El Dorado County
Mental Health Services Act (MHSA)
Workforce Education and Training (WET) Application for Funds
Executive Summary

Background

The Mental Health Services Act (MHSA) provides additional funds to transform California's public mental health system based on a set of recovery-oriented principles. El Dorado County has received $54,800 of the $365,300 allocation for Workforce Education and Training (WET) component. These early planning dollars funded the community planning process which resulted in the creation of the application for the full allocation of funds.

Workforce development, education and training needs are intended to 1) expand the public mental health workforce where shortages are experienced state-wide, 2) target locally identified areas of shortages (by occupation, skill sets, or unique cultural and/or linguistic characteristics), and 3) enhance the quality of the existing and future workforce in ways that are consistent with the principles of the Act. Local county plans must be consistent with the workforce strategies identified by the Act, as well.

Community Program Planning

To this end, El Dorado County community members engaged in an extensive planning process to identify workforce development needs and priorities. Over 600 contacts were made, 28 focus groups were conducted, 47 key informant interviews held, and 114 written surveys were completed. Monthly Community Planning meetings were conducted via teleconference technology to include the joint participation of both the Placerville and South Lake Tahoe regions.

Workforce Needs Assessment

A mental health workforce needs assessment survey was successfully conducted which indicated the following local workforce needs:

- Meaningful consumer and family workforce participation,
- Spanish-speaking language capacity
- Ethnic diversity (in particular Latino representation given our community profile) in the workforce,
- Increased employment of licensed clinicians and the ability to recruit and retain psychiatrists.

The challenge of "competing" with nearby counties that offer higher pay, better benefits, and serve as sites for educational institutions, was discussed at length. Hence, the ambitious strategy of creating a local career pathway (from high school through graduate level of training) was conceived.

Community Workforce Development Priorities

- Career Pathway to "grow our own"
- Staff development resources for the existing workforce to support career advancement, improved service delivery, and recruitment and retention.

- Supportive infrastructure– including a full-time WET Coordinator to provide internship recruitment and coordination, consumer, family member and volunteer program coordination, and Regional Partnership participation.

Objectives:

1. The EDC Workforce Education and Training Program Plan seeks to achieve these outcomes:
    - increased representation of Latino bilingual/bicultural staff – particularly in the area of licensed clinicians, including those serving children and families,
    - improved ability to recruit and retain licensed mental health professionals and psychiatrists,
    - improved collaboration with the local Native American service providers in the interest of ensuring access to culturally specific and effective mental health services for the Native American community,
    - progress in the integration of consumer and family members in the public mental health workforce in meaningful ways.

Action Plan

Creative and enthusiastic community participation resulted in a strategic MHSA WET plan that envisions eight Actions to enhance the public mental health workforce development – five of which are proposed for MHSA WET funding. A few of the initial Actions are currently conceived of as collaborative events for which MHSA funds are not allocated (*as indicated with an asterisk).

Action #1 - Funding for a full-time Workforce Education and Training Coordinator to implement the WET Plan
Action #2 - Purchase of the Network-of-care e-Learning service to provide free on-line training to current and future EDCMHD professional staff
Action #3 - Use of a social skills training module as a workforce entry and workforce capacity building strategy*
Action #4 - Creation of a mental health fieldwork component within a high school health academy program*
Action #5 – Multi-county collaboration in funding a rural mental health MSW training program on the weekends for working students
Action #6 - Creation of a collaborative clinical internship program with other local agencies*
Action #7 - Establishment of a Consumer, Family Member and Volunteer Program
Action #8 - Investment in a loan assumption program

For further information:

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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: El Dorado Date: July 22, 2008

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

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

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

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

County Mental Health Director
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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.

The El Dorado County Mental Health Department (EDCMHD) completed its initial planning process for MHSA Workforce Education and Training as a result of the stakeholder input obtained during initial community planning for Community Services and Supports (CSS) funds in 2005. Approximately 900 stakeholders participated in the initial community planning process that included a variety of community outreach methods (Readiness Trainings, Community Meetings, Focus Groups, Written Surveys, and use of MHSA e-mail and voice boxes). Throughout 2006, as the EDCMHD implemented its CSS plan, feedback from our community partners has informed the planning process for Workforce Development.

More recently, one-on-one discussions with key stakeholders have been conducted, in addition to larger focus groups and planning meetings that have provided direction for the WET planning process. The stakeholder process for this component successfully engaged over 600 stakeholders including EDCMHD staff, community based organizations, consumers, family members, diverse community groups, educational partners, and other community partners. Methods used include stakeholder meetings, surveys, key informant interviews, regional meetings and consultations with content experts. The content of stakeholder meetings included overview and background on the MHSA WET component, summary of workforce assessment results, training on state and local “Actions”, and information regarding the steps of the local planning process.

The results of the Community Planning Process specific to Workforce Education and Training were as follows:

FOCUS GROUPS TOTALS
- Total Focus Groups completed to date: 28
- Total Attendees for Focus Groups: 370

KEY INFORMANT INTERVIEWS TOTALS
- Total Key Interviews completed to date: 47
- Total Attendees for Key Interviews: 50

WET SURVEYS COMPLETED – 114

COMMUNITY MEETING TOTALS
- Total Community Meetings held to date – 9
- Total attendees for Community Meetings – 111

Community Meetings to present an overview of the Workforce Education and Training component were hosted by the EDCMHD in both Placerville and South Lake Tahoe and were open to the general public. These meetings were followed by monthly Community Planning Meetings focused on the WET assessment findings and problem-solving discussions to identify intervention strategies for use of the El Dorado County MHSA WET allocation. These meetings were conducted via teleconference technology to include the joint participation of both the Placerville and South Lake Tahoe regions.

In conjunction with the findings of our workforce assessment and designation as a county-wide geographic Mental Health Professional Shortage Area (MHPSA), the predominant theme was one of the need to "grow our own". Whether in relationship to the need to support consumer and family workforce entry, the need to increase Spanish-speaking language capacity and ethnic diversity in the workforce, or simply the need for increased capacity in our public mental health workforce, the challenge of "competing" with nearby counties that offer higher pay, better benefits, and serve as placement sites for educational institutions, was discussed at length. Hence, the ambitious strategy of creating a local career pathway (from high school through graduate level of training) was conceived.

The second theme identified was the need to invest in the training of our existing mental health workforce. One area of concern was the need to ensure that the principles of the MHSA were operationalized in the education, training, and transformation of existing staff (recovery orientation, client-driven services, and integration of services). Another desire was to ensure that staff were trained in evidence-based practices and had the tools needed for competent service delivery. Further, the need to provide staff training benefits as a means to both recruit and retain staff was identified. Finally, the need to make opportunities (both with training and with financial resources) available for current staff to advance in their careers was an expressed goal.

