

# CONTRA COSTA COUNTY

## Mental Health Services

### Mental Health Services Act

### Workforce Education & Training



Three-Year Program & Expenditure Plan  
Fiscal Years 2006-07, 2007-08, 2008-09

Approved

May 2009

**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: Contra Costa County

Date: January 30, 2009

This County's Workforce Education and Training component of the Three-Year Program and Expenditure Plan addresses the shortage of qualified individuals who provide services in this County's Public Mental Health System. This includes community based organizations 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.

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Signature:



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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.

### Overview:

Contra Costa Mental Health (CCMH) developed a planning process for the Workforce Education and Training component (WE&T) that incorporated lessons learned from the 2005 CSS process and recognized the specialized needs of workforce development and the need to outreach to new stakeholders in the community. A targeted outreach strategy included the involvement of over 30 community based organizations, 15 educational organizations and other key informants from mental health, health, education, and law enforcement and other groups. (Organizations are identified on page 4). CCMH is also an active member of the Greater Bay Area Mental Health Workforce & Education Collaborative (regional partnership), and shared ideas and resources for WE&T planning. A team participated in the initial DMH WE&T Roundtable. Beginning in August 2007 CCMH issued a Request for Interest to hire a consultant to support the development of the WE&T plan. The contract was awarded to California State University East Bay (CSUEB) who subcontracted with Gary Bess Associates. Following the selection of the consultant, CCMH developed a planning process:

### Planning Structure:

- An internal WE&T Planning Group to provide oversight comprised of County staff including clinicians, consumers, family members, administrative staff, MHSA Coordinator, Training & Ethnic Services Manager and MHSA Evaluator. The workgroup helped to identify questions for the survey and needs assessment that included recruitment and retention strategies for bilingual/bicultural staff, consumers, and family members; succession planning, leadership training, educational/career pathways, and training needs for County and contracted staff. This workgroup became an integral component of the entire WE&T planning process and met on a quarterly basis beginning in November 2007. This group also reported to the overall MHSA Steering Committee.
- A Stakeholder Workgroup for public input that with community stakeholders included county staff, contracted providers, education, consumer and family members. (See box)

#### Contra Costa WE&T Stakeholder Workgroup

Sherry Bradley	Administrator, CCMH
Dianna Collier	Family Services Coordinator, CCMH
Johanna Ferman,MD	Chief, Adult Psychiatry, CCMH
Juanita Garrison	Clerical Supervisor, CCMH
John Gagnani	Clinician, Children's Mental Health, CCMH
Steve Hahn-Smith	Evaluation Manager, CCMH
Hanna Head, RN	Utilization Review, CCMH
Gloria Hill	Adult Family Services Coordinator, CCMH
John Hollender	Vocational Services Manager, CCMH
Devi Jenson	West Contra Cost Unified School District
Anna Lubarov	Office for Consumer Empowerment, CCMH
Judy McCahon	Contra Costa Mental Health Commission
Marianna Moore	Contractors Alliance of Contra Costa
Imo Momoh	Evaluator, CCMH
William Oye	Diablo Valley College
Joty Sikand	Hume Center
Brenda Crawford	Mental Health Consumer Concerns
<b>Staff:</b>	
Kimberly Mayer	MHSA Project Manager, CCMH
Vidya Iyengar	Training & Ethnic Services Manager, CCMH
Debra Jones	MHSA Evaluator, CCMH
Gigi Nordquist	Cal State University East Bay
Gary Bess	Gary Bess Associates

### Planning Process:

The planning process included a strategic, time-limited process to gather input, conduct the workforce needs assessment, to identify

key stakeholders for focus group input, interviews, and surveys as well as a public Community Summit.

CCMH developed a **staff survey** that was sent to all County staff. Two hundred thirty-four (234) of the 323 surveys were returned, for a response rate of 72%. Survey questions covered a broad range of subjects, including:

- ✓ Training topics considered most beneficial by staff to keep current in their work.
- ✓ Interest in advancing one's career in the public mental health field.
- ✓ Preferred methods/times/supports for attending training & education programs.
- ✓ Anticipated separation dates from County employment (retirement, etc).

Using the DMH **Workforce Needs Assessment** (WNA), CCMH added additional questions to elicit more specific information from contracted providers. The WNA was used in assessing the County's current workforce and was sent to the County's 36 contracted agencies (CBOs). In addition, data was collected from CCMH's employees and 195 Medi-Cal network providers. CBOs had the option of completing the survey online or as a downloaded electronic file; a toll-free telephone number was provided for technical assistance. Thirty-two (32) surveys were completed by CBOs for a response rate of 88.9%.

In March 2008, the **Stakeholder Workgroup** met to provide guidance to CCMH in developing its Workforce Education and Training plan. Twenty-three (23) individuals were in attendance. Workgroup members offered suggestions for the overall strategy, as well as specific suggestions on questions and participants for focus groups and key informant interviews.

In May 2008, five **focus groups** were conducted: one each with educators, consumers, family members, County staff, and community based organization representatives. A total of 54 individuals participated in the focus groups. Each focus group began with a brief review of the history, essential elements, and guiding principles of the MHSA. Questions were tailored to each group, and discussions were tape recorded and transcribed. Participants offered numerous perspectives and generated interesting ideas, which were consolidated into themes pertaining to the five WE&T funding categories.

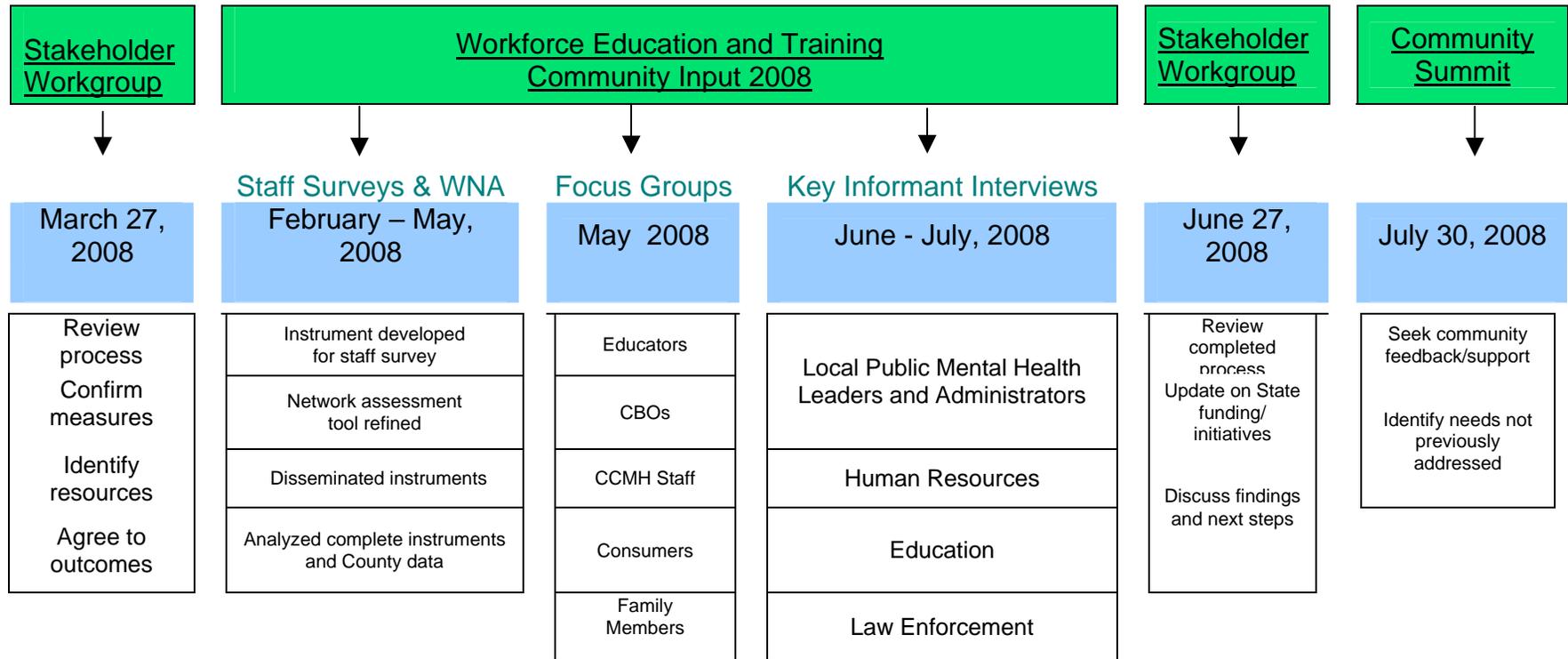
In June and July 2008, **key informant interviews** were conducted with 13 individuals who had been identified as having specialized subject matter expertise as consumers, law enforcement and criminal justice personnel, educators, mental health and human resources administrators, and representatives of CBOs, ethnic minority populations, and/or interfaith coalitions.

On July 30, 2008, a public **Community Summit** was held at the Board of Supervisors Chambers in Martinez. Approximately 60 community members including representatives of several organizations and constituencies (e.g., consumers, family members, CBOs, educators, and DMH staff) attended this event. Attendees were afforded the opportunity to comment on findings from the needs assessment and preliminary recommendations. Comments and suggestions from this event were incorporated into this plan.

Following the Community Summit, smaller subgroups focusing on consumer and family member **employment strategies** met in August and September, to further refine the needs and strategies for the WE&T plan.

All of the information was made available on the Contra Costa Health Services website, [www.cchealth.org](http://www.cchealth.org).

The chart below illustrates the planning process completed by Contra Costa Mental Health for the Workforce Education and Training component of MHSa:



The focus groups, interviews and Community Summit provided valuable input and comments. Common themes heard throughout the process:

*“Training and strategic planning should consider the needs of all involved with the public mental health system...consumers, CBOs law enforcement, etc.”*

*“We need a clearly defined model with values that support professional development of current and future staff, including consumers and family members.”*

*“Break down barriers and create dialogue and opportunities for interactions across service providers, at all levels”*

*“Consumers and family members need to be involved at all levels of training and service delivery.”*

*“Mental health service delivery is a community concern that requires collaborative community-based interventions.”*

**Focus Groups: Mental Health Providers**

Contra Costa Mental Health – several clinics  
Amador Institute  
Anka Behavioral Health  
Families First  
Seneca Center for Children  
Bay Area Community Resources  
Fred Finch Youth Center  
Rubicon Programs  
Lincoln Child Center  
West Contra Costa Youth Services Bureau  
Community Violence Solutions  
Contra Costa Crisis Center  
We Care/Barbara Milliff Children’s Center  
West Coast Children’s Center  
Family Stress Center  
Youth Homes  
Early Childhood Mental Health Program  
Asian Community Mental Health Services  
Shelter Inc of Contra Costa  
The Latina Center  
Asian Pacific Psychological Services  
Stand Against Domestic Violence  
Asian Pacific Psychological Services  
Family Institute of Pinole

**Focus Groups: Educators**

Mt Diablo Unified School District  
American Indian Culture & Education Program  
West Contra Costa Unified School District  
Contra Costa College  
Diablo Valley College  
Los Medanos College  
Alliant International University  
John F Kennedy University  
Argosy University  
California Institute for Integral Studies  
Saint Mary’s College of California  
The Wright Institute  
Cal State University East Bay  
San Francisco State University

**Consumer Focus Groups:**

West County Adult Mental Health  
East County Adult Mental Health  
Mental Health Consumer Concerns  
Central County Adult Mental Health

**Key Informant Interviews**

Contra Costa Health Services:

- Mental Health Director
- Personnel Director
- Chief Psychiatrist
- Deputy Mental Health Director
- Psychiatric Services Director (Hospital)

West Contra Costa Unified School District  
Superintendent  
California Association of Rehabilitation Agencies  
Mental Health Consumer Concerns  
Native American Health Center  
Consumer Consultant/Leader  
Concord Police Department  
California State Department of Rehabilitation  
Private practice psychiatrist  
Life Academy Principal

**Family Members – Cities Represented**

Concord	Clayton
Pleasant Hill	Brentwood
El Cerrito	Martinez
Walnut Creek	El Sobrante
Antioch	Richmond
Orinda	Bay Point

Following completion of the process described above, CCMH staff and the consultant team compiled the data and developed workforce strategies and activities. During October and November 2008 these recommendations were reviewed by the MHSA Steering Committee and then finalized into this Draft WE&T Plan and budget.

