturally competent client-centered approach to service. Academies are free and open to the community; attendance is mandatory for employees in all Human Services departments. Members of Sierra County Children's and Families Commission (First 5), Sierra County Literacy, Family Resource Center, Victims Witness Domestic Violence program and Sierra Safe sexual assault services program, Sierra-Plumas Joint Unified School District, Probation, Law Enforcement, are regular attendees. Additional outreach activities outlined below.

#### **Objectives:**

1. Increase educational awareness of mental health topics
2. Reduce stigma of mental health issues
3. Provide education and outreach opportunities to consumers and community at no cost
4. Provide sensitivity training to law enforcement and emergency response personnel
5. Network training opportunities for school teachers and other line staff in direct contact with youth
6. Coordinate and organize monthly Movie Nights on both sides of the county featuring films designed to get families and communities discussing mental health-related topics; Mental Health professional will open and close the film with a discussion on the topic of the night and be available to answer questions and provide outreach to families.

#### **Budget justification:**

**FY 06/07** Funds (\$16,900) for regularly scheduled communitywide seminars, discussions and or speakers on a variety of mental health-related topics.

#### **FY 08/09**

**\$20,000** Specialized training for Sierra Plumas Joint Unified School District [14 administrators including the Superintendent of Schools; 17 staff devoted solely to special education programs and services; 38 teachers; 22 instructional aides, and 18 miscellaneous facilities staff]. The money will be used to pay for no more than three trainers/speakers as well as substitute instructors for the teachers who attend.



**\$5,000** Specialized training for Sierra County law enforcement agency to benefit client and family members [no more than two “sensitivity” trainings for Law Enforcement personnel (17 law enforcement officers and administrative staff, 5 probation department staff, as well as invitations extended to the local Volunteer Fire Department and Emergency Response Personnel)].

**\$23,780** budgeted for Community academy speakers for community and Human Services employees for up to six speakers annually cost will vary based on small county discounts, topic/category and caliber of speaker. Sierra County anticipates:

2 speakers @ \$5,000 = \$10,000

4 speakers @ \$2,500 = \$10,000 contract includes travel and per diem reimbursements.

\$300 x 6 trainings for meals = \$1,800

\$250.00 x 6 for rental of facilities = \$1,500

Media ads in two newspapers \$40.00 per paper x 6 trainings = \$480

**\$1031** is budgeted for ‘Movie Nights’ cost breakout is as follows: Per Movie Licensing USA, 10795 Watson Road, St. Louis, Missouri 63127, site licensing fee to show movies is \$200/year for school site with 200 students or less – Downieville (78 students, K-12), \$350/year for school site with 200-500 students – Loyaltown (250 students, K-5).

Movie selections \$181 (One year subscription to Netflix at 3 discs per month).

Snacks for one year not to exceed \$300 for FY 08/09.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$16,900</b>	<b>FY 2007-08: \$_____</b>	<b>FY 2008-09: \$49,811</b>
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## **C. MENTAL HEALTH CAREER PATHWAY PROGRAMS**

### **Action #4 – Title: Peer Mentors/Parent Partners**

#### **Description:**

Creation, advertising, hiring, and training of two part-time county positions for Peer mentors. Peer mentors will target unserved and underserved communities including the Latino and Older Adult populations in our community, as well as those living in extreme rural isolation. Peer mentors will provide outreach and education where “the Agency” has been unable to reach. Peer Mentors will receive Crisis Intervention training and will staff the county’s warm line in response to a need in the community for 24/7 Help Line. Historically, Sierra County’s only crisis call resource was the 911 line, answered by law enforcement. Having consumers trained and answering warm line calls will provide a less intimidating and more sensitive option for those needing help and be able to provide more culturally-diverse response than has been available in the past. Additionally, positions will be created for a part-time Parent Partner to participate in client Full-Service Partnership Wraparound teams as a consumer advocate. The Parent Partner will act as a liaison to help clients and their families navigate Behavioral Health services and coordinate with other agencies. The intention is to seek employment candidates that will be able to provide appropriate and effective outreach to underserved populations.

#### **Objectives:**

1. Parent Partners will provide assistance and support to new consumers entering the behavioral health system by acting as liaisons between the families and the agencies. Parent Partners will communicate, represent and promote on behalf of the families, and advocate the families’ position. Parent partners will be trained in the concept of Recovery and Resilience in order to participate in treatment, planning and care as part of the families’ Full Services Partnership team and support and enhance participant recovery skills in daily life.
2. Peer Mentors will be trained in the concept of Recovery and Resiliency, and will represent Sierra County Human Services agency at various forums, meetings, etc., throughout the community with the vision of providing outreach and education. Peer Mentors will also provide cultural, educational, social, recreational and vocational activity coordination for consumers and community.
3. Both Parent Partners and Peer Mentors will have continual access to the Human Services Online Learning System for skill development, providing career advancement potential.