Finally, given the very limited allocation for WET funds, it was clear that these important and ambitious goals could not be achieved at the onset. Therefore, it was recognized that a fundamental infrastructure was needed to begin this journey and to access additional resources. The identification of a full-time MHSA WET Coordinator would serve as this starting point, although this would take up a good portion of the original allocation. However, included in this person's many responsibilities would be the job of establishing an internship program and consumer and volunteer program – both of which would serve simultaneously to increase the workforce capacity while establishing key steps in the career ladder.

Additional areas of interest that have not been formalized as "Action" items include the establishment of a certification program for Peer Counseling (similar to the CASRA PSR Practitioner program) possibly through the local Adult Education program (preliminary discussions with initial positive responses have occurred) and potential use of a Distance Education program, as this method of accessing higher education was seen as desirable for a rural community and for individuals of all walks of life supporting the feasibility of working while returning to school. A final area for further exploration pending additional WET funding, is that of providing educational stipends as allowable per county-wide policy. A department level policy will likely need to be established first in order to ensure that the allocation of any MHSA funds to this end is in support of the identified MHSA WET needs and plan.

Priority Workforce Education and Training Needs Identified:

- Career Pathway to "grow our own"
- Staff development resources for the existing workforce for career advancement, improved service delivery, recruitment and retention.
- Infrastructure to support this above – including internship recruitment and coordination, consumer, family member and volunteer program coordination, and Regional Partnership participation.

Creative and enthusiastic community participation resulted in a strategic MHSA WET plan that envisions eight Actions to enhance the public mental health workforce development – five of which are proposed for MHSA WET funding. Much of the initial Actions are currently conceived of as community collaborative events for which MHSA funds are not allocated.

Following completion of the general stakeholder process, the proposal was presented to the MHSA Advisory Committee. Membership of the Advisory Committee consists of 20 representatives of community groups that have been involved since the early phase of MHSA planning. This committee has expressed their positive endorsement of the MHSA WET proposed plan.

This application is being presented to the community for review and comment pending the notification of additional MHSA WET funds. Any additional funds will serve to extend the plan developed through this community process (beyond FY 08-09) and, as the MHSA WET Coordinator continues to collaborate with the community and the MHSA Advisory Committee, to enhance this initial plan through the appropriate mechanisms defined by the State DMH.

A complete draft of the Workforce Education and Training Plan that included all exhibits was posted for public review and comment on May 19, 2008. An electronic copy was posted on the County's website: http://www.co.el-dorado.ca.us/mentalhealth/index.html and electronic notification was sent to the MHSA e-mail group, the MHSA Advisory Committee, the Mental Health Commission, the County Board of Supervisors and County Administrators Office, and all of the EDCMHD staff informing them of the start of the 30-day review with a link to the document for review and comment. A request for a general public was submitted to two local El Dorado County newspapers and the Sacramento Bee. The notice included reference to the El Dorado County Mental Health Department web-site (www.co-el-dorado.ca.us/mentalhealth) where the document was posted with a phone number and an e-mail address for requesting a copy of the plan.

Public review and comment closed with a public hearing at the Mental Health Commission meeting held on June 20, 2008 at 12 noon at the El Dorado County Mental Health Clinics located at 670 Placerville Drive, Suite 1B, Lake Tahoe Conference Room, Placerville and 1900 Lake Tahoe Blvd, Video Conference Room, South Lake Tahoe. There were eight individuals in attendance. The WET plan goal and objectives were reviewed and one question was submitted regarding the possibility of expanding the High School Academy beyond the initial school identified in the plan. The Mental Health Department is open to this possibility of expansion but acknowledged that this pilot project is in collaboration with the County Office of Education (COE) and, therefore, the future of the project would rely not only on the outcomes but also on the perspective of the COE partners.

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 1

Major Group and Positions	Estimated # FTE authorized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Caucasian	Hispanic/ Latino	African-American/ Black	Asian/ Pacific Islander	Native American	Multi Race or Other	# FTE filled **(5)+(6)+ (7)+(8)+ (9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. *Unlicensed* Mental Health Direct Service Staff:										
County (employees, independent contractors, volunteers):										
Mental Health Rehabilitation Specialist	5		1.25							
Case Manager/Service Coordinator	8		2.0							
Employment Services Staff...............................	0									
Housing Services Staff	1		0.25							
Consumer Support Staff	1		0.25							
Family Member Support Staff..........................	0									
Benefits/Eligibility Specialist	0			(*Unlicensed* Mental Health Direct Service Staff; Sub-Totals Only)						
Other *Unlicensed* MH Direct Service Staff	13		3.25							
Sub-total, A (County)	**28**		**7**	**20**	**4**					**24**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Mental Health Rehabilitation Specialist	12		3							
Case Manager/Service Coordinator	5		1.25							
Employment Services Staff...............................										
Housing Services Staff										
Consumer Support Staff										
Family Member Support Staff..........................	1		0.25							
Benefits/Eligibility Specialist				(*Unlicensed* Mental Health Direct Service Staff; Sub-Totals and Total Only)						
Other *Unlicensed* MH Direct Service Staff	10		2.50							
Sub-total, A (All Other)	**28**		**7**							**26**
Total, A (County & All Other):	**56**		**14**	**37**	**13**					**50**

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 2

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Cau-casian	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	# FTE filled **(5)+(6)+ (7)+(8)+ (9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
B. *Licensed* Mental Health Staff (direct service):										
County (employees, independent contractors, volunteers):										
Psychiatrist, general	1.5	1	0.75							
Psychiatrist, child/adolescent	1	1	0.50							
Psychiatrist, geriatric										
Psychiatric or Family Nurse Practitioner										
Clinical Nurse Specialist	2	1	1							
Licensed Psychiatric Technician	2		0.50							
Licensed Clinical Psychologist										
Psychologist, registered intern (or waivered)	1		0.25							
Licensed Clinical Social Worker (LCSW)	10	1	5							
MSW, registered intern (or waivered)	10		2.5							
Marriage and Family Therapist (MFT)	5		1.25	(*Licensed* Mental Health Direct Service Staff; Sub-Totals Only)						
MFT registered intern (or waivered)	10	1	5							
Other *Licensed* MH Staff (direct service)	1		0.25							
Sub-total, B (County)	**43.5**		**17**	**30**	**2**	**1**			**1**	**34**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Psychiatrist, general										
Psychiatrist, child/adolescent										
Psychiatrist, geriatric										
Psychiatric or Family Nurse Practitioner										
Clinical Nurse Specialist										
Licensed Psychiatric Technician										
Licensed Clinical Psychologist										
Psychologist, registered intern (or waivered)										
Licensed Clinical Social Worker (LCSW)	4		1							
MSW, registered intern (or waivered)										
Marriage and Family Therapist (MFT)	8		2							
MFT registered intern (or waivered)	5		1.25	(*Licensed* Mental Health Direct Service Staff; Sub-Totals and Total Only)						
Other *Licensed* MH Staff (direct service)										
Sub-total, B (All Other)	**17**		**4.25**	**14**	**1**			**1**	**1**	**17**
Total, B (County & All Other):	**60.5**		**21.25**	**44**	**2**	**1**		**1**	**2**	**51**