Plan Recommendation and Public Comment: The Draft WE&T Plan and Executive Summary was posted on Contra Costa Health Service's MHSA webpage, sent to stakeholders, and made available at CCMH for public comment on December 11, 2009. Outreach during the public comment period was achieved by:

- Electronic notification to all community organizations, CBO's, stakeholders, of posting the draft WE&T Plan on the MHSA website: [cchealth.org](http://cchealth.org)
- Electronic notification to all "MHSA Mailing Lists", members of the public who have demonstrated an interest in being communicated with regarding MHSA updates.
- Distribution of the "Did You Know That" (DYKT) Fact sheet including notification of public comment period – the DYKT Is distributed throughout Contra Costa County to multiple County Departments and Divisions.
- Media Advisories and Press Releases were distributed by CCHealth regarding the availability of the draft WET plan, and public comment period;
- Hard copies of draft WE&T Plan were distributed to County offices and the public library.
- Mental Health Commission members were notified electronically.
- All Mental Health Staff were notified electronically of posting of materials
- All Contra Costa Health Services staff were notified electronically of the posting of the materials.

Public Comment was obtained as follows:

- Online at the MHSA website by emailing: [mhsa@hsd.cccounty.us](mailto:mhsa@hsd.cccounty.us)
- Public Comment form was available to download and complete and email, or it could be sent hard copy to MHSA at 1340 Arnold Dr., #200, Martinez.
- Public can telephone (925) 957-5150 and leave a recorded message for public comment.

All Public Comment was documented in a draft plan comment tracking form (Appendix A). All comments were reviewed by the WE&T Project Team and the CCMH MHSA tracking and planning committee, and where it's considered substantive, changes to the draft plan were made, and all comments are responded to. When changes to the plan were made as a result of public comment, the change is documented on the tracking form. At the conclusion of the public comment period, and prior to the Public Hearing on January 22<sup>nd</sup>, 2009, if there were any revisions, those were noted for the Public Hearing. Subsequent to the Public Hearing of the draft plan, comments were also noted in the draft plan comment tracking form. Again, if there were any substantive changes to be made to the draft plan, the changes were made and documented for submission to State DMH with the entire draft WE&T Plan submission.



**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 1

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>A. Unlicensed Mental Health Direct Service Staff:</b>													
<b>County (employees, independent contractors, volunteers):</b>													
Mental Health Rehabilitation Specialist	8.3	0	5.0										
Case Manager/Service Coordinator .....	32.5	0	9.5										
Employment Services Staff .....	2.0	0	2.0										
Housing Services Staff .....	0.0	0	0.0										
Consumer Support Staff .....	11.5	1	14.0										
Family Member Support Staff .....	10.0	1	16.0										
Benefits/Eligibility Specialist .....	5.3	0	3.0										
Other <i>Unlicensed</i> MH Direct Service Staff .....	0.0	0	0.0										
<i>Sub-total, A (County)</i>				<b>69.6</b>		<b>49.5</b>	<b>21.3</b>	<b>10.5</b>	<b>18.3</b>	<b>6.0</b>	<b>1.0</b>	<b>10.5</b>	<b>67.6</b>
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>													
Mental Health Rehabilitation Specialist	106.5	1	5.5										
Case Manager/Service Coordinator .....	157.5	1	5.0										
Employment Services Staff .....	18.0	0	0.0										
Housing Services Staff .....	31.0	1	1.5										
Consumer Support Staff .....	119.3	1	1.0										
Family Member Support Staff .....	25.3	1	3.0										
Benefits/Eligibility Specialist .....	1.0	0	0.0										
Other <i>Unlicensed</i> MH Direct Service Staff .....	100.0	1	12.0										
<i>Sub-total, A (All Other)</i>				<b>558.6</b>		<b>28.0</b>	<b>139.1</b>	<b>59.2</b>	<b>154.8</b>	<b>43.6</b>	<b>3.0</b>	<b>109.5</b>	<b>509.1</b>
<b>Total, A (County &amp; All Other):</b>				<b>628.2</b>		<b>77.5</b>	<b>160.4</b>	<b>69.7</b>	<b>173.1</b>	<b>49.6</b>	<b>4.0</b>	<b>120.0</b>	<b>576.7</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)	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)						
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
<b>B. Licensed Mental Health Staff (direct service):</b>										
<b>County (employees, independent contractors, volunteers):</b>										
Psychiatrist, general.....	26.5	1	6.0							
Psychiatrist, child/adolescent.....	9.8	1	4.0							
Psychiatrist, geriatric.....	3.0	1	0.0							
Psychiatric or Family Nurse Practitioner.....	1.0	1	3.0							
Clinical Nurse Specialist.....	0.0	0	0.0							
Licensed Psychiatric Technician.....	5.5	0	3.0							
Licensed Clinical Psychologist.....	17.0	1	6.0							
Psychologist, registered intern (or waived).....	0.0	0	0.0							
Licensed Clinical Social Worker (LCSW).....	14.8	1	33.0							
MSW, registered intern (or waived).....	8.0	0	0.0							
Marriage and Family Therapist (MFT).....	75.5	1	9.0							
MFT registered intern (or waived).....	0.3	0	0.0							
Other Licensed MH Staff (direct service).....	0.0	0	0.0							
<i>Sub-total, B (County)</i>	<b>161.4</b>		<b>64.0</b>	<b>94.2</b>	<b>13.3</b>	<b>14.5</b>	<b>12.4</b>	<b>0.0</b>	<b>16.8</b>	<b>151.2</b>
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>										
Psychiatrist, general.....	10.3	1	15.9							
Psychiatrist, child/adolescent.....	2.7	1	1.0							
Psychiatrist, geriatric.....	0.0	0	0.0							
Psychiatric or Family Nurse Practitioner.....	3.0	1	0.0							
Clinical Nurse Specialist.....	8.8	1	0.0							
Licensed Psychiatric Technician.....	0.0	0	0.0							
Licensed Clinical Psychologist.....	28.5	1	21.0							
Psychologist, registered intern (or waived).....	36.9	0	0.0							
Licensed Clinical Social Worker (LCSW).....	32.3	1	22.0							
MSW, registered intern (or waived).....	39.1	1	6.8							
Marriage and Family Therapist (MFT).....	97.2	1	100.0							
MFT registered intern (or waived).....	98.6	1	5.0							
Other Licensed MH Staff (direct service).....	32.0	0	8.0							
<i>Sub-total, B (All Other)</i>	<b>389.3</b>		<b>180.5</b>	<b>246.2</b>	<b>32.2</b>	<b>34.3</b>	<b>13.4</b>	<b>1.4</b>	<b>45.7</b>	<b>373.2</b>
<b>Total, B (County &amp; All Other):</b>	<b>550.7</b>		<b>244.5</b>	<b>340.4</b>	<b>45.5</b>	<b>48.8</b>	<b>25.8</b>	<b>1.4</b>	<b>62.5</b>	<b>524.4</b>

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

(Licensed Mental Health Direct Service Staff; Sub-Totals and Total Only)  
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**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>											
<b>County (employees, independent contractors, volunteers):</b>											
Physician .....	0.0	0	0.0								
Registered Nurse .....	16.8	1	12.0								
Licensed Vocational Nurse .....	0.0	0	0.0								
Physician Assistant .....	0.0	0	0.0								
Occupational Therapist .....	0.0	0	0.0								
Other Therapist (e.g., physical, recreation, art, dance).....	0.0	0	0.0								
Other Health Care Staff (direct service, to include traditional cultural healers).....	0.0	0	0.0								
<i>Sub-total, C (County)</i>	<b>16.8</b>		<b>12.0</b>	<b>10.5</b>	<b>1.0</b>	<b>0.0</b>	<b>2.3</b>	<b>0.0</b>	<b>3.0</b>	<b>16.8</b>	
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>											
Physician .....	4.0	1	1.0								
Registered Nurse .....	5.0	1	0.0								
Licensed Vocational Nurse .....	2.0	0	0.0								
Physician Assistant .....	0.0	0	0.0								
Occupational Therapist .....	1.0	0	0.0								
Other Therapist (e.g., physical, recreation, art, dance) .....	4.0	0	0.0								
Other Health Care Staff (direct service, to include traditional cultural healers).....	27.0	1	5.0								
<i>Sub-total, C (All Other)</i>	<b>43.0</b>		<b>6.0</b>	<b>20.5</b>	<b>4.0</b>	<b>10.5</b>	<b>2.0</b>	<b>0.0</b>	<b>0.0</b>	<b>37.0</b>	
<b>Total, C (County &amp; All Other):</b>	<b>59.8</b>		<b>18.0</b>	<b>31.0</b>	<b>5.0</b>	<b>10.5</b>	<b>4.3</b>	<b>0.0</b>	<b>3.0</b>	<b>53.8</b>	

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

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

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)						
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
<b>D. Managerial and Supervisory:</b>										
<b>County (employees, independent contractors, volunteers):</b>										
CEO or manager above direct supervisor.....	4.0	0	0.0	(Managerial and Supervisory; Sub-Totals Only) ↓						
Supervising psychiatrist (or other physician) .....	0.0	0	0.0							
Licensed supervising clinician.....	17.3	1	3.0							
Other managers and supervisors.....	11.0	0	2.0							
<i>Sub-total, D (County)</i>	<b>32.3</b>		<b>5.0</b>	<b>22.3</b>	<b>3.0</b>	<b>2.0</b>	<b>1.0</b>	<b>0.0</b>	<b>4.0</b>	<b>32.3</b>
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>										
CEO or manager above direct supervisor.....	60.0	1	3.5	(Managerial and Supervisory; Sub-Totals and Total Only) ↓						
Supervising psychiatrist (or other physician) .....	2.2	0	1.0							
Licensed supervising clinician.....	36.6	1	6.0							
Other managers and supervisors.....	61.7	1	3.6							
<i>Sub-total, D (All Other)</i>	<b>160.5</b>		<b>14.1</b>	<b>94.1</b>	<b>11.0</b>	<b>21.0</b>	<b>17.7</b>	<b>0.0</b>	<b>8.0</b>	<b>151.8</b>
<b>Total, D (County &amp; All Other):</b>	<b>192.8</b>		<b>19.1</b>	<b>116.4</b>	<b>14.0</b>	<b>23.0</b>	<b>18.7</b>	<b>0.0</b>	<b>12.0</b>	<b>184.1</b>
<b>E. Support Staff (non-direct service):</b>										
<b>County (employees, independent contractors, volunteers):</b>										
Analysts, tech support, quality assurance.....	9.2	0	13.0	(Support Staff; Sub-Totals Only) ↓						
Education, training, research .....	0.0	0	2.0							
Clerical, secretary, administrative assistants .....	56.5	0	21.0							
Other support staff (non-direct services).....	6.3	0	0.0							
<i>Sub-total, E (County)</i>	<b>72.0</b>		<b>36.0</b>	<b>20.0</b>	<b>13.5</b>	<b>9.0</b>	<b>2.0</b>	<b>0.0</b>	<b>27.5</b>	<b>72.0</b>
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>										
Analysts, tech support, quality assurance.....	47.5	1	2.5	(Support Staff; Sub-Totals and Total Only) ↓						
Education, training, research .....	5.6	0	2.0							
Clerical, secretary, administrative assistants .....	46.9	0	7.8							
Other support staff (non-direct services).....	20.7	0	3.0							
<i>Sub-total, E (All Other)</i>	<b>120.7</b>		<b>15.3</b>	<b>32.9</b>	<b>22.2</b>	<b>25.2</b>	<b>12.8</b>	<b>0.0</b>	<b>19.7</b>	<b>112.7</b>
<b>Total, E (County &amp; All Other):</b>	<b>192.8</b>		<b>51.3</b>	<b>52.9</b>	<b>35.7</b>	<b>34.2</b>	<b>14.8</b>	<b>0.0</b>	<b>47.2</b>	<b>184.7</b>

