EXHIBIT 1: WORKFORCE FACE SHEET

MENTAL HEALTH SERVICES ACT (MHSA) WORKFORCE EDUCATION AND TRAINING COMPONENT THREE-YEAR PROGRAM AND EXPENDITURE EDUCATION AND TRAINING PLAN

County: San Mateo Date: November 21st, 2009

This County's Workforce Education and Training component of the Three Year Program and Expenditure Plan will address, when fully implemented, the shortage of qualified individuals who provide services in this County's Public Mental Health System. This includes community based organizations and individuals in solo or small group practices who provide publicly-funded mental health services to the degree they comprise this County's Public Mental Health System workforce.

San Mateo's Workforce Education and Training (WET) Plan 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 with this County's current MHSA Community Services and Supports, and Prevention and Early Intervention components. Actions to be funded in this plan supplement state administered programs. The combined Actions of California's Five-Year Plan and this WET Plan together address this County's needs as indicated in Exhibits 3 through 6.

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

All proposed programs and activities contribute to developing and maintaining a culturally competent workforce, to include individuals with client and family member experience who are capable of providing client and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes. This Plan 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 Plan 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 Plan.

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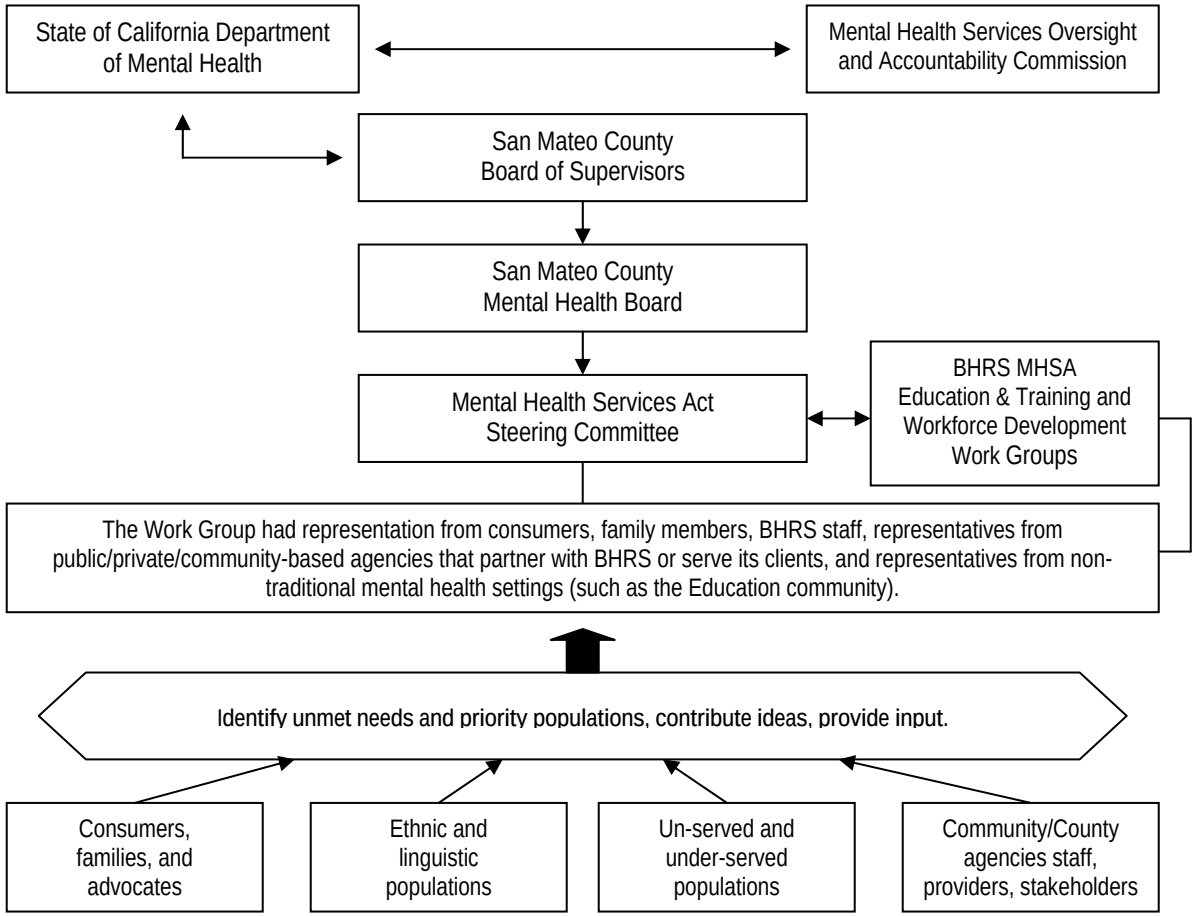
EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY

Counties are to provide a short summary of their planning process, to include identifying stakeholder entities involved and the nature of the planning process; for example, description of the use of focus groups, planning meetings, teleconferences, electronic communication, use of regional partnerships.

All San Mateo County's MHSA planning processes are designed to facilitate meaningful participation from stakeholders, including underserved and un-served communities. The overall planning structure we created for our MHSA CSS proposal describing the Mental Health Board's and the MHSA Steering Committee's roles remains in place (details follow). Appendix A shows the composition of both bodies, and the diagram below depicts the planning structure.



San Mateo County recognizes that *workforce development* and *education and training*, while interdependent, separately represent unique aspects of workforce education and training that merit being addressed individually. In light of this, we conducted two separate planning processes that culminated in two plans, which we are hereby consolidating in a unified WET Plan for San Mateo County.

Both planning processes built upon and were grounded in a number of important local planning initiatives, as follows:

- San Mateo County's MHSA Community Services and Supports Plan (CSS): Designed to be broadly inclusive, the planning process to develop a CSS proposal counted on the participation of a wide range of stakeholders including members of historically un-served and underserved communities. The information collected through an ambitious outreach process was integrated within the planning structure depicted in the previous page, involving the Mental Health Board (MHB), the MHSA Steering Committee, and Child and Youth, Transition Age Youth, Adult, and Older Adult Work Groups. The outreach efforts involved holding over 100 focus groups and community meetings targeting un/under-served populations in all communities in the County, through which input from over 1,000 individuals was received. Meetings and focus groups were held in all regions of the County, in venues where un/under-served populations reside or are served, including juvenile hall, jail, group homes, senior centers, community centers, schools, homeless shelters, and other venues. Some focus groups were conducted in Spanish, Tagalog, Chinese, and Tongan. Results were recorded, posted on the Behavioral Health and Recovery Services Division's Network of Care website (http://sanmateo.networkofcare.org), coded and assembled into a database that facilitated analyzing perceptions by age group, culture or language, region, as well as by provider, consumer or family member. As a result of this outreach effort, the County achieved a far more personal and tangible understanding of both the cultural dimensions to transformation and the need to strengthen the degree to which services and supports are consumer and family friendly. The input offered by stakeholders not only informed the character and scope of the Community Services and Supports Plan, it provided invaluable insights into how consumers, family members, and historically under-served populations wanted to be served and how they wanted a more prominent role in treatment planning and treatment itself. During that process, while the focus was on services, information was collected on all aspects of the needs expressed by stakeholders, including those touching on issues related to workforce development and education and training. San Mateo County's CSS Plan identified areas in which the system needed to be transformed and expanded to better meet the needs of the community, both those being served and under-served populations. In addition, the Work Groups identified historically hard-to-fill positions, cultural groups who are historically underserved, and Evidence-Based Practices that should be expanded. This knowledge base created an important foundation for both the Education and Training and Workforce Development planning processes.

- Joint Labor/Management Initiative: The Joint Labor/Management Initiative is an ongoing County-wide initiative that spans multiple County departments and includes representation from Labor and from Management. The purpose of the group is to develop a shared Labor-Management framework to address both the conditions of employment and the approach to providing staff development.

- Workforce Development Planning Group (precursor to the BHRS MHSA Education and Training Work Group): Beginning on July 14, 2006, a group began planning to develop a vision and set of values and principles designed to ensure that workforce development and education and training initiatives within the Behavioral Health and Recovery Services Division were consistent with the vision and values that had been established through the Community Services and Supports planning process. The group comprised BHRS leadership, managers, line staff, consumers, family members, and representatives from community-based agencies. Over a series of meetings spanning many months, a framework was developed that included a vision, mission, and set of values for the education, training, and development of the workforce. The group identified *core foundational knowledge* that was felt to be the essential competence required

from all staff. Foundational knowledge includes a wide range of competencies that are viewed as central to supporting system transformation. Foundational knowledge identified, includes, but is not limited to:

- Cultural competence;
- Stigma reduction;
- Customer service;
- Consumer and family training and support;
- HIPAA and confidentiality;
- Self-care, and;
- Central areas to developing a consumer-centered system, such.

In addition, the group identified *core skills and competencies* that reflected the intent to expand the use of Evidence Based Practice and client-centered services throughout the system. Among the *core skills and competencies* identified:

- Motivational Interviewing
- Integrated treatment of co-occurring disorders
- Cultural competence in clinical assessment
- Support of informed consent and choice
- Wellness Recovery Action Planning (WRAP)
- Illness management and recovery

The group also identified specific areas/populations where training and staff development is needed, including:

- LGBTQQI
- Gender-responsive treatment
- Infants and early childhood
- Developmental disabilities
- Abused children
- Family law participants
- Adult survivors of abuse
- PTSD
- Geriatrics
- Cognitive disorders
- Victims of domestic violence

Lastly, the group identified a number of specific treatment practices deemed critical to ensuring the reliance upon Evidence Based Practices and consumer-focused treatment consistent with principles of wellness and recovery. These interventions include:

- Cognitive Behavioral Therapy (CBT)
- Trauma-focused CBT
- Family Psycho-Education
- Supported Employment
- Assertive Community Treatment (ACT)
- System of Care and Wraparound
- Dialectical Behavioral Therapy (DBT)
- Functional Family Therapy (FFT)
- Aggression Replacement Therapy (ART)

The group also identified initiatives that it thought were important to put in place using either CSS dollars or MHSA WET dollars advanced by the State Department of Mental Health to enable counties to launch processes and interventions in advance of the WET plan approval. These included the hiring of a Training Director (now called "Workforce Development Director"), intensive training in integrated treatment of co-occurring disorders, and the creation of a partnership with Stanford University establishing a Child Psychiatry Fellowship, as there is a critical shortage in this specialty in our County in particular, and in the Region in general.

An additional outcome of the Group's work was achieving a core understanding of how workforce development and education and training can support, expand and sustain system transformation.

- BHRS Training Committee: During the months of December 2007 through March 2008 the BHRS Training Committee, which includes representation from management and direct service staff, consumer and family members, community-based agencies, supported education, education, among other stakeholders, discussed how to best address the educational and training needs of the Behavioral Health and Recovery Services Division. The intent was to develop a three year training plan that identified the full-spectrum of BHRS staff education and training needs, including but not limited to those that would be funded through MHSA WET dollars. The Committee's efforts built upon, and expanded, the work of the Workforce Development Planning Group. The Committee created a timeline for implementation of a wide range of training activities fully aligned with the vision, mission, values and principles developed through all other related planning processes. In the course of the discussions, the need emerged to delineate a framework that would set the philosophical foundation for the work of this group, which in turn guides the Training Plan and the elements included in it, as follows:

GUIDELINES FOR EDUCATION AND TRAINING

1. Consumers and family members are equal partners in the decision-making process around education and training.
2. Cultural and linguistic competence (fluency) are embedded in all phases of educational and training initiatives.
3. Our education and training initiatives increase the ability of all staff to provide wellness and recovery-based services.
4. Our initiatives support the education and training needs of staff and rely on staff input in the development of an education and training plan, with a broad definition of what constitutes education and training.
5. Best practices are at the core of our education and training plan in every aspect, including the type of training models used, the content of the training provided, and the evaluation tools to monitor the long-term effectiveness of the education and training activities.
6. Our education and training plan maximizes the effective use of resources –including, but not limited to, staff's time.
7. Partnerships and collaboration with the community and contract agencies in the planning and implementation of education and training initiatives is encouraged and prioritized.
8. All the above guidelines are in the service of providing effective and quality care to the individuals and families we serve.

BHRS Training Committee
January 2008

These guidelines have been operationalized to create a checklist that will frame any and all training activities, and that signals the commitment of the group to remain true to its core values. In practice, this means that each one of these guidelines is brought to life every time a training activity is conceived.

The BHRS three-year training plan has been developed based on the feedback received by stakeholders regarding educational and training needs of our workforce. The plan was informed by all the initiatives and processes indicated above, by three different surveys, and by recommendations developed by the BHRS Training Committee with input from the BHRS MHSA Education and Training Work Group (see below).

The training plan includes a set of foundational or core trainings; specialized yearly trainings in different areas focused on annual priorities; ongoing co-occurring training; yearly required trainings for licensure and re-licensure; consultation; collaborative trainings with other agencies/organizations; support for off-site trainings and conferences for consumers and family members; among others as identified. The training plan also further delineates the role of the Workforce Development Director responsible for implementing the plan, the role of the Training Committee responsible for monitoring the plan's implementation, and the criteria by which each training activity will be approved and evaluated.

PLANNING PROCESS FOR EDUCATION AND TRAINING: The Director of the Behavioral Health and Recovery Services Division (BHRS) provided overall guidance and direction to the project. Coordination and management of the planning process was carried out by the BHRS Assistant Director and the MHSA Coordinator, with assistance in facilitation and research from Gibson and Associates. Founded in 1986, Gibson and Associates (G&A) is an Oakland-based consulting firm that provides research, evaluation, fund development and planning services to schools, non-profit organizations, and public agencies. G&A is staffed by employees and affiliate specialists of diverse background and a range of expertise in public health, mental health, education, community and economic development, children and family services, and youth development.

