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**T IV: REQUIRED EXHIBITS**

**EXHIBIT 1: WORKFORCE FACE SHEET**

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

County: **Trinity County Behavioral Health**

Date: **April 30, 2008**

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

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

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

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

**County Mental Health Director**

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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.

### **Workforce Investment Focus Group**

On March 24, 2008 @ 4:00 PM a focus group met in Weaverville. The next day, on Tuesday March 25<sup>th</sup> @ 10:00 AM, there was a meeting in Hayfork. Informal conversations had been happening over the past 45 days in preparation for these focus groups. Two of the locations where these conversations took place are the Trinity County Behavioral Health (TCBH) All Staff Meeting held on Tuesday February 26 @ 1:00 PM and with the same group on March 25<sup>th</sup> and by the Trinity County Management Team on February 12, 2008. All Trinity County Behavioral Health Staff had been asked to consider different options and talk with consumers of the Agency about some proposed ideas. Although both focus groups were small, there were interested and vocal persons who were mainly white adults, although there was a Hispanic consumer client in the first group. 37% of all participants were persons who identified themselves as either consumer or family members of behavioral health services. The following actions represent a plan the County presented to the community for their input and feedback. The plan is based upon the needs assessment done for the Community Supports and Services Plan. The plan was also based on the acute need to have someone within the county system who could become an expert on all things related to MHSA.

### **Workforce Investment Public Hearing**

The plan was posted at the Trinity County Courthouse, at the Behavioral Health Clinics, and on the Agency Website. There was also an article published in the local newspaper. The plan went to the April 23, 2008 meeting of the Mental Health Advisory Board for a public hearing. There was extensive discussion of the plan at the hearing, and suggestions were made. There were written comments submitted by Joyce Ott, and many of these recommendations were folded into the plan. The primary thrusts of the comments were to include more language relating to consumers and family members, and to add ideas that would assist the agency to leverage the WET dollars to other available dollars so there could be more financial advantage available to the persons awarded the scholarships. It was recognized by the group that the scope of our project needs to be narrow and focused considering the total financial resource that is available. It was agreed that the revised document would be electronically sent to all Board Members. It was also agreed, that in principle, the projects indicated in the plan were acceptable efforts in which to invest our time and resources, and the minutes of the meeting reflect that the document was approved.

## Action #1 – Title: Staff Support for Infrastructure Workforce Education and Training Development

\$81,200 of MHSA funds will be used to hire a Staff Analyst I in order to assist the Mental Health Director in coordinating not only Workforce Education and Training Activities, but also to assist in other MHSA related activities. Other than the MH Director, the Agency has no dedicated staff for MHSA. As MHSA Activities grow, it is essential that the infrastructure to support MHSA Programs is available. This staff person will accomplish the following duties:

- Manage and interface with the e-Learning module of Trilogy so that all TCBH staff, family members and consumers can participate in trainings and take advantage of the CEU Element of the project offered thru the Network of Care Site. This will be done by training and supporting interested staff in the use of the e-Learning with Trilogy. The Coordinator will assist the Management Team by producing available reports outlining which staff has taken advantage of available and mandated training.
- Keep the TCBH Internet Website current, especially the MHSA and MH Board topic areas. Have a specific link to all WET Websites.
- Attend State and Regional Trainings on MHSA specific to Workforce Investment, ensuring that Trinity County receives all benefits of the statewide efforts that are available. Attend quarterly MHSA Coordinator Meetings.
- Assist with the analysis for the Public Mental Health System Workforce and participate in the application process to the State for the MHSA Workforce and Education Funds and all annual updates.
- Oversee all Workforce Initiatives, particularly Action Item #3 at Milestones, the client run drop in center sponsored by MHSA Resources.
- Assist the Mental Health Director with the MHSA reports and updates to the State Department of Mental Health and the CSS Plan renewal as required by regulation.
- Coordinate Action Item # 2, the Scholarship Support for Bachelor and Master's Degree Career Pathways Scholarship Program.
- Develop a collaborative with Human Service Organizations, including other county offices, secondary schools, as well as the Office of Education, and The State Department of Vocational Rehabilitation, to foster and develop employment opportunities for persons in Trinity County with disabilities in the arena of Behavioral Health.
- Support new Trinity County Behavioral Health Staff to learn about the "Recovery Model" by organizing consumers and family members who are willing to speak with and train new staff in aspects of this model.
- Be able to give community presentations on the topic of "Recovery Model" as used in MHSA to interested persons to promote community involvement in MHSA Activities. Include consumers and family members in these presentations so new employment and training opportunities can be identified in the community.
- Develop ongoing training and support programs for consumer and family consultants/contractors in the areas of Recovery/Wellness, client and family culture, confidentiality and cultural sensitivity.
- Facilitate a weekly "job club" @ Milestones so consumers have an opportunity to meet with peers and learn and discuss skills that may assist the consumer toward future employment.
- The coordinator will orient future consumer contractors on the computer internet so consumers and family members can do occupational research and Trilogy Training on an agency computer @ Milestones.