**Budget justification:**

**FY 08/09**

*(WET Coord time for training is incorporated into salary/benefits).*

Advertising: **\$500**

Sr. Mental Health Supervision at 3% of total salaries and benefits (\$94,845) = **\$2,845**

(2) Peer Mentors at 15hrs/wk x 26 wks at \$15.00 per hr = **\$11,700**

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$</b> _____	<b>FY 2007-08: \$</b> _____	<b>FY 2008-09: \$15,045</b>
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## **D. RESIDENCY, INTERNSHIP PROGRAMS**

### **Action #5 – Title: Clinical Supervisor**

#### **Description:**

Sierra County currently contracts with a psychologist 2.5 days a week to see clients and provide limited clinical supervision to staff and interns. Money from this action will be used to increase the psychologist's contract by one full day in order to allow registered interns to be fully supervised in accordance with BBS regulations. This action would also allow the psychologist to attend clinical staff meetings which until now has been cost prohibitive.

Funds would also be used to contract with other professionals as needed to provide additional interns (such as LCSW interns) with required supervision and to provide training and support to the Assistant Director of Human Services to become licensed as a MFT in California (she is currently licensed in Nevada).

Because Sierra County has difficulty recruiting and retaining quality mental health professionals, we plan to staff expanded services with interns. In order to hire interns from across the service spectrum, we must be able to provide qualified individuals who are able to work with interns and create a mentor/advisor/supervisor relationship that enhances job satisfaction and promotes clinical skill building. This will be the building block for an ongoing internship program that, when combined with the training opportunities mentioned above, will attract interns because of it's quality of training and supervision.

The psychologist and future clinical supervisors will be offered on-going training to augment supervision skills in accordance with the MHSA philosophy. Emphasis will be placed upon exploring ways to create a supportive welcoming environment to all new hires, including consumers and families."

#### **Objectives:**

1. Allow county mental health department to fill necessary clinical positions and provide adequate service to communities while facilitating development in mental health careers.
2. Develop a plan to increase internship slots.
3. Provide clinical supervision on site for interns currently staffed.

**Budget justification:**

**FY 08/09**

Contracted psychologist @ 1 day per wk \$895.00 X 26 weeks including mileage = **\$23,270**

Contracted LCSW @\$70 per hr x 1 hr per wk x 26 weeks = **\$1,820**

Training and fees for Assistant Director to become licensed in California = **\$2,500.**

**Budgeted Amount:**    **FY 2006-07:** \$\_\_\_\_\_    **FY 2007-08:** \$\_\_\_\_\_    **FY 2008-09:** **\$27,590**

## EXHIBIT 5: ACTION MATRIX

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

<b>Actions</b> (as numbered in Exhibit 4, above)	Promotes wellness, recovery, and resilience	Promotes culturally competent service delivery	Promotes meaningful inclusion of clients/family members	Promotes an integrated service experience for clients and their family members	Promotes community collaboration	Staff support (infrastructure for workforce development)	Resolves occupational shortages	Expands postsecondary education capacity	Loan forgiveness, scholarships, and stipends	Regional partnerships	Distance learning	Career pathway programs	Employment of clients and family members within MH system
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
<b>Action # <u>1</u> : Workforce Education and Training Coordination</b>	X	X	X	X	X	X							
<b>Action # <u>2</u> : Ongoing Workforce Education and Training</b>	X	X	X	X	X	X					X	X	X
<b>Action # <u>3</u> : Community Academy Education Series</b>	X	X	X	X	X	X							
<b>Action # <u>4</u> : Peer Mentors/ Parent Partners</b>	X	X	X	X	X		X						X
<b>Action # <u>5</u> : Clinical Supervisor</b>	X	X	X	X	X	X	X	X				X	X

**EXHIBIT 6: BUDGET SUMMARY**

<b>Fiscal Year: 2006-07</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support:			\$16,900
B. Training and Technical Assistance			\$16,900
C. Mental Health Career Pathway Programs			
D. Residency, Internship Programs			
E. Financial Incentive Programs			
<b>GRAND TOTAL FUNDS REQUESTED for FY 2006-07</b>			<b>\$33,800</b>

<b>Fiscal Year: 2007-08</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support:			
B. Training and Technical Assistance			
C. Mental Health Career Pathway Programs			
D. Residency, Internship Programs			
E. Financial Incentive Programs			
<b>GRAND TOTAL FUNDS REQUESTED for FY 2007-08</b>			

<b>Fiscal Year: 2008-09</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support:			\$45,493
B. Training and Technical Assistance			\$78,601
C. Mental Health Career Pathway Programs			\$15,045
D. Residency, Internship Programs			\$27,590
E. Financial Incentive Programs			0
<b>GRAND TOTAL FUNDS REQUESTED for FY 2008-09</b>			<b>\$166,729</b>

**EXHIBIT 7: ANNUAL PROGRESS REPORT**

**(NOTE: This exhibit is for information purposes only, and does not need to be submitted with the Plan.)**

*List any objectives from any of the Actions that have been met during the period being reported, any issues that significantly impact on the accomplishment of objectives, and any positive accomplishments. Events, milestones, products, or outcomes are to be reported as measurable activities that can be quantitatively compared for the duration of the contract period.*

<b>ANNUAL PROGRESS REPORT</b>	
County: _____ Component: <b>Workforce Education and Training</b>	Fiscal Year: _____ Period Covered: _____
<b>Progress on Objectives (short narratives, below)</b>	
Workforce Staffing Support:	
Training and Technical Assistance:	
Mental Health Career Pathways Programs:	
Residency, Internship Programs:	
Financial Incentive Programs:	
Form completed by: Name: _____ Title or position: _____ Phone#: _____ Email: _____ Date: _____	