A BHRS MHSA Education and Training Work Group was convened and specifically charged with developing the Education and Training Plan recommendations. The Work Group comprised BHRS leadership, managers, line staff, consumers, family members, representatives of community-based agencies, representatives of the community colleges and other spheres of education, and Mental Health Board members. The process focused on Workforce Staffing Support; Training and Technical Assistance; Residency, Internship Programs; and Financial Incentive Programs, as the Mental Health Career Pathways category was to be addressed through the Workforce Development process.

The first meeting took place in November 2007, with four additional meetings occurring throughout 2008. At the initial meeting the group became familiar with the findings of the related groups mentioned above. In addition, a presentation summarized months of research into adult learning theory and organizational change that had been conducted by Gibson & Associates. The presentation anticipated what was later learned from staff surveys: that adults learn best through coaching, consultation, and site/practice-based training. The presentation also highlighted the critical importance of changes in administrative structures and policies to encourage coaching and collaboration and to support new practices and treatment strategies that support system transformation.

Subsequent meetings of the Work Group entailed analysis of data produced by three surveys that inquired about the education and training needs as perceived by clinical staff (mental health and alcohol and other drug –includes consumers and family members in the workforce), and administrative support staff. The results of these surveys are reflected in both the MHSA Education and Training Plan and the BHRS multi-year Training Plan mentioned above.

The Work Group developed a set of recommendations of education and training activities to include in a plan that was presented to, and approved by the MHSA Steering Committee on January 30th, 2009. The plan was released for public comment by the Mental Health Board in a special session held during the January 30th MHSA Steering Committee meeting. Public comment closed on March 4th, 2009, when a public hearing was held by the Mental Health Board.

What follows is a summary of the comments received and BHRS's response.

SUMMARY OF PUBLIC COMMENT	
TOPIC: "Evidence Based Practices (EBP)" section of the plan	Comments offered as part of the breakout sessions conducted at the MHSA Steering Committee meeting on January 30th, 2009.

- Add ACT (Assertive Community Treatment) to list.
    - Response – The Plan was amended to include ACT (Assertive Community Treatment) as another example of Evidence-Based Practices
- Help increase understanding of Recovery
    - Response – The Plan has been amended to better promote an understanding of the concept of recovery through its section focused on "Trainings Provided by Consumers and Family Members"
- Recovery as conceived by Boston University (BU)
    - Response – References to recovery in the Plan assume that there are many different visions and definitions of the term; the vision of recovery promoted by Boston University is extremely helpful. Although it is considered beyond the scope of the E & T Plan to further define the concept of recovery, the Training Committee will direct training resources to experiences consistent with the definition promoted by BU and other credible approaches to recovery. We recognize that BU offers a wide variety of training experiences around recovery, all of which could be considered for future iterations of the larger BHRS Training Plan.
- Are there other evidence-based AOD interventions that should be included?
    - Response – The evidence-based interventions referred to in the Plan are consistent with the current focus of the on-going Co-Occurring Initiative. The Plan cites examples of training experiences, but is open to other training experience promoting EBPs in this area.
- Family-based AOD interventions for at risk youth
    - Response – The EBP section of the Plan has been amended to include an EBP that focus on family-based interventions for at risk youth.
- Measurement of whether new practices are used.
    - Response – The current Plan asks that the Workforce Development Director assess whether trainings lead to the adoption of new practices by providers.
- Measure fidelity to model and outcomes.
    - Response – Issues of fidelity of implementation and outcomes associated with adoption of an EBP is a focus of the Quality Improvement (QI) Team. They have more resources to conduct this type of analysis than is available to the Workforce Development Director. The Workforce Development Director sits on the QI Committee and can assist in any such program evaluation.
- How much Motivational Interviewing is being used?
    - Response – Motivational Interviewing is widely used within our system.

- Community pathways between training experiences and what is learned, getting this information back to management.
    - Response – The Plan has been amended to include as part of the duties of the Workforce Development Director to report to management about the activities of the Training Committee, the scope of the Training Plan, and an assessment of the effectiveness of training initiatives undertaken.
- How can we help administrative staff know what we mean by cultural competence or welcoming? The concepts may be too vague as they appear in the draft.
    - Response – The Plan has been amended to more clearly endorse the involvement of administrative staff in all trainings, especially those emphasizing cultural competence and welcoming.

TOPIC: "Trainings for and by Consumers and Family Members" section of the plan	Comments offered as part of the breakout sessions conducted at the MHSA Steering Committee meeting on January 30th, 2009.

- Mentoring/Shadowing (less involved than mentoring), agreed training evaluation by mentor.
    - Response - The Plan endorses use of smaller, team-based trainings such as consultations and seminars. There will be more opportunities for further developing mentoring and shadowing training experiences as part of the Workforce Development Plan, which will focus on Mental Health Career Pathways.
- NAMI course "Parents and Teachers as allies" (in development)
    - Response – As this training experience is still in development it has not been included as an example of programs to be funded under this proposal. However, the Training Committee will be eager to consider the program as soon as it is available.
- Inclusion of NAMI's "Breaking the silence"?
    - Response – The Plan has been amended to list "Breaking the Silence" as examples of consumer, family, and community led initiatives designed to address issues of gender identification in youth and the effects of community violence.
- Forums for youth to educate others (also reduce stigma), as an objective as well as a training experience.
    - Response – The Plan has been amended to specifically refer to consumer-led trainings that are led by youth/TAY and directed to either youth or audiences of every age.
- Outreach to college students (probably goes under workforce development)
    - Response – This comment will be referred to the newly convened Workforce Development workgroup for consideration when devising that Plan.
- Create incentives for students leaving colleges to develop interest in Behavioral Health, and high schools.
    - Response – This comment will be referred to the newly convened Workforce Development workgroup for consideration when devising that Plan.

- Channeling people, long term career goals, career planning assistance.
    - Response – This comment will be referred to the newly convened Workforce Development workgroup, as it is through that process that mental health career pathway programs will be addressed.
- Training on "boundaries" in clinical and peer support work.
    - Response – This topic area is already included in the curriculum of *Paving the Way,* which is already listed in the Plan.
- How do we make sure that cultural approaches are used to treat people effectively?
    - Response – The Plan ensures culturally competent practice through its EBP and the Cultural Competence sections. We would like to note that San Mateo County considers culturally competent practices a top priority at all levels of service.
- More dialogue between receivers of services and providers.
    - Response – The section of the Plan focused on Targeted Training for and by Consumers and Family Members addresses a number of training opportunities to expose providers to the voice of consumers and family members.

TOPIC: : "Evidence-Based Training for System Transformation" section of the plan	Comment submitted via email by Ellen Goldstein, Mental Health Therapist, Fred Finch Youth Center (Bridges of San Mateo), as a representative of the Trauma Informed Learning Collaborative.

Hello Sandra,
The Trauma Informed Learning Collaborative, a subcommittee of the Trauma Informed Services Workgroup investigating best and promising practices for delivering trauma skills to San Mateo County providers, has come up with an addition to the existing BHRS training proposal to be submitted for approval for MHSA funds by the MHSOAC. All or parts of the attached proposal could potentially augment and further define the segment of the current proposal that reads "Training in interventions designed to help children, youth and their parents overcome the negative effects of traumatic life events..." See details below.

I look forward to your comments. Thank you.

Best,

Ellen Goldstein
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Proposed New Action: Evidence-Based Training for System Transformation

Training Experiences: The Trauma Informed Learning Collaborative of the Trauma Informed Services Workgroup will be responsible for designing, delivering and measuring an integrated plan for trauma informed trainings based on the National Child Traumatic Stress Network (NCTSN) Learning Collaborative approach to disseminate trauma informed evidence-based and promising practice treatment interventions to programs and agencies county-wide using a developmental model for building foundational trauma skills and increasing provider competencies one step at a time:

- Educate and train mental health and substance abuse treatment providers in the identification, assessment and treatment of individuals suffering from trauma and a substance-use and/or mental disorder (MHSOAC COD Report, 2008, 24).
- Utilize 'train the trainer' model to pollinate trauma theory and practice throughout programs and their agencies.
- Each Learning Collaborative will consist of three- 3 hour monthly modules lasting six months with follow-up consultation, practice material, and effectiveness data collected and delivered over the course of three years. The proposed 2009-10 MHSA WET funds will be appropriated over the course of three years ('09-'11) allowing for the delivery of all six Learning Collaboratives. Each Learning Collaborative listed below:
    1. Regulation
    2. Neurobiology of Trauma
    3. Trauma and Children
    4. Integrated Treatment for Complex Trauma
    5. Trauma Groups
    6. Creating Trauma Informed Services and Systems

Learning Objectives:

- Understand and communicate the importance of the impacts of trauma as fundamental to health and mental health.
- Eliminate disparities among trauma, mental health, and AOD service
- Make early screening for trauma, assessment of impact of trauma, and referral for integrated trauma services common practice
- Deliver excellent trauma, mental health, and substance abuse integrated care and supplement trauma research
- Reduce or eliminate any potentially retraumatizing practices.

Jennings, Ann PhD. (2004). Models for Developing Trauma Informed Behavioral Health Systems and Trauma Specific Services, 59-64. (NASMHPD, 2004) - Cost: $60,000.

- Response – We appreciate enormously the work of the Collaborative you represent. The Education and Training Plan offers a list examples of evidence-based services that address issues of trauma among consumers and family members, honoring the input received and discussed as part of the planning process that resulted in the development of the Plan. We have forwarded your suggestion for the consideration of the BHRS Training Committee and the Workforce Development Director, whom will review a wide variety of training experiences in the area of trauma; the specific program you are suggesting will be considered as they work to implement the Plan. We appreciate knowing of this training opportunity and thank you again for your interest and contributions.

TOPIC: Education and Training Draft Proposal	Public comment offered orally at the Mental Health Board meeting held on February 4, 2009.

- Carole Marble, Consumer, Heart and Soul Associate Director: "When I first read the draft I noticed a lot of inconsistencies in verbiage and in acronyms. Sometimes it was "LGBT", sometimes it was "LBGTQQ", and I think the one that floored me the most was "LBGTQQI". It's the same group of people, so they deserve to have one acronym and not a variety. And that was my comment. I would like to see put into the draft more uniformity so that we don't look like we don't know what we're doing. So that was my comment"

    - Response – Thank you for bringing this to our attention. The Plan has been amended to use a consistent nomenclature when referring to the Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex (LGBTQQI) community.

- Alison Mills, Consumer, Former Mental Health Board Chair: "I know that the clients are going to benefit from these trainings because they are going to be the receiver of well trained people. The other thing though I'm worried about is if clients that are outside of the targeted populations like the rest of the 60, 70% are going to benefit in some way from all this training? How are the majority of the clients in the County benefit from training? Are they going to be involved in any training? You said WRAP will involve at least 100. I'd like to know how many more are going to be benefited?"

    - Response – This is a building-block plan because the resources are not enormous. Where we see the vast majority of clients benefiting is through Heart and Soul and self help and advocacy activities, getting more people plugged into the community colleges, supported education program, and having folks through WRAP (which is a train-the-trainer model), really take hold of that and promote it and expand it. The Plan attempts to address the need of consumer involvement through Targeted Trainings for and by Consumers and Family Members. These trainings will help give voice to consumer concerns and inform providers and the broader community about the needs and perspective of the consumer culture. Other portions of the planning and programming around MHSA attempt to address consumer involvement in several other ways.

        - Follow up comment by Alison Mills: "But then you need to mention Heart and Soul as one of the providers, because you have NAMI named 3 times, and H&S, a consumer organization, isn't named in your specific plan".

            - Response – Heart and Soul is considered a key provider of many training experiences, and the Plan has been amended to include this organization as an example of an organization providing training to/by consumers designed to increase understanding, promote recovery, and reduce stigma.

- Judy Schutzman, Mental Health Board Chair: "The Board would like to suggest that an older adult be identified as a master trainer as part of the WRAP program. We would like to see a concerted effort to achieve that. And we would like to know if there are any older adults in the Paving the

Way program. Even though an older adult might be retired, they have a wealth of experience to offer from their working career that could benefit the young people in those programs."

- Response – We will communicate this important idea to staff who are currently working to identify individuals to attend WRAP master training.

TOPIC: Education and Training Draft Proposal	Public comment offered in writing at the Mental Health Board meeting held on February 4, 2009.

- Kristen Sajonas, YFES and San Mateo County Youth Commission: "Given that I do not have a background in mental health services, perhaps I am not seeing it clearly in the proposed plan. Either way, my suggestion/question is, how young people (especially teenagers/adolescents/transitional age youth) fit into the plan in a "strengths-based" role, that is, not only as clients, but also trainers/teachers, especially when it comes to reaching other young people?"

    - Response – The initial plan anticipated the involvement of youth as both, recipients and providers of training; however, we have amended it to more clearly allude to this.

- Marsha Fong, San Mateo County Aging and Adult Services: "I would like to see the Plan include training of In-Home Supportive Services (IHSS) workers serving clients with behavioral health issues. Currently we do not have workers who are trained in working with behavioral health consumers. Because of this lack of training, the relationship between the consumers and their workers have been difficult. Homecare workers have often quit due to their difficulties, leading to the consumer having to deal with a series of caregivers, and we have had ongoing difficulty in finding a stable workforce to serve consumers with behavioral health issues. Formal training is not a requirement for being an IHSS worker, so many do not have formal training in general. If they do go to a homecare training program, working with behavior health consumers is not a topic that is usually addressed in the curriculum. The Public Authority for In-Home Supportive Services (which helps consumers find homecare workers and is a part of Aging and Adult Services) would be interested in working with BHRS on such a program within the MHSA Training Plan.

  On another note, I noticed that under the Cultural Competence Training it lists the Pacific Islander, African American, Latino and LGBTQQI Initiative Planning Groups. I realize they are just examples, but wondered if the Chinese Initiative Planning Group was included as well."

    - Response – The BHRS Training Plan includes outreach to IHSS workers to participate in training activities that would be relevant to working with their clients. The Cultural Competence section of the MHSA E&T Plan has been amended to include reference to the existing Chinese Initiative Planning Group.

