

MENTAL HEALTH SERVICES ACT (MHSA) WORKFORCE, EDUCATION, AND TRAINING THREE-YEAR PLAN UPDATE (FY 2014/2015 to 2016/2017)

Introduction

This document serves as an update to the already established MHSA Workforce, Education, and Training (WET) Plan that was approved by the Mental Health Oversight and Accountability Commission (MHSOAC) and enacted in 2009. For this update the previous plan was reviewed, and outreach to multiple stakeholder groups across San Mateo County was conducted to verify that the directions and goals of the previous plan still align with the current training needs of our county and promote the fundamental concepts of the Mental Health Services Act. The core features of the previous plan will be continued for the 2014/15 to 2016/17 MHSA cycle with some minor changes based on the community stakeholder process that was completed.

Stakeholder Participation Summary

This WET Plan update was guided by a meaningful community stakeholder process, which included diverse groups of San Mateo County community members, clients/consumers and family members of behavioral health services, Behavioral Health and Recovery Services (BHRS) and contract agency staff (including peer and family positions), and Health Equity Initiatives. The input process consisted of 2 surveys, 14 meetings with specific stakeholder groups, and 2 community meetings that occurred between May 2014 and October 2014. Over 600 stakeholders participated in this input process. The chart below lists the forums by which information was collected. The data was analyzed in September and October 2014 in order to create this update.

Date	Group	Type
5/21/2014	Chinese Health Initiative	Health Equity Initiative
5/27/2014	Latino Collaborative	Health Equity Initiative
6/6/2014	Spirituality Initiative	Health Equity Initiative
6/25/2014	South County Youth Clinic Staff	BHRS Staff
07/16/2014	MHSA Community Meeting	Community Members
07/17/2014	Filipino Mental Health Initiative	Health Equity Initiative
07/25/2014	Workforce Development and Education Mtg.	BHRS/ Contract Agency Staff
07/29/2014	Pacifica Community Meeting	Community Members
08/01/2014	Diversity Equity Counsel Meeting	Health Equity Initiative
08/05/2014	Parent Project in Daly City	Clients/Consumers and Community Members
08/07/2014	Change Agent Meeting	BHRS/Contract Agency Staff and Lived Experience Advocates
08/18/2014	Client Walking Group at EPA Clinic	Clients/Consumers
08/26/2014	Family Partners	BHRS/Contract Agency Family Partner Staff and Supervisors
09/03/2014	Suicide Prevention Committee	BHRS/Contract Agency Staff and Lived Experience Advocates
09/2014	Staff Training Survey	BHRS and Contract Agency Staff
09/2014	Lived Experience Client/Consumer Survey	Clients/Consumers with Lived Experience
09/24/2014	NMT Provider Meeting	BHRS/ Contract Agency Staff
10/07/2014	Pacific Islander Initiative Meeting	Health Equity Initiative

Stakeholder Process Results Related To Training

Following the guidelines of the previous WET Plan stakeholder process, a survey was administered to all BHRS and contract agency staff in all positions (i.e. clinical, administrative, managerial, peer positions, etc.) in September 2014; and 351 staff completed the survey. Also, 43 lived experience client/consumers and family members of behavioral health services completed a survey about what areas/topics they would like their providers to be trained in and what areas/topics they would like to receive skills training in. The data from these surveys, along with the input from the community and stakeholder meetings are being used to develop the staff training priorities for the next three years. As with the previous training plan, there are 4 major emphases of training—foundational knowledge, specific populations, core clinical competencies, and specific treatment practices.

Foundational Knowledge

Foundational knowledge areas represent the practices and values of San Mateo County behavioral health programs that all employees, regardless of position, should know and understand. The following list represents the foundational knowledge areas that were emphasized in the stakeholder process.