**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 American (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>	352.1		163.5	168.3	41.3	43.8	23.7	1.0	61.8	339.9
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E) .....</b>	1272.1		243.9	532.7	128.6	245.7	89.4	4.4	182.9	1183.6
<b>GRAND TOTAL WORKFORCE (County &amp; All Other) (A+B+C+D+E)</b>	1624.2		407.4	701.0	169.9	289.5	113.1	5.4	244.7	1523.5

**F. TOTAL PUBLIC MENTAL HEALTH POPULATION**

				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)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<b>F. TOTAL PUBLIC MH POPULATION</b>	<b>Leave Col. 2, 3, &amp; 4 blank</b>			<b>6824</b>	<b>2580</b>	<b>3871</b>	<b>848</b>	<b>121</b>	<b>827</b>	<b>15071</b>

**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>			
Consumer Support Staff.....	61.8	1	14.0
Family Member Support Staff .....	25.0	1	23.0
Other <i>Unlicensed</i> MH Direct Service Staff .....	22.5	1	0.0
<b>Sub-Total, A:</b>	<b>109.3</b>		<b>37.0</b>
<b>B. <i>Licensed</i> Mental Health Staff (direct service) .....</b>	<b>15.5</b>	1	0.0
<b>C. Other Health Care Staff (direct service) .....</b>	<b>4.8</b>	1	0.0
<b>D. Managerial and Supervisory.....</b>	<b>35.4</b>	1	2.1
<b>E. Support Staff (non-direct services).....</b>	<b>40.7</b>	1	1.0
<b>GRAND TOTAL (A+B+C+D+E)</b>	<b>205.6</b>		<b>40.1</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. Spanish	Direct Service Staff <u>151</u> Others <u>46</u>	Direct Service Staff <u>85</u> Others <u>9</u>	Direct Service Staff <u>236</u> Others <u>55</u>
2. Tagalog / Filipino Dialect	Direct Service Staff <u>12</u> Others <u>2</u>	Direct Service Staff <u>2</u> Others <u>1</u>	Direct Service Staff <u>14</u> Others <u>3</u>
3. Chinese (Mandarin or Cantonese)	Direct Service Staff <u>9</u> Others <u>1</u>	Direct Service Staff <u>5</u> Others <u>1</u>	Direct Service Staff <u>14</u> Others <u>2</u>
4. Vietnamese	Direct Service Staff <u>4</u> Others <u>0</u>	Direct Service Staff <u>1</u> Others <u>0</u>	Direct Service Staff <u>5</u> Others <u>0</u>

5. Russian	Direct Service Staff <u>  4</u> Others <u>  1</u>	Direct Service Staff <u>  0</u> Others <u>  0</u>	Direct Service Staff <u>  4</u> Others <u>  1</u>
5. American Sign Language (ASL)	Direct Service Staff <u> 12</u> Others <u>  0</u>	Direct Service Staff <u>  0</u> Others <u>  0</u>	Direct Service Staff <u> 12</u> Others <u>  0</u>
5. Farsi	Direct Service Staff <u>  4</u> Others <u>  0</u>	Direct Service Staff <u>  2</u> Others <u>  0</u>	Direct Service Staff <u>  6</u> Others <u>  0</u>

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.

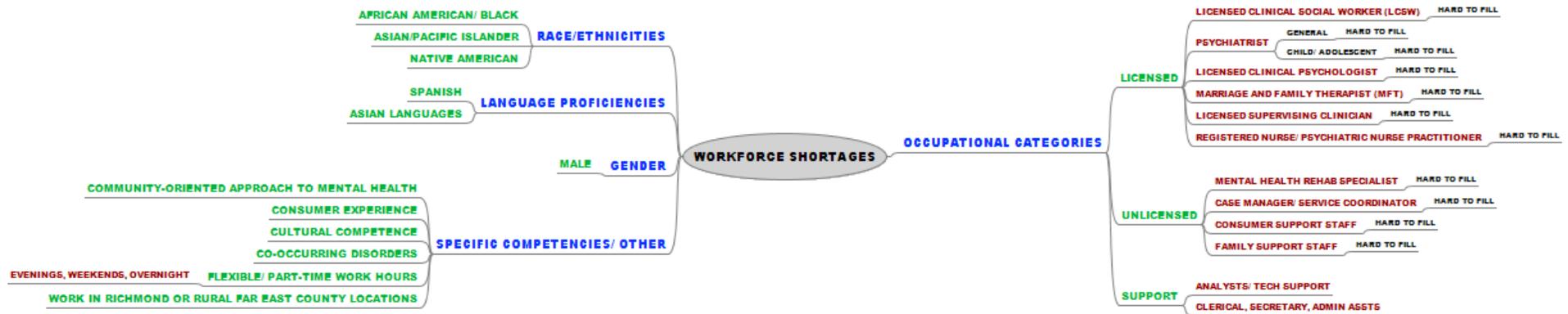
All CBO's and network organizations in Contra Costa County were sent a workforce needs assessment survey. With the exception of a few small network providers that were not representative of the County's major contract agencies/CBO's or larger network organizations, all surveys were returned and the data included in Exhibit 3. Information from data files on Contra Costa Mental Health (CCMH) employees and individual network providers were also incorporated in the workforce assessment.

### A. Shortages by occupational category

Among **licensed** mental health occupations, there are several positions that were identified countywide as shortage areas and hard-to-fill. These positions include **licensed clinical social worker (LCSW), psychiatrist** (particularly child/adolescent psychiatrist), **licensed clinical psychologist, marriage and family therapist (MFT), licensed supervising clinician, Registered Nurse** and **psychiatric nurse practitioner**. CCMH has less difficulty hiring licensed clinical psychologists and other licensed staff, however, than CBO's; in general, the salary and benefits packages that CCMH can offer are more competitive and the pool of applicants larger. Nevertheless, CCMH does have a hard time filling licensed positions in cases where candidates who are proficient in Spanish or an Asian language would be preferable. Factors that contribute to a worsening of the shortages in the above mentioned occupations for both CBO's and CCMH include the degree of difficulty experienced in recruiting staff with specific language proficiencies and bicultural characteristics.

Among **unlicensed** direct service positions, there were four positions that met the criteria for designation as shortage areas. These include the **mental health rehabilitation specialist, case manager/service coordinator, consumer support staff, and family support staff**. These positions are hard to fill for CBO's, but less difficult for CCMH. A shortage of support staff was also noted, particularly among **technical support/analysts and clerical, secretary, and administrative assistants**.

The diagram below summarizes Contra Costa County's (CCMH and CBO/Network providers) major workforce shortages with respect to occupations, non-English language proficiencies, racial and ethnic composition, gender, and other characteristics/areas of competency.



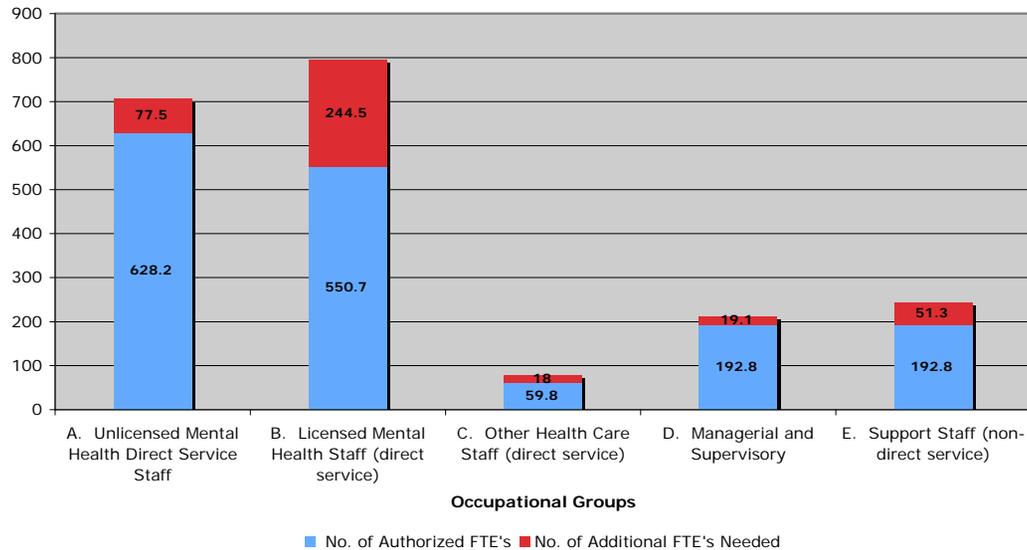
There are over 100 authorized full-time equivalent (FTE) positions that are currently vacant in Contra Costa County (see table below). Most of the vacant unlicensed and licensed positions are at CBO's/Network organizations, reflecting the difficulties contract agencies experience in recruiting and retaining unlicensed and licensed direct service staff with the salary/benefits they can offer.

- Half of the unfilled positions are in the **unlicensed** direct service categories.
- Over a quarter of all unfilled, authorized FTE positions are for **licensed** mental health staff.

<b>Major Occupational Groups</b>	<b>Full-Time Equivalent Positions Authorized But Not Filled Countywide</b>
Unlicensed Mental Health Staff (direct service)	51.5
Licensed Mental Health Staff (direct service)	27.3
Other Health Care Staff (direct service)	6.0
Managerial and Supervisory	8.7
Support Staff (non-direct service)	8.0
<b>Total Authorized FTE Positions Unfilled</b>	<b>101.5</b>

**NUMBER OF CCMH AND CBO/NETWORK FTE'S ESTIMATED  
TO MEET PUBLIC MENTAL HEALTH SERVICE NEEDS  
IN CONTRA COSTA COUNTY**

**By Major Occupational Categories**



The bar chart on the left displays both the current CCMH and CBO/Network FTE's for the major occupational categories and the FTE's still needed to satisfy the public mental health service needs in Contra Costa County.

The need is greatest for **licensed** mental health staff. **Licensed** direct service staff needs to increase by **44 percent** and **unlicensed** direct service staff needs to increase by **12 percent** overall to be able to address the unmet need for services. Support staff providing non-direct services would also need to increase by **27 percent**.

The estimates for additional staff needed were derived by (a) taking into account additional staffing that will be required as a result of full MHSA program implementation, and (b) consensus among CCMH and CBO/Network staff and senior management as to additional need.

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

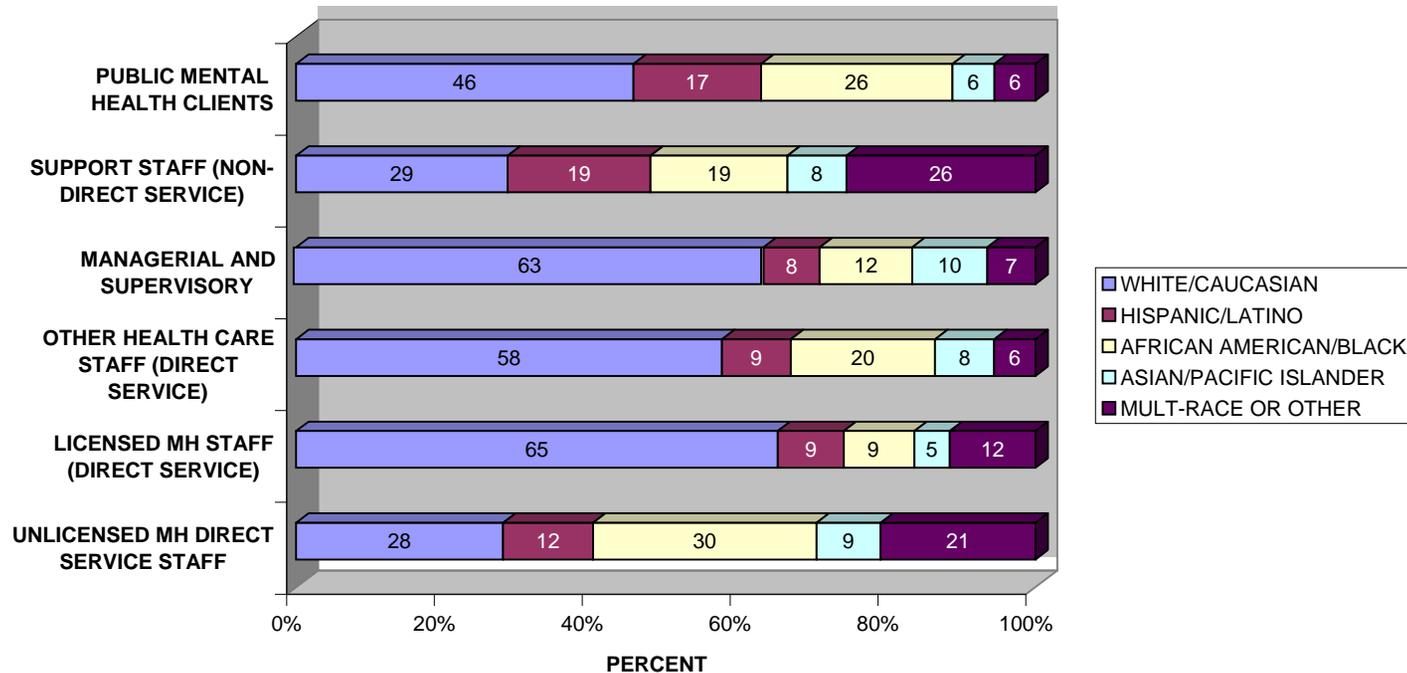
The bar graph on the following page presents a visual breakdown of the racial/ethnic composition of the total workforce and mental health client population in Contra Costa County's public mental health system. Race and ethnicity data are self-reported and voluntary for both staff and clients and should be interpreted with caution. The degree of accuracy of race/ethnicity data is unknown. We do know that 14 percent of data on race/ethnicity is missing for CCMH employees and up to six percent is missing for mental health clients.