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 3

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes' 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Cau-casian	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	# FTE filled **(5)+(6)+ (7)+(8)+ (9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
C. Other Health Care Staff (direct service):										
County (employees, independent contractors, volunteers):										
Physician										
Registered Nurse										
Licensed Vocational Nurse	1		0.25							
Physician Assistant										
Occupational Therapist										
Other Therapist (e.g., physical, recreation, art, dance)........										
Other Health Care Staff (direct service, to include traditional cultural healers)........				(Other Health Care Staff, Direct Service; Sub-Totals Only)						
Sub-total, C (County)	**1**		**0.25**	**1**						
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Physician										
Registered Nurse										
Licensed Vocational Nurse										
Physician Assistant										
Occupational Therapist										
Other Therapist (e.g., physical, recreation, art, dance)........										
Other Health Care Staff (direct service, to include traditional cultural healers)........				(Other Health Care Staff, Direct Service; Sub-Totals and Total Only)						
Sub-total, C (All Other)										
Total, C (County & All Other):	**1**		**0.25**	**1**						

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 4

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Cau-casian	Hispanic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	# FTE filled **(5)+(6)+ (7)+(8)+ (9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
D. Managerial and Supervisory:										
County (employees, independent contractors, volunteers):				(Managerial and Supervisory; Sub-Totals Only)						
CEO or manager above direct supervisor..........	6		1.25							
Supervising psychiatrist (or other physician)	1		0.25							
Licensed supervising clinician...........................	9		2.25							
Other managers and supervisors......................	4		1.75							
Sub-total, D (County)	**22**		**5.75**	**17**	**1**			**2**		**20**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Managerial and Supervisory; Sub-Totals and Total Only)						
CEO or manager above direct supervisor.........										
Supervising psychiatrist (or other physician)										
Licensed supervising clinician..........................										
Other managers and supervisors.....................										
Sub-total, D (All Other)	**11**		**2.75**	**10**	**1**					**11**
	33		**8.50**	**27**	**2**		**2**			**31**
E. Support Staff (non-direct service):										
County (employees, independent contractors, volunteers):				(Support Staff; Sub-Totals Only)						
Analysts, tech support, quality assurance..........	**6**		**1.50**							
Education, training, research	**1**		**0.25**							
Clerical, secretary, administrative assistants	**14**		**3.50**							
Other support staff (non-direct services)...........	**11**		**2.75**							
Sub-total, E (County)	**32**		**8**	**27**	**3**			**2**		**32**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Support Staff; Sub-Totals and Total Only)						
Analysts, tech support, quality assurance..........										
Education, training, research										
Clerical, secretary, administrative assistants										
Other support staff (non-direct services)...........										
Sub-total, E (All Other)	**8**		**2**	**4**	**4**					**8**
Total, E (County & All Other):	**40**		**12**	**31**	**7**			**2**		**41**

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 5

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

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Cau-casian	Hispanic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	# FTE filled **(5)+(6)+ (7)+(8)+ (9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
County (employees, independent contractors, volunteers) **(A+B+C+D+E)......**	**127.5**		**38**	**96**	**10**	**1**	**2**	**2**	**1**	**112**
All Other (CBOs, CBO sub-contractors, network providers and volunteers) **(A+B+C+D+E) ....**	**62**			**45**	**15**			**2**		**62**
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	**189.5**			**141**	**25**	**1**	**2**	**4**	**1**	**174**

F. TOTAL PUBLIC MENTAL HEALTH POPULATION

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

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT – page 6

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

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

III. LANGUAGE PROFICIENCY

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

Language, other than English	Number who are proficient	Additional number who need to be proficient	**TOTAL (2)+(3)**
(1)	(2)	(3)	(4)
1. _______Spanish__EDCMH only____________	Direct Service Staff __6___ Others ___4__	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
2. _Spanish Public MH Workforce include CBOs__	Direct Service Staff _13____ Others ___9__	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
3. ________________________________	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
4. ________________________________	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
5. ________________________________	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____

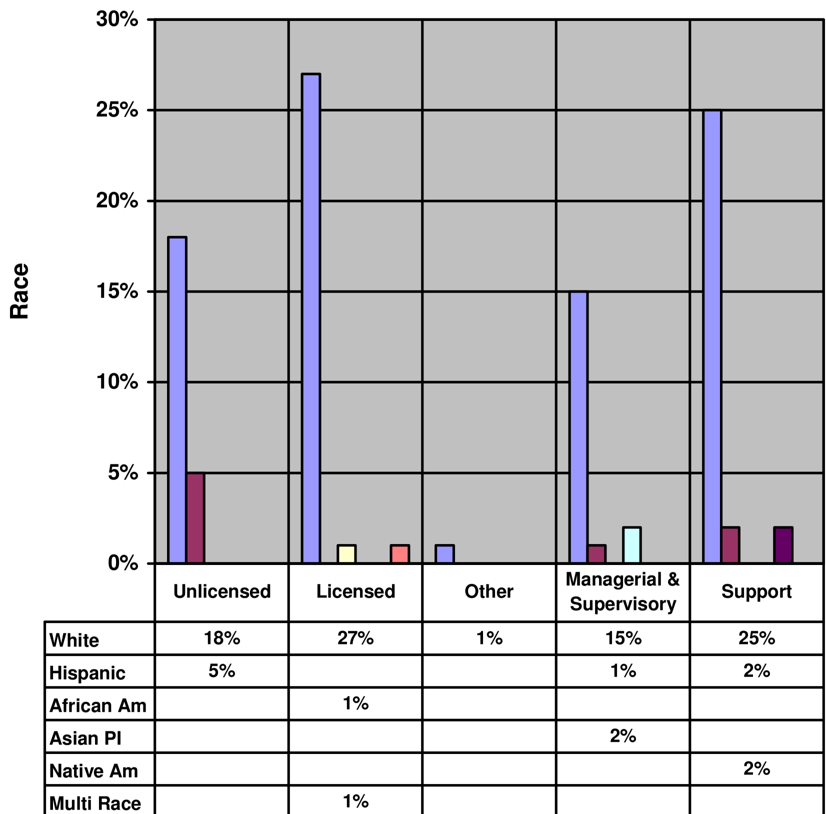
EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT – page 7

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.