1. Trauma-Informed Care (ability to address and understand the impact of trauma on individuals/systems)
2. Crisis Management and Safety
3. Co-Occurring-Informed Care (ability to address both mental health and substance abuse conditions)
4. Knowledge of BHRS and Partner Programs and Services (and how to access them)
5. Cultural Competence (including cultural humility and cultural responsiveness)
6. Partnering and Collaboration with other providers and systems
7. Support and Integration of Families in Treatment (including education and training of family members)
8. Integration of Primary Care and Behavioral Health
9. Self-Care
10. Wellness and Recovery
11. Welcoming and Engagement

Specific Populations

The stakeholder groups and surveys identified specific populations and cultural groups for whom behavioral health staff are in need of more training to effectively treat and serve. These populations/groups include but are not limited to:

1. “At-risk” Youth and Transitional Age Youth
2. The LGBTQQI2S Community (with an emphasis on the transgender population)
3. Individuals with Co-Occurring Mental Health and Substance Abuse Conditions

4. The Latino/Hispanic Community
5. Immigrant Communities (with a focus on undocumented immigrants)
6. Individuals with Developmental Disabilities (with an emphasis on Pervasive Developmental Disabilities)
7. The African-American Community
8. Individuals in the Criminal Justice System
9. The Pacific Islander Community
10. The Aging and Older Adult Population
11. The Chinese Community

Core Clinical Skill Areas and Competencies

The stakeholder groups and surveys identified key areas of clinical competency that should be prioritized for staff training. These areas include:

1. Assessing and Treating Suicide Risk/Harm
2. Trauma-Informed Care
3. Working Effectively with Complicated Families
4. Assessment and Diagnosis of Mental Health and Substance Abuse Conditions
5. Assessing/Managing Assaultive Behavior
6. Crisis Management/Safety
7. Client-Centered Treatment Planning and Documentation
8. Cultural Competence, Humility, and Responsiveness (including incorporating clients'/consumers' spirituality into treatment)
9. Self-Care
10. Motivational Enhancement
Professional Ethics
Partnering and Collaboration
11. Clinical Case Management (related to benefits, housing, employment, school)

Specific Treatment Practices

The stakeholder processes identified a number of specific treatment practices and modalities to emphasize in our clinical care of clients/consumers. This list of Evidenced-Based Practices and promising theoretical approaches will be used to promote the wellness and recovery of clients/consumers.

1. Trauma-focused Cognitive Behavior Therapy (TF-CBT)
2. Dialectical Behavior Therapy (DBT)/DBT informed services
3. Seeking Safety
4. Mindfulness Based Interventions
5. CBT for Psychosis (CBTp)
6. Relapse Prevention Therapy
7. Motivational Interviewing
8. Cultural Humility
9. Brief Family Therapy models
10. NeuroSequential Model of Therapeutics (NMT)

Information about Administrative Staff/Managers

Administrative staff who participated in the survey included front office, reception, fiscal/billing, support, contracts, quality management, and information technology staff. Clinical program managers, health program managers, executive directors, and other senior-level administrators made up the managerial group who participated in survey. The sections of the training survey completed by both of these sets of staff reflected many of the foundational knowledge areas identified above. Administrative staff also emphasized training on:

1. How to respond to a behavioral health crisis
2. Self-care
3. Communication skills with clients and other staff
4. Managing crisis phone calls
5. De-escalation of conflict
6. Asking difficult questions (i.e. sexual orientation, gender identity, race, age)

Managerial staff emphasized:

1. Legal and ethical issues for supervisors
2. Increasing staff motivation and engagement in the change process
3. Evaluation of staff's clinical competence
4. Providing effective feedback
5. Continuous quality improvement
6. Self-care

Summary of Top Training Priorities

From reviewing the above categories and noting overlapping and repeated themes, 7 major areas of training have been identified as the foci for training for the next 3 years. They are:

1. Trauma-Informed Care
2. Cultural Competence and Humility
3. Crisis Management and Safety
 - Assessing and treating suicide risk and harm
 - Assessing and managing assaultive behavior
4. Self-Care
5. Co-Occurring-Informed Care
6. Support and Integration of Families in Treatment
7. Partnering and Collaboration with Other Providers and Systems

Most BHRS implemented trainings will focus on these subject areas to ensure that BHRS and contract staff are effective in providing services to our San Mateo clients/consumers and their families. Also, trainings that are required for maintaining licensure will continue to be provided (i.e. Law and Ethics, Supervision, etc.) on a yearly basis.