PLANNING PROCESS FOR WORKFORCE DEVELOPMENT: The Director of the Behavioral Health and Recovery Services Division (BHRS) provided overall guidance and direction to the project. Coordination and management of the planning process was carried out by the BHRS Director of Alcohol and Other Drug Services, the Workforce Development Director and the MHSA Coordinator, with assistance in facilitation and research from Gibson and Associates. A BHRS MHSA Workforce Development Work Group was charged with developing the Workforce Development Plan. The Work Group comprised BHRS leadership, managers, line staff, consumers, family members, representatives of community-based agencies, representatives of the education community, Mental Health Board members, and representatives from private and public agencies that partner with BHRS or serve its clients.

The Work Group met 3 times, for a total of 9 hours (not including the hours work group members spent reviewing literature and resources that were suggested as part of the planning process). The meetings took place on July 8th, August 19th, and September 3rd, 2009, and counted with an average attendance of 35 persons per meeting. The process focused on Mental Health Career Pathways exclusively, as all four other funding categories under this MHSA component (Workforce Staffing Support; Training and Technical Assistance; Residency, Internship Programs; Financial Incentive Programs) were addressed through the Education and Training planning process.

Initially, the group became familiar with the Education and Training Plan and gained understanding of the scope of the work; the group was afforded the opportunity to request all relevant information (such as demographic data, makeup of the workforce, etc.) that would, in their view, inform the process and foster their meaningful participation. In addition, the group was invited to suggest additional individual stakeholders and/or stakeholder groups that, in their expert view, would bring additional expertise and provide contribute to the process. Between meetings 1 and 2, BHRS prepared and/or expanded on the information requested by the group, and outreached to the suggested stakeholders. The larger group was divided into 4 subgroups that were charged with looking at the task at hand through the following lenses:

- Hard to fill positions
- Workforce of the future
- Diversity in the Workforce
- Consumers and Family Members in the Workforce

Meetings 2 and 3 resulted in the development of recommendations for each one of these areas. These recommendations were organized in actions included in a draft proposal released for public comment on November 4th, 2009 by the Mental Health Board. The 30-day public comment period ended on December 4th, 2009. The Mental Health Board hosted and conducted a public hearing on December 2nd, 2009, and a second hearing on March 3rd, 2010.

What follows is a summary of the comments received and BHRS's response.

SUMMARY OF PUBLIC COMMENT

TOPIC: Workforce of the future	Comments offered as part of the breakout sessions conducted at the MHSA Steering Committee meeting on November 10th, 2009.

- Comment: Expand on existing strategies to include: connecting with school counselors; attending schools' career and job fairs to do outreach; sponsoring summer internships; developing a list of internships/volunteer experiences; developing a paraprofessional training program for youth (e.g., conflict resolution for youth); opportunities for youth to be trained by and work with seasoned professionals; and broadening outreach to community colleges outside San Mateo County e.g. Foothill College, San Francisco City College.

  ⇨ Response: The plan has been amended to include the suggested strategies.

- Comment: Consider targeting those leaving the business world, returning veterans, retired law enforcement, faith community.

  ⇨ Response: The plan has been amended to include the suggested strategy.

- Comment: Create a paid pool of providers to assist with plan implementation.

  ⇨ Response: This comment has been forwarded to the BHRS Workforce Development Committee or WDC –formerly known as the BHRS Training Committee, for consideration at the time of implementation. It is important to note that the WDC, under the leadership of the Workforce Development Director, is a working body charged with overseeing the implementation of both the MHSA Education and Training and the MHSA Workforce Development plans, as well as the larger BHRS Training Plan. Committee members represent all relevant stakeholder groups (consumers, family members, community partners, education community, staff, among others). From now on, and throughout this summary of public comment, when we note "forwarded to the WDC", we imply that the comment/suggestion received will be considered by this body at the time of implementation.

- Comment: Provide management and leadership skills development opportunities.

  ⇨ Response: The plan has been amended to include the suggested strategy.

- Comment: Build on existing peer education programs in high schools.
  - ⇨ Response: The plan has been amended to include the suggested strategy.
- Comment: Consider collapsing Actions #4 and #5 (Action #4: Promote interest among youth/Transition Age Youth (TAY) in pursuing careers in mental health; Action #5: Provide opportunities for ongoing exposure and experience in mental health settings for youth/TAY).
  - ⇨ Response: Actions #4 and #5 have been collapsed into one (Action #4), keeping all contents of the original Actions.
- Comment: "Workforce of the Future" should include adults and older adults, as they bring a great wealth of experience.
  - ⇨ Response: The plan has been amended to include this suggestion.

SUMMARY OF PUBLIC COMMENT	
TOPIC: Diversity in the workforce	Comments offered as part of the breakout sessions conducted at the MHSA Steering Committee meeting on November 10th, 2009.

- Comment: Broaden "un-retiring" to include "returning" to the workforce.
  - ⇨ Response: The plan has been amended to include this suggestion.
- Comment: For Action #13, provide scholarship(s) to potential candidates instead of funding staff/contracted time to carry out the Action (Action #6: Increase diversity of staff to better reflect diversity of client population).
  - ⇨ Response: The stakeholder planning process for the development of the proposal felt that it was important that funds for this Action cover the creation and production of promotional materials in multiple languages, and staff/contractor time (4 weekly hours) to organize and oversee the various outreach efforts and coordination required for the task.

- Comment: Modify language in the plan to target language skills in addition to specific ethnic groups.
  - ⇨ Response: The plan has been amended to include this suggestion.
- Comment: Explore "cultural" pay differential, beyond bilingual pay.
  - ⇨ Response: BHRS has been working with Human Resources for some time in order to explore this issue.
- Comment: Target schools that have a high concentration of students of color for outreach and recruitment.
  - ⇨ Response: The plan has been amended to include this suggestion.

SUMMARY OF PUBLIC COMMENT	
TOPIC: Hard to fill positions	Comments offered as part of the breakout sessions conducted at the MHSA Steering Committee meeting on November 10th, 2009.

- Comment: The Workforce Development plan needs to convey more effectively that it encompasses the entire public mental health system, including both County and community partners.
  - ⇨ Response: In the first paragraph of the plan, on page 1, it is indicated that the plan refers to "community based organizations and individuals in solo or small group practices who provide publicly-funded mental health services to the degree they comprise this County's Public Mental Health System workforce."
- Comment: Consider giving additional training to newly graduating nurses.
  - ⇨ Response: Forwarded to the WDC.

- Comment: Provide scholarships for nurses.
  - ⇨ Response: While other strategies in the plan do address recruitment and retention of nurses, this particular suggested strategy did not surface as a priority during the planning. Limited funding does not allow for scholarships under this plan; however, the plan does encourage nurses to take advantage of statewide opportunities such as the loan assumption program or the stipend for nurses program.
- Comment: Further develop retention of psychiatrists after training/residency.
  - ⇨ Response: Forwarded to WDC.
- Comment: Obtain feedback from current residents/trainees to identify barriers to retention.
  - ⇨ Response: Forwarded to WDC.
- Comment: Develop mentoring approach for residents/interns.
  - ⇨ Response: Forwarded to WDC. Mentoring is a key strategy throughout the Workforce Development plan.
- Comment: Identify barriers in application process including: where and how positions are advertised; eliminating duplications in fingerprinting requirements; streamlining civil service requirements; broadening employment opportunities for targeted hard-to-fill disciplines such us child and gerontology psychiatrists, nurses, etc.
  - ⇨ Response: The plan has been amended to include these specific strategies.
- Comment: Offer more flexible practicums.
  - ⇨ Response: The plan has been amended to include this strategy.
- Comment: Ensure County recruitment process also benefits contract providers by sharing pools of applicants and other coordinated strategies.
  - ⇨ Response: Forwarded to WDC.

SUMMARY OF PUBLIC COMMENT

TOPIC: Consumers and family members in the workforce	Comments offered as part of the breakout sessions conducted at the MHSA Steering Committee meeting on November 10th, 2009.

- Comment: Address how stigma within the workplace impacts the recruitment and retention of consumers and family members.

  ⇨ Response: The Plan has been amended to more effectively refer to the issue mentioned in this comments. In addition, and as part of our philosophy of coordination and integration of efforts, this issue will be incorporated within the Anti-Stigma Project included as part of our approved MHSA Prevention and Early Intervention plan; the project was especially devised to tackle stigma at all levels: within BHRS and other public agencies, internalized stigma, preconceived mistaken notions about mental illness and co-occurring disorders, etc..

- Comment: Expand support of consumers and family members in the application process in order to guide them through the process by including assistance on how to understand Human Resources (HR) terminology and by conducting mock interviews to assist in the development of good interviewing skills.

  ⇨ Response: The Plan has been amended to incorporate this suggestion.

- Comment: Consider consumer and family member role in developing career paths (e.g. personal experience).

  ⇨ Response: The Plan has been amended to incorporate this suggestion.

- Comment: Use youth/young adults as peer partners, help with engagement, support, peer education.

  ⇨ Response: The Plan has been amended to incorporate this suggestion.

- Comment: In order to assist consumers and family members in analyzing career opportunities, create “career pathway” brochure(s) depicting the career ladder (county/contractor) for consumers and family members, to include specific skills required at each level; salary range for each level; certifications required.

  ⇨ Response: Forwarded to WDC.

- Comment: Recognize CPRP (Certified Psychiatric Rehabilitation Practitioner) certifications.
  - ⇨ Response: Forwarded to WDC.
- Comment: Analyze possibility of developing a special certification for Family Partners.
  - ⇨ Response: Forwarded to WDC.

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EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 1

Major Group and Positions	Esti-mated # FTE author-lized	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)
A. *Unlicensed* Mental Health Direct Service Staff:										
County (employees, independent contractors, volunteers):										
Mental Health Rehabilitation Specialist	43	0	3							
Case Manager/Service Coordinator	14	0	4							
Employment Services Staff	0	0	0							
Housing Services Staff	0	0	0							
Consumer Support Staff	25	0	2							
Family Member Support Staff	8	0	2							
Benefits/Eligibility Specialist	0	0	0							
Other *Unlicensed* MH Direct Service Staff	42	0	0	(*Unlicensed* Mental Health Direct Service Staff; Sub-Totals Only) ⬇						
Sub-total, A (County)	**132**	**0**	**11**	**34**	**23**	**19**	**2**	**0**	**17**	**116**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Mental Health Rehabilitation Specialist	8	0	1							
Case Manager/Service Coordinator	42	0	2							
Employment Services Staff	50	0	2							
Housing Services Staff	3	0	0							
Consumer Support Staff	17	0	2							
Family Member Support Staff	4	0	2							
Benefits/Eligibility Specialist	4	0	0							
Other *Unlicensed* MH Direct Service Staff	43	0	4	(*Unlicensed* Mental Health Direct Service Staff; Sub-Totals and Total Only) ⬇						
Sub-total, A (All Other)	**171**	**0**	**13**	**63**	**26**	**28**	**25**	**1**	**18**	**161**
Total, A (County & All Other):	**303**	**0**	**24**	**97**	**49**	**47**	**27**	**1**	**35**	**277**

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 2

Major Group and Positions	Estimated # FTE au-thorized	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. *Licensed* Mental Health Staff (direct service):										
County (employees, independent contractors, volunteers):										
Psychiatrist, general	19	0	2							
Psychiatrist, child/adolescent	9	1	2							
Psychiatrist, geriatric	1	1	0							
Psychiatric or Family Nurse Practitioner	1	1	2							
Clinical Nurse Specialist	14	1	1							
Licensed Psychiatric Technician	0	0	0							
Licensed Clinical Psychologist	4	0	0							
Psychologist, registered intern (or waivered)	0	0	0							
Licensed Clinical Social Worker (LCSW) [1]	55	0	6							
MSW, registered intern (or waivered) [2]	0	0	0							
Marriage and Family Therapist (MFT) [3]	70	0	8							
MFT registered intern (or waivered) [4]	0	0	0							
Other *Licensed* MH Staff (direct service)	1	0	0							
				(*Licensed* Mental Health Direct Service Staff; Sub-Totals Only) ⬇						
Sub-total, B (County)	**174**	**4**	**21**	**67**	**42**	**8**	**19**	**0**	**22**	**158**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Psychiatrist, general	1	0	0							
Psychiatrist, child/adolescent	5	1	1							
Psychiatrist, geriatric	0	0	0							
Psychiatric or Family Nurse Practitioner	1	1	2							
Clinical Nurse Specialist	0	0	0							
Licensed Psychiatric Technician	0	0	0							
Licensed Clinical Psychologist	18	0	4							
Psychologist, registered intern (or waivered)	3	0	0							
Licensed Clinical Social Worker (LCSW)	10	0	1							
MSW, registered intern (or waivered)	7	0	1							
Marriage and Family Therapist (MFT)	15	0	1							
MFT registered intern (or waivered)	10	0	1							
Other *Licensed* MH Staff (direct service)	0	0	0	(*Licensed* Mental Health Direct Service Staff; Sub-Totals and Total Only) ⬇						
Sub-total, B (All Other)	**70**	**2**	**11**	**42**	**5**	**0**	**11**	**0**	**1**	**59**
Total, B (County & All Other):	**244**	**6**	**32**	**109**	**47**	**8**	**30**	**0**	**23**	**217**

[1, 2, 3, 4]: We should note that, in our direct experience, MSWs and MFTs with language capacity such as Spanish, Chinese or Tagalog are very hard to find and hard to fill.