Due to the high response rate, we feel that data in Section I is accurate with the caveat noted regarding the limits of the census data regarding the Native American and other ethnic populations.

Section II indicates two permanent, full-time, and benefited positions that were created with the intention of providing entry level opportunities for mental health workforce entry for consumer and family members with limited formal training and/or education in the field. These positions were created prior to the passage of the MHSA but did not have identified funding. At this time, 1.0 FTE is proposed for WET funding to support the Consumer, Family and Volunteer Program and other funding for the other position is being pursued under CSS.

A. Shortages by occupational category:



	Unlicensed	Licensed	Other	Managerial & Supervisory	Support
White	18%	27%	1%	15%	25%
Hispanic	5%			1%	2%
African Am		1%			
Asian PI				2%	
Native Am					2%
Multi Race		1%			

Findings:

- Latinos represent 10% of our population and a higher proportion of the unmet need. However, Latinos are underrepresented in every job category.
- Native Americans represent 1% of our population and are not represented in any of the occupational categories with the exception of the Support category. However, our local Native American community members caution regarding significant under-reporting.
- We have consistently experienced difficulty in the recruitment and retention of Psychiatrists.
- There is a shortfall of licensed mental health clinicians. As of late December 2007, EDCMH had 12 vacant positions.
- We lack Bilingual/Bicultural Spanish Speaking Licensed Clinicians. Specifically, it is important to note that we lack Bilingual/Bicultural Spanish-speaking Licensed Clinicians to serve the 30% of children in our target population that are Latino.

We need a more diverse pool of clinical supervisors and bicultural/bilingual licensed staff who are eligible and trained to be clinical supervisors. Currently there is only one licensed Spanish-speaking clinician among our County's staff and unfortunately that person is a member of our administrative management team and does not provide direct services.

Finding diverse and representative candidates for entry level positions has been difficult - there are a range of challenges. For consumers in early stages of considering entry into the workforce, supported employment services, education and assistance to the transition from reliance on SSI benefits to employment benefits, and opportunities for a viable career track are critical. The ability to begin to with part-time wages and work hours while retaining their SSI benefits was seen as desirable for consumers in our community.

Conversely, the low wages, non-benefited status and part-time nature of our clinical entry level position (Mental Health Aide) do not meet the needs for financial viability for many other interested parties. However, without sufficient work experience and/or education, they do not quality for a higher level position (Mental Health Worker) where we have benefited permanent positions.

Therefore, a key transformation strategy will be to work in collaboration with our Human Resources Department and to learn strategies from other counties and agencies in order to diversify the job classifications within our new recovery-oriented mental health system of care. New positions should not only address the need to provide opportunities for consumers, family members, and ethnically diverse individuals to serve in our workforce, they should also provide for an increasingly integrated service delivery team (use of housing and vocational specialists, addictions treatment counselors, etc.) focused on the facilitation of the recovery process. With a greater range of options (classifications and jobs) by which to capture expertise in the workforce, we also need to provide opportunities for workforce development and career advancement for the diverse members of our community.

The EDC MHSA WET Action #1 of developing a Career Pathway by which to “grow our own” is designed to address many of the occupational shortfalls identified here. Investment in Action # 5 (the development of a Rural Mental Health MSW Weekend Program) along with Action #8 (the investment in a Loan Assumption Program) will also serve to address shortages in the arena of licensed clinical mental health professionals and psychiatrists. Action #2 is intended to assist in the staff development and retention of our clinical and licensed staff by ensuring access to clinical training resources. Action #3 which provides for both skills training and capacity building of the workforce targets the inclusion of consumers and family members in the mental health workforce, as does Action #7, the development of a Consumer, Family and Volunteer Program.

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

	White	Latino	Black	Asian/PI	Native American	Multi-Race or Other
Workforce (1) EDCMH *	82%	9%	-	2%	2%	5%
Workforce EDHMH plus providers (1)	78%	13%	0	1%	2%	6%
Consumers (2)	84%	5%	1%	2%	1%	7%
Target Population (3)	83%	11%	-	3%	1%	2%

(1) Workforce and Education Survey conducted December 2007
(2) Medi Cal beneficiaries served Calendar Year 2005, El Dorado County MHP CAEQRO Report Fiscal Year 06 - 07
(3) State of California, Department of Finance County Population Estimate January 1, 2005. The Target population is those at <200 FPL

Note: This Needs Assessment attempted to capture, with close to 100% accuracy, the current workforce within the El Dorado County Mental Health Department. Accurate employment data was obtained from the El Dorado County Department of Mental Health records as of April 2008 and directly from each CBO during the month of April 2008. Other demographic data (language proficiency, race, and ethnicity, etc.) was collected through a survey conducted in December 2007 for the EDCMHD and April 2008 for the CBOs. The response rate was over 90%.

While the chart above shows that our Workforce, at 13% Latino, is higher than both our Latino Target Population and our Latino Consumers, a close examination tells a different picture: a). We do not have any Licensed Spanish Speaking Clinicians, b) Only 50% of the Latino staff works in direct service and c) The most critical shortage is for bilingual Children Therapists where there is the highest need. While the County's Latino population is estimated at 11%, 30% of youth <200 FPL are Latino. Although, the youth usually speak English, that is not true of the parents. According to a 2004 study approximately 85% of the Latinos living in the U.S. are foreign born and this is an indication that they are more likely to be monolingual. Studies estimate that some 75% of foreign born Latinos are monolingual or are Limited English Speakers.

Contracting CBO's tend to have diverse staff that is more reflective of the population served but still have a need to recruit bilingual (English/Spanish) staff, such as bilingual-bicultural Spanish licensed therapists.

There is an overall shortfall in mental health professionals in the South Lake Tahoe area where the high cost of living makes it harder to attract employees to this field where compensation is low.

The census data for the other ethnic groups in this small county is quite low and may well be under-represented. Therefore, we view with caution the rates and any interpretation of "representation" that may be gleened from this limited analysis.

Representatives from various local Native American organizations have been working together to do a needs assessment of the American Indian community that includes concerns surrounding mental health and behavioral health issues. The EDCMHD has been in conversation with them regarding this important grassroots process as we hope to be informed by their findings so that we can work in partnership to best support this community. Recently, the use of some MHSA Prevention and Early Intervention community program planning funds were approved to support the analysis of this work, as well.

As the MHSA WET full-time Coordinator is identified (Action #1) and this program becomes operationalized, use of the precious WET resources (e.g., for Action #8 the OSHPD loan assumption program or new supports that we hope to identify) will need to target the workforce development needs in the area of ethnicity and language capacity as indicated above. In relationship to Action #5, California State University, Sacramento (CSUS) enjoys success in recruiting consumers into their MSW program as well as an ethnically diverse student body. EDC will need to be active in providing opportunities for graduates to obtain and retain employment within our community. Various Actions targeting diverse opportunities to "grow our own" (Action #3 the social skills training modules, Action #4 the high school health academy, Action #6 the coordination of clinical internships and supervision, and Action #7 the development of a volunteer program) are intended to assist us in developing a public mental health workforce that is representative of and effective in serving our target population and community.