The percent breakdown by race/ethnicity of all residents of the County compared with the population of mental health clients served is 58% vs. 46% White/Caucasian; 18% vs. 17% Hispanic/Latino; 9% vs. 26% African American/Black; and 13.8% vs. 6% Asian/Pacific Islander – significantly more representation of African Americans and less Asian/Pacific Islanders in the County's client population.

Discrepancies between the racial compositions of staff, both licensed and unlicensed, exist when compared with the clients we serve:

- Licensed mental health staff and managerial/supervisory staff are almost two-thirds White/Caucasian.
- The percentage of direct service staff and managerial/supervisory staff that are Hispanic/Latino is low relative to that of non-direct support staff and Hispanic/Latino clients who seek services.
- African American/Black clients represent the second highest racial/ethnic group, yet only nine percent of licensed mental health staff and 12 percent of managerial/supervisory staff are African American/Black.
- Although the number of Asian/Pacific Islanders (API's) in the workforce appears to be representative of the API client population, the low service utilization by API communities is not reflective of the true need for services.

### Comparability of Total Workforce to Client Population, By Race/Ethnicity



Major barriers were identified by the focus groups and WET Stakeholder Workgroup to explain the racial/ethnic disparities in the workforce. They include the following:

- A lack of financial resources that keep minorities who might otherwise be interested in entering the mental health field at an economic disadvantage.
- Lower educational attainment reflected in high dropout rates and public schools failing to prepare high school graduates to meet the admission requirements for the UC/CSU system.
- Cultural mores, attitudinal beliefs, and stigma that can influence a young person’s decision whether or not to pursue a career in the mental health field.

The table below displays FTE-to-client ratios by race and ethnicity for **total** and **direct service** staff. Racial and ethnic discrepancies are minimized somewhat when County and CBO/Network FTE’s are combined. Excluding Native Americans, the County has a greater total staff-to-client imbalance with respect to African Americans/Blacks. CBO’s and Network organizations, on the other hand, have a greater total staff-to-client discrepancy with respect to Hispanics/Latinos. The direct service FTE-to-client ratios only serve to emphasize the racial and ethnic discrepancies that exist.

**Staff to Client Ratios**  
**(Workforce FTE’s: MH Clients)**  
**By Race/Ethnicity Categories**

Contra Costa County	County Staff (All FTE’s)	CBO/Network (All FTE’s)	Total Staff (FTE’s)	Total Direct Service Staff (FTE’s)	Total Clients	Total Staff FTE:Client Ratios	Direct Service Staff Only FTE:Client Ratios
White/ Caucasian	168.3	532.7	701.0	531.8	6824	1:10	1:13
Hispanic/Latino	41.3	128.6	169.9	120.2	2580	1:15	1:21
African American/Black	43.8	245.7	289.5	232.4	3871	1:13	1:17
Asian/ Pacific Islander	23.7	89.4	113.1	79.7	848	1:8	1:11
Native American	1.0	4.4	5.4	5.4	121	1:22	1:22
Multi-Race or Other	61.8	182.9	244.7	185.5	827	1:3	1:4
<b>Total</b>	<b>339.9</b>	<b>1183.6</b>	<b>1523.5</b>	<b>1155.0</b>	<b>15071</b>	<b>1:10</b>	<b>1:13</b>

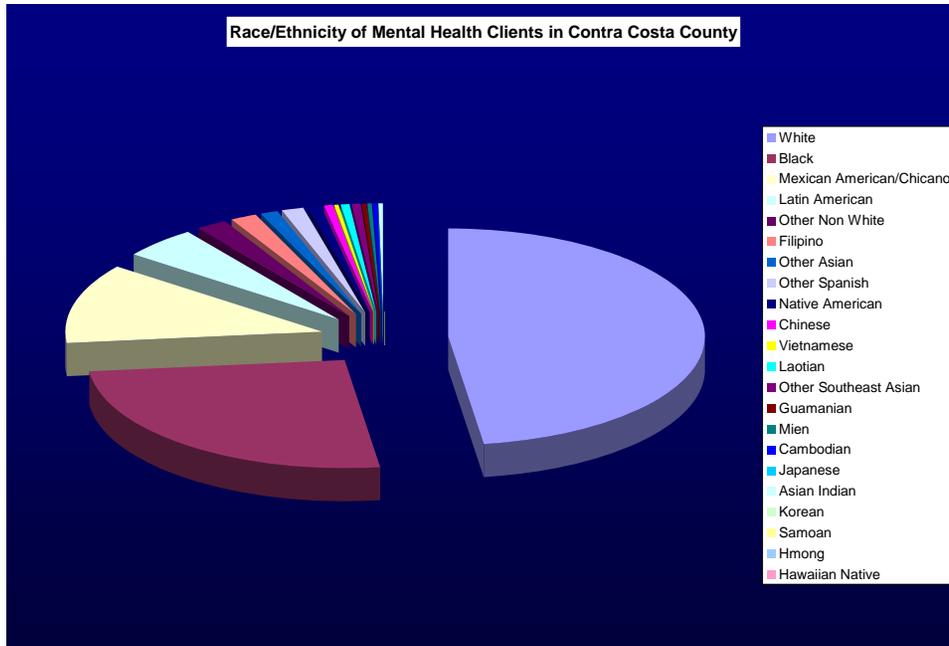
The total staff **FTE:client** ratios indicate a need for additional Hispanic/Latino, African American/Black, and Native American staff. These disparities exist for both CCMH staff and CBO's/Network providers. To achieve a total staff FTE:client ratio across ethnicities of at least 1:10 countywide (e.g., equal to that of the White/Caucasian total staff FTE:client ratio), the following additional FTE's would be needed:

- 88.1 **Hispanic/Latino** FTE's
- 97.6 **African American/Black** FTE's
- 6.7 Native American FTE's
- 192.4 **total staff** FTE's

Achieving FTE:client ratios of 1:13 for "**direct service staff only**" countywide (e.g., equal to that of the White/Caucasian direct service FTE:client ratio) would require hiring the following additional direct service FTE's from these three racial/ethnic groups:

- 78.3 **Hispanic/Latino direct service** FTE's
- 63.4 **African American/Black direct service** FTE's
- 3.9 Native American direct service FTE's
- 145.6 total **direct service** FTE's

The differences between total staff FTE's and direct service staff FTE's are the numbers of non-direct service FTE's that would also be needed to culturally reflect the Hispanic/Latino, African American/Black and Native American mental health clients served.



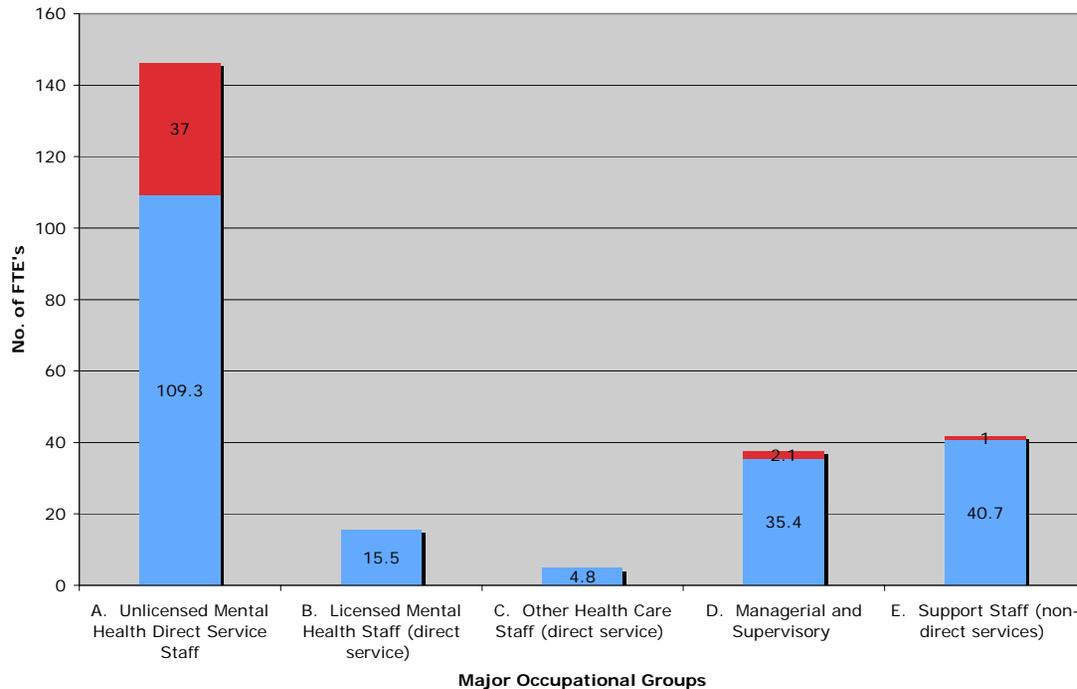
Left is a pie chart presenting the racial/ethnic breakdown of mental health clients in Contra Costa County. It shows the diversity of racial/ethnic backgrounds for clients seeking public mental health services in the County. Included are 22 race/ethnicity groups, listed in order of frequency.

The table below displays the most recent Medi-Cal penetration rates by race/ethnicity for Contra Costa County. The rates for clients/eligibles who are **Asian, Hispanic, and Pacific Islander** are very **low** relative to that of Whites, Blacks, and Alaskan Natives or American Indians. By increasing the number of Asian/Pacific Islander and Hispanic/Latino staff, the County would be able to address the unmet need for services within these communities.

**Contra Costa County Medi-Cal Penetration Rates by Race/Ethnicity (for FY 2006-07)**

Contra Costa County	Total	White	Hispanic	Black	Alaskan Native or American Indian	Asian Total	Pacific Islander Total	Asian or Pacific Islander	Other / Unknown
All Clients / Eligibles	7.56	13.38	3.27	10.31	18.31	1.98	5.71	7.30	7.56
Non-SSA Clients / Eligibles	5.40	10.21	2.65	7.94	14.41	1.71	5.51	8.06	3.84
SSA Clients / Eligibles	15.88	20.83	13.53	17.81	26.05	3.48	20.00	7.01	13.76

**All Positions Designated for Individuals with Consumer and Family Member Experience in Contra Costa County**



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

The bar on the left displays the number of FTE positions designated for individuals with consumer and family member experience within the major occupational groups.

Almost one-third of the CBO's/Network organizations responded that they did not designate positions for individuals with consumer or family member experience, however. Currently, only about half of all **consumer and family member support positions** (FTE's) countywide are actually designated for individuals with consumer/family member experience.

The positions that are designated are primarily **unlicensed direct service positions**; and it is within the unlicensed direct service category that the need for additional designated staff positions is the greatest. There is a perceived need for 34 percent more staff

with consumer or family member experience to meet the current need for services.