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 3

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)
C. Other Health Care Staff (direct service):										
County (employees, independent contractors, volunteers):										
Physician	2	0	0							
Registered Nurse	0	0	0							
Licensed Vocational Nurse	0	0	0							
Physician Assistant	0	0	0							
Occupational Therapist	0	0	0							
Other Therapist (e.g., physical, recreation, art, dance)	7	0	1							
Other Health Care Staff (direct service, to include traditional cultural healers)	0	0	0	(Other Health Care Staff, Direct Service; Sub-Totals Only) ⬇						
Sub-total, C (County)	**9**	**0**	**1**	**4**	**0**	**1**	**1**	**0**	**1**	**7**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Physician	1	0	0							
Registered Nurse	0	0	0							
Licensed Vocational Nurse	0	0	0							
Physician Assistant	0	0	0							
Occupational Therapist	0	0	0							
Other Therapist (e.g., physical, recreation, art, dance)	3	0	0							
Other Health Care Staff (direct service, to include traditional cultural healers)	0	0	0	(Other Health Care Staff, Direct Service; Sub-Totals and Total Only) ⬇						
Sub-total, C (All Other)	**4**	**0**	**0**	**0**	**0**	**1**	**2**	**0**	**0**	**3**
Total, C (County & All Other):	**13**	**0**	**1**	**4**	**0**	**2**	**3**	**0**	**1**	**10**

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 4

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)
D. Managerial and Supervisory:										
County (employees, independent contractors, volunteers):										
CEO or manager above direct supervisor.....	7	0	1							
Supervising psychiatrist (or other physician).....	6	0	1							
Licensed supervising clinician.....	31	0	4							
Other managers and supervisors.....	27	0	2							
				(Managerial and Supervisory; Sub-Totals Only) ⬇						
Sub-total, D (County)	**71**	**0**	**8**	**43**	**10**	**3**	**9**	**0**	**2**	**67**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
CEO or manager above direct supervisor.....	8	0	0							
Supervising psychiatrist (or other physician).....	0	0	0							
Licensed supervising clinician.....	15	0	1							
Other managers and supervisors.....	37	0	3							
				(Managerial and Supervisory; Sub-Totals and Total Only) ⬇						
Sub-total, D (All Other)	**60**	**0**	**4**	**37**	**0**	**5**	**4**	**0**	**11**	**57**
Total, D (County & All Other):	**131**	**0**	**10**	**80**	**10**	**8**	**13**	**0**	**13**	**124**
E. Support Staff (non-direct service):										
County (employees, independent contractors, volunteers):										
Analysts, tech support, quality assurance.....	25	0	1							
Education, training, research.....	54	0	4							
Clerical, secretary, administrative assistants	4	0	0							
Other support staff (non-direct services).....	5	0	1							
				(Support Staff; Sub-Totals Only) ⬇						
Sub-total, E (County)	**88**	**0**	**6**	**23**	**30**	**3**	**22**	**0**	**6**	**84**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Analysts, tech support, quality assurance.....	1	0	0							
Education, training, research.....	0	0	0							
Clerical, secretary, administrative assistants	38	0	2							
Other support staff (non-direct services).....	5	0	0							
				(Support Staff; Sub-Totals and Total Only) ⬇						
Sub-total, E (All Other)	**43**	**0**	**2**	**8**	**10**	**5**	**9**	**0**	**9**	**41**
Total, E (County & All Other):	**131**	**0**	**8**	**31**	**40**	**8**	**31**	**0**	**15**	**125**

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 5

GRAND TOTAL WORKFORCE (A+B+C+D+E)

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)
***County (employees, independent contractors, volunteers)* (A+B+C+D+E) .....**	**474**	**4**	**45**	**171**	**105**	**34**	**53**	**0**	**48**	**411**
***All Other (CBOs, CBO sub-contractors, network providers and volunteers)* (A+B+C+D+E) ...**	**348**	**2**	**30**	**150**	**41**	**39**	**51**	**1**	**39**	**322**
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	**822**	**6**	**75**	**321**	**146**	**73**	**104**	**1**	**87**	**733**

F. TOTAL PUBLIC MENTAL HEALTH POPULATION

				Race/ethnicity of individuals planned to be served -- Col. (11)						
				White/ Cau-casion	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**			4,532	4,277	1,329	1,023 (includes all Asian)	57	1,462 (includes 818 "unknown")	12,680

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

II. Positions Specifically Designated for Individuals with Consumer and Family Member Experience:

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)
A. Unlicensed Mental Health Direct Service Staff:			
Consumer Support Staff.....	42	0	4
Family Member Support Staff	12	0	4
Other *Unlicensed* MH Direct Service Staff.....	17	0	0
Sub-Total, A:	**71**	**0**	**0**
B. Licensed Mental Health Staff (direct service).....	**0**	**0**	**0**
C. Other Health Care Staff (direct service)	**0**	**0**	**0**
D. Managerial and Supervisory.....	**2**	**0**	**0**
E. Support Staff (non-direct services).....	**15**	**0**	**0**
GRAND TOTAL (A+B+C+D+E)	**17**	**0**	**0**

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	**TOTAL (2)+(3)**
(1)	(2)	(3)	(4)
1. Spanish	Direct Service Staff 238 Others 96	Direct Service Staff 227 Others 187	Direct Service Staff 465 Others 283
2. Tagalog	Direct Service Staff 14 Others 22	Direct Service Staff 39 Others 62	Direct Service Staff 53 Others 84
3. Mandarin	Direct Service Staff 17 Others 3	Direct Service Staff 48 Others 8	Direct Service Staff 65 Others 11
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

IV. REMARKS: Provide a brief listing of any significant shortfalls that have surfaced in the analysis of data provided in sections I, II, and/or III. Include any sub-sets of shortfalls or disparities that are not apparent in the categories listed, such as sub-sets within occupations, racial/ethnic groups, special populations, and unserved or underserved communities.

A. Shortages by occupational category: The County has long understood the occupational shortages; however, both the Education and Training and the Workforce Development planning processes helped hone this understanding. Among those positions identified through the planning process as hard to fill are child psychiatrists and child psychologists, nurses and psychiatric nurse practitioners. In addition, in all occupations, as the comparison between staff and consumer ethnicity describes below, there is a critical need to diversify the workforce across all occupational categories.

   The present plan includes one action designed to sustain a two-year effort to address the absence of sufficient child psychiatrists. Child Psychiatrists have long been a difficult position to fill in San Mateo County -and in most counties. To address this challenge, the Child Psychiatry Fellowship was initiated in 2007-08 and 08-09 utilizing MHSA WET funding advanced to counties early implementers of the MHSA. It will be sustained in 2009-10 with MHSA WET funds. The Child Psychiatry Fellowship responds to a critical, historically hard to fill position within the San Mateo County BHRS system. The Fellowship is a partnership of San Mateo County BHRS and Stanford University designed to serve high-risk youth in inpatient, outpatient, and community settings. It is also designed to provide education to a new generation of psychiatrists about recovery-based, strength-based service delivery.

   Other workforce shortages were identified in the planning processes, including early childhood treatment staff -particularly men, bilingual peer and family partners and bilingual outreach staff; African American treatment staff across positions.

   One of the most challenging barriers to sustaining a workforce fully responsive to consumer and family needs is the high cost of living in San Mateo County. With the cost of living driven by one of the highest housing costs in the country, recruitment of all personnel becomes challenging, particularly individuals of color, interns, and the hard-to-fill positions mentioned above.

   Another factor must be considered when assessing workforce shortages: County analysis of population and prevalence data revealed that the County is significantly under-serving the Hispanic and Asian populations and over-serving both the white and African American populations; that said, over-serving the African American population does not necessarily mean that we are serving this group in a culturally competent fashion. If the Hispanic and Asian populations were fully served, an additional 400 Hispanic and 500 Asian consumers would receive services. The County has been making inroads in serving these populations more effectively, particularly the Hispanic community, as the number of Hispanics served has risen from 3,000 to 4,000 in the last two years. To fully serve these individuals would require an increase in staffing with an emphasis upon recruiting to improve the diversity of the existing workforce to better reflect the population served. See the discussion that follows for more on workforce race/ethnicity comparability.

B. Comparability of workforce, by race/ethnicity, to target population receiving public mental health services: As the tables in Exhibit 3 illustrate, there is a significant difference in the composition of the workforce and the consumers that this workforce serves, with a significant over-representation of White and Asian staff and a significant under-representation of both Hispanic and African American staff, particularly Hispanic staff. The table below excerpts Exhibit 3 data to allow for easier comparison. Clearly the most significant gap in workforce cultural composition is in relation to Hispanics, a gap that is more noteworthy and critical as the County is more successful in engaging a larger proportion of the Hispanic population into treatment. The present proposal aims, among other

things, to develop a systematic approach to introducing communities of color to the behavioral health profession and facilitating access to training and education that would enable more individuals of color to consider a behavioral health career in San Mateo County.

Comparison Consumer vs. Staff Ethnicity						
White	Hispanic	AA	API	NA	Mixed	Total
Client Ethnicity						
4532	4277	1329	1023	57	1462	12,680
35.74%	33.73%	10.48%	8.07%	0.45%	11.53%	100%
Staff Ethnicity (All positions)						
321	146	73	104	1	87	733
43.79%	19.92%	9.96%	14.19%	0.14%	11.87%	
MH Prevalence data for San Mateo (2000 Census)[3]						
4,707	8,357	804	2,873			
26.55%	47.14%	4.54%	16.21%			

C. Positions designated for individuals with consumer and/or family member experience: San Mateo County has long been committed to consumer involvement in system planning and operation, and has a number of initiatives that have facilitated recruitment and placement of a significant number of consumers and family members in positions within the behavioral health system. The push now is to move beyond hiring consumers as peer partners and family members as family partners and to build career ladders that enable experienced consumers and family members to assume positions not explicitly designated for consumers and family members. The County has developed a highly collaborative relationship with the College of San Mateo, Vocational Rehabilitation Services (VRS) and community-based organizations to develop career paths for consumers and family members. Funding from the MHSA Community Services and Supports Plan created peer operated centers that employ consumers as peer partners. VRS has developed part-time positions for consumers in a variety of business roles outside of behavioral services, e.g. janitorial, food service and medical records technicians. While these non-behavioral health care positions are not included in the totals above, they represent a significant advance for consumers, enabling them to move from positions within behavioral health care to other positions, greatly expanding career alternatives.

D. Language proficiency: The staff survey conducted for this process generated a surprising result with over 330 staff indicating proficiency in Spanish. This represents almost 50% of the entire workforce. It is believed that this is a significant over-statement of Spanish-speaking capacity as focus groups, staff planning meetings, and other input processes have consistently indicated that there is a significant need for more Spanish speakers in all positions, but particularly in peer and family roles and treatment positions. The extent to which the Hispanic community is under-served is, no doubt, in part is a result of the lack of sufficient Spanish speaking staff. Focus groups participants also identified the need for more bilingual staff in Chinese, Tagalog, Samoan and Tongan languages.

E. Other, miscellaneous: N/A.

[3] This analysis of un-served populations uses the State DMH website data regarding prevalence projections as factored by 200% of poverty, adjusted by San Mateo County's self-sufficiency adjustment factor for one adult with two children, which is 1.9476. As acknowledged in DMH Letter No: 05-02, 200% of poverty is not an adequate predictor of need in counties where there is a higher cost of self-sufficiency.

EXHIBIT 4: WORK DETAIL

A. WORKFORCE STAFFING SUPPORT

*Please provide a brief narrative of each proposed **Action**. Include a title, short description, objectives on an annualized basis, a budget justification, and an amount budgeted for each of the fiscal years included in this Three-Year Plan. The amount budgeted is to include only those funds that are included as part of the County's Planning Estimate for the Workforce Education and Training component. The following is provided as a format to enable a description of proposed **Action(s)**:*

Action #1 – Title: Workforce Education and Training Plan Coordination and Implementation

DESCRIPTION

The Plan will be overseen by a full time Workforce Development Director. The Director supervises a .5 FTE Community Resource Specialist. This team serves as staff to the BHRS Training Committee and is responsible for:

- Managing implementation of the MHSA Education and Training Plan and of the BHRS Training Plan;
- Manage the BHRS training budget;
- Providing research, data, and communication to the BHRS Training Committee to assist in oversight of the annual work plan;
- Recruiting and orienting Training Committee members to ensure that the Committee includes both, consumers and family members, and that it represents the cultural composition of the population served;
- Developing, maintaining and strengthening relationships with a wide range of regional stakeholders in education and training and workforce development, as well as among the provider, consumer and family communities, and cultural communities;
- Organizing and scheduling training events, including identifying trainers and consultants;
- Collaborating with consumer and family members staff to expand availability of consumer-family focused training;
- Developing strategies and modalities to provide training to staff, including use of team-based training experiences, the use of consultants, and electronic training resources (video/web) to expand access to training;
- Managing intern recruitment, placement, and training;
- Liaising with the Bay Area Regional Collaborative and other regional and statewide relevant bodies and initiatives; this includes collaborating to expand training resources available locally;
- Collaborating with the MHSA Coordinator regarding relevant cross-cutting MHSA activities and reporting requirements.
- Participating in the development of pipeline workforce development strategies;
- Evaluating training activities and reporting outcomes to the Training Committee;
- Developing an annual report for staff, clients and family members to determine the extent to which training and workforce development activities are contributing to the transformation of the system of services and supports.
- Preparing and submitting periodic reports to the California Department of Mental Health, as per DMH guidelines; and
- Supervising a .5 FTE Community Program Specialist responsible for scheduling and coordinating training events.

Action #1 – Title: Workforce Education and Training Plan Coordination and Implementation

OBJECTIVES

- Creation and maintenance of a continued Training Calendar;
- On a quarterly basis, submission of an updated calendar and summary of training activities that have been implemented to relevant bodies as required;
- Administration, monitoring and evaluation of all BHRS education and training activities.
- Preparation of relevant reports to the Training Committee, to the California Department of Mental Health summarizing activities conducted and funds expended, and to all other bodies as needed.

BUDGET JUSTIFICATION

- 1.0 FTE Workforce Development Director to perform the duties specified in the "Description" item above. FY 09/10 annual salary and benefits: $132,828. Total requested: $132,828
- 0.5 FTE Community Program Specialist to assist the Workforce Development Director in all relevant activities. FY 09/10 annual salary and benefits: $118,663. Total requested: $59,332

NOTE: San Mateo County is an early implementer of the Community Services and Supports component of the Mental Health Services Act. As such, our County received approval in 2006 to draw down advanced WET training dollars to fund the Director position (in addition to the Child Psychiatry Fellowship –Action #16, and the stipends for Interns –Action #17).

