CALIFORNIA DEPARTMENT OF
Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 654-2526

June 30, 2009

Alfredo Aguirre, LCSW, Deputy Director Mental Health Services
San Diego Health and Human Service Agency
Behavioral Health Division
3255 Camino Rio South
San Diego, CA 92108

Dear Mr. Aguirre:

We are pleased to approve your proposal submission under the Mental Health Services Act (MHSA) Workforce Education and Training Component. This letter constitutes the Department of Mental Health's (DMH) intent to amend your MHSA Agreement based on your county's response to DMH Information Notice No: 07-14, Mental Health Services Act Workforce Education and Training Component - Proposed Three-Year Program and Expenditure Plan Guidelines, Fiscal Years' 2006-07, 2007-08 and 2008-09.

This letter provides approval for funding in the amount of $7,026,150 from the Fiscal Year 2006-07 Planning Estimate and $9,062,060 from the Fiscal Year 2007-08 Planning Estimate. Planning and early implementation funding in the amount of $1,222,550 has previously been approved in response to DMH Information Notice No: 07-06, County Funding Request for Mental Health Services Act Workforce Education and Training Planning and Early Implementation Funding. Total funding for the Workforce Education and Training component now totals $17,310,760.

We encourage you to reference the MHSA Workforce Education and Training Five-Year Development Plan (Five-Year Plan) as you implement your programs and activities. The Five- Year Plan provides indicators of performance success addressing shortages of qualified workers in the public mental health system and for transforming service delivery according to the intent of the MHSA.

We look forward to continuing to work with you on MHSA-related activities. If you have any questions or need further information, please contact G. Duane Shaul from our Local Program Support Branch at (916) 651-0999 or Duane.Shaul@dmh.ca.gov.

Sincerely,

SOPHIE CABRERA, Chief
Local Program Support Branch

cc: Mental Health Services Oversight and Accountability Commission
California Mental Health Planning Council
Chief, Contracts
Chief, Local Program Financial Support
Chief, Fiscal Systems
Chief, Division Operation Support
Chief, Statewide Evaluation, Data Special Support
Process Facilitator, Plan Review & Resource Section
Contact, Plan Review & Resource Section

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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: San Diego Date: 05-06-09

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 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
Printed Name: Alfredo Aguirre

Signature: 

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City, ZIP Code: San Diego, CA 92108
Phone #: (619) 563-2700 Fax #: (619) 563-2775
E-mail address: alfredo.aguirre@sdcounty.ca.gov

Contact Person: Philip A. Hanger, PhD Phone #: (619) 563-2700 Fax #: (619) 563-2775 E-mail: philip.hanger@sdcounty.ca.gov

TABLE OF CONTENTS

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 County of San Diego's (County) Workforce Education and Training (WET) Plan is the result of a collaborative community-planning process that: (1) built upon earlier, successful Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) planning processes; and (2) was purposefully designed to augment those processes with the participation of additional expert workforce education and training stakeholder representatives.

The County's comprehensive planning process for MHSA commenced in November 2004 with clients, youth, families, advocates, and other stakeholders participating in the development of the Community Program Planning (CPP) funding request. In February 2005, we began the implementation of CPP activities for the CSS component. Several key aspects demonstrate the high level of consumer and family involvement in the planning processes. The Client/Family/Youth Team (CFYT) was established and met weekly to provide input and recommendations to the MHSA project team on the planning and implementation of the CPP and CSS components. Over 950 adult and older adult client surveys were collected throughout the six regions of San Diego County. The survey process was conducted in the County's threshold languages – English, Spanish, Tagalog, and Vietnamese. Additionally, over 700 family members responded to a family, youth, and community survey. Clients, family members, and advocates also serve as workgroup members in our population-specific planning committees – Children's, Adult, and Older Adult System of Care Councils.

In addition to continually collecting input through monthly Children's, Adult, and Older Adult councils, Mental Health Board meetings, a toll-free comment line, and MHSA email address, the County performed extensive community planning for the PEI component. Between July 2007 and April 2008, the County participated in over 60 stakeholder meetings across the six regions within San Diego County covering a variety of cultural and ethnic communities and age ranges. This process included community forums, focus groups, email input forms, and key informant interviews.

In April 2008, San Diego County implemented a WET planning process purposefully designed to augment the CSS and PEI planning processes. Members of the County's MHSA Planning Group were instrumental in laying the foundation for the County's WET Plan and submitting the initial Request for Funding for Planning and Early Implementation Activities. After the Request was approved in August 2007, the County began the task of completing the Workforce Needs Assessment, contracting with San Diego State University Research Foundation Academy for Professional Excellence to collect critical information on the size and composition of the County's public mental health workforce, as well as any workforce gaps perceived by stakeholder groups. In conducting the WET Needs Assessment, a large number of targeted stakeholders shared ideas and resources for WET planning, participating in focus groups, key informant interviews, and

targeted surveys. These stakeholders included: clients, youth, and family members; non-profit organizations, mental health organizational providers; County departments; community collaboratives; community agencies, consumer groups; educational institutions; faith-based organizations; and expert workforce development community partners.

Stakeholder Participation & the WET Needs Assessment

The County's WET Needs Assessment was conducted in two phases. Phase I, conducted over a six month period, focused on collecting baseline information from a broad range of community members and stakeholders in the County that were directly or indirectly involved with the public mental health system in order to document their experience and ideas regarding the current status and needs for the public mental health system workforce. In this phase, information was gleaned from: (1) semi-structured focus groups representing a broad spectrum of workforce stakeholders; (2) key informant interviews; (3) targeted surveys; and (4) an aggregation of County data that quantitatively defined the existing workforce (see Exhibit 3). Phase II focused on developing more in-depth knowledge about the current workforce initiatives and educational institutions in the County for consideration in developing an integrated WET plan. Overall, the WET planning process successfully engaged over 650 stakeholders.

Phase I

Focus Groups: A listing of key participant stakeholders for the focus groups was generated from recommendations from County of San Diego Behavioral Health Services (BHS) staff, Mental Health Services (MHS) System of Care councils and board members, family members, and consumer groups. To increase public participation and community involvement, focus groups were advertised on a Workforce Needs Assessment website. Twenty-five (25) focus groups were conducted with a total of 229 participants in 9 categories:

(1) Mental Health Service Providers - County staff and individuals/entities currently under contract with the County to provide public mental health services;

(2) Consumer and Family Members - Recipients (current or past) or family members and/or care givers of recipients of public mental health services;

(3) Educational Institutions - Relevant schools/departments from colleges and universities providing education leading to a career in public mental health services;

(4) Training Providers - Organizations, academies, and/or individuals that currently or could potentially provide training and skill building for professionals, paraprofessionals, and/or consumer/family members serving public mental health services recipients;

(5) Workforce Development and Professional Organizations – High schools, community colleges, County Human Resources, and mental health and affiliated service provider associations with an interest in professional practice standards;

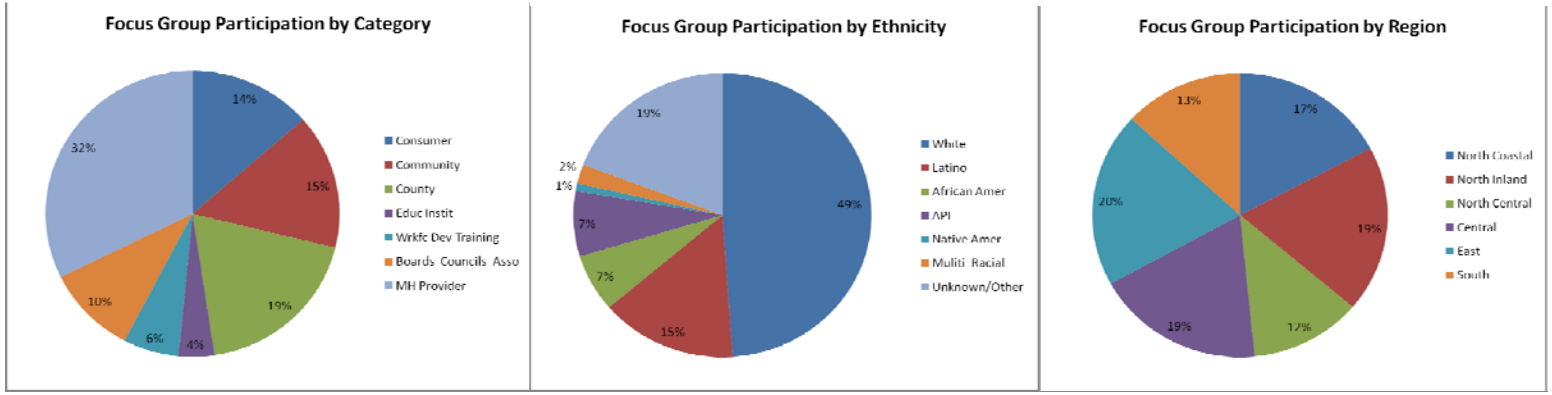
(6) Community and Allied Service Providers and Hard to Reach, Underserved, and/or Special Populations - Designated representatives, individuals, and organizations providing services to current or potential public mental health services consumers (i.e., patient advocacy organizations, health and social service providers other than mental health services; employment and rehabilitation providers; leaders from religious and ethnic communities);

(7) Mental Health Boards and Advisory Bodies - Designated representatives;

(8) County of San Diego Health and Human Services Agency Divisions and Administration - Designated representatives; and

(9) Multi-focused Interventions and Trainings - Designated representatives.