Action #2 – Title: Scholarship Support for Bachelor and Master’s Degree Career Pathways

\$10,000 of MHSA funds will be dedicated to two \$5,000 scholarships for persons holding either an AA or BA degree who intend to study counseling, social work or psychology at the next level of learning to obtain a degree. The scholarship could be renewed until graduation with the approval of the committee. The agreement is that upon completion of the degree, the student will commit to seeking work with the Trinity County Behavioral Health Agency for a period of at least two years, if employment opportunities are available at the time of fulfilling the commitment. It is desired that any internships for the degree will be accomplished @ Trinity County Behavioral Health. The role of the WET Coordinator includes mentorship and other supports to the scholarship awardees. A committee will be formed where priority populations for membership shall include the Native American, Latino, and other cultures as well individuals from TCBH, the MH Advisory Board, and a consumer or family member of TCBH Services. The function and goal of this committee shall be to oversee the scholarship process and award the funds. The MHSA WET Coordinator will organize this activity. The purpose in this action plan is to promote and support new professional members of the Behavioral Health Agency that are culturally competent and familiar with family member and consumer Recovery Model Strategies.

Action # 3 – Consumer Employment Training Program

\$10,000. Of Workforce Education and Training (WET) Dollars will be used to support a work training program anchored @ the Milestone Consumer Drop in Center which is a MHSA funded resource. The WET Coordinator, as noted above in action item #1, will provide support and training to agency contractors who may be current or past consumers or family members who will be paid to provide Recovery Model Peer Support Activities at the Drop in Center during specified hours. The contracts with consumer employees will be small enough to not directly impact SSI entitlements, yet demonstrate a financial reward for taking a first step toward employment. Career pathways will be developed across all levels of learning. Consumers will have the opportunity to participate in a Consumer “Job Club”, so that they can prepare for future employment opportunities. The Job club will be an opportunity for sharing success stories, learning new strategies to approach employment, gaining in confidence and researching career and employment options. The ideal facilitators for the job club will be consumers or family members who have successfully gained employment. This activity will coordinate with any other community groups, like SMART, that are doing similar efforts.

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 1

Major Group and Positions	Estimated # FTE authorized	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/ Caucasian	Hispanic/Latino	African-American/Black	Asian/Pacific Islander	Native American	Multi Race or Other	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<b>A. Unlicensed Mental Health Direct Service Staff:</b>										
<b>County (employees, independent contractors, volunteers):</b>										
Mental Health Rehabilitation Specialist	4	1	2							
Case Manager/Service Coordinator .....	5	1	2							
Employment Services Staff .....	0	0	0							
Housing Services Staff .....	0	0	0							
Consumer Support Staff .....	3	1	3.75							
Family Member Support Staff .....	2	1	2							
Benefits/Eligibility Specialist .....	0	0	0							
Other <i>Unlicensed</i> MH Direct Service Staff .....	2.5	0	.5							
<i>Sub-total, A (County)</i>	<b>16.5</b>	<b>4</b>	<b>10.25</b>	<b>12.25</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>15.25</b>
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>										
Mental Health Rehabilitation Specialist	0	0	0							
Case Manager/Service Coordinator .....	0	0	0							
Employment Services Staff .....	0	0	0							
Housing Services Staff .....	0	0	0							
Consumer Support Staff .....	0	0	0							
Family Member Support Staff .....	0	0	0							
Benefits/Eligibility Specialist .....	0	0	0							
Other <i>Unlicensed</i> MH Direct Service Staff .....	0	0	0							
<i>Sub-total, A (All Other)</i>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total, A (County &amp; All Other):</b>	<b>16.5</b>	<b>4</b>	<b>10.25</b>	<b>12.25</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>15.25</b>

(Unlicensed Mental Health Direct Service Staff; Sub-Totals Only)