Accessibility and Sustainability of Trainings

Ensuring accessibility and sustainability was another significant theme of the WET stakeholder process. Stakeholders recommended that trainings be held in different regions of the county rather than being focused primarily in the center of the county

to improve accessibility. They also highlighted the need for effective outreach to community partners to inform them about what trainings are available. Also, the survey results showed that half-day trainings that start in the morning are the preferred structure and length of trainings. In terms of sustainability, stakeholders requested that certain foundational trainings be presented in frequent rotation (i.e. trauma 101, self-care, etc.), and they also recommended creating webinars of trainings, as a way to continue to disseminate information after an in-person training has concluded. We will work to implement these accessibility and sustainability strategies over the next 3 years.

Evaluation and Outcome

During the next 3 years of this training plan, special emphasis will be placed on evaluation and outcomes of the trainings. We will explore ways to effectively measure training outcomes through consultation and research. Participants will complete an evaluation at the end of the training event in which they participate. They will also be administered a survey 3 months later to find out if and how they are integrating what they have learned into their work and to identify potential obstacles to integration. This data will be used to make trainings lead to substantive change in work practice.

Stakeholder Process Results Related To Workforce Development

The following workforce development issues and objectives were highlighted during the stakeholder process. These were the same general areas of workforce development need that were identified in the stakeholder process for the original 2009 plan.

1. Develop and expand career pathways and empowering activities for clients/consumers (including youth).
2. Better integrate peer support/lived experience positions (i.e. Family Partners and Community Workers) into behavioral health programs. Provide specific training and support for lived experience staff to enhance skill and promote career development.
3. Increase the cultural competence of the behavioral health workforce with emphases on training and hiring more bilingual and bicultural staff/providers who reflect the racial/ethnic communities of San Mateo County and represent special populations in San Mateo County (i.e. LGBTQI2S, individuals with disabilities, etc.).
4. Create behavioral health pathways for youth to help foster their interest in behavioral health careers. Specifically, conduct outreach to students who reflect the diversity of San Mateo County communities who are under-served or inappropriately served by behavioral health services currently.

Incorporation of Stakeholder Process in 3-Year Training Plan Update

In keeping with the MHSa guidelines, this WET Plan update addresses the following areas: 1) Workforce Staffing and Support, 2) Training and Technical Assistance, 3) Mental Health Career Pathways Programs, and 4) Financial Incentive Programs.

This section will outline our plans for the next 3 years in each of these domains and will also review what was done in each area in fiscal year 2013-2014.

Workforce Staffing and Support

The current BHRS WET staffing includes 1 FTE WET coordinator and 1 FTE WET project support position. There are also 2 advisory committees/workgroups who provide support to WET projects and initiatives. They are the Workforce Development and Education Committee (WDEC) and the Lived Experience Education Workgroup (LEEW). The WDEC is the overarching advisory body for assessing and addressing training and workforce development needs that consists of BHRS and contract agency staff and clients/consumers. The LEEW is a subgroup of the WDEC and is made up of lived experience staff and clients/consumers whose efforts focus on the workforce development needs of current and former behavioral health clients/consumers.

The WET Coordinator performs the following duties:

- assesses the training and workforce development needs of BHRS and contract agency staff, and lived experience clients and consumers;
- plans, implements, and evaluates trainings;
- coordinates the BHRS internship/trainee program;
- oversees and facilitates the WDEC and LEEW activities and meetings;
- administers and oversees the contracts that create and promote behavioral health pathways;
- administers and implements the Lived Experience Academy training and Speakers' Bureau;
- supports the state Mental Health Loan Assumption Program (MHLAP) and the Cultural Competency Intern Stipend Program (CCISP);
- participates in regional and state WET collaborative meetings;
- provides trainings to staff and clients/consumers as needed
- coordinates Learning Management System (County online training system).

The WET project support position provides planning and logistical support to the coordinator to carry out the above WET tasks and also supervises the Cultural Competency Stipend Intern Program (CCSIP). This position will also provide assistance to the Learning Management System.