The following charts depict the (1) representative category and (2) ethnic diversity of stakeholders that participated in the focus groups and (3) what region of San Diego they represented.



Key Informant Interviews: Phase I Key Informant interviews were conducted to supplement focus groups and quantitative data findings. These interviews provided a history and detail regarding current efforts related to the development of the public mental health workforce including those related to consumer advocacy, clinical education, staff training, and development. The informants interviewed had in-depth experience with key populations representing a core

of community, consumer, family, and current MHS providers. Informants were identified through stakeholder lists, recommendations from focus group members, County MHS staff, and/or community partners. Interviewees included individuals from: County Behavioral Health Services, Mental Health Services, and QI Performance Monitoring units; System of Care councils; Southeast County Mental Health Services; County Sheriff's Department; Contract providers (Union of Pan Asian Communities; Interpreters Unlimited, Inc.; Child and Adolescent Research Group; The LGBT Center; Alpine Rural Health Center); educational institutions (San Diego State University; Alliant University; University of California, San Diego); Consumer advocacy groups (Partners in Care, Family and Youth Roundtable, NAMI San Diego); and the Native American Community. Over 50 individuals were interviewed.

Targeted Surveys: Targeted surveys were conducted to expand upon the information received from stakeholders in the focus groups and Key Informant interviews. Three specific populations were chosen: consumer and family members, program managers, and direct mental health service providers. These surveys provided 290 focused responses:

- 122 consumer network consumers and family members identified current staffing shortages, roles for consumers and family members in the workforce, and additional training needs for staff to increase effectiveness of services.
- 80 program managers identified hard-to-fill positions - positions that became vacant in the past year, positions that remained vacant for more than three months - and provided comments on why the position was hard to fill.
- 88 direct service providers from all workforce levels identified staff recruitment, retention, and training needs.

Phase I concluded with the presentation of the information collected from the workforce needs assessment to the System of Care Councils and Mental Health Board. These presentations provided opportunity for further input and clarification of identified needs and directions for the workforce development process. In addition, the needs assessment was made available electronically on the County's Network of Care website along with a request for feedback.

Phase II

In order to develop a sound and cohesive WET Plan, more focused research was conducted in Phase II providing: (1) a data analysis comparing the ethnic and age composition of the San Diego Census, consumer population, and workforce; (2) a matrix of existing educational institutions with baseline information about the educational institutions in San Diego that provide programs geared toward mental health occupations including all levels of the career pathway from high school academies to post doctorate degrees; and (3) results of a County Behavioral Health Staff training assessment survey providing a deeper analysis regarding specific training topics and level of training that would meet the needs of a variety of BHS staff (721 surveys).

Additional Key Informant interviews were conducted with community partners with workforce development expertise. A total of 21 individuals were involved in 10 Phase II Key Informant interviews, with representatives from organizations including: California Endowment Workforce Initiative, San Diego Workforce Partnership, Hospital Association of San Diego, California Department of Rehabilitation, Palomar Pomerado Health System, San Diego City Schools, San Diego Community College District, San Diego City College Institute for Human Development, Springfield College, and National University. These interviews covered the following areas:

- Identifying existing local and regional healthcare workforce development initiatives that address personnel shortages and the needs of ethnic/racial and culturally underrepresented populations,
- Identifying potential best practices and leveraging opportunities,
- Gathering input as to potential program ideas, and
- Determining interest in future collaboration.

WET Plan Development

After the WET Needs Assessment was posted on the County's Network of Care website, the County began the process of collecting community and stakeholder comments on its findings, making presentations at both County of San Diego staff and contractor staff meetings, and the System of Care Councils - Children, Adult, Older Adult and Housing. The Councils are informed stakeholders that play integral roles in the County's ongoing community input processes, as well as all MHSA planning processes. Each Council has diverse community representation, including clients and individuals from unserved and underserved communities. The County used the opportunity presented by collecting community and stakeholder comments on the needs assessment to also gather WET programming ideas suggested by these findings. These ideas were then incorporated into a matrix, the Summary of WET Community Input - Ideas, which was posted and continually updated on the County's Network of Care website. This posting appeared alongside a community input form with which community members were able to send their comments on WET ideas, as well as their suggestions for additional WET programming ideas, directly to the County.

A WET Work Group was convened to transform the WET Needs Assessment findings, community-generated WET programming ideas, and other input into WET programming recommendations. This short-term advisory group was comprised of MHS staff and individuals from a diverse group of stakeholder representatives, the majority of whom were subject matter experts who had served as Key Informant interviewees. In three working meetings in December 2008 and January 2009, the Work Group utilized the Summary of WET Community Input - Ideas matrix to generate a variety of WET programming idea recommendations that were subsequently forwarded to a WET Cross-Threading Group for

prioritization. All of the programming idea recommendations forwarded were faithful to both the purpose of WET funding and the fundamental concepts of MHSA.

In order to respect the integrity of the WET planning process, the WET Cross-Threading Group was purposefully designed to include only conflict-free individuals. That is, this group consisted of stakeholder representatives who would not financially benefit from any WET-related contracts. The group included internal County staff, consumers and family members, and mental health services provider representatives. In addition, the group was designed to purposefully reflect child, transition age youth (TAY, 18-25 years), adult, and older adult populations. In a series of February meetings, the Cross-Threading Group provided a prioritization, or ranking, of programs from the collection of WET programming idea recommendations.

Three WET Planning Presentations given at community outposts in the north, east, and south regions of San Diego County kept the community apprised of the County's WET Planning process and afforded another opportunity to solicit community input and comments on the WET programming ideas. Flyers (in both English and Spanish) announcing the presentations were distributed at the System of Care Councils and other regularly scheduled County/community meetings, circulated via a variety of County, System of Care Council, and community email distribution lists, and posted in clubhouses and Regional Family Centers. In addition, English and Spanish press releases announcing the presentations were issued, and other alternative sources for reaching the mental health and general communities (i.e., calling upon the expertise of the Health Promotions Specialists to publicize the presentations, and posting additional flyers at Central and South County facilities, community centers, and mental health clubhouses) were employed in order to 'get the word out.'

After all comments and other input was gathered and incorporated into the plan, a final draft of the County's WET plan was posted to the County's Network of Care website for the thirty (30) day public review and comment period. Then the plan was presented on April 2, 2009 at the County of San Diego's Mental Health Board meeting to serve as the public hearing of the WET Plan. The public comments were analyzed and any appropriate modifications reflecting those comments were made. Comments included:

- Consider adding/detailing how will early childhood mental health (ECMH) be addressed in WET? Including training for early childhood educators.
    - ECMH specific mental health training will be addressed as appropriate by the Children's Mental Health System of Care as referenced in Training and Technical Assistance, Action #2.
- Consider adding language translation and interpretation certificate classes to at the community colleges and adult education. Make sure these are tied to WET projects.

    - These classes may be included in “other training” based on the needs as the workforce evolves.
- Consider creating an organized, established intern/volunteer program that is fully staffed, and that can work with schools, universities, job fairs and actively promote internship and volunteer opportunities for all of BHS.
    - This is a possibility under Workforce Staffing, Community Coordination, but will be determined based on funding availability.
- Consider compensating intern supervisors with premium pay.
    - Supervisor incentives have been added under Financial Incentive Programs, Action #9.
- Consider increasing the allocation to nursing project (Action #5); $50,000/year and $250,000 total is not adequate.
    - The County of San Diego may pursue leveraging and program opportunities to ensure appropriate priority for nursing partnerships.
- Consider offering supportive services to employees.
    - Supported services will be provided as funding permits.
- Consider adding a “college faculty immersion training” that is offered to high school, two year, four year and graduate faculty and instructors on basic of recovery and client centered services.
    - This may be included in “other training” based on the need under Training and Technical Assistance, Action #2.
- Consider offering a Psych-MH-Certificate program with a follow-up internship, such as the one offered by UCSD Extension, to recruit and train nurses coming out of school.
    - Flexibility for this has been included in Mental Health Career Pathway Programs, Nursing Partnership for Public Mental Health Professions, Action #5.
- Consider a Geriatric MH Certificate Training Program.
    - This is addressed in Mental Health Career Pathway Programs, Action #3 Public Mental Health Academy.
- Make sure that evaluation efforts include extent of programming/funding efforts on the OA population.
    - Evaluation methodology will be determined in the implementation phase.

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT
WORKFORCE NEEDS ASSESSMENT
I. By Occupational Category. . .