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

There is a shortfall in the mental health workforce in regard to the employment of consumer and family staff throughout the system. Although we currently do not have positions specifically designated for consumers or family members, we believe in the essential role that consumers/family members play in the wellness and recovery process. Prior to the passage of the MHSA, we had intermittently conducted an in-house peer counseling training program for consumers. As a service delivery system, however, we have not yet established a framework for their employment beyond the creation (which also predates the MHSA) of a position called the Mental Health Aide which was specifically designed to allow consumers with experiential knowledge to enter the workforce in a position that provided on the job training. This position is currently limited to a part-time, non-benefited status.

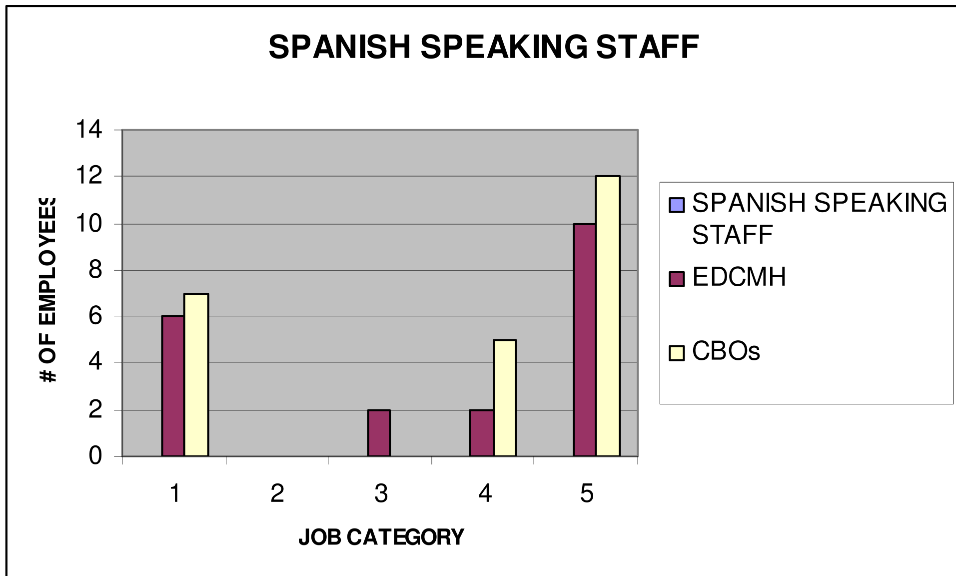
In the short time since the MHSA has brought in a new level of consciousness regarding consumer and family employment, we have seen movement from the belief that consumer interest in employment is restricted to part-time employment in order to maintain their SSI check, to a recognition of the need to provide a viable career pathway to support consumers, family members and others in pursuing a range of mental health career options.

As the MHSA has brought this issue to the forefront, we have seen mixed reactions within our county and system. Some of our partners, staff, and Human Resources, Risk Management and County Counsel have raised questions and concerns that we need to address responsibly to ensure the success of our consumer employment program. We are fully committed to doing so.

The results of our April 2008 Survey indicates that approximately one quarter of EDCMHD employees self-identified as mental health consumers. The CBO's we work with only reported 1 employee as a self-described client.

As a full-time MHSA WET Coordinator is identified (Action #1), the issue of stigma in the workplace will increasingly need to be addressed. Infrastructure to respond to dual relationships and career pathways for consumers and family members must be established. Action #3, the use of a skills training program for entry level workforce development and capacity building, will specifically target the inclusion of consumer and family members, as well. Action #7 (the development of a Consumer, Family Member and Volunteer Program) is specifically designed to offer opportunities for work exploration and workforce entry for consumers and family members, as well.

D. Language proficiency:



Job Categories: 1: Unlicensed Direct
2: Licensed
3. Managerial and Supervisory
4. Support
5. All Categories

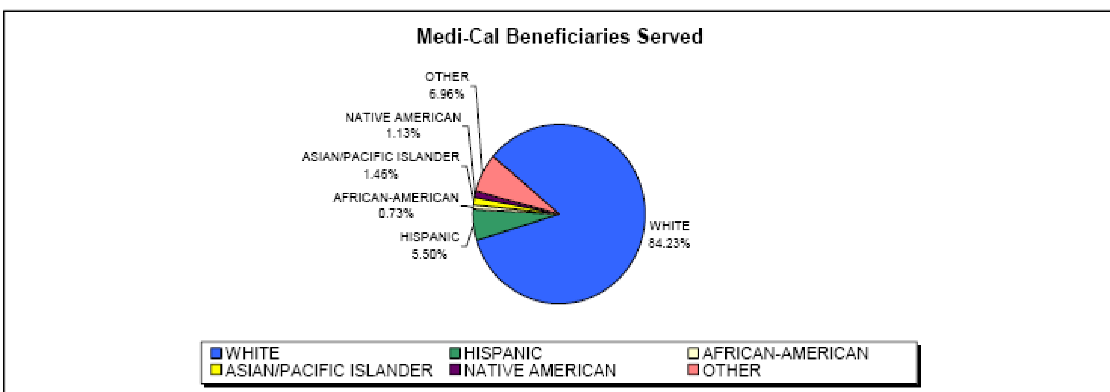
Findings:

- There is a great need for bilingual (English/Spanish) clinicians. We lack Spanish speaking Licensed Clinicians who provide direct services.
- We need to improve our ability to identify and hire language proficient and bicultural individuals in all occupational categories.
- There is a need for bilingual (English/Spanish,) consumer and family member staff.

The MHSA WET Coordinator (Action #1) will be charged with addressing the priority need of improving the linguistic and cultural capacity of our public mental health workforce. Mechanisms to this end that have been identified to date include Action #2 (e-Learning as a tool for staff development serves to enhance our ability to recruit and retain licensed mental health clinicians), Action #3 (Social skills training module as a workforce entry and workforce capacity building intervention), Action #4 (High school health academy with a mental health fieldwork component), Action #5 (Rural mental health MSW weekend program at CSUS), Action #6 (the coordination of clinical internships and supervision with other agencies), Action #7 (the establishment of a Consumer, Family and Volunteer Program) and Action #8 (contribution to the OSHPD Loan Assumption Program). We envision the potential to identify those with linguistic skills via any and all of these intervention strategies.