(Unlicensed Mental Health Direct Service Staff; Sub-Totals and Total Only)



**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 2

Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/ Cau- casian (5)	His- panic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	
<b>B. Licensed Mental Health Staff (direct service):</b>				(Licensed Mental Health Direct Service Staff; Sub-Totals Only) ↓						
<b>County (employees, independent contractors, volunteers):</b>										
Psychiatrist, general .....	0	1	1							
Psychiatrist, child/adolescent .....	0	1	1							
Psychiatrist, geriatric.....	0	1	0							
Psychiatric or Family Nurse Practitioner.....	0	1	.5							
Clinical Nurse Specialist .....	1	1	0							
Licensed Psychiatric Technician .....	1	1	1							
Licensed Clinical Psychologist .....	0	1	1							
Psychologist, registered intern (or waived) .....	0	0	0							
Licensed Clinical Social Worker (LCSW) .....	1	1	1							
MSW, registered intern (or waived).....	0	1	1							
Marriage and Family Therapist (MFT) .....	1	1	1							
MFT registered intern (or waived) .....	4	1	1							
Other <i>Licensed MH Staff</i> (direct service).....	0	0	0							
<i>Sub-total, B (County)</i>	8	11	8.5	8	0	0	0	0	0	8
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>				(Licensed Mental Health Direct Service Staff; Sub-Totals and Total Only) ↓						
Psychiatrist, general .....	0	0	0							
Psychiatrist, child/adolescent .....	0	0	0							
Psychiatrist, geriatric.....	0	0	0							
Psychiatric or Family Nurse Practitioner.....	0	0	0							
Clinical Nurse Specialist .....	0	0	0							
Licensed Psychiatric Technician .....	0	0	0							
Licensed Clinical Psychologist .....	0	0	0							
Psychologist, registered intern (or waived) .....	0	0	0							
Licensed Clinical Social Worker (LCSW) .....	0	0	0							
MSW, registered intern (or waived).....	0	0	0							
Marriage and Family Therapist (MFT) .....	0	0	0							
MFT registered intern (or waived) .....	0	0	0							
Other <i>Licensed MH Staff</i> (direct service).....	0	0	0							
<i>Sub-total, B (All Other)</i>	0	0	0	0	0	0	0	0	0	0
<b>Total, B (County &amp; All Other):</b>	8	11	8.5	8	0	0	0	0	0	8

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 3

Major Group and Positions  (1)	Estimated # FTE authorized  (2)	Position hard to fill? 1=Yes' 0=No  (3)	# FTE estimated to meet need in addition to # FTE authorized  (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)							# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)  (11)
				White/Caucasian  (5)	Hispanic/Latino  (6)	African-American/Black  (7)	Asian/Pacific Islander  (8)	Native American  (9)	Multi Race or Other  (10)		
<b>C. Other Health Care Staff (direct service):</b>				(Other Health Care Staff, Direct Service; Sub-Totals Only) ↓							
<b>County (employees, independent contractors, volunteers):</b>											
Physician.....	0	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) .....	0	0	0								
Other Health Care Staff (direct service, to include traditional cultural healers) .....	0	0	0								
<i>Sub-total, C (County)</i>	0	0	0								0
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>				(Other Health Care Staff, Direct Service; Sub-Totals and Total Only) ↓							
Physician.....	0	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) .....	0	0	0								
Other Health Care Staff (direct service, to include traditional cultural healers) .....	0	0	0								
<i>Sub-total, C (All Other)</i>	0	0	0	0	0	0	0	0	0		
<b>Total, C (County &amp; All Other):</b>	0	0	0	0	0	0	0	0	0		