#### D. Language proficiency

Staff-to-client ratios by language proficiency are presented in the table below. The ratios compare the staff proficient in a second language to clients who report a preference for speaking a language other than English.

Language proficiency is currently assessed differently across the County. Language proficient staff includes those who self-report as proficient and those who are actually tested. The criteria for testing language proficiency also vary across CBO's and the County. Language testing may or may not test the capacity that is needed to be able to provide mental health services in that language.

### Staff to Client Ratios By Language Proficiency

**\*Language Proficient Staff : Clients Preferring Languages Other Than English**

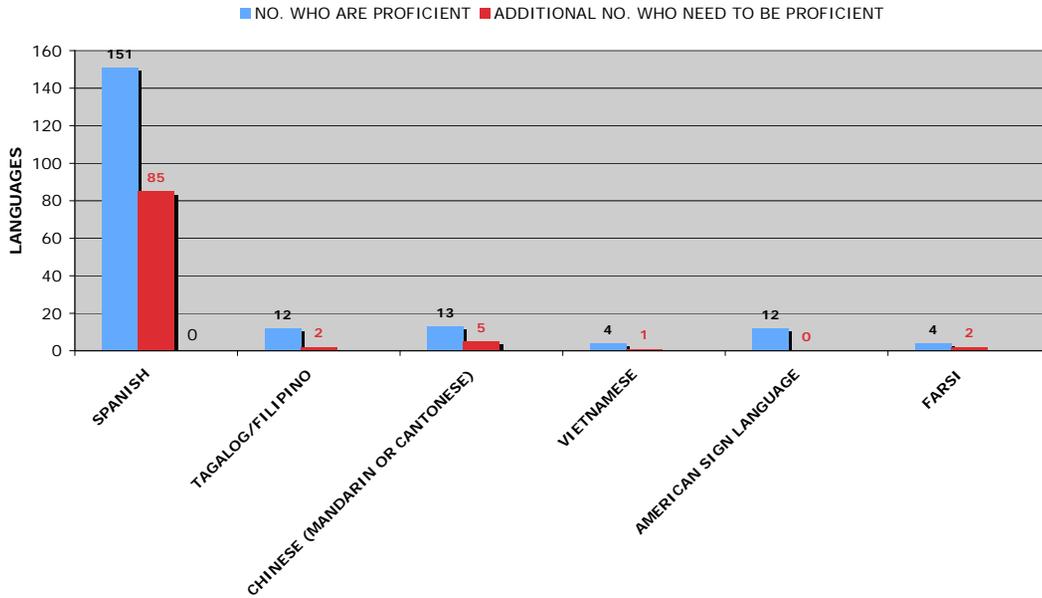
Language Proficiency	All County Staff	All CBO/ Network Staff	Total Staff	Direct Service Staff Only	Total Clients	Total Staff: Client Ratios*	Direct Service Staff:Client Ratios*
Spanish	47	150	197	151	952	1:5	1:6
Farsi	2	2	4	4	99	1:25	1:25
Tagalo/Filipino	3	11	14	12	56	1:4	1:5
Vietnamese	1	3	4	4	42	1:11	1:11
Russian	3	4	7	4	33	1:5	1:8
Other Asian Languages	5	44	49	47	87	1:2	1:2
American Sign Language	4	8	12	12	18	1:5	1:5

High disparities are evident in the staff-to-client ratios for Farsi and Vietnamese.

Surprisingly, the total staff-to-client ratio for Spanish and direct service staff-to-client ratio for Spanish are within the norm. The County's Hispanic/Latino clients are reportedly 63 percent bilingual and only 37 percent monolingual. It is unknown to what degree those that report being

bilingual are proficient in English. Likewise, it is unknown to what degree the preference for English may be influenced by staff. Nevertheless, bicultural/bilingual Spanish-speaking clients often prefer to receive services from a Spanish-speaking clinician.

**DIRECT SERVICE STAFF CURRENTLY PROFICIENT IN ANOTHER LANGUAGE AND ADDITIONAL DIRECT SERVICE STAFF NEEDED TO BE PROFICIENT IN CONTRA COSTA COUNTY**



The bar chart on the left displays the total number of direct service staff currently proficient in a second language and the number still needed.

Of the top six languages spoken, **Spanish** speakers are most in demand. In fact, the number of Spanish-speaking direct service staff would need to increase by **56** percent to meet the current need.

**E. Other, miscellaneous**

## EXHIBIT 4: WORK DETAIL

### A. WORKFORCE STAFFING SUPPORT

#### **Action #1 – Title: Workforce Education & Training (WE&T) Coordination**

**Description:** These activities are focused on staffing and activities required to develop and implement Contra Costa Mental Health's (CCMH) Workforce Education & Training (WE&T) Plan. CCMH's Training & Ethnic Services Project Manager will serve as the WE&T Coordinator. An Intern Supervisor will support the provision of clinical supervision in the Intern program and WE&T implementation activities and will assist the Project Manager. Additional support may be considered as plan implementation progresses.

For more than a decade CCMH has made a commitment to supporting consumer and family member education and employment in the public mental health system. During the WE&T planning process, CCMH's stakeholder groups identified the following processes to be essential to making a culture shift both within the County and contract programs:

- Preparing the workforce to welcome consumers and family members as colleagues.
- Supporting a peer-training program that prepares consumers and family members to enter the workforce.
- Providing mentorship and support to existing consumer and family member staff for retention, job satisfaction and advancement in their careers.
- Providing ongoing trainings to existing staff on the Recovery culture and incorporating Recovery principles in all trainings offered by CCMH.

CCMH is in the process of rebuilding its Office for Consumer Empowerment (OCE) to provide leadership and advocacy for mental health consumers in Contra Costa. Once hired, the new OCE Coordinator and the Consumer Workforce Coordinator, along with the Adult and Children's Family Services Coordinators will be part of the staff to guide CCMH in the efforts in this plan. Under the overall coordination of the Training & Ethnic Services Project Manager, this team will be responsible for the following activities:

- Convene a standing and ad hoc advisory work group to support the development of the activities in this plan. This workgroup will include participants in CCMH's existing WE&T Stakeholder Workgroup (which will sunset following approval of our WE&T Plan), along with staff from the Division's Reducing Health Disparities Workgroup.
- Ensure CCMH representation on regional taskforces and other collaborative meetings that present opportunities to improve training and workforce capacity development needs.
- Develop policies, procedures and guidelines for the implementation of workforce training and education activities.

- Work with local High Schools to explore opportunities to expand Mental Health Education to High School students and develop a strong partnership with the high school
- Work with local educational institutions to help design and influence certificate and degree programs that address the workforce preparation needs of public mental health staff at all functional levels.
- Work with CCMH administrative staff to develop and implement clinical supervision protocols for staff and interns; coordinate all associated implementation.
- Hire a Consumer Employment Coordinator through CCMH's Office for Consumer Empowerment.
- Coordinate the implementation of the SPIRIT Expansion program (Action #4) in partnership with the Consumer Empowerment Coordinator.
- In relationship to CCMH's plan to develop the psychiatric workforce and increase overall psychiatric training opportunities, a portion of a staff psychiatrist will be funded with WE&T funds to provide psychiatric training and technical assistance. This initiative will focus on developing collaborations with educational institutions like UC Davis that have received funding to implement the DMH Statewide WE&T initiative.

**Objectives:**

Overall objectives are to provide staffing and support to CCMH's WE&T component and to enhance the County's training infrastructure. These include:

1. Manage the rollout and ongoing activities in the WE&T plan, including developing Plan updates.
2. Coordinate training and technical assistance efforts for County and Community Based Organization (CBO) staff as well as network providers.
3. Ensure that family members, consumers and underserved and underrepresented communities are included as both trainers and participants.
4. Increase the availability of information on regional education and employment activities, including internship opportunities.
5. Convene the Training Advisory Group at least three times annually.

**Budget Justification:**

- Intern Supervisor for part-time intern supervision and part time assistance with WET implementation activities: Mental Health Clinical Specialist- **1 FTE Salary and benefits- \$124,923**
  - Consumer Employment Coordinator- Will be hired subsequent to hiring the new Consumer Empowerment Coordinator (in FY 2009-10) – **0.5 FTE Salary and benefits- \$50,000**
  - Sr. Clerk- **1 FTE Salary and benefits- \$68,863**
  
  - Salary and Benefits: \$243,786
  - Operating Expense  
(Includes use of computer, stationery, space, utilities etc): \$36,567
- Total: \$280,353**

**Note:** The annual estimated cost for this Action is \$280,353.00. CCMH is requesting funding to support the development and administration of this Action through the end of Fiscal year 2011/2012 as follows:

FY 2008-09: **\$37,603** (Staff salaries (Intern supervisor \$20,586 and Sr. clerk \$12,112 only) and operating expense for May and June 2009 \$4,904)

FY 2009-10: **\$280,353**

FY 2010-11: **\$280,353**

FY 2011-12: **\$280,353**

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$ _____ 0 _____</b>	<b>FY 2007-08 \$104,423</b>	<b>FY 2008-09: \$878662</b>
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**B. TRAINING AND TECHNICAL ASSISTANCE**

**Action #2 – Title: **Staff Development Training Initiative****

**Description:** CCMH is committed to a philosophy of “Growing our Own” with regard to workforce development. A well-educated, well-prepared public mental health workforce requires access to current clinical, administrative, supervisory, and managerial information on best practices in order to effectively serve Contra Costa County’s dynamic and diverse populations and regions. The identification and/or development of new staff development opportunities that advance staff competencies, contribute to job satisfaction and retention, and serve to attract new employees based on personal and professional growth and development opportunities will be included. Acknowledging that people learn at different paces and in different ways--and that most are employed full-time--means that staff development opportunities should be congruent with employer work performance expectations. During the Stakeholder process, CCMH conducted a staff training survey and received a 72% return rate, approximately 235 surveys. From surveys and focus groups

with consumers, family members, county staff, contracted providers and educators, CCMH has identified the following activities:

- In consultation with CCMH Administration and the Training Advisory Group, develop training priorities for clinical and administrative staff, including contracted community-based organizations and network providers. Trainings will focus on preparing CCMH and CBO staff to offer culturally competent, recovery-orientated services both in prevention and appropriate interventions in the children, TAY, adult, and older adult systems of care. Clinical training topics identified from the staff survey include (but are not limited to): group therapy; cognitive behavioral therapy; co-occurring disorders (more detail below), Wellness Recovery Action Plan (WRAP) Training, Interpreter training and cultural competency. Administrative topics include: Medi-Cal charting; organizational skills; presentation skills, etc. Staff has also requested training on best practices working with LGBTQ consumers.
- In partnership with local two- and four-year educational institutions, develop a certificate program for co-occurring mental health/substance abuse disorders for public mental health staff. Contra Costa Health Services has separate Alcohol and Other Drugs and Mental Health Divisions. The Mental Health Division's initial CSS Three Year plan identified the need for additional staff training and resources for co-occurring disorders. As County and State resources become more limited, having mental health staff trained to work with consumers with co-occurring disorders supports overall recovery and a more integrated experience.
- Coordinate and support training and technical assistance efforts for clinicians (including psychiatrists), contracted providers, and staff at all levels across organizations, including clinical, administrative, clerical and consumer and family member staff. Identify cross-training opportunities. Use a menu of training opportunities that include face-to-face meetings; small groups; off-site and on-site trainings; videoconferencing; and E-Learning/Internet-based trainings.
- Build internal agency capacity by identifying staff (including consumer and family members) to be subject matter experts on a variety of best practices and use them to provide technical assistance.
- Train mental health system staff and administrators in philosophy, concepts, and skills necessary to work alongside and incorporate consumers and family members as full partners and create dialogue among staff.
- Develop resources and training opportunities for new supervisors and managers on basic management techniques and theories
- Offer Spanish language training to CCMH staff to increase language capacity and cultural competency. This relates directly to the needs as identified in Exhibit 3.