Total requested for Action #1, FY 09/10 = $192,160

BUDGETED AMOUNT	FY 2006/07: $0	FY 2007/08: $133,065 (Advanced WET dollars)	FY 2008/09: $0 (Advanced WET dollars)
	Per DMH Information Notice 08/28, budgeted amount for FY 2009/10 is attached as Exhibit E2, before APPENDIX A.		

EXHIBIT 4: WORK DETAIL

B. TRAINING AND TECHNICAL ASSISTANCE

Action #2 – Title: Targeted Training For and By Consumers and Family Members

DESCRIPTION OF TRAINING EXPERIENCE(S)

This Action aims at providing a range of trainings activities, as follows:

A. Trainings delivered by and for consumers and family members. Examples include *Paving the Way*, a San Mateo model that provides training and supports for consumers and family members joining our workforce, and that also supports existing staff to welcome new consumer/family staff; *Hope Awards*, which highlight personal stories while educating consumers, families, staff, and the general public about recovery and stigma; *Inspired at Work*, which provides a framework for consumers and family members to get support and to explore issues involved with entering and remaining in the workforce. Amount requested: $60,000 (see breakdown of cost under "Budget Justification").

B. Trainings provided by consumers and family members to providers and the general public designed to increase understanding of mental health issues and to reduce stigma. Examples include *Stamp Out Stigma,* a community advocacy and educational outreach program dedicated to eradicating the stigma associated with mental illness through forum-type presentations in which individuals with mental illness share their personal experiences with the community at large; *Breaking the Silence*, a training activity designed to address issues of gender identification in youth and the effects of community violence; consumer-led trainings by youth/TAY, directed to audiences of all ages. Youth/TAY will be targeted as an audience for these trainings as well. Amount requested: $5,000 (see breakdown of cost under "Budget Justification").

C. Trainings provided by consumers and family members to increase understanding of mental health issues and substance use/abuse issues, recovery and resilience, and available treatments and supports. Examples include *NAMI's Provider Education Training*, an intensive training to providers led by consumers, family members, and experts; *In Our Own Voice*, NAMI-sponsored consumer-to-consumer presentations about their experiences, which is usually presented in a number of settings, including hospitals; *Family to Family*, a NAMI-sponsored 12-week course taught by families to families of consumers about mental health, treatments, and how to focus on self-care; *Peer to Peer*, a NAMI-sponsored 9-week course taught by consumers to consumers about mental health, treatments, and recovery; *Voices of Recovery*, a client and family driven-advocacy and support effort for those who have been affected by addiction. Amount requested: $18,000 (see breakdown of cost under "Budget Justification").

D. In addition, this Action also provides for selected consumers and family members to attend leadership trainings to support increased involvement of consumers and family members in various committee, commission, and planning roles. Examples include: *CMHACY (California Mental Health Advocates for*

Action #2 – Title: Targeted Training For and By Consumers and Family Members

Children and Youth) Conference; educational visits to *The Village;* attendance to *NAMI, Heart & Soul,* and other community-based training activities to help perfect the leadership skills of consumers and family members. Amount requested: $10,000 (see breakdown of cost under "Budget Justification").

E. Trainings for the community to reduce stigma and increase understanding of behavioral health consumer and family issues. One example is the *Crisis Intervention Training (CIT),* which provides training to police officers in local communities about the nature of behavioral health issues, and is designed to increase understanding, reduce stigma, and lay the groundwork for more appropriate responses to consumers and family members by local police. Amount requested: $5,000 (see breakdown of cost under "Budget Justification"). Consumers and family members will present to first responders regarding their experience of mental illness, as well as the role and concerns of family members and consumers in promoting wellness and working with law enforcement. Consumers and family members will also address issues of stigma, and raise awareness regarding appropriate law enforcement interventions for consumers and their families.

OBJECTIVES

- Increase training opportunities for consumers and family members designed to prepare them for entry into and permanence in the public behavioral health workforce; to advocate for reforms; and to play leadership and advisory roles in the behavioral health system.
- Increase the number of training sessions delivered by consumer and family organizations.
- Increase the ability of treatment teams to successfully engage consumers and families we have failed to engage in the past.
- Increase understanding among treatment providers of the consumer/ family perspective on treatment and supports.
- Increase understanding among treatment providers of the different cultural perspectives of consumers and family members.

BUDGET JUSTIFICATION

All budgeted amounts include cost of trainers, travel expenses to attend trainings and administrative overhead. We have estimated these costs based on our experience with similar trainings, on research on pricing conducted for the purposes of this plan, and on comparable existing contracts. These are well-informed estimates. The reality of the implementation will be the key determinant of cost.

A. Amount requested: $60,000; cost per training (includes refreshments and training-related materials) ranges from $600 to $2,000, and each training activity may reach any number of participants between 5 and 50. Due to the nature of these training activities, the number of trainings depends on factors that will unfold during the course of implementation. We anticipate we will be able to provide 25 to 35 training sessions.

Action #2 – Title: Targeted Training For and By Consumers and Family Members

Budget Breakdown:

a. Training fees: Trainer for 6 hour training at $200 per hour → $1200 - 30 training days → $36,000
b. Travel expenses: Limited to $100 per training event – 30 training days→ $3,000
c. Facilities Rentals: $500 per day – 30 training days → $15,000
d. Refreshments: $100 per day –30 training days → $3,000
e. Administrative Overhead: $100 per training for registration, copies and promotion for 30 training days → $3,000

Total: $60,000

B. Amount requested: $5,000; cost per training (includes refreshments and training-related materials) is approximately $400; each training may reach any number between 15 and 100 persons. The number of trainings we will be able to provide depends on factors that will unfold during the course of implementation. We anticipate we will be able to provide 10 to 12 training sessions.

Budget Breakdown:

a. Trainer Stipend: $100 per session – Ten training events → $1000
b. Facilities Rentals: Pro-rated room fee of $200 per session – Ten training events → $2,000
c. Refreshments: $100 per event – Ten training events → 1000
d. Administrative overhead: Registration/promotion of events: $100 per event – Ten training events → $1000

Total: $5,000

C. Amount requested: $18,000; cost per training (includes refreshments and training-related materials) is approximately $550; each training may reach any number between 20 and 100 persons. The number of trainings we will be able to provide depends on factors that will unfold during the course of implementation. We anticipate we will be able to provide approximately 15 training sessions.

Budget Breakdown:

a. Facilities Rentals: $500 per day – Ten training events → $5,000
b. Refreshments: $400 per day - Ten training events → $4,000
c. Manuals for training - $15 per manual for 30 manuals per event – $450 – Ten training events → $4500
d. Administrative overhead: registration, outreach to community, additional copies - $450 per event – Ten training sessions → $4500

Total: $18,000

D. Amount requested: $10,000; cost includes travel expenses, registration fee and all other training-related expenses and is estimated at an average of $400 per participant. We hope to make these activities available to 25 consumers and family members.

Action #2 – Title: Targeted Training For and By Consumers and Family Members

Budget Breakdown:

a. Registration fees: up to $200 per attendee per conference (average) -- 20 conferences → $4,000
b. Travel and boarding costs: up to $300 per attendee per conference (average) – 20 conferences → $6,000

Total: $10,000

E. Amount requested: $5,000; cost per training (includes refreshments and training-related materials) is approximately $450; each training may reach any number between 15 and 50 persons. The number of trainings we will be able to provide depends on factors that will unfold during the course of implementation. We anticipate we will be able to provide between 7 and 10 training sessions.

Budget Breakdown:

a. Training fees: Stipends for presenters: $100 per session per person with two trainers per session - $200 – Ten training sessions - $2,000
b. Facilities Fees: None – at law enforcement training facility
c. Refreshments: $200 per training session – Ten sessions → $2,000
d. Administrative fees: Registration and copies → $1,000

Total: $5,000

Total requested for Action #2, FY 09/10 = $98,000

BUDGETED AMOUNT	FY 2006/07: $0	FY 2007/08: $0	FY 2008/09: $0
	Per DMH Information Notice 08/28, budgeted amount for FY 2009/10 is attached as Exhibit E2, before APPENDIX A.		

EXHIBIT 4: WORK DETAIL

B. TRAINING AND TECHNICAL ASSISTANCE

Action #3 – Title: Trainings to Support Wellness and Recovery

DESCRIPTION OF TRAINING EXPERIENCE(S)

San Mateo County BHRS will engage in training to extend and support consumer wellness and recovery. An example of an activity we plan to undertake as part of this Action is the implementation of *Wellness Recovery Action Plan Trainings* (WRAP). WRAP is a self-help approach to achieve and maintain wellness that has been used successfully with mental health consumers and consumers with co-occurring disorders. With a train-the-trainer approach, consumers, family members, and selected staff (County and contracted providers) will be trained as Master Trainers. The "Master Trainers" will then provide training and support in developing WRAP plans for consumers and staff throughout our system. Amount requested: $50,000 (see breakdown under: Budget Justification").

OBJECTIVES

- 100 consumers in BHRS with WRAP plans by the end of 09/10.
- Establish 5 WRAP support groups in the County by the end of FY 09/10, 7 in FY10/11 and 10 in FY 11/12.

BUDGET JUSTIFICATION

The training experience specified above entails contracting with a provider with expertise in WRAP. The budgeted amount includes: cost of trainer, travel expenses to attend trainings and administrative overhead. We have determined these costs based on our experience with similar trainings, on research on pricing conducted for the purposes of this plan, and on comparable existing contracts. Amount requested: $50,000; cost per participant is estimated at approximately $500. We anticipate we will be able to develop WRAP plans for approximately 100 persons in FY 09/10, with similar numbers in future years; we also anticipate that 5 WRAP support groups in the County will be fully functional by the end of FY 09/10, 7 by the end of FY 10/11, and 10 by the end of FY 11/12.

Budget Breakdown:

a. Trainer fees: $100 per hour for 4 hours → $400 - Fifty training sessions over three years → $20,000
b. Travel fees: limited to $100 per training - fifty training sessions → $5,000
c. Facilities rentals: $400 for prorated facilities rental per day – fifty training sessions → 20,000
d. Administrative overhead: registration, copying, publicity/notification – fifty training sessions → $5,000

Total: $50,000 - Total requested for Action #3, FY 09/10 = $50,000

BUDGETED AMOUNT	FY 2006/07: $0	FY 2007/08: $0	FY 2008/09: $0
	Per DMH Information Notice 08/28, budgeted amount for FY 2009/10 is attached as Exhibit E2, before APPENDIX A.		

EXHIBIT 4: WORK DETAIL

B. TRAINING AND TECHNICAL ASSISTANCE

Action #4 – Title: Cultural Competence Training

DESCRIPTION OF TRAINING EXPERIENCE(S)

Training in the area of cultural competence is designed to reduce health disparities in our community, to provide instruction in culturally and linguistically competent services, and to increase access, capacity, and understanding by partnering with community groups and resources. Educational and training activities will be available to consumers, family members, providers, and those working and living in the community. The Training Plan has identified a number of components designed to address these issues, such as the use of the CA Multi-Cultural Scale to assess our system of services; trainings to increase the effective use of interpreters in service delivery; creation of a clinical consultation resource for providers working with Filipino consumers; addressing cultural issues when providing services to consumers suffering from co-occurring disorders and domestic violence. Trainings will also be used to help support key cultural disparity initiatives currently underway as part of our work on reduction of disparities. The different cultural disparity initiatives funded through CSS have been focused on the following populations: Chinese; Filipino; Pacific Islander; African American; Latino; LGBTQQI.

OBJECTIVES

- Improved capacity to utilize interpreters with consumers who do not speak English
- Expanded incorporation of a variety of alternative and culturally specific strategies as part of ongoing treatment efforts
- Incorporation of culturally-informed engagement strategies
- Increased satisfaction with services by historically under-served and poorly served cultural populations
- Improved access and service delivery to historically under-served communities

BUDGET JUSTIFICATION

The budgeted amount includes: cost of trainer(s) and tool, travel expenses to attend trainings and administrative overhead. We have determined these costs based on our experience with similar trainings, on research on pricing conducted for the purposes of this plan, and on comparable existing contracts. We estimate that each training will reach any number between 10 and 50 individuals, with an average cost per training between $300 to $700; we anticipate we will be able to provide 60 to 80 training activities.

Budget Breakdown:

a. Trainer fees: $100 per hour for 4 hours → $400 - Fifty training sessions over three years → $20,000
b. Travel fees: limited to $100 per training - fifty training sessions → $5,000
c. Facilities rentals: $400 for prorated facilities rental per day – fifty training sessions → 20,000
d. Administrative overhead: registration, copying, publicity/notification – fifty training sessions → $5,000

Total: $50,000 - Total requested for Action #4, FY 09/10 = $50,000

BUDGETED AMOUNT	FY 2006/07: $0	FY 2007/08: $0	FY 2008/09: $0
	Per DMH Information Notice 08/28, budgeted amount for FY 2009/10 is attached as Exhibit E2, before APPENDIX A.		

EXHIBIT 4: WORK DETAIL

B. TRAINING AND TECHNICAL ASSISTANCE

Action #5 – Title: Evidence-Based Practices Training for System Transformation

DESCRIPTION OF TRAINING EXPERIENCE(S)

The Training Committee has already begun scheduling an ongoing series of trainings designed to support transformation of the BHRS system by increasing utilization of evidence-based treatment practices that better engage consumers and family members as partners in treatment, and that contribute to improved consumer quality of life. Recommendations for training on evidence-based practices to incorporate into the different series may come from consumers, family members, or public and private agency staff by submitting a form to the Workforce Development Director, who then submits the request to the Training Committee for consideration. Suggested trainings shall be consistent with the values of the MHSA and shall contribute to the creation of a more culturally competent system.