The current WET workforce staffing and support aspect of the WET Plan will continue for the next 3 years. The only change from the fiscal year 2013-2014 is that primary program staffing has gone from a total of 1.75FTE in 2013/2014 to 2 FTE in 2014/2015 and will continue at 2 FTE.

Training and Technical Assistance

This section addresses the following MHS WET training guidelines: 1) Targeted Training for and by Consumers and Family Members, 2) Trainings to Support

Wellness and Recovery, 3) Cultural Competence Training, and 4) Evidenced-Based Practices Training for System Transformation.

Targeted Training for and By Consumers and Family Members

BHRS continues to be committed to training and education by and for client/consumer and family members.

The Lived Experience Education Workgroup (LEEW)/Lived Experience Academy (LEA)

The primary purpose of the Lived Experience Education Workgroup (LEEW) is to identify and engage lived experience clients, consumers, and family members to prepare for workforce entry, advocacy roles, committee and commission participation, and other empowering activities. This group consists of BHRS and contractor staff, lived experience staff, clients/consumers, and family members. The LEEW plans, facilitates, and oversees the *Lived Experience Academy (LEA)*, which trains clients/consumers and family members with behavioral health lived experience to share their stories as a tool for self-empowerment, stigma reduction, and education of others about behavioral health problems. Graduates then become part of the Lived Experience Academy Speakers' Bureau and are paid \$35 per hour to speak at BHRS trainings and events around San Mateo County. Their participation greatly enhances BHRS trainings and events and provides staff and the community greater understanding of clients/consumers with behavioral health concerns.

In fiscal year 2013-2014, 6 speakers' bureau members spoke at 13 different engagements ranging from trainings on suicide prevention to community events such as the Housing Hero Awards. The program is currently being enhanced with input from past LEA graduates. A training for new speakers will be launched in early 2015 and participants will be eligible to join the speakers' bureau. The curriculum for this training is created and taught by LEEW community workers and family partners with lived experience. We are also exploring other tools and on how to improve training curriculum to align with the needs identified by peer partners and employers. We plan to create a curriculum during this 3-year WET Plan cycle to train individuals about how to participate effectively on committees and commissions. The LEEW will continue to meet monthly to plan for future LEAs and to provide ongoing training and support for LEA graduates. Currently, the WET team is applying for another grant to enhance the program to include more training and multi-media projects for participants.

CBT for Psychosis (CBTp) Project with Stanford University

In the fiscal year, 2013-2014, BHRS worked with Stanford University to provide a training for family members on CBTp. It was a well-attended and highly valued training. Approximately 60 family members attended and reported that the information and skills learned would help them support clients/consumers and family members with psychosis. Because of this training's success, BHRS is again working in partnership with Stanford University to apply for a grant that focuses on training family members in the CBTp treatment model. If we are awarded the grant,

a large-scale training will be conducted by Dr. Kate Hardy for family members of individuals with psychosis. This training will be followed by a train-the-trainer program for identified family partners who will develop the skills to continue to train San Mateo County family members in the CBTp model. An advisory board of family partners will help create, develop, and implement the program.

Training to Support Wellness and Recovery

Wellness Recovery Action Planning (WRAP) with Inspired At Work

Wellness Recovery Action Planning (WRAP) has served as an excellent way to promote wellness and recovery for both clients/consumers and staff in San Mateo County. In 2013-2014, BHRS supported 1 BHRS and 1 CBO staff to become Advanced Level WRAP facilitators. Also, 17 new WRAP facilitators were trained and certified from both peer and behavioral health treatment sites around San Mateo County, and 18 WRAP groups were offered throughout San Mateo County. Since WRAP was introduced to San Mateo County, 667 unduplicated persons have participated in a WRAP group by certified WRAP facilitators. BHRS is continuing its contract with Inspired At Work to provide WRAP training and facilitation opportunities for lived experience clients and staff as well as training and support for BHRS and contract agency family partners, community workers, and other peer support positions.