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 4

Major Group and Positions	Est # FTE authorized	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/Caucasian	Hispanic / Latino	African-American/ Black	Asian/ Pacific Islander	Native American	Multi Race or Other	# FTE filled (5)+(6)+(7)+(8)+(9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<b>D. Managerial and Supervisory:</b>				(Managerial and Supervisory; Sub-Totals Only) ↓						
<b>County (employees, independent contractors, volunteers):</b>										
CEO or manager above direct supervisor .....	1	1	0							
Supervising psychiatrist (or other physician) .....	0	1	0							
Licensed supervising clinician .....	1	1	1							
Other managers and supervisors .....	2	1	1							
<i>Sub-total, D (County)</i>	4	4	2	3	0	0	0	0	0	3
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>				(Managerial and Supervisory; Sub-Totals and Total Only) ↓						
CEO or manager above direct supervisor .....	0	0	0							
Supervising psychiatrist (or other physician) .....	0	0	0							
Licensed supervising clinician .....	0	0	0							
Other managers and supervisors .....	0	0	0							
<i>Sub-total, D (All Other)</i>	0	0	0	0	0	0	0	0	0	0
<b>Total, D (County &amp; All Other):</b>	4	4	2	3	0	0	0	0	0	3
<b>E. Support Staff (non-direct service):</b>				(Support Staff; Sub-Totals Only) ↓						
<b>County (employees, independent contractors, volunteers):</b>										
Analysts, tech support, quality assurance .....	2	1	1							
Education, training, research .....	0	1	1							
Clerical, secretary, administrative assistants.....	5	0	1							
Other support staff (non-direct services) .....	2	0	0							
<i>Sub-total, E (County)</i>	9	2	3	8	0	0	0	1	0	9
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>				(Support Staff; Sub-Totals and Total Only) ↓						
Analysts, tech support, quality assurance .....	0	0	0							
Education, training, research .....	0	0	0							
Clerical, secretary, administrative assistants.....	0	0	0							
Other support staff (non-direct services) .....	0	0	0							
<i>Sub-total, E (All Other)</i>	0	0	0	0	0	0	0	0	0	0
<b>Total, E (County &amp; All Other):</b>	9	2	3	8	0	0	0	1	0	9

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 5

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

Major Group and Positions  (1)	Esti- mated # FTE author- ized  (2)	Position hard to fill? 1=Yes; 0=No  (3)	# FTE estimated to meet need in addition to # FTE authorized  (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/ Cau- casian  (5)	Hispanic/ Latino  (6)	African- Ameri- can/ Black  (7)	Asian/ Pacific Islander  (8)	Native Ameri- can  (9)	Multi Race or Other  (10)	# FTE filled <b>(5)+(6)+ (7)+(8)+ (9)+(10)</b>  (11)
<b>County (employees, independent contractors, volunteers) (A+B+C+D+E) .....</b>	37.25	21	23.75	31.25	1	0	0	3	0	35.25
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E) .....</b>	0	0	0	0	0	0	0	0	0	0
<b>GRAND TOTAL WORKFORCE (County &amp; All Other) (A+B+C+D+E)</b>	37.25	21	23.75	31.25	1	0	0	3	0	35.25

**F. TOTAL PUBLIC MENTAL HEALTH POPULATION**

487  (1)	(2)	(3)	(4)	Race/ethnicity of individuals planned to be served -- Col. (11)						
				White/ Cau- casian  (5)	Hispanic / Latino  (6)	African- Ameri- can/ Black  (7)	Asian/ Pacific Islander  (8)	Native Ameri- can  (9)	Multi Race or Other  (10)	All individuals <b>(5)+(6)+ (7)+(8)+ (9)+(10)</b>  (11)
<b>F. TOTAL PUBLIC MH POPULATION</b>	Leave Col. 2, 3, & 4 blank			437	12	3	1	24	10	487

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

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

Major Group and Positions (1)	Estimated # FTE authorized and to be filled by clients or family members (2)	Position hard to fill with clients or family members? (1=Yes; 0=No) (3)	# additional client or family member FTEs estimated to meet need (4)
<b>A. <i>Unlicensed</i> Mental Health Direct Service Staff:</b>	<b>6</b>	<b>1</b>	<b>2</b>
Consumer Support Staff.....	1.25	0	3.75
Family Member Support Staff .....	0	1	2
Other <i>Unlicensed</i> MH Direct Service Staff .....	0	0	1
<b>Sub-Total, A:</b>	<b>7.25</b>	<b>2</b>	<b>8.75</b>
<b>B. <i>Licensed</i> Mental Health Staff (direct service) .....</b>	<b>2</b>	<b>1</b>	<b>2</b>
<b>C. Other Health Care Staff (direct service) .....</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>D. Managerial and Supervisory .....</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>E. Support Staff (non-direct services).....</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>GRAND TOTAL (A+B+C+D+E)</b>	<b>10.25</b>	<b>4</b>	<b>12.75</b>