A. Some of the practices considered aim at improving family functioning, parenting, communication and at helping parents and youth to reduce problem behaviors through evidence-based and promising practices such as: *Functional Family Therapy or FFT* (a family-based intervention with at-risk youth in the criminal justice system with a focus on using family and consumer strengths to help youth gain control of their behaviors. This practice has been found to be effective with clients of diverse cultural backgrounds); *Teaching Pro-Social Skills or TPS* (a strength-based approach for at-risk youth designed to increase pro-social behaviors, involving educational and criminal justice partners in coordinated delivery of related services.) Amount requested: $25,000 ($8,000 for FFT and $17,000 for TPS). See breakdown under "Budget Justification" item below.

B. Other practices considered involve interventions designed to help children, youth, their parents and others overcome the negative effects of traumatic life events such as child sexual or physical abuse, traumatic loss of a loved one, domestic, school, or community violence, or exposure to disasters, or war trauma. Examples include: *Trauma Focused Cognitive Behavioral Therapy or TF CBT* (the model integrates cognitive and behavioral interventions with traditional child abuse therapies that focus on enhancement of interpersonal trust and empowerment); *Seeking Safety* (with a focus on harm reduction for adult and youth consumers severely impacted by trauma; this is a strength-based approach designed to improve the ability of consumers to make safe, effective choices in their lives, and it's an integrated co-occurring approach to treatment). Amount requested: $30,000 ($22,000 for TB CBT and $8,000 for Seeking Safety). See breakdown under "Budget Justification" item below.

C. This Action also includes training experiences to help clinicians teach coping skills for individuals with serious, self-harming personality disorders; an example is *Dialectical Behavior Therapy*, which is a promising practice focused on developing skills to more effectively deal with distress; many elements of this approach have been successful in integrated treatment for co-occurring clients. Amount requested: $8,000. See breakdown under "Budget Justification" item below.

Action #5 – Title: Evidence-Based Practices Training for System Transformation

D. Training in delivery of integrated treatment for clients suffering from co-occurring disorders is also included in this Action. Training experiences considered include *Motivational Interviewing and Enhancement* and trainings to promote a welcoming environment for these clients. Amount requested: $50,000. See breakdown under "Budget Justification" item below.

E. Training in delivery of integrated services to seriously ill youth and adults by multi-disciplinary teams prepared to serve clients 24/7. Examples include *Assertive Community Treatment* and other relevant services provided in Full Service Partnerships. Amount requested: $10,000. See breakdown under "Budget Justification" item below.

The Workforce Development Director will routinely contact participants in various EBPs (and other) training activities six-months after training has been completed to assess the degree to which the training has resulted in changed treatment practice.

OBJECTIVES

- Improve competency of clinical staff in best practices.

BUDGET JUSTIFICATION

The budgeted amount includes: cost of trainer(s), training modules where pertinent, travel expenses to attend trainings and administrative overhead. We have determined these costs based on our experience with similar trainings, on research on pricing conducted for the purposes of this plan, and on comparable existing contracts.

A. FFT = $8,000; TPS = $17,000 - Total Item A = $25,000

Budget Breakdown:
FFT:

a. Trainer: $200 per hour for 6 hour training - $1200 – Four training provided over three years → 4800
b. Travel Expenses: $100 per training limit – Four training days → $400
c. Facilities Rental: $500 per day – Four training days → $2,000
d. Administrative overhead including copies of materials, registration and promotion of event - $200 per training – Four training events - $800

Total: $8000

Action #5 – Title: Evidence-Based Practices Training for System Transformation

TPS:

a. Trainer: $200 per hour for 7 hour training - $1400 – Seven training days provided over three years → $9,800
b. Travel Expenses: limit to $100 per training – Seven training days → $700
c. Facilities Rental: $500 per day – Seven training days → 3500
d. Administrative overhead including copies of materials, registration, and promotion of event - $200 per training – Seven training days → 1400
e. Manuals for trainees – about $11.42 per manual – twenty manuals per training -→ $228.40 – Seven training days -→ $1600

Total: $17,000

B. TF CBT = $22,000; Seeking Safety = $8,000 – Total Item B = $30,000

Budget Breakdown:

TF CBT:

a. Trainer fees for TF CBT: $200 per hour for eight hour training - $1600 - Ten trainings provided over three years→$16,000
b. Travel: Limit to $100 per session – ten training days → $1,000
c. Administrative overhead: registration, copies, selection of staff to participate - $250 per training day – ten training days → $2500
d. Facilities Rental: $250 per day (smaller rooms for smaller number of trainees) – ten training days → $2500

Total: $22,000

Seeking Safety:

a. Trainer fees for Seeking Safety Train the Trainer: $2300 flat rate for full day training for trainers – Two training day over three year period → $4,600
b. Travel fee: Limit to $250 per training – Two trainings over three years → $500
c. Facilities Rental: $500 per day - Two trainings over three years → $1,000
d. Books to be purchased for trainers: $50 per book for 30 books (15 individuals trained in two sessions) → $1500
e. Administration fees for registration, copies -- $200 for two training over three years → $400

Total: $8,000

Action #5 – Title: Evidence-Based Practices Training for System Transformation

C. DBT = $8,000 – Total Item C = $8,000

Budget Breakdown:

a. Trainer fees: $200 per hour for one seven hour training - $1400 - four training days over three years → 5600
b. Travel expenses: Limited to $50 per session (local trainers) – four training days → 200
c. Facilities rental: $500/day for four training days → 2000
d. Administrative fees: Registration, copies of materials → $200

Total: $8,000

D. Skill development for treatment of persons with co-occurring disorders (including Motivational Interviewing) = $50,000 – Total Item C = $50,000

Budget Breakdown:

a. Trainer fees: $1600/eight hours training - Two day training modules - $3,200 – Three two day trainings over three years: $28,000
b. Facilities rental: $500/day – for nine two day modules → $9,000
c. Travel expenses: $100/day allowance for nine modules → $900
d. Administrative fees: Registration; publicity for nine two module training sessions → $800
e. Books/manuals: 160 Motivational Interviewing Books at $50 per book → $8,000
f. Teaching videos 20 videos for distribution to sites at $120 per video → $2,400

Total: $50,000

E. ACT = $10,000 – Total Item E = $10,000

Budget Breakdown:

a. Trainer fees: $2,000/day for 3 days →$6,000
b. Facilities rentals: $500/day for 3 days→$1500
c. Administrative costs: Register, publicity, copies→$500

Total: $10,000

Total requested for Action #5, FY 09/10 = $123,000

BUDGETED AMOUNT	FY 2006/07: $0	FY 2007/08: $0	FY 2008/09: $0
	Per DMH Information Notice 08/28, budgeted amount for FY 2009/10 is attached as Exhibit E2, before APPENDIX A.		

EXHIBIT 4: WORK DETAIL

B. TRAINING AND TECHNICAL ASSISTANCE

Action #6 – Title: Expanded Site-Based Clinical Consultation

DESCRIPTION OF TRAINING EXPERIENCE(S)

Staff surveys indicated that the preferred means of training was through clinical consultation on specific treatment challenges. San Mateo County has piloted this approach with the hiring of a Coordinator of Integrated Dual Disorder Treatment who meets with treatment teams to reinforce principles and practices introduced through the intensive training practicum developed by Kenneth Minkoff, MD and Chris Cline, MD. This model will be replicated with trainings offered via Action #5 above, and reinforced with contracted clinical consultants retained to meet with treatment teams implementing such evidence-based practices. Consultations on working with individuals with co-occurring mental health and developmental disabilities on a quarterly basis is a good illustration of this type of training experience. In addition, the Workforce Development Director will receive requests from both Community-Based Organizations and County treatment teams and will compile an inventory of expert practitioners, including consumers and family members, available to provide time-limited clinical consultations. The Workforce Development Director will present requests to the Training Committee for approval. Criteria for approval will include, among others, extent to which the consultation will reinforce the use of evidence-based practices, extent to which the consultation supports the vision and values of the MHSA, and the degree to which the consultation includes plans for disseminating learning to other treatment teams.

OBJECTIVES

- Increase ability of treatment staff to implement evidence-based practices as evidenced in annual staff survey
- Increase consumer satisfaction with services and supports introduced in training and reinforced through clinical consultations
- Increase dissemination of effective implementation of evidence-based practices beyond the treatment teams directly involved in clinical consultations
- Provide consultations on complex co-occurring cases in which there are issues associated with developmental disability

BUDGET JUSTIFICATION

The budgeted amount includes: cost of trainer(s), travel expenses to attend trainings and administrative overhead. We have determined these costs based on our experience, on research on pricing conducted for the purposes of this plan, and on comparable existing contracts. We have estimated an average of $1,500 per training; we are estimating between 10 and 15 training activities reaching an average of 15 to 20 persons per training. Total requested for Action #6, FY 09/10 = $25,000

BUDGETED AMOUNT	FY 2006/07: $0	FY 2007/08: $0	FY 2008/09: $0
	Per DMH Information Notice 08/28, budgeted amount for FY 2009/10 is attached as Exhibit E2, before APPENDIX A.		

EXHIBIT 4: WORK DETAIL

C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action #7 – Title: Attract prospective candidates to hard to fill positions via addressing barriers in the application process

DESCRIPTION

Multiple workgroup discussions concluded that strategies are necessary to address ongoing vacancies in positions which are difficult to fill. Psychiatry and community mental health nurses were identified as job classifications in which qualified staff has been challenging to obtain and retain. Cultural diversity in all positions across the board was also identified as an ongoing deficit. Consideration was given to how to address these shortages in partnership with the County's Human Resources Division in order to strategize solutions.

OBJECTIVES

To create an expedited application process by:

- working with the County's Human Resources Division to remove barriers to the application process e.g. the protracted length of time between recruitment, interviewing, and hiring
- designating hard to fill positions for a fast track application process
- reviewing and revising current job classifications/descriptions as necessary, in partnership with the County's Human Resources Division
- identifying barriers in the application process including: where and how positions are advertised; elimination of duplications in fingerprinting requirements whenever possible; streamlining of civil service requirements as permitted; and broadening employment opportunities for targeted hard-to-fill disciplines such us child and gerontology psychiatrists, nurses, etc..

BUDGET JUSTIFICATION

Funding to provide additional staff/contractor time in BHRS and Human Resources to discuss, plan and implement the above strategies. Budget is based on an estimated hourly rate of $75 per hour. It is anticipated that the contractor could potentially complete the work related to the above objective in nine to twelve months.

Budget breakdown: 4 weekly hours x 52 weeks/year = 208 hours x $75 hourly rate = $15,600 (total requested for Action #7 for FY 09/10)

BUDGETED AMOUNT	FY 2006/07: $0	FY 2007/08: $0	FY 2008/09: $0
	Per DMH Information Notice 08/28, budgeted amount for FY 2009/10 is attached as Exhibit E2, before APPENDIX A.		

Action #8 – Title: Attract prospective candidates to hard to fill positions through incentives

DESCRIPTION

San Mateo County competes with other similar organizations and the private sector to hire employees with specialized, needed skills into a number of positions that are difficult to fill. Offering financial incentives to attract and retain candidates to these positions was identified as important tools, as such incentives increase the appeal of working for community mental health services among potential job candidates.

OBJECTIVES

To develop incentives to encourage the application and retention of qualified individuals into hard to fill positions via the following strategies:

- prioritizing hard to fill applicants in the loan assumption approval process
- supporting child and gerontology psychiatry positions with part-time work as they complete fellowship
- encouraging nurse employees in direct service and contract provider agencies to take advantage of MHSA statewide stipend program for advanced nursing training
- being flexible when tailoring practicum requirements to the needs of candidates for hard to fill positions (in coordination with contracted educational agencies)

BUDGET JUSTIFICATION

Majority of funding in this category is reserved to stipend two psychiatric residents at $75,000 each/year to assist in recovery of educational costs. Additionally, staff/contractor time equivalent to 2 hours a week at $75 per hour is needed to outreach to nursing programs, oversee approval of loan application process, and re-evaluate and re-design practicum requirements for hard to fill positions.

Budget breakdown:

- Psychiatric residency part-time stipend = 2 psych residents x $75,000 each= $150,000
- Staff/contractor hours for nursing outreach: = 2 weekly hours x 52 weeks/year = 104 hours x $75 hourly rate = $7,800

Total requested for Action #8 for FY 09/10 = $157,800

BUDGETED AMOUNT	FY 2006/07: $0	FY 2007/08: $0	FY 2008/09: $0
	Per DMH Information Notice 08/28, budgeted amount for FY 2009/10 is attached as Exhibit E2, before APPENDIX A.		

Action #9 – Title: Promote mental health field in academic institutions where potential employees are training in order to attract individuals to the public mental health system in general, and to hard to fill positions in particular

DESCRIPTION

In addition to incentives and breaking down application barriers, workgroup members identified positive marketing of mental health careers as an important objective in attracting qualified individuals to hard to fill positions.

OBJECTIVES

To increase exposure to the mental health field and to County employment opportunities, by:

- working with institutions of higher education such as UCSF, Cal State East Bay, and San Mateo Community College system –among others, to coordinate direct and indirect outreach including tailoring recruitment information and participation at career fairs
- expanding and/or creating pipeline relationships between prospective feeder institutions (high school, undergrad, grad) and providers
- strengthening partnerships with professional development programs (i.e., Nursing, MSW, MFT, etc.)
- promoting County placements to fulfill practicum requirements
- partnering with nurse practitioner student practicum to promote the mental health field, and provide career mentoring

BUDGET JUSTIFICATION

- 104 hours per year of staff/contracted staff time at $75 per hour to target outreach efforts to academic institutions, including building relationships via presentations, promotional meetings in classrooms, and time to examine and reorganize internships based on feedback from students and programs.

  Budget Breakdown:
  2 weekly hours x 52 weeks/year = 104 hours x $75 hourly rate - Total: $7,800

- Additional funds to be used for large outreach programs, specifically one annual job and internship fair to promote mental health careers – Total: $5,000

  Budget Breakdown:
  a. Facilities Rentals: $2,000 for large event space
  b. Publicity to outreach to institutions and students: Print ads in local papers, strategic web advertisements, program brochures= $1,750
  c. Administrative time: Registration, promotion, copies - $500
  d. Food/refreshments: $750

Total requested for Action #9 for FY 09/10 = $12,800

BUDGETED AMOUNT	FY 2006/07: $0	FY 2007/08: $0	FY 2008/09: $0
	Per DMH Information Notice 08/28, budgeted amount for FY 2009/10 is attached as Exhibit E2, before APPENDIX A.		