Cultural Competence Training

Cultural Humility

In 2013-2014, Melanie Tervalon, MD, MPH conducted a large scale cultural humility training for behavioral health providers in San Mateo County to improve the cultural responsiveness of our system of care. Since then, BHRS has embraced cultural humility as one of its system-wide values. Dr. Tervalon developed a model of medical care of at Children's Hospital in Oakland that embodies cultural humility in the 1990s, and she now provides consultation and training on cultural humility for organizations and businesses across the U.S. In 2014-2015, she will conduct 2 large-scale trainings and also a smaller, intensive 5-week train-the-trainer program. The train-the-trainer program is designed to teach participants how to effectively teach cultural humility in efforts to make this essential training more accessible to various groups and agencies in San Mateo county.

Working Effectively with Interpreters in a Behavioral Health Setting

This mandatory training aims to enhance the cultural competency and humility of BHRS staff as well as to help providers learn to effectively communicate with clients when they don't speak the client's language. The training was conducted once in 2013-2014, but will be conducted twice each year for the next 3 years of the MHSA WET training plan. This training is typically well attended, highly regarded, and is known to improve staff competence and knowledge on the appropriate use of

interpreters. In 2013-2014, 52 people attended. The average pre-test score was 58% correct and the average post-test score was 80% correct; hence, the average increased by 22% from pre to post training.

Spirituality 101

With the support of the Office of Diversity and Equity, the Spirituality Initiative created and implemented spirituality-related trainings during the fiscal year 2013-2014. Trainings were given at individual clinics and worksites to introduce and explain the BHRS Spirituality Policy, and a large-scale Spirituality 101 Training was conducted for all BHRS and contract agency staff to enhance the system of care's ability to address and support client/consumer spiritual beliefs, needs, and strengths. The Spirituality 101 training will again be conducted in 2014-2015, and Spirituality 102 and 103 trainings will be created and implemented throughout the next 3 years.

Cultural Competence Trainings Addressing Specific Populations

Over the next 3 years of the WET training plan, trainings addressing the issues, needs, and strengths of particular cultural groups (as identified by the community stakeholder process) will be developed and implemented. Some of the cultural groups/populations that will be addressed with these trainings include but are not limited to the LGBTQI2S community, undocumented immigrants, and the Chinese community in San Mateo County.

Evidenced-Based Practices Trainings for System Transformation

The evidenced-based and promising practices trainings that occurred in the 2013-2014 fiscal year include: Applied Suicide Intervention Skills Training (ASIST), Mental Health First Aid, Motivational Interviewing (Part 1 and Part 2), NeuroSequential Model of Therapeutics (NMT), Harm Reduction Therapy, Management of Assaultive Behavior (Beginner and Advanced Courses), CBT for psychosis, and Cultural Humility.

Over the next 3 years of the MHSA WET Training Plan, we will continue to provide the above evidenced-based and promising practices trainings as they all reflect the 7 priority areas of training identified from the stakeholder process. We will also continue to train BHRS and contract agency staff on DBT-informed care and Seeking Safety as those are evidenced based practices that reflect our priorities of trauma-informed and co-occurring informed care. We will also research other evidenced based practices that reflect the 7 priority areas such as Trauma-Focused CBT and Brief Family Therapy and provide trainings on these treatment modalities based on approval from our BHRS Evidenced-Based Practice Committee and budget capacity. The Evidenced-Based Practice Committee is a diverse and multidisciplinary group of staff that reviews proposals from clinicians who want to implement a particular evidenced-based, promising, or community-defined treatment modality to ensure parity and cultural humility in deciding what treatment practices BHRS endorses.

Behavioral Health Career Pathways Programs

The stakeholder process identified workforce development areas that need to be addressed by the 3-year WET Plan Update. This process almost exactly reflected the objectives of the MHSA guidelines. The MHSA guidelines also highlight the need to identify, hire, and retain employees in hard-to-fill positions. This 3-year WET Plan update aims to use behavioral health career pathways programs to address the following combined stakeholder and MHSA goals.

- 1) Attract prospective candidates to hard-to-fill positions through addressing application barriers and providing incentives.
- 2) Increase diversity of staff to better reflect diversity of our client population and retain diverse staff.
- 3) Promote the behavioral health field in academic training institutions in order to attract individuals to the public behavioral health system.
- 4) Expand efforts to create new career pathways for clients/consumers and family members within BHRS and its contract agencies, and provide ongoing development of peer and family workers.