E. Other, miscellaneous:

CLIENTS SERVED



Total number of Medi-Cal Eligibles Served CY2006: 1530 plus an estimated 700 other for a total 2230 served.

The EDCMHD's penetration rate for Medi-Cal only clients at 9.93% for CY2005 ranks 15 among Counties (Rank 1 as the highest value; Rank 56 as the lowest value). Based on this measure, our County's is performing well. However, our analysis of unmet needs, based on prevalence (which goes beyond Medi-Cal eligibility status), indicate that the overall needs in our County for those at <200 FPL exceeds available resources by an estimated 25%. The greatest unmet needs are Latinos, in all age groups, Youth (including Transition Age Youth) and Older Adults. We have some hard to fill positions that we believe would benefit from a 50% increase – these are Psychiatrist, Nurse Practitioner and Licensed Social Workers and MFT's. Efforts will be made to increase the numbers of Spanish-speaking employees, as well. Based on this information our plan shows a 25% increase in the " ***# FTE to meet need in addition to FTE authorized*** " across the board with the exception of the hard to fill positions where the increase shown is ***50%.***

* Based on E-1: City/County Population Estimate Jan. 1, 2007 California Department of Finance: 177,766. Prevalence for SME and SMI for <200FPL 8.97% based on Prevalence Table 2, poverty rate of 17% estimate given per 2000 Census data

EXHIBIT 4: WORK DETAIL

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

A. WORKFORCE STAFFING SUPPORT

Action #1 – Title: Workforce Education & Training Plan (WET) Coordinator

Description: This Action seeks to both comply with the MHSA requirement to have a designated WET Coordinator and to invest in the provision of leadership for the implementation of the locally identified WET funding priorities.

Local MHSA WET funding priorities:

- Career Pathway to "grow our own"
- Staff development resources for the existing workforce supporting career advancement, improved service delivery, recruitment and retention.
- ***Infrastructure to support this above – including internship recruitment and coordination, consumer, family, and volunteer program coordination, and Regional Partnership participation.***

The EDCMHD seeks to fund a 1.0 FTE Mental Health Clinical Coordinator Position to serve as the MHSA Workforce Education and Training (WET) Coordinator. The WET Coordinator will be responsible for coordinating all aspects of planning and implementation phases including monitoring of any contracts funded within this proposal. Accountability for ongoing key processes includes attendance at local and statewide stakeholder processes, participation in regional meetings and statewide training, coordination of all tasks related to the successful development of the WET Plans and timely submission of all related documents and reports to DMH.

Specific areas of responsibility based on the Community Program Planning process include:

- Career Pathway Development
- Coordination of an Staff Development and Career Advancement Program (MHSA consistent training, funding resources to support staff training)
- Clinical internship program coordination
- Consumer, family and volunteer program coordination
- Regional Partnership Participation

The WET Coordinator will be a full member of the EDCMHD Leadership Team, MHSA Project Management Team, and the Administrative Team and will have full access to support from the Department. The incumbent will have county-wide responsibility. The goals of workforce development, expansion of capacity, and career enhancement opportunities indicate a scope of work that involves tremendous community collaboration and outreach. This important work will be augmented by the necessary administrative support to ensure success. Administrative costs will be incurred and therefore have been budgeted.

Objectives:

2. Implementation and evaluation of the WET Plan and component that seeks to achieve outcomes in:
   - increased representation of Latino bilingual/bicultural staff – particularly in the area of licensed clinicians, including those serving children and families,
   - improved ability to recruit and retain licensed mental health professionals and psychiatrists,
   - improved collaboration with the local Native American service providers in the interest of ensuring access to culturally specific and effective mental health services for the Native American community,
   - progress in the integration of consumer and family members in the public mental health workforce in meaningful ways.
3. Submission of progress reports, as required by California Department of Mental Health (DMH) and the EDCMHD Director
4. Development of a Mental Health Career Pathway as envisioned in the WET community planning process (high school through graduate school).
5. Coordination of the EDCMHD Staff Development Program that seeks to provide both training opportunities and financial assistance for career enhancement and advancement for staff and community providers.
6. Coordination of an EDCMHD student internship program.
7. Establishment of an EDCMHD consumer and volunteer program that serves, in part, to encourage workforce entry opportunities for consumers, family members, and those interested in providing peer counseling and mentorship.
8. Active participation and representation in the MHSA WET Regional Partnership in Sacramento.

Budget justification: Salary and benefits for 1.0 FTE Mental Health Clinical Coordinator totaling $116,487 annually plus $40,500 administrative costs for WET component (15%) Budgeted Amount: FY 2008-09 - $116,487 plus $40,500 = Total of $156,987

Budgeted Amount:	**FY 2006-07: $____________**	**FY 2007-08: $____________**	**FY 2008-09: $_**156,987_

B. TRAINING AND TECHNICAL ASSISTANCE

Action #2 – Title: Workforce Development through the Network-of-care e-Learning Technology

Description: : This Action addresses the following needs identified by the stakeholder process: investment in the existing workforce in order to facilitate career advance as part of the career ladder ("grow your own"), transformation of the existing workforce consistent with the MHSA principles, and increased capacity of the workforce by offering a valued employment benefit – free training. Training will be purchased by investing MHSA WET funds in the Network-of-Care's e-Learning web-based program. The intent is to transform the EDCMHD workforce by expanding the workforces' capacity to deliver recovery-oriented, culturally competent, consumer-driven and family member-driven services through collaboration with community partners. An emphasis will be placed on investing in training in the use of evidence-based practices where available.

Network-of-care is a web-based information/resource center that has been funded by MHSA dollars for El Dorado County for over two years. Community feedback regarding the need and benefit of this sort of technology has been consistently positive. The "e-learning" add-on component provides the value-added feature of on-line training in a range of relevant mental health topics that can accomplish the following:

- Provide the licensed staff the employment benefit of getting clinical training while meeting many, most or all (depending on their licensure regulations) of their continuing education units (CEUs) requirements to maintain their clinical license.
- Provides the Department an established mechanism to track training acquired by the staff – including any training modules that the department chooses to make mandatory.
- Provides a mechanism for the Department to upload locally acquired training to be posted and viewed by staff – for example, in those situations when staff are not able to attend a local training or when a training CD or DVD is purchased, this website makes the material widely accessible.
- Provides a mechanism for partnership with the community potentially making mental health education and information more widely available.

The WET Coordinator will be responsible for implementing this Action. Collaboration and feedback with Trilogy personnel regarding the training content needed to achieve the goals described has been initiated already.

Objectives:

1. Convene system-wide training committee (Mental Health Workforce Development Council) with broad representation inclusive of organizational providers, consumer and family members and culturally diverse members to identify a Staff Development Strategic Plan and the specific role of the e-learning technology.
2. Establish and implement a staff training and marketing module to ensure effective access to this resource.
3. Explore opportunities for collaboration in the use of this resource with other county Departments and community providers.
4. Establish tracking mechanisms for CEU's.
5. Explore opportunities to provide access for consumer and family members – perhaps through a volunteer program membership.