Action #10 – Title: Promote interest among and provide opportunities for youth/Transition Age Youth (TAY) in pursuing careers in mental health

DESCRIPTION

Focus groups and informal discussions have revealed a consistent interest in mental health careers among youth, including TAY youth. Through these discussions, youth/TAY youth revealed the barriers to entering mental health field, and were able to describe ways in which they believed youth could be engaged and retained in the mental health pathways. Such barriers included TAY not knowing what jobs are available in mental health settings, what such jobs entailed, what positions they qualified for, and how to train/apply for such positions. Once youth interest in the mental health field has been achieved, youth have indicated it is essential for them to have ongoing learning experiences to deepen their understanding and commitment to the field. Such experiences also provide early training, and assist with creating a more competent and diverse pool of trainees and applicants to the field.

OBJECTIVES

1) To inform youth/TAY, including those not in school, of opportunities to engage in exploring a career in mental health, by:

- promoting BHRS activities, including workforce development activities on social networking and popular blog sites
- providing information and shadowing to high school students regarding careers in mental health
- delivering BHRS presentations in schools, promoting BHRS's campus tours, providing fliers promoting careers in mental health
- developing informational materials that reflect youth informed language and learning styles
- establishing mental health job fairs for middle and high school youth
- connecting with high school community service programs to provide BHRS site opportunities that meet the community service requirements
- providing opportunities for youth to be trained by and work with seasoned professionals
- broadening outreach to community colleges outside San Mateo County e.g. Foothill, San Francisco City College

2) To create exposure to BHRS programs and provide work experience opportunities for youth/TAY by:

- developing mental health training academies in high schools to include psychology, health and/or rehab/social work course work, and internship placements
- implementing a mentoring/summer internship program similar to local summer jobs programs already established in the community
- working with High School Career Centers on pipeline strategies
- providing management and leadership skills development opportunities
- building on existing peer education programs in High Schools
- connecting with School counselors
- attending schools' career and job fairs to do outreach
- sponsoring summer internships
- developing a list of internships/volunteer experiences
- developing a paraprofessional training program for youth (e.g., conflict resolution for youth)

Action #10 – Title: Promote interest among and provide opportunities for youth/Transition Age Youth (TAY) in pursuing careers in mental health

BUDGET JUSTIFICATION

1) a, $3,750 for youth workers (staff/contracted) to provide a total of 150 hours of time at $25 per hour to coordinate and oversee youth internet networking, presentations on mental health to youth groups, and assist in creating outreach materials for youth; b, $7,000 for annual job fairs at both high schools and middle schools (two local fairs annually with budget of $3,500 for space, speakers, materials and publicity); c. $10,000 for publication and promotion of BHRS marketing materials (PSAs, print media); d. $15,000 to support web-based architecture for social networking and blog sites for youth interested in mental health careers.

   Budget Breakdown:

   a. Staff/contracted youth to oversee internet networking: 1 youth x 150 yearly hours x $25 = $3,750
   b. 2 annual fairs x $3,500 (individual cost) = $7,000
      a. Facilities Rentals: Large Event Space at $1500 per event→2 events in three years→$3,000
      b. Publicity to outreach to institutions and students: Print ads in local papers, strategic web advertisements, program brochures → $750 each event – Two events in three years → $1,500
      c. Administrative time: Registration, promotion, copies - $500 for each event – two events in three years → $1,000
      d. Food/refreshments: $750 per event – two events in three years → $1500
   c. Outreach materials for ongoing promotion of employment in the mental health field– Print advertisements, local television and radio advertisements, posters, and handbook on mental health careers to distribute at schools and events → $10,000
   d. Platform for web-base communication (including "blog spot" for students to discuss and explore mental health careers) and investment in Health System web-development site (including services for web design, focus group research, technical consultation and support, purchase of domain names -including domain names in Spanish, research for content, staff and youth staff training for how to use the site) → $15,000

2) $50,000 to establish at least one high school mental health career academy; $25,000 to fund summer interns (7 at $2,500 each - $17,500), and $5,250 to set aside to provide supervision and oversight of students ($75 per hour for 70 hours of supervision).

   Budget Breakdown:

   - .5 FTE faculty staff at $40,000 to develop and oversee on-campus academy program + $10,000 to support curriculum development and materials production = $50,000
   - 7 summer interns at $2,500 each to be used to defray educational costs = $17,500
   - 70 hours of supervision x $75 per hour = $5,250

Total requested for Action #10 for FY 09/10 = $116,000

BUDGETED AMOUNT	FY 2006/07: $0	FY 2007/08: $0	FY 2008/09: $0
	Per DMH Information Notice 08/28, budgeted amount for FY 2009/10 is attached as Exhibit E2, before APPENDIX A.		

Action #11 – Title: Engage adult workers into the mental health workforce

DESCRIPTION

Many adult workers consider career change after developing a long work history, and accumulating excellent work and life experience. Giving the current economic downturn, many experienced adult workers are changing careers or returning to the workforce, and healthcare is an attractive option. Mental healthcare can best benefit from the experience of these workers by providing them with opportunities to engage in mental healthcare occupational experiences.

OBJECTIVES

To engage "unretiring" and/or displaced working adults and older adults and/or those considering a career change and/or those returning to the workforce (including but not limited to individuals leaving the business world, returning veterans, retired law enforcement, individuals involved in the faith community) to consider a career in mental health, by:

- developing an outreach effort that informs and encourages retired or displaced adults about potential careers in mental health
- establishing partnerships with relevant community organizations such as Peninsula Works and Job Train to develop pipeline strategies
- offering pre-employment job readiness workshops
- developing outreach and a curriculum specific to career retraining (e.g. NAMI Provider Training), in collaboration with community colleges, adult schools, vocational training and ESL programs,
- creating internships for adult individuals not enrolled in mental health practicums

BUDGET JUSTIFICATION

Budget Breakdown:

- 15 scholarships for a total of up to $50,000 for adults. Scholarship amounts will vary based on need and financial situation of the individual. It is expected that a minimum scholarship amount will be $500, with a maximum no to exceed $5,000. Offering scholarships will provide incentives to prospective candidates to consider a career in mental health. For those individuals accepting scholarships a commitment of working in the mental health field post graduation will be required. Scholarships are to be used to defray the costs of education, and will be used to pay/reimburse tuition, books and school supplies.
- Building on successful experiences in retraining and placing displaced workers from large employers in aerospace and technology, our partner vocational training agencies will develop specific outreach strategies including organizing information meetings with employees soon to be displaced, development of career development training and experiential opportunities, and provide job coaching for placed workers. $30,000 will provide for a .4FTE (Full time salary of $120,000 x .4 = $30,000) for staff/contract staff to develop such programming for displaced workers who are seeking employment in mental health field.

Total requested for Action #11 for FY 09/10 = $80,000

BUDGETED AMOUNT	FY 2006/07: $0	FY 2007/08: $0	FY 2008/09: $0
	Per DMH Information Notice 08/28, budgeted amount for FY 2009/10 is attached as Exhibit E2, before APPENDIX A.		

Action #12 – Title: Increase diversity of staff to better reflect diversity of client population

DESCRIPTION

A concentrated effort needs to be made to create a workforce that is more reflective of the communities served, and that has the skills and knowledge needed to best provide services to these individuals. Traditional efforts to attract diverse workers into mental health jobs have had limited success, and it has become clear by discussions with relevant stakeholder groups, that strategies can be employed to increase interest in these positions.

OBJECTIVES

To recruit diverse populations (targeting language skills in addition to specific minority groups), by:

- utilizing existing cultural initiatives and outreach collaboratives to deliver information regarding potential career opportunities
- developing appropriate recruiting materials relevant to specific populations
- utilizing media outlets that target specific populations
- creating structures/processes to oversee implementation of recruiting efforts
- contacting and engaging with culture-specific organizations such as the Historically Black Organizations or HBOs regarding career opportunities
- outreaching to college fraternities and sororities with diverse memberships
- targeting schools that have a high concentration of students of color for outreach and recruitment
- ensuring diverse hiring and promotion panels (for both recruitment and retention)
- participating in community events, i.e. health fairs, county fairs, ethnic events, to promote BHRS career opportunities

BUDGET JUSTIFICATION

$15,000 for promotional materials in multiple languages (pamphlets, web ads, print and broadcast media); $15,600 to fund 4 hours of staff/contractor time at $75 per week to organize and oversee outreach efforts with collaboratives, various cultural groups, and Human Resources, as well as organize and oversee media outreach.

Budget Breakdown:

- Pamphlets to promote mental health jobs in Spanish, Tagalog, Tongan and Chinese - $3,000 per language pamphlet (includes design and production) ($12,000) + print and radio/television adds in targeted communities ($3,000) → $15,000
- Staff/contractor time to oversee collaborative outreach efforts: 4 hours per week x $75 hourly rate = 300 hours x 52 weeks = $15,600

Total requested for Action #12 for FY 09/10 = $30,600

BUDGETED AMOUNT	FY 2006/07: $0	FY 2007/08: $0	FY 2008/09: $0
	Per DMH Information Notice 08/28, budgeted amount for FY 2009/10 is attached as Exhibit E2, before APPENDIX A.		

Action #13 – Title: Retain diverse staff

DESCRIPTION

Current input from existing diverse staff, as well as from the participants in the workforce development group, indicate that diverse staff want to promote in mental health care, but are not always sure how, or if they have the skills necessary to move up in the organizations. The following interventions are designed to address the issue of ongoing skills development as well as staff understanding of the systems and opportunities to participate in these systems.

OBJECTIVES

To achieve diverse staff retention by:

- creating exposure and interest across job classes, including administrative/clerical staff, via mentoring
- promoting cross-training and temporary job changes
- providing exposure to management and executive level staff
- developing a leadership academy for supervisors
- offering "promotion readiness" workshops for current staff
- re-examining workload distribution and bilingual pay differential of staff receiving such differential

BUDGET JUSTIFICATION

$23,400 for six hours per week for staff/contract provider to design and implement training for supervisors, develop promotion readiness workshops for staff, create a leadership academy, and identify and organize opportunities for staff to participate in cross training and outside workshops which build leadership and promotion skills.

Budget breakdown:

- 6 hours per week x $75 hourly rate = $450 x 52 weeks = $23,400

Total requested for Action #13 for FY 09/10 = $23,400

BUDGETED AMOUNT	FY 2006/07: $0	FY 2007/08: $0	FY 2008/09: $0
	Per DMH Information Notice 08/28, budgeted amount for FY 2009/10 is attached as Exhibit E2, before APPENDIX A.		

Action #14 – Title: Expand existing effort and create new career pathways for consumers and family members in the workforce to allow for advancement within BHRS and in other parts of the County system

DESCRIPTION

San Mateo County BHRS and contracted agencies have been successful in hiring, promoting and fully utilizing dozens of community workers and family partners into their respective systems of care. In addition to providing essential practical support, guidance and training, recruitment and hiring teams have also worked hard to battle stigma, and to create a safe working culture for these essential new employees. That said, much more work remains to be done in relation to the issue of stigma and how it impacts the recruitment and retention of consumers and family members. As consumers and family members become more fully integrated into the system, it is imperative that these valuable workers be retained, and that their skills and leadership needs be brought to all levels of their respective organizations.

OBJECTIVES

To enhance current and create new professional development opportunities for consumers and family members –from entry level to top leadership positions, by

- considering consumer and family member role in developing career paths (e.g. personal experience)
- using youth/young adults as peer partners in order to help with engagement, support, and peer education
- providing financial support for consumers and family members pursuing education, in order to assist with expenses not covered by other sources
- creating a mentorship program especially developed for consumers and family members, with participation from supervisors and management
- broadening employment opportunities
- offering and supporting consumer and family volunteer opportunities
- providing technical assistance to BHRS contractors not currently employing consumer/family members
- building upon/expanding existing collaborations (i.e., College of San Mateo), and creating new ones, to support consumers and family members in their pursuit of certifications and advanced degrees.
- offering paid or unpaid internships for consumers/family members
- creating a Family Partner Certification Program
- empowering current and former mental health consumers to seek employment opportunities in the BHRS system
- expanding support of consumers and family members during the application process in order to guide them through it by providing assistance on how to understand the HR lingo, and/or by conducting "mock interviews" to assist in the development of interviewing skills

Action #14 – Title: Expand existing effort and create new career pathways for consumers and family members in the workforce to allow for advancement within BHRS and in other parts of the County system

BUDGET JUSTIFICATION

- A total of $60,000 for scholarships for a minimum of 12 or a maximum of 120 consumers and/or family members (minimum amount $500, maximum $5,000) who are pursuing higher education (community college or above) and who demonstrate financial need. Scholarships are to defray cost of tuition and supplies. Expand upon existing work to recruit and train consumers and family members to create and oversee consumer mentorship program, provide technical assistance to programs not currently employing consumers and family members; investigate and establish new internships for consumers and family members; work with existing community college structures and relationships to build a Family Partners Certificate program.
  Budget Breakdown:
  $500 scholarships for 120 consumers or family members, or $5,000 for 12 consumer or family members, or some combination thereof
  Total: $60,000

- A total of $40,000 for consumer recruitment and training.
  Budget Breakdown:
  a. Staff time/contract staff time to work with community partners in vocational training, college and high school settings to provide education, outreach and program development (technical assistance) aimed to create programming for consumer workers; outreach to academic institutions: an average of 7 weekly hours x 52 weeks/year = 364 hours x $75 hourly rate → $27,300
  b. Publications for promoting mental health careers in community college and vocational development centers: Pamphlets → $2,500; catalogue of mental health careers → $10,200 for development and publication

  Total: $40,000

Total requested for Action #14 for FY 09/10 = $100,000

BUDGETED AMOUNT	FY 2006/07: $0	FY 2007/08: $0	FY 2008/09: $0
	Per DMH Information Notice 08/28, budgeted amount for FY 2009/10 is attached as Exhibit E2, before APPENDIX A.		