**III. LANGUAGE PROFICIENCY**

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

Language, other than English (1)	Number who are proficient (2)	Additional number who need to be proficient (3)	<b>TOTAL (2)+(3) (4)</b>
1. <u>Spanish</u>	Direct Service Staff <u>2</u> Others _____	Direct Service Staff <u>5</u> Others <u>2</u>	Direct Service Staff <u>7</u> Others <u>2</u>
2. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
3. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
4. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
5. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____

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

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:**

We have found in Trinity County that generally the more professional the category, the more difficult the classification is to recruit. There is especially a shortage in the area of licensed medical and licensed behavioral health providers. There is a critical need for licensed social workers and marriage family therapists, especially clinicians interested in supervisory or managerial roles. Additionally, licensed providers who are culturally diverse and who are fluent in Spanish are in exceptional demand. However there is difficulty in the recruitment and hiring of every classification across the board. It is also difficult to find consumer and family members who have training to be ready to enter the public mental health system at all levels of participation.

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

Creating opportunities for new bilingual and bicultural staff is an area where Trinity County needs to make a bigger push to increase the capacity to serve the Latinos and ultimately meet their needs so this population group wants to frequent mental health clinics. However, it must again be noted, hiring professionals of every ethnicity is quite challenging. Approximately 2.5% of the population are Hispanic, and our survey shows that we have three providers who speak and write Spanish and one additional provider who identifies herself as Hispanic. This can be improved upon. For Native Americans, 6% of the general population in Trinity County is Native American, and three staff members identify themselves with this group, so 7% of the public mental health system is Native American.

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

Trinity County is much better in this area than the language and ethnicity area. Trinity has had several consumer staff hired since the MHSA CSS Plan was adopted and Trinity County has found consumer staff persons do make exceptional employees. Trinity County will continue with this effort simply because it is the right thing to do, and it is very effective. The survey suggested that just about 11 staff members or 26% of the current workforce is made up of mental health consumers or immediate family members of current consumers. New efforts to contract with consumers and family members, especially to provide training and support while at the Drop in Center, will bring revitalization and new faces into the public mental health system.

**D. Language proficiency:**

We must increase the ability of behavioral health staff to speak Spanish. Future recruitment efforts should target persons for all classifications who are bilingual and bicultural so that the public mental health system will have persons wanting to take advantage of the career ladders that will be available through the MHSA Work Force Education and Training efforts. As mentioned above, 7% of the public mental health workforce speaks Spanish, while 2.5% of the general population are Hispanic. The second culture that meets a threshold level in Trinity County is the Native American Community. Even though Native Americans do already speak the English Language, we could use more staff on board who have competence in the Native American Culture. As a culture, White/Caucasian people, which make up 90% of all providers in the Trinity County Public Mental Health System, can certainly be supportive and interact with the Native Population, but we must remember that full effectiveness in treatment comes from cultural competence that only the Native Provider can bring to their people. Our survey suggests that out of 41 providers in the public mental health system, we have 3 Native Americans Persons. This represents about 7% of all providers. Trinity County sees the need to hire more bilingual staff so the Hispanic Community can receive the culturally competent interventions they truly deserve.

**E. Other, miscellaneous:**

A brief overview of our methodology will be presented here. For the count on the numbers and types of classifications, Trinity County developed a database of all providers. There were a total of two County Operations, and a couple of individual contractors. There were no organizational providers. The numbers listed in Exhibit 3 are actual positions and not estimates. In order to achieve an accurate reflection of language, race and ethnicity issues, Trinity County developed a Survey Questionnaire that was sent by hard copy to all County and Contract Staff. We had 100% or 41 responders out of a total population of 41 persons. Having such a limited pool of persons working in the Public Mental Health Sector made this analysis quite simple.

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**EXHIBIT 4: WORK DETAIL**

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):

## **A. WORKFORCE STAFFING SUPPORT**

### **Action #1 – Title: Staff Support for Infrastructure Workforce Education and Training Development**

#### **Description:**

Trinity County has a desire to hire an Administrative Assistant to be the point person for all matters related to Workforce Education and Training. This person will report to the Mental Health Director and exclusively work on MHSA related matters. All Regional and State efforts for Workforce will be on the radar of this person. The goal will be to become fully informed about all Regional and State opportunities so that Trinity County can take full advantage of any and all resources. This administrative Assistant will be prepared to meet with local staff, as well as consumers and family members, to advise them about all options for employment or training. This employee will organize all future WET surveys, and any training that will promote the expansion of the public mental health system to include culturally competent professional staff, consumer and family members, and community partners that can be advocates for these interests. This person will manage the Trilogy Web Site and make the CEUs available to all staff, consumers and family members.