SUMMARY OF COMPLETE COUNT AND EXTRAPOLATED ESTIMATES: ALL SEGMENTS

				Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
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	White/ Cau-casion	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islan-der	Native Ameri-can	Multi Race or Other	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. *Unlicensed* Mental Health Direct Service Staff:										
County (employees, independent contractors, volunteers)										
Mental Health Rehabilitation Specialist	25.0	1	7.8							
Case Manager/Service Coordinators	1.0	0	0.0							
Employment Services Staff	0.0	0	0.0							
Housing Services Staff	2.5	0	0.0							
Consumer Support Staff	0.0	0	0.0							
Family Member Support Staff	0.0	0	0.0							
Benefits/Eligibility Specialist	7.0	1	2.2							
Other *Unlicensed* MH Direct Service Staff	31.0	0	0.0							
Sub-total, A (County)	66.5	2	10.0	30.0	13.5	12.0	8.0	0.0	0.0	63.5
All Other (CBOs, CBO sub-contractors, network providers, and volunteers)										
Mental Health Rehabilitation Specialist	185.5	1	58.8							
Case Manager/Service Coordinators	55.8	1	17.3							
Employment Services Staff	20.7	1	6.4							
Housing Services Staff	15.7	0	0.0							
Consumer Support Staff	21.7	1	22.0							
Family Member Support Staff	30.5	1	30.0							
Benefits/Eligibility Specialist	6.0	1	1.9							
Other *Unlicensed* MH Direct Service Staff	61.4	1	19.0							
Sub-total, A (All Other)	397.3	7	155.4	128.8	93.9	52.2	14.3	1.1	10.3	300.4
Total, A (County & All Other)	463.7	9	165.4	158.8	107.4	64.2	22.3	1.1	10.3	363.9

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-casion	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islan-der	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	7.2	1	0.5							
Psychiatrist, child/adolescent	4.8	1	0.5							
Psychiatrist, geriatric	0.0	1	1.0							
Psychiatric or Family Nurse Practitioner	0.0	0	0.0							
Clinical Nurse Specialist	45.0	1	13.9							
Licensed Psychiatric Technician	3.0	0	0.0							
Licensed Clinical Psychologist	1.5	1	0.5							
Psychologist, registered intern (or waivered)	3.8	0	0.0							
Licensed Clinical Social Worker (LCSW)	15.0	1	4.6							
MSW, registered intern (or waivered)	2.5	0	0.0							
Marriage and Family Therapist (MFT)	15.8	1	4.9							
MFT registered intern (or waivered)	5.0	1	1.6							
Other *Licensed* MH Staff (direct service)	3.0	0	0.0							
Sub-total, B (County)	106.4	8	27.5	55.2	10.0	10.0	23.0	1.0	0.2	99.4
All Other (CBOs, CBO sub-contractors, network providers, and volunteers)										
Psychiatrist, general	48.3	1	2.0							
Psychiatrist, child/adolescent	6.5	1	1.0							
Psychiatrist, geriatric	0.1	1	1.0							
Psychiatric or Family Nurse Practitioner	0.7	1	3.0							
Clinical Nurse Specialist	23.8	1	7.4							
Licensed Psychiatric Technician	4.0	0	0.0							
Licensed Clinical Psychologist	50.9	1	8.9							
Psychologist, registered intern (or waivered)	3.0	0	0.0							
Licensed Clinical Social Worker (LCSW)	30.8	1	8.4							

MSW, registered intern (or waivered)	98.0	1	30.4							
Marriage and Family Therapist (MFT)	74.7	1	21.4							
MFT registered intern (or waivered)	350.0	1	109.1							
Other *Licensed* MH Staff (direct service)	8.5	0	0.0							
Sub-total, B (All Other)	699.3	10	192.6	351.2	99.4	39.6	33.3	2.9	31.1	557.5
Total, B (County & All Other)	805.7	18	220.1	406.5	109.4	49.6	56.3	3.9	31.3	656.9

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-casion	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islan-der	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	1.0	0	0.0							
Registered Nurse	1.0	0	0.0							
Licensed Vocational Nurse	18.0	1	5.6							
Physician Assistant	0.0	0	0.0							
Occupational Therapist	0.0	0	0.0							
Other Therapist (e.g., physical, recreation, art, dance)	5.0	0	0.0							
Other Health Care Staff (direct service, to include traditional cultural healers)	6.0	0	0.0							
Sub-total, C (County)	31.0	1	5.6	13.0	2.0	2.0	8.0	0.0	0.0	25.0
All Other (CBOs, CBO sub-contractors, network providers, and volunteers)										
Physician	1.1	0	0.0							
Registered Nurse	26.1	1	8.1							
Licensed Vocational Nurse	25.4	1	7.9							
Physician Assistant	0.0	0	0.0							
Occupational Therapist	0.5	0	0.0							
Other Therapist (e.g., physical, recreation, art, dance)	9.9	1	4.6							
Other Health Care Staff (direct service, to include traditional cultural healers)	0.1	0	0.0							
Sub-total, C (All Other)	63.1	3	20.6	34.2	3.6	8.7	6.7	0.0	1.4	54.5
Total, C (County & All Other)	94.1	4	26.2	47.2	5.6	10.7	14.7	0.0	1.4	79.5

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-casion	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islan-der	Native Ameri-can	Multi Race or Other	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
D. Managerial and Supervisory:										
County (employees, independent contractors, volunteers)										
CEO or manager above direct supervisor	23.0	0	0.0							
Supervising psychiatrist (or other physician)	5.0	1	1.0							
Licensed supervising clinician	9.0	1	2.8							
Other managers and supervisors	15.0	0	0.0							
Sub-total, D (County)	52.0	2	3.8	42.0	5.0	1.0	2.0	0.0	0.0	50.0
All Other (CBOs, CBO sub-contractors, network providers, and volunteers)										
CEO or manager above direct supervisor	100.1	0	0.0							
Supervising psychiatrist (or other physician)	2.0	0	0.0							
Licensed supervising clinician	39.8	1	12.3							
Other managers and supervisors	49.9	1	15.5							
Sub-total, D (All Other)	191.8	2	27.8	124.6	24.4	6.6	16.6	0.0	3.9	176.1
Total, D (County & All Other)	243.8	4	31.6	166.6	29.4	7.6	18.6	0.0	3.9	226.1
E. Support Staff:										
County (employees, independent contractors, volunteers)										
Analysts, tech support, quality assurance	69.0	1	0.0							
Education, training, research	1.0	1	0.0							
Clerical, secretary, administrative assistants	104.0	1	0.0							
Other support staff (non-direct services)	12.0	0	0.0							
Sub-total , E (County)	186.0	3	0.0	89.0	29.0	18.0	46.0	0.0	0.0	182.0
All Other (CBOs, CBO sub-contractors, network providers, and volunteers)										
Analysts, tech support, quality assurance	15.0	1	4.7							
Education, training, research	7.7	0	0.0							
Clerical, secretary, administrative assistants	183.3	1	57.9							
Other support staff (non-direct services)	1.4	0	0.0							
Sub-total , E (All Other)	207.4	2	62.6	64.7	60.9	15.3	14.0	0.6	10.4	165.9
Total, E (County & All Other)	393.4	5	62.6	153.7	89.9	33.3	60.0	0.6	10.4	347.9

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-casion	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islan-der	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)**	441.9	16	46.9	229.2	59.5	43.0	87.0	1.0	0.2	419.9
***All Other (CBOs, CBO sub-contractors, network providers, and volunteers* (A+B+C+D+E)**	1558.8	24	459.0	703.5	282.1	122.4	84.9	4.6	57.1	1254.5
TOTAL COUNTY WORKFORCE (A+B+C+D+E)	2000.7	40	505.9	932.7	341.6	165.4	171.9	5.6	57.3	1674.4

Major Group and Positions				**Race/ethnicity** of individuals planned to be served -- Col. (11)						
				White/ Cau-casion	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islan-der	Native Ameri-can	Multi Race or Other	All indivi-duals (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**			43.9%	29.9%	13.1%	4.8%	0.6%	7.6%	100.0%
# of individuals being served				24,306	16,596	7,238	2,662	339	4,236	55,377

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT
WORKFORCE NEEDS ASSESSMENT
II. Positions Specifically Designated for Individuals with Consumer and Family Member Experience.

Major Group and Positions	Estimated # FTE authorized and to be filled by clients or family members	Position hard to fill with clients or family members? 1=Yes; 0=No	# additional clients or family member FTEs estimated to meet need
(1)	(2)	(3)	(4)
A. *Unlicensed* Mental Health Direct Service Staff:			
Consumer Support Staff	21.7	1	21.7
Family Member Support Staff	30.5	1	30.5
Other *Unlicensed* MH Direct Service Staff	0.0	1	10.0
Sub-total, A:	52.2	3	62.2
B. *Licensed* Mental Health Staff (direct service)	0.0	1	0.0
C. Other Health Care Staff (direct service)	0.0	0	0.0
D. Managerial and Supervisory	2.0	1	2.0
E. Support Staff (non-direct services)	0.0	0	0.0
GRAND TOTAL (A+B+C+D+E)	54.2	5	64.2

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT
WORKFORCE NEEDS ASSESSMENT
III. Language Proficiency

Language, other than English		Number who are proficient	Additional number who need to be proficient	**TOTAL (2)+(3)**
(1)		(2)	(3)	(4)
1. Spanish	Direct Service Staff	375	245	620
	Others	179	0	179
2. Tagalog	Direct Service Staff	37	16	53
	Others	17	0	17
3. Vietnamese	Direct Service Staff	13	22	35
	Others	6	0	6
4. Arabic	Direct Service Staff	10	16	26
	Others	2	1	3
5. Russian	Direct Service Staff	9	4	13
	Others	1	0	1
6. Cambodian	Direct Service Staff	8	1	9
	Others	3	1	4
7. Sign	Direct Service Staff	13	2	15
	Others	11	2	13
8. Lao	Direct Service Staff	1	3	4
	Others	1	3	4
	Direct Service Staff	0	0	0
	Others	0	0	0
	Direct Service Staff	0	0	0
	Others	0	0	0
	Direct Service Staff	0	0	0
	Others	0	0	0
	Direct Service Staff	0	0	0
	Others	0	0	0
TOTAL, all languages other than English:	Direct Service Staff	466	309	775
	Others	220	7	227

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

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

The WET Needs Assessment findings are the result of a comprehensive data collection process: 3 targeted surveys; 25 focus groups; 25 key informant interviews; 229 providers, community partners, consumer groups, educational institutions and county staff; as well as quantitative data and qualitative information on current San Diego County mental health staffing patterns, hard-to-fill positions, additional staffing requirements, and current ethnic and language capacity.