Action #15 – Title: Ongoing engagement and development of client and family workers

DESCRIPTION

Consumer and family member employees are a precious resource within the behavioral health system of care. They are not only essential in providing sensitive, appropriate services to highly diverse populations, but they are also inherently transforming the systems of care by their presence in the workforce. Their empathy, experience and advocacy skills are creating the shift toward total health and wellness which reinforces every aspect of the San Mateo County mission to provide high quality, community based health care.

OBJECTIVES

To increase retention rates for consumer and family partner employees, by

- building upon/expanding WRAP and similar current initiatives to support physical and emotional health of consumers and family members
- building upon/expanding BHRS's efforts to successfully integrate consumer and family members in the workforce as essential to providing meaningful services and supports
- utilizing the BHRS Stigma Initiative as a vehicle to address workplace issues
- supporting flexible work schedule

BUDGET JUSTIFICATION

- $2,500 to supplement the work of the Anti-Stigma Coordinator to address family and consumer stigma in the work environment. Additional anti-stigma programming, specifically to address the needs of consumers and family members.
  Budget breakdown: 50 hours for additional hours x $50 hourly rate for stigma coordinator - Total: $2,500
- Wellness and Recovery Action Plan (WRAP) groups for consumers and family members, so these employees can stay well, manage stress and remain employed in the public mental health system (up to $20,000 for this purpose) – Total: $20,000
  Budget Breakdown:
  a. $100 WRAP group per hour x 2 WRAP facilitators x 200 WRAP groups → $2,000
  b. Taining for additional facilitators to run the above groups:
     a. Trainers fees: $ 12,000 for five day training (package training cost) → $12,000
  c. Facility rental: $500 per day for five days → $2,500
  d. Travel fees: $500 maximum reimbursement for travel/lodging → $1,000
  e. Admin fees for publicity, registration, copies →$500
  f. Manuals for training → $50 per manual for 40 manuals→ $2,000

Total requested for Action #15 for FY 09/10 = $22,500

BUDGETED AMOUNT	FY 2006/07: $0	FY 2007/08: $0	FY 2008/09: $0
	Per DMH Information Notice 08/28, budgeted amount for FY 2009/10 is attached as Exhibit E2, before APPENDIX A.		

EXHIBIT 4: WORK DETAIL

D. RESIDENCY, INTERNSHIP PROGRAMS

Action #16 – Title: Child Psychiatry Fellowship

DESCRIPTION OF TRAINING EXPERIENCE(S)

The Child Psychiatry Fellowship was initiated in 2007-08 and 08-09 utilizing WET dollars advanced to San Mateo County, and early implementer of the MSHA. It is our hope to sustain the fellowship in future years. The Child Psychiatry Fellowship responds to a critical, historically hard to fill position within the San Mateo County BHRS system. The Fellowship is a partnership of San Mateo County BHRS and Stanford University designed to serve high-risk youth in inpatient, outpatient, and community settings. It is also designed to provide education to a new generation of psychiatrists about recovery-based, strength-based service delivery.

OBJECTIVES

- Increase the availability of psychiatric services to youth consumers of BHRS.
- Increase the knowledge and understanding of psychiatric fellows of the values and commitments of recovery-based, strength-based services offered in BHRS.

BUDGET JUSTIFICATION

The budgeted amount corresponds to the actual cost of the activity as currently funded (salary for a child psychiatrist for FY 09/10 per the San Mateo County job classification table). Total requested for Action #16 for FY 09/10 = $187,104

BUDGETED AMOUNT	FY 2006/07: $0	FY 2007/08: $119,835 (Advanced WET dollars.)	FY 2008/09: $0 (Advanced WET dollars.)
	Per DMH Information Notice 08/28, budgeted amount for FY 2009/10 is attached as Exhibit E2, before APPENDIX A.		

EXHIBIT 4: WORK DETAIL

E. FINANCIAL INCENTIVE PROGRAMS

Action #17 – Title: Stipended Internships to Create a More Culturally Competent System

DESCRIPTION OF TRAINING EXPERIENCE(S)

This action provides stipends to 10 trainees from local universities who contribute to expand the diversity as well as the linguistic and cultural competence of our workforce. Our stipend program for interns offers a fixed amount to students in our system to assist in covering their expenses in hopes they will pursue careers in public mental health. The Workforce Development Director conducts the outreach to graduate schools to identify a diverse pool of trainees, and works with mental health programs to develop placements and provide ongoing training.

OBJECTIVES

- Increase the availability of culturally and linguistically competent services to all consumers and family members of BHRS.
- Increase the knowledge and understanding of trainees of the values and commitments of recovery-based, strength-based services offered in BHRS.

BUDGET JUSTIFICATION

Stipends are paid directly to trainees who are selected at the beginning of the year for their bicultural/bilingual capabilities consistent to the cultural and linguistic makeup of the traditionally un-served and underserved groups that BHRS has identified based on data and stakeholder input. Stipends amounts average $5,000 per participant for a total of ten participants to defray educational expenses. Total requested for Action #16 for FY 09/10 = $50,000.

BUDGETED AMOUNT	FY 2006/07: $0	FY 2007/08: $0	FY 2008/09: $0
	Per DMH Information Notice 08/28, budgeted amount for FY 2009/10 is attached as Exhibit E2, before APPENDIX A.		

EXHIBIT 5: ACTION MATRIX

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

Actions (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)
Action #1: Workforce Education and Training Plan Coordination & Implementation	X	X	X	X	X	X	X	X	X	X	X	X	X
Action #2: Targeted Trainings For and By Consumers and Family Members	X	X	X	X	X		X	X		X		X	
Action #3: Trainings to Support Wellness and Recovery	X	X	X	X	X		X						X
Action #4: Cultural Competence Training	X	X	X	X	X								X
Action #5: Evidence-Based Practices Training for System Transformation	X	X	X	X	X								X
Action #6: Expanded Site-Based Clinical Consultation	X	X	X	X	X								X
Action #7: Attract prospective candidates to hard to fill positions via addressing barriers in the application process	X	X	X	X	X		X		X			X	
Action #8: Attract prospective candidates to positions through incentives	X	X	X	X	X		X		X			X	

Actions (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)
Action #9: Promote mental health field in academic institutions where potential employees are training in order to attract individuals to the public mental health system in general, and to hard to fill positions in particular	X	X	X	X	X		X	X		X		X	X
Action #10: Promote interest among and provide opportunities for youth/TAY in pursuing careers in mental health	X	X	X	X	X			X		X		X	X
Action #11: Engage adult workers into the mental health workforce	X	X	X	X	X		X		X	X		X	
Action #12: Increase diversity of staff to better reflect diversity of client population	X	X	X	X	X		X		X	X		X	X
Action #13: Retain diverse staff	X	X	X	X	X		X		X	X		X	X
Action #14: Expand existing effort and create new career pathways for consumers and family members in the workforce to allow for advancement within BHRS and in other parts of the County system	X	X	X	X	X				X			X	X
Action #15: Ongoing engagement and development of client and family workers	X	X	X	X	X				X			X	X
Action #16: Child Psychiatry Fellowship	X	X	X	X	X	X	X						
Action #17: Stipended Internships to Create More Culturally Competent System	X	X	X	X	X	X			X				

EXHIBIT 6: BUDGET SUMMARY

Fiscal Year: 2006-07			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:	$0	$0	$0
B. Training and Technical Assistance	$0	$0	$0
C. Mental Health Career Pathway Programs	$0	$0	$0
D. Residency, Internship Programs	$0	$0	$0
E. Financial Incentive Programs	$0	$0	$0
		GRAND TOTAL FUNDS REQUESTED for FY 2006-07	Not Applicable

Fiscal Year: 2007-08			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:	$133,065	$0	$133,065
B. Training and Technical Assistance	$0	$0	$0
C. Mental Health Career Pathway Programs	$0	$0	$0
D. Residency, Internship Programs	$119,835	$0	$119,835
E. Financial Incentive Programs	0	$0	0
		GRAND TOTAL FUNDS REQUESTED for FY 2007-08	$252,900

Fiscal Year: 2008-09			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:	$0	$0	$0
B. Training and Technical Assistance	$0	$0	$0
C. Mental Health Career Pathway Programs	$0	$0	$0
D. Residency, Internship Programs	$0	$0	$0
E. Financial Incentive Programs	$0	$0	$0
		GRAND TOTAL FUNDS REQUESTED for FY 2008-09	0

DMH Information Notice 08/28 – EXHIBIT E2

FY 2009/10 Mental Health Services Act
Workforce Education and Training Funding Request

County: San Mateo Date: 11/21/2009

	Workforce Training and Education Work Plans			FY 09/10 Required MHSA Funding	Estimated Funds Requested by Funding Category				
	No.	Name	New (N)/ Approved Existing (E)		Workforce Staffing Support	Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive
1.	**1**	Worforce education and training plan coordination and implementation	N/E	$192,160	$192,160				
2.	**2**	Targeted training for and by Consumers and Family Members	N	$98,000		$98,000			
3.	**3**	Trainings to support wellness and recovery	N	$50,000		$50,000			
4.	**4**	Cultural competence training	N	$50,000		$50,000			
5.	**5**	Evidence-based practices training for System Transformation	N	$123,000		$123,000			
6.	**6**	Expanded site-based clinical consultation	N	$25,000		$25,000			
7.	**7**	Attract prospective candidates to hard-to-fill positions via addressing barriers in the application process	N	$15,600			$15,600		
8.	**8**	Attract prospective candidates to positions through incentives	N	$157,800			$157,800		
9.	**9**	Promote mental health field in academic institutions where potential employees are training in order to attract individuals to the public mental health system in general, and to hard-to-fill positions in particular.	N	$12,800			$12,800		
10.	**10**	Promote interest among and provide opportunities for youth/TAY in pursuing careers in mental health	N	$116,000			$116,000		
11.	**11**	Engage adult workers in the mental health workforce	N	$80,000			$80,000		
12.	**12**	Increase diversity of staff to better reflect diversity of client population	N	$30,600			$30,600		
13.	**13**	Retain diverse staff	N	$23,400			$23,400		
14.	**14**	Expand existing effort and create neww career pathways for consumers and family members in the workforce to allow for advancemente within BHRS and in other parts of the County system	N	$100,000			$100,000		
15.	**15**	Ongoing engagement and development of client and family workers	N	$22,500			$22,500		
16.	**16**	Child psychiatry fellowship	E	$187,104				$187,104	
17.	**17**	Stipended internships to create a more culturally competent system	E	$50,000					$50,000
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									
26.	Subtotal: Work Plans			$1,333,964	$192,160	$346,000	$558,700	$187,104	$50,000
27.	Plus County Administration			$0					
28.	Plus Optional 10% Operating Reserve			$133,396					
29.	Total MHSA Funds Required for Workforce Education and Training			$1,467,360					

COMMENTS: Action #1 - '"N" refers to the addition of a .5FTE Community Program Specialist position; "E" refers to the already approved Workforce Development Director position. Actions #16 and 17 - Both Actions correspond to already approved items.

APPENDIX A
Mental Health Services Act Steering Committee

Maya Altman Executive Director Health Plan of San Mateo	Beverly Beasley Johnson Director, Human Services Agency County of San Mateo	Dan Becker Hospital Council Representative Mills Peninsula Hospitals	Kathleen Bernard Member Mental Health Board	Clarise Blanchard , Director Substance Abuse and Co-occurring Disorders Youth & Family Enrichment Services
Debby Armstrong Executive Director First 5 San Mateo County	Stuart Forrester Chief Probation Officer County of San Mateo	Linda Carlson Executive Director Women's Recovery Association	Katherine Kerns Member Mental Health Board	Rodina Catalano Deputy Court Executive Officer of Operation County of San Mateo
David Boesch County Manager County of San Mateo	Audrey Inglis Member, Mental Health Board (Youth Commissioner)	Josephine Thompson Member Mental Health Board	Susan Ehrlich, MD CEO San Mateo Medical Center	Richard Gordon, Co-Chair Board of Supervisors County of San Mateo
John Herbert UAPD Representative South County Mental Health	Greg Wild Consumer, Executive Director Heart & Soul	Richard Holober President, San Mateo County Community College District	Stephen Kaplan Director of Alcohol and Other Drug, BHRS	Judith Schutzman, Co-Chair Member and Chair of the Mental Health Board
Eunice Kushman Family Member	Patricia Way NAMI County of San Mateo	Carmen Lee, Director, Stamp Out Stigma, Consumer Driven Advocacy and Educational Outreach Program	David Levin Representative for AFSCME	Deborah Torres, Director of Prevention and Early Intervention Services Human Services Agency, County of San Mateo
Amy Mah Member Mental Health Board	Richard Napier Executive Director City/County Association of Government of SMC	Carol Marble, Consumer, Associate Director of Heart & Soul Consumer run self-help Center	Don Mattei, Police Chief and Sheriff's Office Association, Belmont PD	Sharon McAleavey Representative AFSCME
Mary McMillan Deputy County Manager County of San Mateo	Fely Rodriguez Member Mental Health Board	Raja Mitry Member, Mental Health Board County of San Mateo	Scott Morrow Health Officer County of San Mateo	
John Courtney Sheriff's Patrol Bureau County's Sheriff's Office	Karen Philip Deputy Superintendent of Schools County Office of Education	Melissa Platte Executive Director Mental Health Association	Steve Robison NAMI County of San Mateo	
Louise Rogers Director BHRS	Peg Morris Executive Director Caminar	Sharon Roth Member Mental Health Board	Mark Sabin, Executive Director – Project 90 AOD Tx Provider Coalition	
Patrisha Scott Member Mental Health Board	Jean S. Fraser Health System Chief County of San Mateo	Janeen Smith Executive Director Pyramid Alternatives, Inc.	Greg Love, Member Mental Health Board (Sheriff's Office Representative)	

NOTE: All members of the Mental Health Board are members of the MHSA Steering Committee.