\$ 33,800.00 was requested on February 15, 2008 for planning purposes and this money is being spent in 07-08 on administrative staff resources to begin the workforce capacity count necessary for exhibit 3 and to build the survey to obtain the ethnic and language data desired. Regional Trainings were attended to learn the methodology.

#### **Objectives:**

Our primary objective is to be fully informed and involved in all Workforce Education and Training opportunities by having a point person who is empowered to be fully knowledgeable in this area. Our secondary objective is to insure that underserved clients in the community can receive interventions from persons who understand and resonate with the client's perspective, which will be the result of all three action plans being submitted for review.

#### **Budget justification:**

Without MHSA Workforce Education Funds to support this position, the County MH System would have no resource with which to hire an employee who will be able to inform staff and consumers and family members of all options available for their career development. Without the new MHSA WET Resource, there would be no identified person in Trinity County whose dedicated job it is to support and coordinate all MHSA Activities, especially WET concerns.

Fiscal Year: 2007-08 \$25,000. in contracted consultation costs and \$8,800. in administrative overhead costs

Fiscal Year: 2008-09 \$40,023. Salary; \$24,450. Benefits; \$5,200. Retirement; \$11,527. Indirect administrative costs for a total of \$81,200.

<b>Budgeted Amount:</b>	<b>FY 2006-07: <u>\$ 0.00</u></b>	<b>FY 2007-08: <u>\$ 33,800.00</u></b>	<b>FY 2008-09: <u>\$ 81,200.00</u></b>
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**Action #2 – Title: Scholarship Support for Bachelor and Master’s Degree Career Pathways**

**Description:**

In an effort to expand the public mental health system in a manner that supports cultural competency, the involvement of consumers and family members, and promote staff from within the system, a total of two scholarships will to be given annually to a consumer or family member; a Latino or Native American Person; or an Agency Behavioral Health Employee so these students can advance from an AA Degree to a BA Degree or from a BA Degree to an MA Degree in the field of Behavioral Health. Priority will be given to the three groups listed above, although anyone from Trinity County may apply. The school that the successful candidate attends must be accredited for advancement to a license issued by the Board of Behavioral Sciences in the State of California. A Scholarship committee will be organized that will include individuals from TCBH, the MH Advisory Board, a consumer or family member of TCBH Services, and a person of either Native American or Latino Ethnicity. The scholarship committee will provide oversight to the scholarship process. The MHSA WET Coordinator will organize this activity. The WET Coordinator will make every effort to meet with community groups so that the funds from WET are matched by the community. To the degree that Workforce Education and Training Dollars are extended through the generosity of local community organizations, more scholarship help will be available.

**Objectives:** The primary objective of action #2 is to provide opportunities for consumers of mental health services, agency staff and persons with ethnic backgrounds that compliment the local population to become behavioral health employees. The scholarship program will increase the number of culturally competent employees for underserved groups. Since Exhibit 3 demonstrates a true need over the course of the next five years for additional staff to serve in the public mental health system, this scholarship program will provide a mechanism to “grow our own” staff that understand and appreciate this rural community.

**Budget justification:**

The M.H.S.A Workforce Education and Training funds provide incentive to the local community to develop and offer these educational opportunities to create a culturally competent workforce. Because public mental health funding is so tight, the new MHSA WET funding offers an opportunity for consumers and family members to gain entry into the community mental health system.

Fiscal Year: 2007-08 Two \$5,000. scholarships to be awarded by Committee for use in gas, books, hotel costs and tuition as needed

Fiscal Year: 2008-09 Two \$5,000. scholarships to be awarded by Committee for use in gas, books, hotel costs and tuition as needed

<b>Budgeted amount:</b>	<b>FY 2006/2007 \$0.00</b>	<b>FY 2007/2008 \$10,000.00</b>	<b>FY 2008/2009 \$10,000.00</b>
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### **Action #3 – Consumer Employment Training Program**