Goals 1 and 2: Hard-to-Fill Positions and Staff Diversity

San Mateo BHRS has made strong efforts to identify hard-to-fill positions and the cultural linguistic needs of our clients/consumers through two needs assessment surveys completed in July and November 2013; the survey findings were submitted to the Office of Statewide Health Planning and Development. These needs assessments identified the following as hard-to-fill positions: child/adolescent psychiatrists, geriatric psychiatrists, psychiatric mental health nurses, clinical nurse specialists, primary care physicians, *promotores*/navigators, and substance abuse counselors. BHRS has also identified linguistic needs through the Health Services Systems language assistance services and other county data. The county's threshold languages (other than English) include Spanish and Chinese, and other priority languages include Tagalog, Russian, and Tongan. Burmese and Arabic are currently being identified as emerging languages (and communities) in San Mateo County. More BHRS staff who speak these languages and represent these cultural groups are needed to serve our clients and consumers. To address hiring and retention for hard-to-fill positions, the following efforts are being made:

The state-funded *Mental Health Loan Assumption Program (MHLAP)* will continue to be implemented in San Mateo County to address the two-fold goals of 1) hiring for and retaining hard-to-fill positions and 2) increasing diversity of staff and retaining diverse staff. The MHLAP program provides student loan forgiveness for BHRS and contractor staff who work in hard-to-fill positions and exhibit cultural and linguistic competence and/or experience working in underserved areas. Applicants may receive up to \$10,000 to repay educational loans in exchange for a 12-month service obligation. In 2013-2014, 22 awardees received stipends for a total of \$163,478.

Another BHRS WET effort to address hard-to-fill positions and increase staff diversity is participation in the Behavioral Health and Human Resources Forums put

on by the Greater Bay Area Mental Health & Education Workforce Collaborative (2013/14 and 2014/15). The purpose of these forums has been to influence county behavioral health human resources practices and priorities toward hiring staff that reflect the composition of the community being served. The forums generated ideas and steps that counties can take to improve application processes to reduce barriers and attract diverse employees (i.e. job descriptions, policies, advertisements, and media strategies). BHRS is reviewing these steps to see what changes can be made and will continue to participate in future forums and workshops to make its hiring processes more inclusive.

Goal 3: Promote the Behavioral Health Field

BHRS's Intern/Trainee Program and Behavioral Health Career Pathways Project are the primary WET activities that promote the behavioral health field in academic training institutions in order to attract individuals to the public behavioral health system.

Intern/Trainee Program

BHRS's Intern/Trainee Program provides training opportunities for approximately 40-60 psychology interns and masters-level trainees each year. BHRS partners and contracts with multiple graduate schools in the Bay Area and from other regions of the country to provide education, training, and clinical practice for their students at various behavioral health worksites in the county. Students' train and see clients at their placement sites for 20-30 hours per week during each academic year. Their training consists of weekly individual supervision, group supervision, didactic seminars, and system-wide trainings that introduce them to the most relevant treatment practices and issues in public behavioral health.

Behavioral Health Career Pathways Program

The Behavioral Health Career Pathways Program is designed to encourage San Mateo County high schools students to investigate future careers in Behavioral Health, increase students understanding and support of individuals with behavioral health challenges and reduce stigma related to behavioral health conditions and services. BHRS contracted with the Daly City Youth Health Center (DCYHC) and Jefferson Union High School District (JUHSD) for the third year in 2013-2014 to facilitate this project. There have been 300 high school juniors and seniors served over the 3-year span of this program.

During the fiscal year (2013-2014) the program was implemented in 3 sections of a psychology course at Westmoor High School in Daly City, and 102 students participated in the program. The 102 student participants represented the diversity of the North San Mateo County community—70% identified as Asian, 10% as Latino, 11% as multiracial, 3% as White, and 5% did not identify their race/ethnicity. Many of these students are from immigrant families, speak a second language, and come from households in which behavioral health conditions are not discussed. The program's curriculum educates the students about behavioral health careers and topics through guest speaker presentations and field trips.