6. Address the workforce deficits identified in the workforce survey by marketing this benefit to improve our ability to recruit and retain staff.

Budget justification:
Fees for Network-of-care annual website construction, maintenance and monthly fees for unlimited access to e-learning training.

Budgeted Amount:	**FY 2006-07: $**____________	**FY 2007-08: $**____________	**FY 2008-09: $**_24,000___

Action #3 – Title: Workforce Development through Social and Independent Living Skills Training Modules out of the UCLA Psych REHAB program and the work of Dr. Robert Liberman

Description: This Action addresses two of the priority workforce education and training needs identified by the community:

- Career Pathway to “grow our own”
- Staff development resources for the existing workforce supporting career advancement, improved service delivery, recruitment and retention.

The overarching goal of this training will be to expand the mental health workforce in a diverse and collaborative fashion through use of evidence-based practice modules which have demonstrated success with adults suffering from serious mental illness.

Training materials for these skills training modules are being purchased with MHSA CSS funds. The Sacramento County Mental Health Department has offered to provide some technical assistance and training to allow our Department to launch this program locally. In our neighboring county, 11 of 11 consumers who both completed these training modules and subsequently became trainers for these modules, later went on to gainful employment. As a result, we see this opportunity for skills training as a work entry opportunity, as well.

We will open this training up to staff, community members, consumers, NAMI and will encourage peer counselors from the Latino, Native American and senior populations to participate, as well. Further, as indicated in Action #4 below, we will collaborate with a local high school to involve high school seniors (and therefore the Transition Age Youth population) in acquiring training and exposure to the mental health field, as well.

This Action will come at no cost to the MHSA WET allocation other than the administrative costs as the WET Coordinator will coordinate and administer this community educational series.

Objectives:

1. Enhance the existing EDCMHD staff skills with an evidence-based skills training program.
2. Establish a mechanism to evaluate client outcomes.
3. Establish mechanism with Sacramento County to ensure program model fidelity.
4. Establish goals and a strategic plan by which to train a diverse workforce with these skills.
5. Address workforce shortages among bilingual/bicultural and consumer and family member employees by providing skills training and entry level opportunities for public mental health workforce involvement.

Budget justification: The training modules have been purchased, the initial training is being offered at no cost by Sacramento County Mental Health, and the WET Coordinator will administer the program and therefore the costs of operation are covered under the WET administrative costs.

Budgeted Amount:	**FY 2006-07: $____________**	**FY 2007-08: $____________**	**FY 2008-09: $_____0_______**

C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action #4 – Title: Career Pathways to "Grow Our Own" Workforce: El Dorado High School Health and Human Services Academy

Description: This Action addresses the priority workforce education and training need to establish a career pathway. Specifically, the community planning process identified a strong need to acquaint students in secondary education to the idea that a career in the mental health workforce is an appealing aspiration. Early exposure may serve both as an inspiration, as well as assist in addressing the challenge of stigma.

El Dorado High School has an existing and successful Health Careers Academy that is available to high school seniors. The Health Educator Coordinator has recently modified the program to accommodate a mental health component for the next school year. Students will receive classroom and fieldwork experience in collaboration with the EDCMHD as a function of the MHSA WET program. Specifically, high school students will be trained along with the Department clinical staff, consumers, NAMI members, and other community partners, in the provision of an evidence- based practice intervention strategy: Social and Independent Living Skills Training Modules out of the UCLA Psych REHAB program (Dr. Robert Liberman). The students will have the opportunity to do their fieldwork in partnership with the mental health department staff after completing the training, as well.

Oversight for this program will be provided by the WET Coordinator and Health Education Coordinator in collaboration.

Objectives:

1. Implement a pilot mental health academy program at El Dorado High School in August 2008 – anticipate 20-25 senior high school students.
2. Establish three training dates to accommodate the integration of students with clinical staff.
3. Set up a partnership system for classroom teaching experience – one student with two clinicians.
4. Establish an evaluation mechanism for the program – both for students, staff, and consumers.
5. Begin to address the workforce deficits identified in the workforce survey by inspiring interest in the mental health profession, removing the barrier of stigma, and targeting under-represented populations in particular.

Budget justification: This budget will be covered as part of the administrative cost of the WET component program.

Budgeted Amount:	**FY 2006-07: $____________**	**FY 2007-08: $____________**	**FY 2008-09: $_____0_______**

Action #5 – Title: Career Pathways to "Grow Our Own" Workforce: Rural Mental Health MSW Weekend Program at CSU Sacramento

Description: This Action addresses the priority workforce education and training need to establish a career pathway. El Dorado County is joining with Calaveras, Tuolumne, and Amador Counties to collaborate in providing the administrative costs to establish a new weekend MSW program at CSU Sacramento with a rural mental health focus. The opportunity to create a new graduate training program with a rural emphasis available on the weekend, thereby allowing students to maintain full-time employment, may address a critical workforce development need for the four neighboring counties – the existing weekend program at CSU Sacramento is extremely popular generating a waiting list.

It is hoped that loan assumption resources available to us as a geographic MHPSA will further support our ability to recruit and retain good employees who will want to take advantage of this program.

Objectives:

1. Finalize the MOU with CSU Sacramento and the other counties to establish the weekend program.
2. Market the program to the local community.
3. Research financial assistance programs.
4. Address the workforce deficits identified by the workforce survey regarding the need to increase in bilingual/bicultural Spanish-speaking clinicians and for an increase in consumer and family member employees.

Budget justification: The El Dorado County share of the administrative costs of running the rural mental health weekend program.

Budgeted Amount:	**FY 2006-07: $____________**	**FY 2007-08: $____________**	**FY 2008-09: $_55,500____**

Action #6 – Title: Coordination of Interagency internships and clinical group supervision

Description: This Action addresses the priority workforce education and training need to establish a career pathway. The overarching goal is to enhance the career pathway and appeal of training and working in El Dorado County by establishing an enriched internship and practicum setting. The WET Coordinator will coordinate a range of fieldwork opportunities for trainees at the EDCMHD and will also work in collaboration with various community agencies to offer the students enriched placements that will offer exposure to sites/settings beyond the mental health department as there are many sites that serve the clients that we serve. The goal is to provide trainees with an increasingly integrated training experience that will encourage increased integration in thinking and practice.

Further, during the community program planning process, community members also identified a need to collaborate in the area of clinical supervision as some agencies do not have licensed personnel on staff who can provide the supervision required for clinicians to earn supervised clinical hours toward licensure. The WET Coordinator will provide the community outreach necessary to identify effective collaboration mechanisms to address some of these creative solutions.