**Objectives:**

1. Develop a Staff Development Training Calendar that includes clinical and other training topics for all staff. Offer trainings to at least 150 County and contracted agency (CBO) staff during FY 08-09.
2. Begin recruiting and developing internal Subject Matter Experts to offer technical assistance on best practices.
3. Explore the purchase and utilization of an eLearning system that meets CCMH's needs for training subject matter, including Wellness Recovery Action Planning and a learning management system (for reporting and organizational purposes). Explore the possibility of regional coordination in the Bay Area in this effort, in collaboration with Bay Area regional workforce development activities.
4. Plan and implement the Recovery in Diverse Communities Conference in Fall 2009 to focus on reducing stigma among mental health professionals

**Budget Justification:**

- Ongoing staff development trainings(Up to 10 trainings each year @ \$8000/training): \$80,000
- Core/foundational training (including cultural competency, recovery, interpreter training, safety training, clinical case management, CBT, WRAP, History of the California public mental health system, interpreter training etc.) (Up to 2 trainings per year @\$20,000/training): \$40,000
- ELearning System: set-up fee and maintenance: \$2,500
- ELearning Ongoing catalogue use: \$25,000
- Co-occurring Disorders Certificate training: \$30,000
- Spanish language training: \$4,500
- Operating Costs (Includes use of stationery, facility, computer, copying and printing etc.): \$36,400

**Total annual training estimate: \$218,400**

- Recovery in Diverse Communities Conference  
(One time cost in 2009-10; Ref: annual Update 2009-10): \$35,000
- FY 07/08 Early implementation and implementation funds used this FY are not part of the funds requested in this proposal, however they are reflected in Exhibit 6.

**Note:**

Staff time is budgeted under Workforce Staffing support.

Training Costs are estimated for each training based on prior experience with similar trainings and include fee for trainer, cost of training materials, facility rental, printing and copying documents, Continuing Education (CE) fee costs, and stationary supplies.

The annual estimated cost for this Action is \$218,400.00. CCMH is requesting funding to support the development and administration of this Action through the end of Fiscal year 2011/2012 as follows:

FY 2008-09: \$28,750- 1 staff development training (\$8000)+ 1 Core foundational training (\$10,000) + Elearning equipment set-up (\$5000) + Elearning catalogue use (\$2000) + Operating Cost (\$ 3750)

FY 2009-10: \$218,400 (\$218,400 annual cost included in budgeted amount below, \$35,000 Recovery in Diverse Communities Conference one-time cost included in annual update 2009-10 and not reflected in budgeted amount below)

FY 2010-11: \$218,400

FY 2011-12: \$218,400

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$ 0</b>	<b>FY 2007-08: \$ 46,800</b>	<b>FY 2008-09: \$683,950</b>
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**Action #3 – Mental Health Training for Law Enforcement:**

Law enforcement officers need training in safely responding to crisis situations involving consumers. During CCMH’s WE&T stakeholder process (along with the PEI process), consumers and family members identified the need for more training of Contra Costa’s law enforcement officers throughout the County. Using CSS funds, CCMH offered its first Crisis Intervention Training (CIT) in summer 2008 to 30 officers. CCMH plans to continue this effort on a regular basis to increase capacity in this area. This training will be offered in conjunction with the Community Violence Prevention project under PEI. In keeping with the philosophy of the MHSA, consumer and family members will be included in this process and will be guest speakers/trainers during the instruction.

**Objectives:**

1. Offer technical assistance to targeted Law Enforcement agencies in Contra Costa County with regard to CIT.
2. Collaborate with local Law Enforcement agencies to offer CIT training to Law Enforcement and mental health staff.
3. Increase cultural awareness of law enforcement towards issues specific to mental health consumers.
4. Promote an integrated service experience for mental health consumers involved with law enforcement.
5. Leverage the use of funds between PEI and WE&T. The \$25,000 cost for this training is covered under the WET proposal only.

**Budget Justification:**

- 1 session of CIT Training (Up to \$15,375 for trainer fee, facility rental and supplies; \$9,625 for up to 35 stipends @ \$275/stipend): \$25,000
- Total: \$25,000**

**Note:** The annual estimated cost for this Action is \$25,000.00. CCMH is requesting funding to support the development and administration of this Action through the end of Fiscal year 2011/2012 as follows:

FY 2008-09: **\$25,000**

FY 2009-10: **\$25,000**

FY 2010-11: **\$25,000**

FY 2011-12: **\$25,000**

<b>Budgeted Amount:</b>	FY 2006-07: \$ <u>    0    </u>	FY 2007-08: \$ <u>    0    </u>	FY 2008-09: \$ <u>100,000</u>
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**C. MENTAL HEALTH CAREER PATHWAYS PROGRAMS****Action #4 – Title: Consumer Employment Strategies - SPIRIT Program Expansion & Enhancement**

**Description:** Contra Costa Mental Health has historically been a leader in the engagement of consumers and family members as employees, with key individuals in designated positions who report to the Mental Health Director. For over 12 years, CCMH has offered consumer training programs, now formalized as the Service Provider Individualized Recovery Intensive Program or SPIRIT Training program. This consumer employment program offers an intensive 14-week training program followed by a paid supervised internship. It is universally lauded as an important point of entry for consumers and family members. As a career pathway, many of its graduates have gone on to securing full- and part-time employment with Contra Costa Mental Health and/or other agencies. Successful completion of SPIRIT is one of Contra Costa County's requirements for consumer positions (Community Support Worker I & II). With WE&T Early Implementation and CSS funds, CCMH worked with Contra Costa College in West County to offer SPIRIT on campus for college credit during the Spring 2008 semester. Building on the SPIRIT program's success, the following activities are planned to improve accessibility of the program for even greater numbers of consumers and family members.

- Work with Contra Costa College faculty and staff to support SPIRIT students to become fully integrated into the campus community and access the College's full array of supportive and academic services.
- Convene other community colleges in Contra Costa County to consider offering SPIRIT.
- Collaborate with contract agencies in Contra Costa County to create awareness of the value of the SPIRIT program, and to develop them as potential internship and job placement sites for SPIRIT graduates.

- Create an extended work-study program for SPIRIT graduates to gain additional internship experience in CCMH and CBO sites.
- Create a SPIRIT Alumni network for graduates to offer continuing support, mentorship, and resource sharing.
- Offer “soft skills” training for potential consumer employees, including interviewing, resume development and basic on-the-job etiquette.

**Objectives:**

1. Work with Contra Costa College staff and faculty to formalize the SPIRIT course in Contra Costa College’s academic catalog by academic year 2009-10.
2. With staffing from the Consumer Employment Coordinator, develop a SPIRIT alumni network for ongoing support and sharing of resources.

**Budget Justification:**

(Stipends for the SPIRIT students, materials, and costs for the Primary Instructor and Teaching Assistant are currently funded under the CSS component of MHSA.)

- SPIRIT college instructor (Contracted with Contra Costa Community College to provide college faculty time for teaching, consultation, and administrative duties)- \$10,000
  - Operating Expense (Includes use of stationery, facility, computer, copying and printing etc.): \$1,500
- Total: \$11,500**

**No budget requested in this plan. Currently budgeted under CSS component of MHSA WE&T Funding to start in FY 2009-10 as indicated in 2009-10 Annual Plan Update**

**Note:** The annual estimated cost for this Action is \$11,500.00. CCMH is requesting funding to support the development and administration of this Action through the end of Fiscal year 2013/2014 as follows:

- FY 2008-09: **Budgeted under CSS component of MHSA**
- FY 2009-10: **\$11,500**
- FY 2010-11: **\$11,500**
- FY 2011-12: **\$11,500**
- FY 2012-13: **\$11,500**
- FY 2013-14: **\$11,000**

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$ 0</b>	<b>FY 2007-08: \$ 0</b>	<b>FY 2008-09: \$ 0</b>
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**C. MENTAL HEALTH CAREER PATHWAYS PROGRAMS- continued**

**Action #5 – Title: Family Member Employment Strategies**

**Description:** As described previously, Contra Costa Mental Health has historically been a leader in the engagement of consumers and family members as employees. With CSS funding CCMH increased the number of Family Partners in Children’s Mental Health programs, offering intensive Wraparound Training for identified County and CBO staff. CCMH is also using CSS funds to increase the number of Adult Family Partners to work with families in the Adult and Older Adult system. With WE&T funding CCMH will continue training family members both in CCMH and contract agencies and emphasize training curriculum for the Adult System. The development of a structured pre-employment training curriculum for Wrap-around staff and volunteers is also being explored.

Training will include classroom training in basic human service and mental health concepts/knowledge using a curriculum that emphasizes wellness and recovery principles; training of current mental health system staff and administrators in the philosophy, concepts and skills necessary to work alongside of and incorporate consumers and family members as partners in providing mental health services. CCMH will explore existing training curriculum and subject matter experts/trainers that could guide us in implementing this training. Specific training for Adult Family Partners will incorporate an evidence-based practice guideline in Family Psycho Education that helps families develop coping skills for handling problems posed by mental illness in the family, and developing skills to support the recovery of loved ones.

**Objectives:**

1. Explore the development of a formalized family member training for employment in the public mental health system.
2. Staff development trainings for family partner staff/volunteers annually.
3. Training for current Contra Costa County staff.

**Budget Justification:**

Family Psycho Education Training (2 sessions each year @ \$10,000/session) - \$20,000

**Total: \$20,000**

**Note:** Training Costs are estimated for each training based on prior experience with similar trainings and include fee for trainer, cost of training materials, facility rental, printing and copying documents, CE costs, and stationary supplies.

The annual estimated cost for this Action is \$20,000.00. CCMH is requesting funding to support the development and administration of this Action through the end of Fiscal year 2011/2012 as follows:

FY 2008-09: **\$10,000**  
FY 2009-10: **\$20,000**  
FY 2010-11: **\$20,000**  
FY 2011-12: **\$20,000**

<b>Budgeted Amount:</b>	<b>FY 2006-07:</b> \$ <u>0</u>	<b>FY 2007-08:</b> \$ <u>0</u>	<b>FY 2008-09:</b> \$ <u>70,000</u>
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**Action #6 – Title: Developing Mental Health Concentration in High School Health Academies**

**Description:** Contra Costa County’s school districts currently offer several high school health-focused academies. Through discussions during CCMH’s WE&T planning process, school personnel have expressed interest in developing mental health coursework in existing high school health academies. Contra Costa Mental Health worked with students from Mt. Diablo High School’s Health Academy during the PEI Planning Process. Two school districts have expressed an interest in developing a mental health concentration within their existing programs. As part of the development process CCMH will review curriculum developed by Life Academy (high school mental health academy in Oakland). Eventually, students in mental health academies will also link to activities in the Community College Partnership (activity #7), forming the beginning of a career ladder in the public mental health system.

**Objectives:**

1. Convene a small workgroup of interested high school staff/educators in existing high school Health Academy(s) to explore developing a mental health concentration.
2. Develop curriculum for a mental health concentration in existing High School Health Academy.
3. Support development of this activity through recruiting staff as guest speakers and eventually offering a limited internship appropriate for high school students enrolled in Health Academies to expose them to careers in the public mental health system.

4. Link current high school students to community college curriculum (PSR - see Activity # 6) as appropriate.
5. Develop a stipend program for high school students enrolled in this program.
6. Share lessons learned and provide Technical Assistance to other High Schools that are interested in developing a High School Academy, particularly with a Mental Health focus.

**Budget Justification:**

This action is intended to be formalized subsequent to development of PSR certificate in the Community Colleges (Activity #7)

- High School Curriculum Development (Contract with a local high school each year to provide faculty time for curriculum development and administration): \$7,000
  - Stipends for 15 High School Students @ \$500 each: \$7,500
- Total: \$14,500**

**No budget planned for this year. Funding to start in FY 2009-10 as indicated in 2009-10 Annual Plan Update.**

**Note:** The annual estimated cost for this Action is \$14,500.00.CCMH is requesting funding to support the development and administration of this Action through the end of Fiscal year 2011/2012 as follows:

- FY 2008-09: No budget planned
- FY 2009-10: \$14,500
- FY 2010-11: \$14,500
- FY 2011-12: \$14,500

<b>Budgeted Amount:</b>	FY 2006-07: \$ <u>0</u>	FY 2007-08: \$ <u>0</u>	FY 2008-09: \$ <u>0</u>
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**C. MENTAL HEALTH CAREER PATHWAYS PROGRAMS- continued**

**Action #7– Title: Community College Partnerships: Psychosocial Rehabilitation Certificate (PSR)**

**Description:** Implementation Activities—County and community-based organizations recognize the need for well trained staff who may not have the resources to complete a bachelors or graduate degree but have the skills and desire to complete a formal training program. Consumer and family member staff are also interested in receiving more formal education. Building on CCMH’s partnership with Contra Costa College, the Division is working with faculty to implement the Psychosocial Rehabilitation Certificate program using the curriculum developed by the California Association of Social Rehabilitation Agencies (CASRA). Using WE&T Early Implementation

funds, CCMH began working with Contra Costa College to develop this program. Consultant Tim Stringari has completed an initial review of the College's existing Human Services Certificate program and made recommendations for two additional courses to be added. CCMH is contracting with CASRA to formalize this process and train Contra Costa College faculty and staff. CCMH intends to replicate the success of this model at other community colleges in Contra Costa County in the future.