A. Shortages by occupational category:

Three quarters of the County of San Diego's public mental health workforce is contracted staff employed by community-based organizations (CBO). The remainder of the workforce is distributed among the County, employing less than one quarter of the workforce (22%), and fee-for-service providers (FFS) (3%) (see Chart 1 Mental Health Workforce by Type).

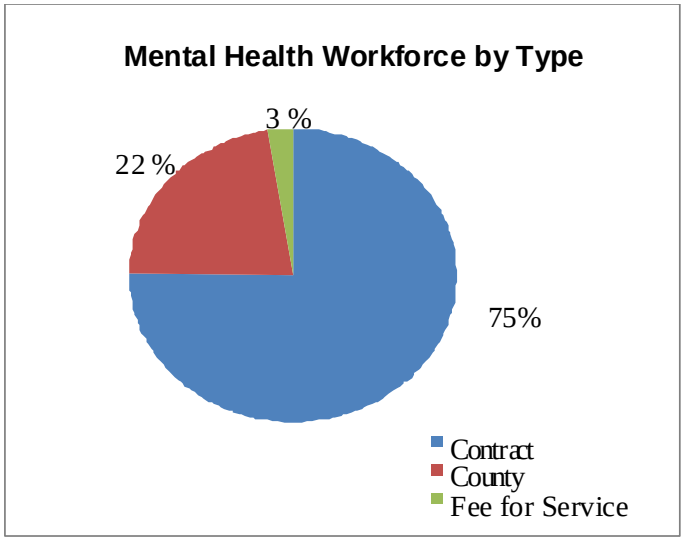


Chart 1 – Mental Health Workforce by Type

Workforce distribution figures reveal that the highest percentage of positions are in Licensed Mental Health Direct (39%), followed by Unlicensed Direct (24%), and Support Staff (20%) (see Chart 2, Workforce Position by Classification).

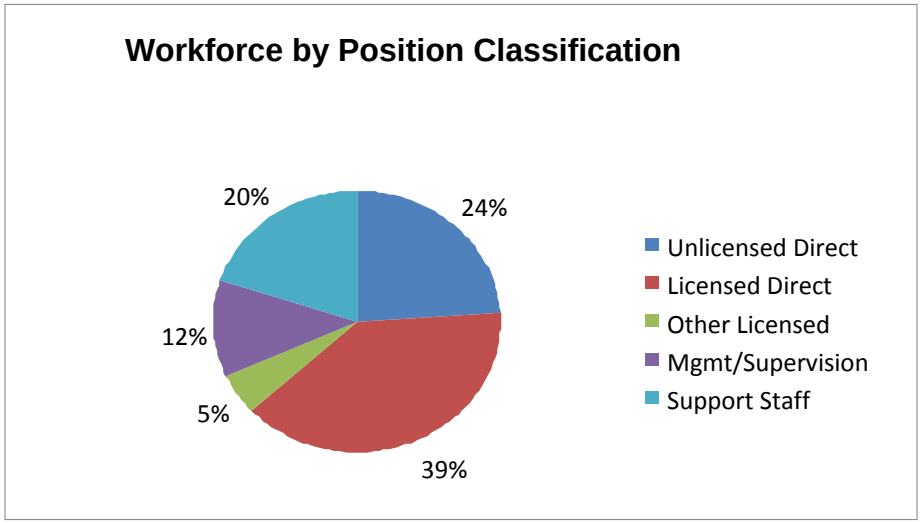


Chart 2 – Workforce Position by Classification

The County's WET Needs Assessment revealed that more than twice the number of unlicensed direct care mental health staff is needed as compared to licensed mental health staff. However, the number of hard to fill or hard to retain occupational categories is greater within the licensed category, and this is particularly true of contract agencies.

Hard to fill or retain unlicensed positions, in which substantial numbers of staff are needed, include: unlicensed rehabilitation specialists, case managers and consumer support staff. In terms of licensed staff, psychiatrists, nurses, social workers are needed. The number of needed staff indicated in the assessment exceeds the expectation for positions to be budgeted in the foreseeable future. Therefore, an assessment of annual staff replacements over the last two years was conducted to determine how many positions the County could expect to be available, given present levels of funding. According to this analysis, approximately 100 unlicensed positions and 50 licensed positions are estimated to become available. In our work detail actions involving career pathways, internships and financial incentives, we have aimed for providing training and assistance to provide enough persons to fill approximately half of these vacant positions. This is based on the assumption that this many positions would likely be available annually even with unforeseeable budget cuts and hiring freezes.

Quantitative data collection and additional analysis of workforce by position classification data also revealed the following about hard-to-fill positions:

- Particular Direct Service staff positions were more difficult to fill than others;
- Unlicensed Direct Staff positions remained vacant primarily as a result of both non-competitive salaries and the unique qualifications needed for these positions; whereas Licensed Direct Staff positions were difficult to fill due to noncompetitive salaries and requirements for bilingual staff, primarily Spanish;
- Qualified clinical supervisors were identified as hard-to-fill, especially professionals with LCSW or MFT licensure;
- Hospitals and clinics are struggling from the overall shortage of nurses available in the county;
- Several positions have been vacant for over a year, particularly in rural areas or positions requiring licensed bilingual capability;
- Intense competition exists in the community for bilingual professionals and bilingual clinical positions;
- Positions are difficult to fill because salaries remain below community standards.

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

"Cultural Competency means identifying ways to connect regardless of ethnicity – it is being respectful and non-judgmental about a client's situation, limitations and condition." – Consumer Advocate

A common theme expressed repeatedly among focus group participants regarding the concept of cultural competence was *the ability to connect and to relate to consumers of diverse ethnicities and experiences, while maintaining an inclusive approach in service delivery*. A humanistic, consumer-driven and non-judgmental approach was emphasized in focus group discussions on issues of the relationship between the current diversity of the mental health workforce and the population it serves.

Both San Diego County's public mental health workforce and its target population receiving public mental health services are, in general, fairly diverse. Examining workforce by diversity, the public mental health workforce in San Diego County is 59% Caucasian, 19% Latino/Hispanic, 8% African Americans/Blacks, 9% Asian/Pacific Islanders, and 1% Native American; similarly examining consumers by ethnicity: 43% Caucasian, 30% Latino/Hispanic, 13% African Americans/Blacks, 5% Asian/Pacific Islanders, and 1% Native American.

While both groups may themselves be diverse, a comparison of their respective diversity reveals they diverge from each other in distinct ways. Chart 3, a side-by-side comparison, depicts these divergences. For example, overall, 41% of the workforce is ethnically and culturally diverse, whereas 57% of the population served is ethnically and culturally diverse.

Examining the divergence within each race/ethnicity category we find Caucasians and Asians are overrepresented in the workforce[1], while Latinos and African Americans are underrepresented.

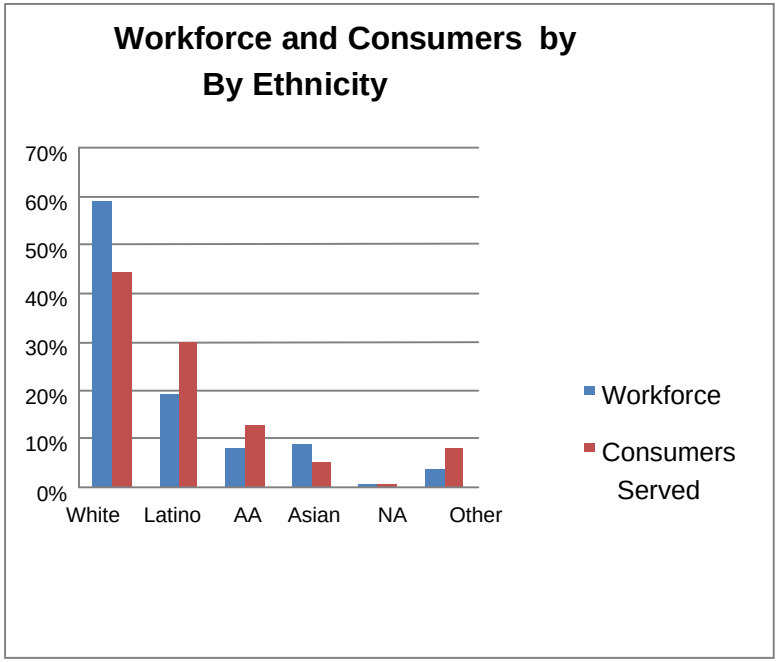


Chart 3 – Workforce and Consumers by Ethnicity

As depicted in Chart 4, Workforce Diversity by Position reveals that Unlicensed Direct Staff and Support Staff are closest to the 56% diversity of those being served in the public mental health system at 51% and 57% respectively, while licensed, management/supervisory and other healthcare position classifications are significantly less representative of diversity of those being served.