The contract with DCYHC and JUHSD will continue for 2014-2015, and we will consider ways to enhance the project with our contract partners for the remaining 2 years of the training plan or potentially look into duplicating the program in a different region of the county.

Goal 4: Career Pathways and Ongoing Development for Clients and Family Members
Lived Experience Education Workgroup/Lived Experience Academy

As stated above in the Training and Technical Assistance section of this document the LEEW/LEA programs will be enhanced to expand the skills of and provide more opportunities for clients/consumers and family members to present/teach at trainings as well as develop advocacy skills for participation on committees and commissions.

Support for Lived Experience Workforce

Inspired at Work will continue to provide intensive training yearly for new-hire family partners and community workers to help them develop a strong skill base, understand the scope of their role, and develop confidence in their work.

Lived Experience Scholarship

The Lived Experience Scholarship provides up to \$500 in scholarships for clients/consumers or family members to pursue their academic goals. In order to qualify for the Lived Experience Scholarship, the applicant must meet the following criteria:

1. Be registered for at least six units in a vocational, 2-year college, 4-year college, credential, or graduate program.
2. Desire to pursue a clinical, administrative or management career in behavioral health care.
3. Is currently or has been previously a client/consumer or a family member of a client/consumer of county behavioral health services.
4. Be a resident of San Mateo County.

The application process is ongoing. This scholarship can be used to help students purchase computers and books and/or pay for tuition fees. This scholarship program was not funded in 2013-2014, but it will be reinstated in 2014-2015 and will continue through 2016-2017.

Also, other possible avenues for work and civic responsibility for lived experience clients and consumers will be explored during the course of this 3-year plan update. Possible plans include creating a pathway for BHRS clients to become In Home Support Service (with Aging and Adult Services) workers for other BHRS clients, and/or a BHRS intern program for lived experience individuals who are pursuing their peer specialist certification at community college.

Financial Incentive Programs

Cultural Competency Stipend Intern Program

The Cultural Competency Stipend Intern Program (CCSIP) aims to support behavioral health graduate students (i.e. social workers, marriage and family therapists, psychologists, alcohol and other drug counselors, etc.) who are completing their internships in BHRS clinics/programs. \$5,000 stipends are given to students who can contribute to the cultural competence/responsiveness of BHRS through linguistic capability, cultural identity and experience, and/or identification with or experience working with and advocating for special populations represented in San Mateo County (i.e. LGBTQQI2S, individuals living with disabilities, etc.) All students who receive a stipend participate in one of the county Health Equity Initiatives by attending the monthly initiative meetings and helping organize events and activities. They also conduct a cultural competence project during the year that is aimed at improving the cultural responsiveness of our services and educating our staff. In 2013-2014, 19 behavioral health interns and 1 Office of Diversity and Equity intern were awarded the stipend. 20 stipends will continue to be awarded each year for the next 3 years of the WET Plan update.

Other Projects to Enhance Workforce Retention and Development

There are a couple other workforce development projects that will be started and/or continued over the next 3 fiscal years to promote job development and retention.

BHRS New-Hire Orientation

Starting in 2014-2015, all BHRS employees hired within the last year will receive a 5-session BHRS orientation. The orientation is designed to help participants understand all aspects of BHRS systems and programs, learn the career pathways available in BHRS, get to know BHRS management, and develop a positive sense of cohort with the other participants. This orientation will be held each year for the next 3 years.

BHRS College

The BHRS College is an 8-session professional development workshop to help participants develop skills outside their job areas and understand the role of BHRS in the broader context of county government and the Health Services System. This workshop is provided annually.

Mentoring

We are currently investigating implementation of a mentor program for staff members (including peer and family partner staff) within BHRS. Employee mentees would be matched with a mentor who is in a job classification that they want to learn more about and/or are interested in as a future career goal. A BHRS mentoring program was implemented in the past through a partnership between WET and the Latino Collaborative, but the program was not sustained. We will conduct an input session of past participants and interested new participants to

learn what aspects of the last program worked and what adjustments need to be made to create a sustainable mentoring program.