**Objectives:**

1. Complete PSR certificate consultation and coursework recommendations by August 2009.
2. Convene an advisory group of providers to assist with promoting and recruiting for the PSR program.
3. Track enrollment and completions in the initial PSR program at Contra Costa College.
4. Train CCMH staff in the PSR certificate program.

**Budget Justification:**

- Training and TA to develop PSR certificate (One time funding- Fee (@250/hr for a maximum of \$35,000) for CASRA to consult with, plan and develop the PSR certificate curriculum at Contra Costa College and provide trainings to college faculty and staff):  
\$15,000 in FY 2008-09; \$20,000 in FY 2009-10
- Training for CCMH staff to earn PSR certificate: \$5,000

**Note:** The annual estimated cost for this Action is \$5000.00. CCMH is requesting funding to support the development and administration of this Action through the end of Fiscal year 2011/2012 as follows:

FY 2008-09: \$15,000  
FY 2009-10: \$20,000  
FY 2010-11: \$5,000  
FY 2011-12: \$5,000

<b>Budgeted Amount:</b>	FY 2006-07: \$ _____	FY 2007-08: \$ 5,850 _____	FY 2008-09: \$ 45,000 _____
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**Action #8– Title: Psychiatric Technician Program**

**Description:** Development of Psychiatric Technicians is being addressed as part of the medical workforce development in CCMH. Recruitment of Psychiatric Technicians is challenging and concentrated hiring efforts have not been successful. CCMH is exploring

programs in our county that are in the preliminary stages of development. We plan to continue to learn about the program options for working professionals to grow our existing staff in this field as well as creating opportunities for internships/traineeships for students of Psychiatric Technicians programs.

**Objectives:**

1. Explore existing and potential Psychiatric Technician Programs in Contra Costa and surrounding areas.
2. Explore ways to incorporate and develop psychiatric technicians in the workforce.

**Budget Justification:**

**No budget planned for this action. Pending any specific action steps this action will be supported in kind by the WE&T coordinator**

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$</b> <u>0</u>	<b>FY 2007-08: \$</b> <u>0</u>	<b>FY 2008-09: \$</b> <u>0</u>
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**D. RESIDENCY, INTERNSHIP PROGRAMS**

**Action #9 – Title: Expanding Graduate Level Internship Opportunities**

**Description:** Exposure to the public mental health field through residency programs, internships, and other training opportunities is a key strategy to identify and recruit professional staff. Early engagement of young professionals through on-the-job-training represents a replenishment source for retiring and exiting staff. It also ensures an infusion of new ideas based on current best practices that are being taught in professional schools including social work, psychology, medicine and nursing. Contra Costa Mental Health and community providers need to ensure that sufficient supervision and learning opportunities are afforded students and early career professionals so that educational institutions will continue to place students in public mental health internships. Through surveys and focus group responses, current staff (County and CBO) with graduate degrees requested assistance in obtaining supervision for State clinical licensure (e.g., LCSW, MFT). This supports CCMH’s commitment to “Growing our Own.” CBOs also report that the cost of clinical supervision, which is not currently a reimbursable contractual expense, creates a hardship for agencies in accepting interns.

CCMH currently offers graduate-level internships to approximately 20-30 MFT, Psychologist and Social Work interns and trainees annually. However, the majority of our interns work in our Children’s Mental Health System. There is a need to increase the number of interns/trainees along with supervision opportunities for interns and trainees in our Adult and Older Adult System. CCMH also needs to increase the number of Spanish-speaking clinicians. In September 2008, Pleasant Hill-based John F Kennedy University (JFKU) launched a new Counseling Psychology Program focused on Latino/Hispanics for MFT licensure. CCMH has trained and hired many JFKU graduates and plans to expand internship opportunities for this program. We have used the WE&T early implementation funds to

hire our interns as Student Workers starting in Fall 2008, The program pays a higher differential to students with bilingual skills. These students are also paired with clinical supervisors and other supervisory staff that can help them develop these skills in mental health practice.

**Objectives:**

1. Place graduate level interns/trainees in the Adult and Older Adult system in the next 18 months. Emphasize recruitment of bilingual/bicultural individuals; and with consumer/family member experience.
2. Increase access to clinical supervision for staff, residents, and interns employed and/ or placed with the Division. Hire a part-time staff member to support the provision of clinical supervision. Provide structured supervision with administrative oversight for staff and interns.
3. Coordinate periodic meetings for clinical supervisors to provide supervision training, and to review difficult cases.
4. Expand internship program to provide stipends for interns placed at CBOs.

**Budget Justification:**

- Student Workers (salary for up to 24 students @ \$8/hr/ for 20 hr/week for 44 weeks = \$168,960 + 15% benefits \$25,344): \$194,304
  - Student Workers- bilingual (salary for up to 7 students @ \$8.41/hr/ for 20 hr/week for 44 weeks = \$51,805.60 + 15% benefits \$7770): \$59,576
  - CBO- Intern stipends (up to 20 students @ \$5000/ stipend/intern year): \$100,000
  - Operating Expense (Includes use of stationery, facility rental, computer, copying and printing etc): \$53,082
- Total: \$406,962**
- FY 07/08 Early implementation and implementation funds used this FY are not part of the funds requested in this proposal, however they are reflected in Exhibit 6.

**No funds requested in this plan. Currently only part of this Action is funded using Early implementation funds. Full Funding to start in FY 2009-10 as indicated in 2009-10 Annual Plan Update.**

**Note:** The annual estimated cost for this Action is \$406,962.00. CCMH is requesting funding to support the development and administration of this Action through the end of FY 2013-2014 as follows:

FY 2008-09: Early implementation funds used to fund part of this Action

FY 2009-10: \$406,962
FY 2010-11: \$406,962
FY 2011-12: \$406,962
FY 2012-13: \$406,962
FY 2013-14: \$203,481 (Funding only for up to 12 monolingual English speaking \$97,152 salary + benefits and 3 bilingual students \$25,533 salary +benefits, and up to 15 CBO intern stipends \$80,796)
<b>Budgeted Amount:</b> FY 2006-07: \$ 0 FY 2007-08: \$ 70,200 FY 2008-09: 0

**D. RESIDENCY, INTERNSHIP PROGRAMS--** *Continued*

**Action #10 – Title: Psychiatry Workforce Development**

**Description:** Our public mental health system is faced with a shortage of medical staff, including psychiatrists, nurses, and licensed psychiatric technicians. Contra Costa County has experienced a particular shortage with regard to psychiatrists, including child psychiatrists, geriatric psychiatrists and community psychiatrists with a recovery focus. The reasons are complex and not uncommon to many County mental health systems and include: high cost of living in the Bay Area; competition from the Correctional system that is currently under Receivership and subsequent increased compensation; and competition from the private sector. The Division also needs to increase the language capacity, cultural capacity and racial & ethnic diversity of its psychiatrists.

Contra Costa Regional Medical Center and Clinics has a longstanding family practice residency program through UC Davis. CCMH has had preliminary discussions with UC Davis for affiliation with the Division. CCMH recognizes that any Residency program is a long-term commitment and investment. During 2008-09, CCMH will work on developing linkages with the State-funded Psychiatric residency programs currently in development with UC Davis and UCSF.

Training and supervision for staff in evidence-based approaches is vital to career development and retention, as well as exposure to selected areas in public mental health of psychiatrists early as well as later in their careers. CCMH has convened a medical staff council of psychiatrists to focus on specific needs for training, support and professional development. Psychiatric supervisory capacity to allow for individual mentoring and group supervision critical areas is being considered as one of the options to provide supervision to the current staff as well as future residents. Identifying and hiring minority supervisors from the range of ethnic and linguistically distinct populations served in the public sector is being emphasized in this project.

(While not specifically related to activities for this Action, in 2007-08 CCMH applied for and received designation for two new Mental Health Professional Shortage Areas with the goal of making the benefits identified in those designations a recruitment tool).

**Objectives:**

1. Develop an affiliation with UC Davis and UCSF to explore developing a Psychiatric residency and/or Fellowship program for

CCMH. Promote the development of culturally relevant, recovery-oriented curriculum and experience to include both county and CBO systems of care.

2. Explore the training and professional development needs of psychiatrists in Contra Costa County (both CCMH and CBO).
3. To provide training/supervision for psychiatrists and other medical staff that addresses the needs of consumers and family members.
4. Develop a team of psychiatrists as subject matter experts with specialization, including community psychiatry, children, geriatric, forensics, co-occurring disorders (and other areas) to train CCMH staff.

**Budget Justification:**

- Part-time Senior psychiatrist/supervisor staff (up to 3 hours/week @\$200/hr for 52 weeks): \$31,200
- Staff time to provide supervision/training: No budget for this year

**Total: \$31,200**

**Note:** The annual estimated cost for this Action at this time is \$31,200.00. CCMH is requesting funding to support the development and administration of this Action through the end of Fiscal year 2011/2012 as follows:

FY 2008-09: \$20,000(Costs for part of the FY year 2008-09)  
FY 2009-10: \$31,200  
FY 2010-11: \$31,200  
FY 2011-12: \$31,200

<b>Budgeted Amount:</b>	FY 2006-07: \$ <u>0</u>	FY 2007-08: \$ <u>0</u>	FY 2008-09: \$113,600
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**Action #11– Title: Nursing Workforce Development**

**Description:** As with psychiatrists, recruitment and retention of nursing staff has been challenging due to complex reasons. Psychiatric nursing is a growing profession and a great catalyst for improving many of the issues surfacing regarding the acute and chronic mental health problems. Their broad background in both the biological and behavioral sciences make Psychiatric Advanced Practice Nursing Programs a rich resource as providers of mental health services and as an adjunct to the role of the psychiatrists.

CCMH has developed a relationship with Samuel Merritt College and UCSF School of Nursing. Starting in Fall 2008, we are expanding our Internship program to develop nursing preceptors and incorporate a nursing training program for students/interns. We will start accepting Interns into this program in Spring 2009. During 2008-09 CCMH will work on developing a link with the MHSA state-funded Psychiatric Advanced Practice Nursing programs currently in development with UCSF. As the CCMH nursing program develops the nursing students will be hired as Student Workers. Additionally, students with bilingual skills will receive a higher differential salary and development of these skills in mental health practice will be emphasized as part of their training program.

**Objectives:**

1. Work with Samuel Merritt College, UC Davis and UCSF to provide outreach and recruit students to the Nursing Internship Program.
2. Explore the training and professional development needs of nursing staff in the system.
3. Formalize the internship program for Psychiatric Nurses and RNs.

**Budget Justification:**

- Student Workers (salary for up to 6 students @ \$8/hr/ for 20 hr/week for 44 weeks = \$42,240+ 15% benefits = \$6,336):  
\$48,576
  - Student Workers- bilingual (salary for up to 3 students @ \$8.41/hr/ for 20 hr/week for 44 weeks =22,202.40 + 15% benefits = 3330.36): \$25,533
  - Operating Expense (Includes use of stationery, facility rental, computer, copying and printing etc): \$11,116
- Total: \$85,225**

FY 07/08 Early implementation and implementation funds used this FY are not part of the funds requested in this proposal, however they are reflected in Exhibit 6.