Objectives:

1. Establish a Department clinical internship program with a defined plan, structure, process, and policies and procedures.
2. Identify partnerships for interagency internships.
3. Identify partnerships for clinical group supervision.
4. Address the workforce deficits identified by the workforce survey regarding the need to support the growth of mental health clinicians, bilingual/bicultural Spanish-speaking clinicians, and consumer and family members in the public mental health workforce.

Budget justification: The WET Coordinator will provide leadership for this effort and therefore the costs will be covered under the administrative costs of this program.

Budgeted Amount:	**FY 2006-07: $____________**	**FY 2007-08: $____________**	**FY 2008-09: $_____0_______**

Action #7 – Title: **Consumer and Family Member and Volunteer Program**

Description: This Action addresses the priority workforce education and training need to establish a career pathway. This Action responds to the identified need to increase the workforce capacity while involving the community in a meaningful way in the delivery of services. This Action, therefore, seeks to both enhance the capacity of the Department and community to provide services and support to individuals with serious mental illness while collaborating with and accessing the use of natural community supports – community members with an interest in volunteering to serve. This type of workforce development allows the Department to provide training and workforce involvement to those who may need an entry level place to start and to explore their interest and fit for this type of work. The EDCMHD has an established Peer Counselor Training program that has been used successfully with volunteers, consumers and seniors and will serve as a foundation for this program. EDCMH also seeks to fund a 1.0 FTE Mental Health Aide consumer/family member position with salary plus benefits. This position would report to the WET Coordinator and assist with activities designed to support this action.

The WET Coordinator will provide oversight for this program and the supervision for the consumer or family mental health aide position who will be central in operationalizing this program.

Objectives:

1. Expand existing Department capacity and volunteer opportunities within the EDCMHD by establishing and coordinating a centralized Volunteer Program.
2. Develop the necessary training programs, policies and processes to successfully implement the volunteer program.
3. Provide resources within the EDCMHD and organizational providers for supervision and support of volunteers.
4. Provide training for supervisors of volunteers.
5. Establish and maintain volunteer records.
6. Specifically begin to address the workforce deficits identified in the workforce survey regarding the need to increase the capacity of the public mental health workforce with meaningful roles for consumer and family member employees with this pathway.

Budget justification: EDCMH requests to fund a 1.0 FTE Mental Health Aide. The annual salary plus benefits total $49,013.

Budgeted Amount:	**FY 2006-07: $**____________	**FY 2007-08: $**____________	**FY 2008-09: $**__49,013__

D. N/A

E. FINANCIAL INCENTIVE PROGRAMS

Action #8 – Title: Loan Assumption Programs accessible as MHPSA designee

Description: This Action addresses the priority workforce education and training need to establish a career pathway. During the WET Community Program Planning process, the State DMH provided assistance in completing a successful application for El Dorado County to be designated as a geographic Mental Health Professional Shortage Area (MHPSA). As a result, the EDCMHD will be pursuing eligibility for two loan assumption programs.

Applications for all of the Department work sites have been submitted for the first program, National Health Service Corps NHSC. There is no cost to the Department for this program. Further development work (individual applications must be submitted) for our contract providers and the marketing this benefit is needed.

The second program does require an investment of MHSA WET funds. This Action addresses the Mental Health workforce shortages and diversity needs by funding a loan assumption program with MHSA WET funds for which we get a 100% match. El Dorado County proposes to contribute $25,000 in FY 2008-2009 to create a $50,000 loan assumption program through the NHSC State Loan Repayment OSHPD. Individuals who have successfully completed mental health training in qualifying areas and who are employed as part of the EDCMHD, may be eligible for this program. This strategy is intended to address the Departments challenges in both recruitment and retention of staff in areas such as bilingual/bicultural staff, consumer and family employees, and in hard to recruit positions, such as psychiatry and nursing

Additional financial incentives will be explored over time, once a full-time WET Coordinator is hired, as funding resources need to be identified. It should be noted that there is a provision for educational stipends through the County which must be funded by the Department. Funding and specific criteria for this financial incentive will need to be identified, but is considered desirable by many staff.

The WET Coordinator will provide the oversight and administration of this Action.

Objectives:
1. Complete applications for all eligible sites for MHPSA designation loan assumption programs.
2. Create marketing materials to inform the public regarding eligibility for these programs to assist in recruitment and retention of staff.
3. Establish a marketing plan by which to increase the diversity of staff and address the workforce needs by means of this benefit.
4. Explore funding resources for a local educational stipend program.
5. Create a policy and criteria for eligibility for the loan assumption and educational stipend programs.
6. Use this resource to address the workforce deficits identified in the workforce survey.

Budget justification: This cost represents the match that the county will contribute to establish this cost-effective loan assumption program.

Budgeted Amount:	FY 2006-07: $____________	FY 2007-08: $____________	FY 2008-09: $___25,000________

EXHIBIT 5: ACTION MATRIX

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

Actions (as numbered in Exhibit 4, above)	Promotes wellness, recovery, and resilience	Promotes culturally competent service delivery	Promotes meaningful inclusion of clients/family members	Promotes an integrated service experience for clients and their family members	Promotes community collaboration	Staff support (infrastructure for workforce development)	Resolves occupational shortages	Expands postsecondary education capacity	Loan forgiveness, scholarships, and stipends	Regional partnerships	Distance learning	Career pathway programs	Employment of clients and family members within MH system
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Action #_1_:	**x**	**x**	**x**	**x**	**x**	**x**				**x**			
Action #_2_:	**x**	**x**	**x**	**x**	**x**						x		
Action #_3_:	**x**	**x**	**x**	**x**	**x**		x					x	x
Action #_4_:	**x**	**x**	**x**	**x**	**x**							x	
Action #_5_:	**x**	**x**	**x**	**x**	**x**		x	x				x	
Action #_6_:	**x**	**x**	**x**	**x**	**x**	x							
Action #_7_:	**x**	**x**	**x**	**x**	**x**	x	x					x	x
Action #_8_:	**x**	**x**	**x**	**x**	**x**		x		x				

EXHIBIT 6: BUDGET SUMMARY

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

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

Fiscal Year: 2008-09			
Activity	**Funds Approved Prior to Plan Approval (A)**	**Balance of Funds Requested (B)**	**Total Funds Requested (A + B)**
A. Workforce Staffing Support:	$54,800	$156,987	$211,787
B. Training and Technical Assistance		$24,000	
C. Mental Health Career Pathway Programs		$55,500	
D. Residency, Internship Programs		$49,013	
E. Financial Incentive Programs		$25,000	
		GRAND TOTAL FUNDS REQUESTED for FY 2008-09	**$310,500**