[1] However, within the Asian component of the workforce, the vast majority is Japanese. Vietnamese, Cambodian, Hmong, Lao and Samoan are underrepresented.

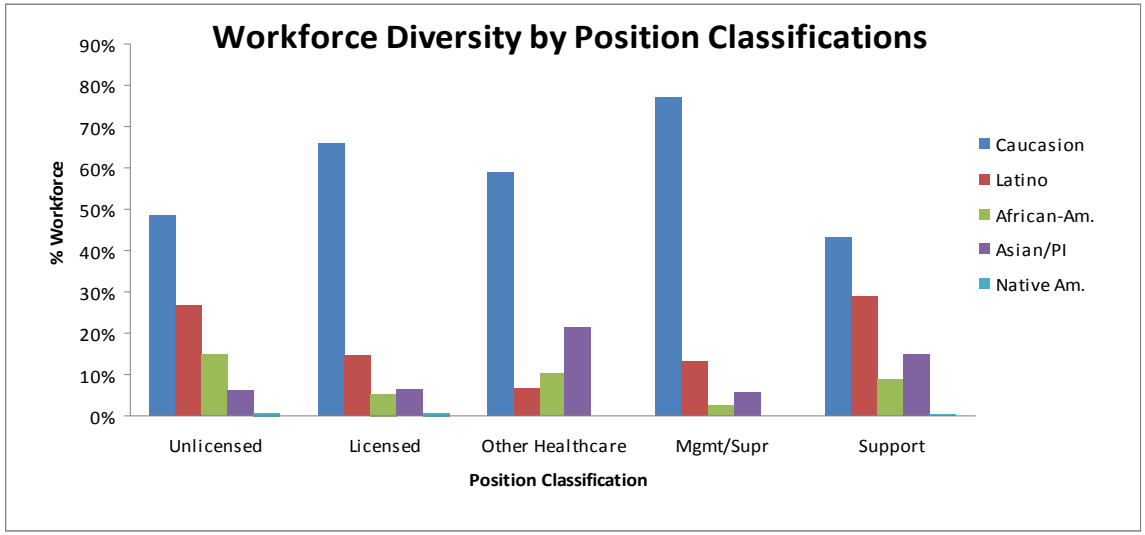


Chart 4 – Workforce Diversity by Position Classification

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

Consumers and family members offer a wealth of life experiences, cultural competencies and compassion, and understanding of the mental health system and related resources. They assist in linking consumers with services, provide useful information on navigating the mental healthcare system, and give much-needed encouragement and moral support to their peers. Currently, 82 people comprise 52.2 FTEs in specifically designated consumer/family positions in the public mental health workforce. These positions are primarily in Peer-to-Peer programs, Clubhouses and Full Service Partnership programs. Recognizing the importance of the voice of the consumer, there are currently Consumer Liaison staff assigned to each region with the goal to coordinate meaningful client partnerships to ensure a "consumer voice" in adult and older adult mental health services, in the area of policy, practice, program development and implementation as well as a consumer representative on all the mental health councils and boards.

Though the mental health workforce is only beginning to incorporate consumers and families, the benefits of their involvement are clear, and also essential to the implementation of a consumer and family-driven system. Equally important, consumers and family members have also diversified the workforce with their presence as 64% of consumer and family members are ethnically and culturally diverse as compared to 40% of non-identified consumer staff. Increasing the participation of consumer and family members in San Diego County's public mental health workforce helps

to further two crucial WET intentions – increasing consumer and family member involvement as well as increasing the cultural competence and racial/ethnic diversity.

D. Language proficiency:

"As a bilingual staff person, I have a lot more responsibility for making sure that all the client's needs are met. I can't just send them to another agency for additional services because they don't have a bilingual worker available to help them."
- Hmong Provider Participant

The threshold languages for San Diego County are: (1) Spanish, (2) Vietnamese, (3) Tagalog, and (4) Arabic. In addition to these threshold languages, the following linguistic needs were identified by participants: Chaldean, Hmong, Cambodian, and Laotian. Reference was made to a growing immigrant population from East Africa, many of whom speak Somali and Swahili. All focus group participants and key informants expressed a need for more bilingual and bicultural mental health workers.

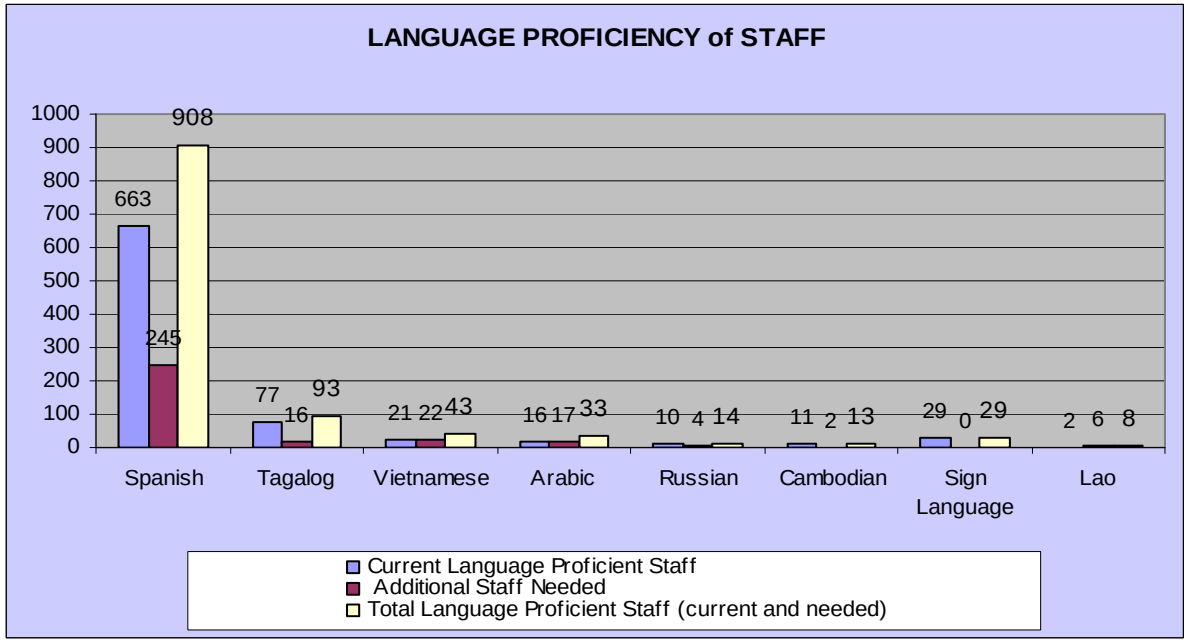


Chart 5 - Language Proficiency of Staff

Chart 5, Language Proficiency of Staff, illustrates staff language proficiency needs. Workforce qualitative data revealed that the requirement for bilingual staff was one of the top reasons for the continued vacancy of direct service staff positions. Spanish continues to be the most sought after language in the mental health workforce. Service providers must be bilingual, and preferably bicultural, in order to successfully meet the needs of Latinos in this region.

E. Other, miscellaneous:

To fully address cultural issues affecting access to public mental health services, San Diego County's public mental health workforce must also consider life stage. Each age group - children, Transitional Aged Youth (TAY), adult and older adult - presents with unique challenges and issues that require special knowledge, skills and competencies. Specific groups in this category include: (see Chart 6).

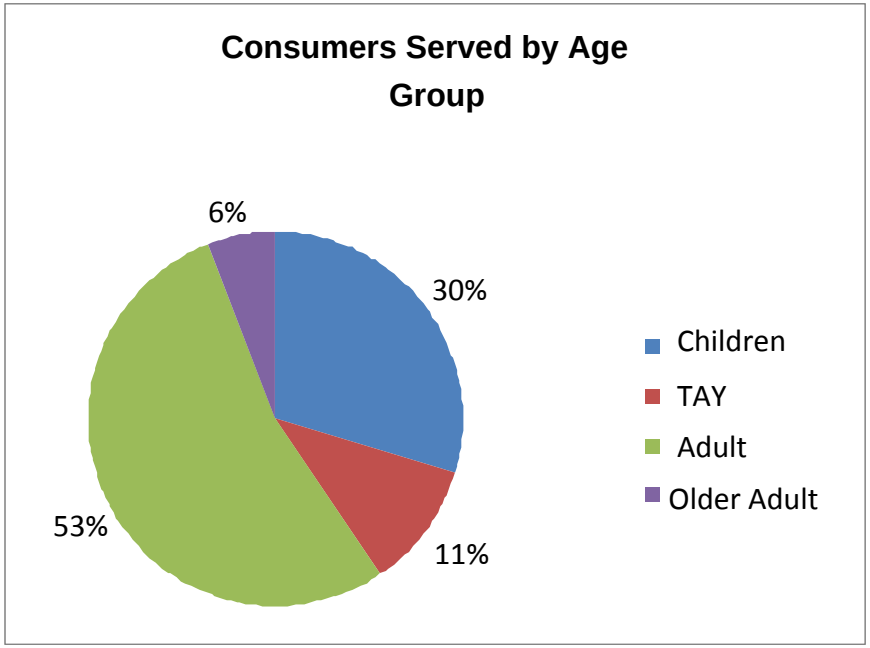


Chart 6 – Consumers Served By Age Group

EXHIBIT 4: WORK DETAIL
A: WORKFORCE STAFFING SUPPORT
Action #1

Title: Workforce Education and Training (WET) Coordination and Implementation

Description: As part of implementation, WET coordination will be funded to provide a structure that supports building and maintaining a public mental health workforce consistent with the intent of the MHSA and WET fundamental concepts: to have a culturally competent workforce that includes clients and family members capable of offering client- and family-driven wellness, recovery, and resilience-oriented services within an integrated service experience.