**No budget planned for this year. Funding to start in FY 2009-10 as indicated in 2009-10 Annual Plan Update**

**Note:** The annual estimated cost for this Action is \$85,225.00. CCMH is requesting funding to support the development and administration of this Action through the end of FY 2013-2014 as follows:

FY 2008-09: Early implementation funds used to fund part of this Action

FY 2009-10: **\$85,225**

FY 2010-11: **\$85,225**

FY 2011-12: **\$85,225**

FY 2012-13: **\$85,225**

FY 2013-14: **\$42,612** (Funding only for up to 3 monolingual English speaking \$24,288 salary + benefits and 2 bilingual students \$17,022 salary + benefits, and \$1302 Operating Expenses)

<b>Budgeted Amount:</b>	<b>FY 2006-07:</b> \$ <u>    0    </u>	<b>FY 2007-08:</b> \$ <u>    0    </u>	<b>FY 2008-09:</b> \$ <b>0</b>
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## **E. FINANCIAL INCENTIVE PROGRAMS**

### **Action #12 – Title: Scholarship Program for Bachelors level degrees**

**Description:** Implementation Activities – Substantial turnover of seasoned Contra Costa Mental Health staff is expected to occur within the next 10 years. Of the 234 staff that completed surveys, 45% (106) reported that they anticipated working at Contra Costa Mental Health for 10 years or less; and one-half of those who anticipate leaving are experienced workers with 10 years or more tenure in the Division. Furthermore, 59.0% of those planning to leave within 10 years reported they are *licensed direct service providers* and 13.3% indicated that they are *unlicensed direct service providers*; 70% also have advanced degrees.

Supporting CCMH’s commitment to “Growing our Own,” this activity supports staff being able to obtain a degree while employed and will be tied to the employee’s commitment to remain with Contra Costa Mental Health for an agreed upon period of time. This program will allow for continued development of a proven and qualified workforce, tapping those that already have an understanding of the

County system. During their engagement in educational programs, a portion of the participants' tuition may also be paid with WE&T funds. This will also serve as a next step in the career track for Community Support Workers (Entry level job classification for individuals with Mental Health consumer experience) and family partners many of whom have an AA degree.

**Objectives:**

1. Explore options for professional development for staff through scholarships for BA program and flexible work programs, including 20-20 programs
2. Support development of a future workforce with an increased proportion of consumers and family members employed within the public mental health system in Contra Costa County.
3. Increase workforce diversity and language capacity

**Budget Justification:**

- Scholarships/stipends for up to 5 staff @ \$4,000/year: \$20,000
  - Operating Expense (Includes use of stationery, computer, copying and printing etc): \$3,000
- Total: \$23,000**

- **No budget planned for this year. Funding to start in FY 2009-10 as indicated in 2009-10 Annual Plan Update**

The annual estimated cost for this Action is \$23,000. CCMH is requesting funding to support the development and administration of this Action through the end of year 2011-12 as follows:

FY 2009-10: \$23,000  
FY 2010-11: \$23,000  
FY 2011-12: \$23,000

<b>Budgeted Amount:</b>	FY 2006-07: \$ <u>      0      </u>	FY 2007-08: \$ <u>      0      </u>	FY 2008-09: \$ <u>      0      </u>
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**Action #13 – Title: Scholarship Program for Masters’ Level Degrees**

**Description:** As described previously, substantial turnover of seasoned Contra Costa Mental Health staff is expected to occur within the next 10 years. In addition to BA-level programs, staff has also expressed great enthusiasm for completing Masters-level education, specifically in Social Work. The Workforce Needs Assessment documented the need for a dramatic increase in MSWs throughout CCMH. Educational financing assistance will provide opportunities for current County staff to obtain an MSW degree while employed. This strategy, which will be tied to the employee’s commitment to remain with Contra Costa Mental Health for an agreed

upon period of time, ensures advanced level competencies and possible promotion for known workers. This program will allow for continued development of a proven and qualified workforce, tapping those that already have an understanding of the County system. During their engagement in educational programs, a portion of the participants' tuition may also be paid with WE&T funds.

Cal State University East Bay (CSUEB) currently offers an MSW program at its Concord Campus for working professionals. In addition, Contra Costa County's Employment & Human Services Department (EHSD - Social Services) currently has a program at the Concord Campus for its staff to complete their MSW degree. CCMH staff has met with EHSD and will use their knowledge and experience to develop the Mental Health Division's project.

**Objectives:**

1. Explore the different options of academic programs in Social Work for working professionals available to CCMH staff to complete an MSW program.
2. Develop an application process for current staff. Support development of a future workforce with an increased proportion of consumers and family members employed within the public mental health system in Contra Costa County.
3. Increase workforce diversity and language capacity.

**Budget Justification:**

- Scholarships/stipends for up to 5 staff @ \$5,000/year: \$25,000
- Operating Expense (Includes use of stationery, computer, copying and printing etc): \$3,740
- Total: \$28,740**
- **No budget planned for this year. Funding to start in FY 2009-10 as indicated in 2009-10 Annual Plan Update: \$28,740**

The annual estimated cost for this Action is \$28,740. CCMH is requesting funding to support the development and administration of this Action through the end of year 2011-12 as follows:

FY 2009-10: \$28,740  
FY 2010-11: \$28,740  
FY 2011-12: \$28,740

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$ 0</b>	<b>FY 2007-08: \$ 0</b>	<b>FY 2008-09: \$ 0</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 : Workforce Staffing Support</b>	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>Action # 2 : Staff Development Training Initiative</b>	X	X	X	X	X	X	X	X			X		X
<b>Action # 3:MH Training for Law Enforcement</b>	X	X	X	X	X	X	X			X			
<b>Action # 4 : Consumer Employment Strategies-SPIRIT</b>	X	X	X	X	X	X	X			X		X	X
<b>Action # 5 : Family Member Employment Strategies</b>	X	X	X	X	X	X	X			X		X	X
<b>Action # 6 : Developing MH concentration in High School Academies</b>	X	X	X	X	X		X		X	X		X	X
<b>Action # 7 : Community College Partnerships</b>	X	X	X	X	X	X	X		X	X		X	X
<b>Action # 8 : Psychiatric Technician Program</b>	X	X	X	X	X	X	X	X	X			X	X
<b>Action # 9 : Expanding Graduate Level Internships</b>	X	X	X	X	X	X	X	X	X	X		X	
<b>Action # 10 : Psychiatric Workforce Development</b>	X	X	X	X	X	X	X	X	X	X			
<b>Action # 11 : Nursing Internship Program</b>	X	X	X	X	X	X	X	X		X		X	
<b>Action # 12:Scholarship Program for Bachelor level</b>	X	X	X	X	X	X	X	X	X	X		X	X
<b>Action #13: Scholarship Program for Masters level</b>	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>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:	\$104,423		\$104,423
B. Training and Technical Assistance	\$46,800		\$46,800
C. Mental Health Career Pathway Programs	\$5,850		\$5,850
D. Residency, Internship Programs			
E. Financial Incentive Programs	\$70,200		\$70,200
<b>GRAND TOTAL FUNDS REQUESTED for FY 2007-08</b>			<b>\$227,273</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:		\$878661.70	\$878662
B. Training and Technical Assistance	\$20,155.59	\$783950	\$804106
C. Mental Health Career Pathway Programs		\$115000	\$115000
D. Residency, Internship Programs	\$93,600	\$113,600	\$207200
E. Financial Incentive Programs			
<b>GRAND TOTAL FUNDS REQUESTED for FY 2008-09</b>			<b>\$2,004,968</b>

**EXHIBIT 7: ANNUAL PROGRESS REPORT (NOTE: This exhibit is for information purposes only, and does not need to be submitted with the Plan.)** List any objectives from any of the Actions that have been met during the period being reported, any issues that significantly impact on the accomplishment of objectives, and any positive accomplishments. Events, milestones, products, or outcomes are to be reported as measurable activities that can be quantitatively compared for the duration of the contract period.

**ANNUAL PROGRESS REPORT**

County: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

Component: **Workforce Education and Training**

Period Covered: \_\_\_\_\_

**Progress on Objectives (short narratives, below)**

Workforce Staffing Support:

Training and Technical Assistance:

Mental Health Career Pathways Programs:

Residency, Internship Programs:

Financial Incentive Programs:

**Form completed by:**

Name: \_\_\_\_\_

Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Title or position: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX A



Mental Health Services Act (MHSA)  
 Workforce Education and Training (WE&T) Component  
**Public Comment Tracking Form**

***WE&T Stakeholder Input/Comments to the Draft Plan during the Public Comment period (Dec 11, 2008- Jan 12, 2009)***

***Reading from left to right: the first column contains WE&T Plan Action number/name, the second column contains the section of the plan referenced in the comments, the third column identifies the Stakeholder input, and the fourth column provides the County WE&T Project Team response and the revisions that were incorporated into the draft WE&T Plan version that was posted for public comment for the 30 day period.***

Action Number	Section of Plan Referenced	Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
1 Workforce Coordination Activities		NO COMMENT	
2 Staff Training Development	Core/foundational Trainings For staff	Recovery Training and Dialogue for All Staff Training in Recovery and Resiliency represents a critical first step towards the integration of a wellness, recovery and resiliency orientation in our system. The training could be designed for all staff and management to promote and encourage the practice of recovery principles and to deepen understanding of the value of providing peer support and hiring staff with lived experience. The Dialogue Process could provide opportunities to address concerns and barriers to including consumers and family members as colleagues. Such as Consumer Relations, Family Relations, Training and the Wellness, Recovery Resiliency portion. A MHSA initiative designed to provide technical assistance on wellness principles and practices, could collaborate to identify existing training modules and facilitation processes and to organize and provide these trainings for Contra Costa County workforce and CBO staff.B.Trainings need to include Native American needs &cultur	The Training Advisory group will develop training priorities and advise on development of the training curriculum for CCMH. These recommendations will be passed on to the Training Advisory group.
3 Mental health Training for Law Enforcement		NO COMMENT	

Action Number	Section of Plan Referenced	Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
4 SPIRIT Program Expansion	Training for Consumers; Jobs for Consumers	A. WET funds should be directed toward training Behavioral Health Court clients/consumers for jobs as peer assistants; B. The WET Plan should include consumer training for jobs outside of the mental health field	A. This recommendation has been forwarded to the MHSA tracking and planning group. B. The Dept of Mental health proposed guidelines state that WET funding would not be allowed for "education/training curricula that ....do not prepare participants to work in the Public Mental health system" (Ref: DMH info. notice07-14; Enclosure1A; Part III Exhibit 4; Pg 20; Para. #2)
5 Family Member Employment Strategies		NO COMMENT	
6 MH in High School Academies		NO COMMENT	
7 Community College Partnership: PSR Certificate		NO COMMENT	

Action Number	Section of Plan Referenced	Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
8 Psychiatric Technician program		NO COMMENT	
9 Graduate Level Internships		NO COMMENT	
10 Psychiatric Workforce Development	Medical Staff training and leveraging other components of MHSA	<ul style="list-style-type: none"> <li>- Relatively little is allocated for the docs.</li> <li>- The following training modules should be implemented and operationalized system wide:</li> <li>- Illness Management and Recovery (NOT currently covered under the Spirit Training)</li> <li>- Family Psychoeducation (already part of your list)</li> <li>- Medication practice, including selected areas for practice enhancement such as Clozaril, injectables, treatment of major depression and so on... some of this is being done through the Department of Psychiatry's CME program but requires some underwriting to assure our independence from the Pharmaceutical firms.</li> <li>- Provision of on-site/supervisory teaching resources using WET dollars</li> </ul> <p>For WET funds to achieve the kind of systemic transformation we all want, the initiatives might best be tied to selected program sites that can serve as "in situ" pilots for best practices as well as evidence-based practices. This can be done through the selection of existing practices that come close or meet those criteria (i.e. EBP or BP), through attaching additional funding for supervisory staff, freeing up master trainers from among some of our own highly skilled staff, etc.</p> <p>If this is not feasible in the current go round, perhaps it is something that can be entertained for the next year.</p>	These recommendations have been forwarded to the MHSA planning and tracking committee for consideration during the planning for Psychiatric Workforce Development.
11 Nursing Workforce Development		NO COMMENT	
12 Scholarships BA level		NO COMMENT	
13 Scholarships MA level	Draft W&T Plan 1/30/09	NO COMMENT	