#### **Description:**

\$10,000. Of Workforce Education and Training (WET) Dollars will be used to support a work training program anchored @ the Milestone Consumer Drop in Center which is a MHSA funded resource. This will be an effort that is coordinated with other similar community employment projects. The WET Coordinator, as noted above in action item #1, will provide support and training to agency consumers and family members who will be paid to provide Recovery Model Activities at the Drop in Center during specified hours. The contracts with consumer employees will be small enough to not directly impact SSI entitlements, yet demonstrate a financial reward for taking a first step toward employment. Career pathways will be developed across all levels of learning. The Job club will be an opportunity for sharing success stories, learning new strategies to approach employment, gaining confidence in exploring work related endeavors, and researching career and employment options. The ideal facilitators for the job club will be consumers or family members who have successfully gained employment. We see that in fiscal year 2008/2009, this program will be able to increase in size by half, as it will take the balance of 2008 to ramp up to our targets. All efforts will be made to coordinate the job club with existing groups who may be offering these services as well; although the job club should be offered @ Milestones so mental health clients can take full advantage of this new resource.

The primary **Objectives of Action # 3** are two: to first increase the opportunity for consumers of behavioral health services to consider employment as a viable option, and secondly, to offer Recovery Model Activities @ Milestones so that the culture of peer support and recovery is alive and well in Weaverville. A long-term goal is to duplicate this effort in Hayfork.

#### **Budget justification:**

With out the resource of the M.H.S.A Workforce Education and Training funds, the local consumer and family member community would not have this vocational and educational opportunity to become contractors of the public mental health system so they can offer activities at Milestones that will benefit other clients and further the goals of peer support and empowerment.

Fiscal Year: 2007-08 5 contracts to clients @ \$1,000. each to facilitate peer support consumer activities

Fiscal Year: 2008-09 10 contracts to clients @ \$1,000. each to facilitate peer support consumer activities

<b>Budgeted Amount:</b>	<b>FY 2006-07: <u>\$ 0.00</u></b>	<b>FY 2007-08: <u>\$ 5,000.00</u></b>	<b>FY 2008-09: <u>\$10,000.00</u></b>
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**EXHIBIT 5: ACTION MATRIX**

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

<b>Actions</b> (as numbered in Exhibit 4, above)	Promotes wellness, recovery, and resilience	Promotes culturally competent service delivery	Promotes meaningful inclusion of clients/family members	Promotes an integrated service experience for clients and their family	Promotes community collaboration	Staff support (infrastructure for workforce development)	Resolves occupational shortages	Expands postsecondary education capacity	Loan forgiveness, scholarships, and stipends	Regional partnerships	Distance learning	Career pathway programs	Employment of clients and family members within MH system
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
<b>Action # 1:</b> Title: Staff Support for Infrastructure Workforce Education and Training Development	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>Action # 2:</b> Scholarship Support for Bachelor and Master’s Degree Career Pathways	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>Action # 3:</b> Consumer Employment Training Program	X	X	X	X	X	X	X	X	X	X	X	X	X

**EXHIBIT 6: BUDGET SUMMARY**

<b>Fiscal Year: 2006-07</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support:			
B. Training and Technical Assistance			
C. Mental Health Career Pathway Programs			
D. Residency, Internship Programs			
E. Financial Incentive Programs			
<b>GRAND TOTAL FUNDS REQUESTED for FY 2006-07</b>			
			<b>\$ 0.00</b>

<b>Fiscal Year: 2007-08</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support:	<b>\$ 33,800.00</b>	<b>\$ 0.00</b>	<b>\$ 33,800.00</b>
B. Training and Technical Assistance	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
C. Mental Health Career Pathway Programs	<b>\$ 0.00</b>	<b>\$ 5,000.00</b>	<b>\$ 5,000.00</b>
D. Residency, Internship Programs	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
E. Financial Incentive Programs	<b>\$ 0.00</b>	<b>\$ 10,000.00</b>	<b>\$ 10,000.00</b>
<b>GRAND TOTAL FUNDS REQUESTED for FY 2007-08</b>			
			<b>\$ 48,800.00</b>

<b>Fiscal Year: 2008-09</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support:	<b>\$ 0.00</b>	<b>\$ 81,200.00</b>	<b>\$ 81,200.00</b>
B. Training and Technical Assistance	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
C. Mental Health Career Pathway Programs	<b>\$ 0.00</b>	<b>\$10,000.00</b>	<b>\$ 10,000.00</b>
D. Residency, Internship Programs	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
E. Financial Incentive Programs	<b>\$ 0.00</b>	<b>\$ 10,000.00</b>	<b>\$ 10,000.00</b>
<b>GRAND TOTAL FUNDS REQUESTED for FY 2008-09</b>			
			<b>\$101,200.00</b>