San Diego County's approved MHSA WET Planning and Early Implementation Activities Requests provided funding for the first phase of WET planning including single use funding for the completion of a workforce needs assessment. The subsequent phase included consolidating stakeholder input in the WET Planning process, coordinating collaborative community-based work groups and presentations to staff, consumers, family members and the community, and developing and writing the WET plan.

WET Coordination will include County of San Diego staff that will be responsible for monitoring the overall components of WET to be contracted and the evaluation process that may involve BHSTEC and/or the collaborative. Since it is very likely that the administration of contracts will be decentralized, with the responsibility falling into several teams within the County's MHS Department, it will be important to have a central point of coordination for all of the WET components. The WET Coordinator has responsibility for coordinating all aspects of the planning and implementation phases including monitoring contract activity for contracts funded within this proposal. The WET Coordinator will also assume accountability for ongoing key processes including attendance at local and statewide stakeholder functions and participation in regional meetings and statewide training.

Some coordination and implementation objectives may be assigned, delegated or contracted (e.g., clerical/office support work, data collection and analysis, program management). The following details the overall array of objectives for the WET Coordination Action Plan.

Objectives:

A. The WET Coordinator, primary objectives:

1. Complete Workforce Education and Training Three-Year Expenditure Plan.
2. Prepare annual updates and other periodic reports as required by California Department of Mental Health and County Mental Health Director.

3. Represent and participate, on behalf of the County, in the Southern Regional Partnership as well as in other state level WET and/or regional partnerships and local, regional and state workforce initiatives.
4. Coordinate the implementation of the WET Plan, including program design, development and evaluation as outlined in each Action.
5. Develop and support WET programming that increases the meaningful inclusion of consumers and family members in the public mental health service system as well as improves the retention of public mental health employees.

B. Community Coordination, primary objectives:

1. Promote MHSA fundamental concepts in WET programming.
2. Facilitate collaboration with County contract staff and community partners to assist in implementing WET programming and to identify opportunities to partner with existing workforce development efforts.
3. Communicate information about WET programming, availability of resources including training programs, pathways, residencies and financial incentive programs.
4. Develop and maintain significant outreach and collaboration with San Diego's diverse communities in planning, implementing, and evaluating the plan.
5. Develop marketing, publications and/or technology listservs that assist with disseminating information on WET opportunities including:
    i. Public mental health career ladders to educate youth, students and the public about opportunities, educational requirements, types of jobs and duties for occupations within public mental health system
    ii. Residency, internship and MHSA funded WET financial incentive and stipend programs as well as other opportunities available through the County, the State (via MHSA funding) and outside of MHSA.
    iii. A public mental health system "salary survey" and/or other type of labor market information or research of the labor market for San Diego County.
6. Participate with external WET entities to capitalize on available regional and/or state WET resources and training opportunities.
7. Explore leveraging possibilities to maximize the County's WET funding opportunities.

C. WET Collaborative – The WET Coordinator will convene a collaborative body representative of the community and public mental health workforce stakeholders (e.g., County staff, contracted agencies leadership, educational institutions, consumers and family members including transitional age youth, adults and older adults). The Collaborative will:

1. Ensure a community voice and feedback on MHSA funded WET programs within MHS.
2. Provide for stakeholder involvement in the implementation process.
3. To provide subject matter expertise in assessing WET Plan implementation and effectiveness.

D. Coordination of Career Pathways, Residencies, Internships and Financial Incentives.

1. Develop a centralized process to coordinate the intake, application and supervision protocols of the various internship and financial incentive and stipend programs.
2. Develop programming in partnership with providers, and serve as a liaison to programs operated by educational institutions.
3. Serve as a central source for information gathering and dissemination regarding career pathways with the goals to:
    I. Target culturally diverse individuals from underrepresented populations in the public mental health workforce
    II. Increase public mental health services staff's knowledge of career development options within the public mental health services system.

Budget Justification: **FY 2007-2008:** Planning and Early Implementation Activities funding of $138,000 for the development of the Needs Assessment and $251,000 (total of $389,000) was originally budgeted for coordination, but after a fulltime coordinator was hired the contractor was no longer necessary; thus $143,450 was utilized for Specialized Training Modules, now Action #2. **FY 2008-2009**: Approximately $288,512 per year, for 6 years, will fund WET coordination and related activities such as research of leveraging opportunities, data collection, evaluation, analysis of evaluation data, and development of selection criteria and process for the Financial Incentive and Residency / Internship program actions. A contractor will be hired to assist in these coordination activities.

The County of San Diego is requesting funding to support the development and operation of this action through the end of fiscal year 2016-2017. The County of San Diego intends to provide ongoing support for the WET component through the MHSA Integrated Plan beginning in fiscal year 2016-2017.

1 FTE- Contractor

$ 115,404 - Contractor

$ 173,108 - Operating Expenses- 10% Annual Cost

$ 288,512 - Total Annual Cost

One-Time Dollars	Annual Cost	# of years	TOTAL BUDGET*
$0	$288,512	6	$1,731,076

* All costs are estimated

Budget Amount:	FY 2006-2007: $0	FY 2007-2008: $389,000	FY 2008-2009: $1,731,076

EXHIBIT 4: WORK DETAIL
B: TRAINING AND TECHNICAL ASSISTANCE
Action # 2

Title: Specialized Training Modules

Description: This action is designed to increase the number and diversity of trainings offered to San Diego County's public mental health workforce. The training modules outlined below support the core competencies for the public mental health workforce - the philosophy of client- and family-driven, wellness and recovery/resilience oriented services that lead to evidenced-based, value-driven outcomes. To address cultural issues affecting access to services, an overarching theme that cultural diversity must be incorporated into staff, environment, and service delivery models permeates each training module. In addition, in the WET Needs Assessment, providers associated life stage as another area related to cultural sensitivity training, as each group presents with unique challenges and issues that require special knowledge, skills and competencies. In accordance with this consideration, training may also be aligned with targeted population groups such as early childhood, youth, transition age youth, adult, and older adults, as well as culturally, linguistically (e.g. Spanish, American Sign Language, translation) and ethnically diverse communities where appropriate. Due to an increased need for providing services to children ages 0-5, Early Childhood specific mental health training will be addressed as appropriate by the Children's Mental Health System of Care. This will include skill based training for service providers working with this early childhood population.

Some of these activities will be coordinated by the Behavioral Health Services Training and Education Committee (BHSTEC), which align with the fundamental concepts of MHSA Proposition 63 and San Diego specific community feedback for WET. Some of these modules will result in the development of training curricula, all will incorporate cultural competency.

Additional trainings may be added to meet the future demands of the County of San Diego mental health workforce. Specific trainings series include:

Psychosocial Rehabilitation (PSR) Training Academy: PSR focuses on using functional assessments that value the strengths of the individual and approaches to service delivery to those with psychiatric illness to restore community functioning and wellbeing. PSR is focused on effecting environments that support recovery and reduce distress associated with psychiatric illness. PSR program seeks to "combine pharmacologic treatment, independent living and social skills training, psychological support to clients and their families, housing, vocational rehabilitation, social support and network enhancement, and access to leisure activities."[2]

[2] US Surgeon General, (1999) *Mental Health: A Report of the Surgeon General*.

The focus of this action is to train a Countywide cadre of public mental health staff in PSR modalities to ensure that they are equipped with the skills to provide individualized services with the fundamental values and practical tools to maximize client involvement, normalize services, offer a vocational focus, modify environments and supports as needed, partner with families, focus on advocacy, and focus on outcomes achievement for clients.

Training will be modeled after our County's successful co-occurring disorders training model. At least 100 people per year will receive intensive training (potentially via four sessions of 40-hour training serving 25 people each through a combination of in-person learning and e-learning) in psychosocial rehabilitation, focusing on specific areas and competencies identified in USPRA's "Psychiatric Rehabilitation Skills in Practice" workbook and Davidson's "Recovery-Oriented Practice: Tools for Transforming Mental Health Care" book. Topics may include the areas identified in USPRA's workbook, including: Foundation Skills; Ethics; Performance Improvement; Community Resources; Assessment; Planning; Integrating Treatment and Rehabilitation Interventions; Intervention and Program Models; Systems Competencies; Diversity and Cultural Competence. Expected competencies to be developed may be in the areas identified by Davidson of Primacy of Participation; Promoting Access and Engagement; Ensuring Continuity of Care; Employing Strengths-Based Assessment Offering Individualized Recovery Planning; Functioning as a Recovery Guide; Community Mapping, Development and Inclusion; Identifying and Addressing Barriers to Recovery. The Cadre members will also link with other portions of WET and other training opportunities as indicated and available, such as Peer Employment Training and Provider Education in Consumer Family Pathways (Action # 3), and may also link with other relevant training opportunities that may be available, such as Motivational Interviewing, Cognitive Behavior Therapy, Dialectical Behavior Therapy, Co-Occurring Disorders, and WRAP Ambassador. The County may also incorporate the CPRP, a credential awarded to individuals who successfully complete the Psychiatric Rehabilitation Certification Program, into this component.

Recovery 101: A minimum of 500 people per year may take this one-day course that would serve as an introduction for existing staff who have not previously received similar training as well as new staff upon hire into County-funded BHS programs (both contracted and County personnel). An advanced-level half-day class will be developed for delivery on an annual basis for up to 500 staff per year to provide updated information and to maintain the system's focus on provision of recovery-oriented services. The County would include best practice examples from the local community, as well as statewide and nationally, in developing the module curriculum, which may incorporate e-learning.

Physicians Training: The results of a Psychiatrist Training Survey conducted as part of the WET Needs Assessment revealed that 70% of the respondents indicated a desire for at least one to two trainings per year while 30% wanted three to four trainings. After reviewing these results, a committee convened to make specific recommendations for training topics including, Pharmacology (e-learning), Psycho Social Rehabilitation (PSR)/Wraparound, Behavioral Health, and Funding of Behavioral Health (e-learning).

Two e-learning courses and two instructor-lead trainings would be provided every year. These would be updated annually to accommodate changes and new information. Also slotted would be an elective class whose topic will be determined annually through the County's Behavioral Health Services Training & Education Committee (BHSTEC) with recommendations from the Clinical Director and MHS psychiatrists.

Behavioral Health Training Curriculum (BHTC): The BH Training Curriculum was originally funded as an Early Implementation Activity to sustain comprehensive system-wide training piloted under CSS. The curriculum includes the following key training areas identified in the CSS Plan: 1) Behavioral Health and Cultural Competence, 2) Behavioral Health and Co-occurring Disorders, 3) Behavioral Health and Primary Care, 4) Behavioral Health and Victims of Trauma or Torture, 5) Behavioral Health Strategic Plan and Veterans, 6) Behavioral Health and Domestic Violence, 7) Behavioral Health and the Roadmap to Recovery (R2R). Additional training topics include: 1) disaster related (e-learning) training, 2) "Academy" or specialized training series, 3) "Another Kind of Valor" training curriculum, and 4) trainings specific to Children's Mental Health.

Case Management Training: The effective case manager helps identify appropriate providers and facilities throughout the continuum of services, while ensuring that available resources are being used in a timely and cost-effective manner.

Component One, 'Introduction to Case Management in Behavioral Mental Health": 'Case Management' can take many forms, and this training will focus on introducing case management's core elements of engagement, assessment, planning, linkage, coordination, monitoring and advocacy within a recovery-oriented behavioral health system. Case management functions may be provided in many different ways and by different persons (some of whom may be defined as Case Managers, and others who may perform case management functions as part of another role), and this training is designed to help mental health service providers and substance abuse service providers become better able to provide case management functions to help a client utilize relevant resources from both formal services and natural supports. Emphasis will be on partnership with the client (and his/her family and friends) and will spotlight a strengths-based approach to case management. Relevant tools and resource information will be provided to participants, and strategies for maximizing client and family involvement will be presented. Expected participants are mental health service providers and substance abuse service providers working as part of our public Behavioral Health Services system. Families and friends who have taken on a case management function for someone with serious mental illness may also attend this half-day class.

Component Two: Strengths Model of Case Management: These classes will teach people working primarily as mental health case managers the strengths model of case management, developed by Charles Rapp and the University of Kansas. Referenced texts will include Rapp's "The Strengths Model: Case Management with People with Psychiatric Disabilities" and Fast's "Strengths-Based Care Management for Older Adults." Topics covered will include engagement,

assessment, personal planning, resource acquisition, and creating the conditions for effectiveness, and specific tools will be presented to support integration of this model into the case manager's work throughout this 40-hour class.

Early Childhood and youth specific mental health trainings will be addressed as appropriate by the Children's Mental Health System of Care including skill based training for service providers working with early childhood and youth populations.

Cultural Competence Academy (CCA): This training initiative would be a large-scale initiative to further the objectives identified by the Cultural Competency Resource Team (CCRT) and will be inclusive of the principles of wellness and recovery for ethnically and diverse populations. The CCA will be intensive skill based trainings that will focus on clinical and recovery interventions within a diverse cultural background. Training would occur as part of a series and at all levels of organizations. Culturally representative trainers would be sought from within the diverse community to develop the menu of modules. Early Childhood and youth specific mental health trainings will be addressed as appropriate by the Children's Mental Health System of Care including skill based training for service providers working with early childhood and youth populations.

Clinical Interventions for Victims of Trauma: Specialized training series and curriculum development will focus on clinical interventions that are best practices in the field of trauma, to include treatment and interventions for victims of physical and sexual abuse, victims of violence and torture, and veterans with PTSD. Clinical Interventions shall be presented within a cultural context. In addition, the curriculum will include a focus on the stigma associated with the effects of mental illness and seeking services. Early Childhood and youth specific mental health trainings will be addressed as appropriate by the Children's Mental Health System of Care including skill based training for service providers working with early childhood and youth populations.

Objectives:

Training objectives will vary based on module content however, overall training objectives include:

- To support the retention and professional development of current and future public mental health staff.
- To provide specialized training courses as outlined above to further the acceptance and adoption of the concepts embodied in MHSA: wellness, recovery and resilience; cultural competence; client- and family-driven mental health services; integrated service delivery; and community collaboration.
- To identify additional training courses that will further the acceptance and adoption of the concepts embodied in MHSA: wellness, recovery and resilience; cultural competence; client- and family-driven mental health services; integrated service delivery; and community collaboration.

- Develop and offer training modules that emphasize outcomes for clients related to: 1) Self-determination, 2) Dignity and worth of every individual. 3) Optimism, 4) Capacity of every individual to learn and grow, and 5) Cultural sensitivity.[3]
- Develop a selection process for specialized training series for individuals and sites based on regional priorities and a process determined by County MHS staff in partnership with contracted service providers.
- Conduct a qualitative, satisfaction survey with trainees before, after and at subsequent "follow-up" points after training.
- Evaluate and document outcomes of trainings provided.

Budget Justification:

Psychosocial Rehabilitation: training of 25 people for 40 hours, four sessions per year.

Recovery "101": daylong introductory class, which could serve up to 100 people per session. Ten (10) classes will be offered in the first year and in the following years 3 classes will be held each year. The advanced-level half-day classes could serve up to 50 people per session.

Case Management training is a 40 hour class.

Cultural Competence Academy is estimated to be offered twice a year for a total of 90 participants.

Specialized training focused on immigrants/survivors of politically motivated tortures**:** 3 trainings per year with 35 attendees per training session for approximately 105 total participants per year.

Specialized Training Modules will be contracted via a procurement process which will follow approval of this WET plan by the State Department of Mental Health. A selection process for individuals and sites will be based on regional priorities and a process determined by County MHS staff in partnership with contracted service providers. Contracts will be awarded to providers that have the required technical and cultural competence and that propose realistic scopes of work at cost beneficial rates.

Notes: The estimated costs of each of the trainings are based on historical costs of similar trainings. Behavioral Health Training Curriculum received **FY 2007-2008** Planning and Early Implementation Activities funding of $311,500 to sustain training first implemented with CSS one-time funding CSS Workplan OT-1: System-wide & Community Education and Training. Also originally funded as an Early Implementation Activity and included in **FY 2007-2008** is a Consumer/Family Academy with funding of $483,000. This Academy now resides in Mental Health Career Pathway Programs as Consumer

[3] Betty Dahlquist, MSW, CPRP. (2005) *PSR Fundamentals: Putting Values into Practice.* PowerPoint Presentation. CASRA.

Family Pathways (part of The Public Mental Health Academy, Action # 3) and will continue to be funded in that category. **FY 2008-2009** includes continued funding for this module at $311,500 for the next five years. Some Specialized Training Modules were funded with Planning and Early Implementation Activities funds originally allocated for Workforce Education and Training Coordination. After a fulltime coordinator was hired the contractor coordination was no longer necessary; therefore, the remainder was allocated to Specialized Training Modules. **FY 2008-2009** includes annual funding at approximately $911,877 for the next 5 years.

The County of San Diego is requesting funding to support the development and operation of this action through the end of fiscal year 2016-2017. The County of San Diego intends to provide ongoing support for the WET component through the MHSA Integrated Plan beginning in fiscal year 2016-2017.

	One-Time Dollars	Annual Cost	# of years	TOTAL BUDGET*
Psycho Social Rehabilitation	$0	$75,000	5	$375,000
Recovery 101	$0	$26,000	5	$130,000
Physicians Training	$21,000**	$10,000	5	$71,000
Behavioral Health Training	$0	$471,500	5	$2,357,500
Case Management Training	$0	$35,000	5	$175,000
Cultural Competence Academy	$70,000**	$51,800	5	$329,000
Clinical Interactions for Trauma	$0	$45,150	5	$225,750
Early Childhood Mental Health	$0	$179,227	5	$896,134
			Total -	$4,559,384

* All costs are estimated

** One time dollars are for upfront costs to develop e-learning

Budget Amount:	**FY 2006-2007: $0**	**FY 2007-2008: $794,500**	**FY 2008-2009: $4,559,384**

EXHIBIT 4: WORK DETAIL
C: MENTAL HEALTH CAREER PATHWAY PROGRAMS
Action # 3

Title: Public Mental Health Academy

Description: This action uses multiple strategies to reduce barriers to employment and create opportunities for individuals, including consumer and family members, to become part of San Diego County's public mental health workforce. The Academy is intended to be a collaborative, community-based educational academy with two distinct but related pathway tracks that lead to certification, skill development and employment in the public mental health workforce:

1) Public Mental Health Credential/Certificate Pathway for potential future employees as well as incumbent mental health in a variety of direct services occupations, both licensed and unlicensed direct positions.
2) Consumer Family Pathways to assist consumers and family members become members of the public mental health workforce.

Both pathways have been designed to create a pipeline of professionals who have the skills to deliver services based on the principles of recovery, wellness, and consumer and family involvement.

A. Public Mental Health Credential/Certificate Pathway

During the needs assessment there was a call for a collaborative, community-based Public Mental Health Credential/Certificate. This credential/certificate would be part of an accredited institution, such as a community college, and would assist individuals with educational qualifications for current and future employment opportunities. The class schedule for the credential/certificate would also be designed to allow for flexibility for working participants. Recruitment for this certificate program would focus on specific shortages in the public mental health direct service areas as well as on the delivery of services to targeted population groups such as early childhood, youth, transition age youth, adult, older adults, and linguistically and culturally diverse communities.

Partnering with a community college has a decided advantage in that it would create options for the credential/certificate to be matriculated into AA and/or BA programs to assist those with lower levels of education to move through their educational attainment and into a career pathway continuum. In addition, when coupled with practicum and mentorship opportunities and/or scholarships or stipends, the credential/certificate pathway could serve to encourage participation from culturally diverse populations e.g., age, income, ethnicity and/or traditional healers.

The Public Mental Health Credential/Certification Pathway will also include:

Geriatric Mental Health Certificate Training Program

In partnership with local academic institution, San Diego County will implement the Geriatric Mental Health Certificate Training Program for approximately 100 individuals leading to a Geriatric Mental Health Certificate. Participants in this certificate program will include existent mental health services and aging network staff delivering mental health services to the aging population.

We anticipate that this training program will continue to graduate a cadre of Geriatric Mental Health Specialists that will lead the way in quality and age appropriate care for older adults with mental illness in San Diego County.

B. Consumer Family Pathways

Consumers and family members offer a wealth of life experiences, cultural competencies and compassion, and understanding of the mental health system and related resources. They also assist in linking others with services, providing useful information on navigating the mental healthcare system, and give much-needed encouragement and moral support to their peers. Consumer Family Pathways encompasses a variety of mental health career trails that would provide practical, specialized training to assist individuals who have lived through experiences in the system to: 1) enter into the public mental health workforce, 2) transition into more advanced positions within the public mental health workforce, and/or 3) become (or assist in re-entry as) a credentialed practitioner.

Consumer Family Pathways is the logical outgrowth of the Consumer/Family Academy that was implemented using Early Implementation Activities funding. (*Please note*: this was previously funded under the Training and Technical Assistance category.) Consumer Family Pathways builds upon the earlier success of the Consumer/Family Academy by expanding its flexibility to grow the curriculum while also broadening its focus beyond promoting the meaningful inclusion of individuals with mental health consumer and family experience into training and education programs to encompass strategies for increasing public mental health workforce participation.

Consumer Family Pathways will continue to offer training for meaningful inclusion of consumers and family members to ensure the incorporation of their viewpoints and experiences into education and training (approved early implementation activities funding) including:

- Peer Employment Training – training persons age 18+ to be Peer Specialists with provision of support to become involved in peer specialist work;

- Peer Advocacy Training (both brief and intensive curriculums) – training persons age 18+ to be peer advocates with provision of support to become involved in advocacy work;
- Funding and support for consumers to attend conferences to promote peer involvement in mental health system;
- Expanding 'Family to Family' education – for furthering support family education throughout San Diego County, including expanded outreach to underserved communities building off of the NAMI Family-to-Family Education Program, a course for family caregivers of individuals with severe mental illnesses, taught by trained family members;
- Peer Education - Peer training to encourage client awareness of mental illness, coping skills, resource availability, and mutual support possibilities; and
- Youth/Family Employment Training – to help prepare youth and families to work as professional partners. Specific tracks include: Direct Service as a Support Partner, Public Speaking, and Family/Youth Representation.

The Consumer Family Pathways will also include: Provider Education Training conducted by consumers who are knowledgeable about their own mental illness, have a supportive relationship with their families, and are dedicated to the process of recovery; and family members trained as Family-to-Family Education Program teachers who have been certified through the NAMI Provider Education Training (see above). This series of trainings would focus on current providers in the public mental health system. A penetrating, subjective view of family and consumer experiences with serious mental illness, this training helps providers realize the hardships that families and consumers face and appreciate the courage and persistence it takes to live with and recover from mental illness. Such training, focusing on family culture, client culture and provider culture, could also play an important role in educating contract agencies and County operated programs as to the benefits of hiring and advancing consumers.

Other potential Consumer Family Pathways may include topics such as how to apply and succeed in employment, how to manage and balance benefits such as S.S.I. and Medi-Cal while employed, as well as offer practicums in developing the necessary skill sets and supports that promote self-sufficiency, recovery and resilience. Providing consumers and family members with transferable skills to enable them to seek positions in the public mental health field has the added benefit of empowering these same individuals to become resources to other participants in the public mental health system. Consumer Family Pathways could serve both its participants and the larger community by facilitating opportunities for consumers to become involved in other WET programs e.g., serving as guest speakers in public HHS entities, high schools, and/or college and university programs. The Consumer Family Pathways program would serve as a central clearinghouse for consumers and family members, particularly those from unserved, underserved and ethnically and linguistically diverse communities by providing information about existing mental health career pathways as well as providing those experiential, educational and training opportunities that, along with accompanying supports, can enable

consumers and family members to enter the public mental health workforce, be successful at work and achieve career advancement.

Objectives:

- Encourage diversity and consumer and family member involvement in mental health careers.
- Increase the development of peer support networks that support consumers and family members as they proceed along career pathways and that help to reduce stigma and discrimination in the workplace.
- Increase the number of geriatric mental health specialists.
- Support and assist in the integration of consumers and family members in the public mental health workforce.
- Increase the capacity and inclusivity of the public mental health system and workforce.
- Offer on-going coaching / support to family / youth and professional partners.
- Promote meaningful inclusion of consumers and family members by training consumers to be collaborators in helping providers deliver integrated services.
- Provide opportunities for public mental health workers (County and contracted personnel) to learn from consumers and family members in order to:
    - Dispel myths and stigma surrounding mental illness, including those shared by professionals in the public mental health system,
    - Increase the empathy of those working in the public mental health system, and
    - Support the process of recovery for individuals as well as increase the capacity for providers to integrate recovery approach in their work.
- Develop a psychosocial/mental health credential/certificate track within a community college degree program.
- Create a career pathway linked with the Consumer training program so that consumers and family members entering the workforce have avenues to pursue further education, which can lead to higher positions within the public mental health system.
- Professionalize and increase educational attainment of those peers, consumers and family members working in the public mental health system.

Budget Justification:

Originally funded as a Planning and Early Implementation Activity under Training and Technical Assistance with $483,000 (see also, Action # 2 Notes), **FY 2008-2009** includes funding for 4 years to continue modified programming including:

- Training for Peer Employment Training: Trains persons age 18+ to be Peer Specialists for at least 80 participants per year, with provision of support to become involved in peer specialist work.
- Training for Providers on how to best support Peer Specialists in their programs for at least 80 participants per year.
- Training for Peer Advocacy (intensive): Trains persons age 18+ to be peer advocates for at least 40 participants per year, with provision of support to become involved in advocacy work.
- Training for Peer Advocacy (brief): Exposes persons age 18+ to peer advocacy training for at least 80 participants per year.
- Support for at least 20 consumers to attend conferences to promote peer involvement in mental health system.
- Train a minimum of 60 family and youth through a Family / Youth Employment Training curriculum.

Use of a best practice training curriculum will be sought through competitive procurement; contracts will be awarded to providers that have the required technical and cultural competence and that propose realistic scopes of work at cost beneficial rates. **FY 2008-2009** includes funding allocation for a total of 5 years of programming ($619,550 annually) for The Public Mental Health Academy. The County of San Diego is requesting funding to support the development and operation of this action through the end of fiscal year 2016-2017. The County of San Diego intends to provide ongoing support for the WET component through the MHSA Integrated Plan beginning in fiscal year 2016-2017.

	One-Time Dollars	Annual Cost	# of years	TOTAL BUDGET*
Certificate/Credential Program	$0	$169,450	5	$847,250
Geriatric Certificate	$0	$56,500	5	$282,500
Consumer/Family Academy	$0	$492,000	4	$1,968,000
*All costs are estimated			Total -	$3,097,750

Budget Amount:	**FY 2006-2007: $0**	**FY 2007-2008: $0**	**FY 2008-2009: $3,097,750**

EXHIBIT 4: WORK DETAIL
C: MENTAL HEALTH CAREER PATHWAY PROGRAMS
Action # 4

Title: School-Based Pathways/Academy

Description: In order to promote mental health careers to students, this action will create a partnership between the County of San Diego and San Diego County schools to implement a mental health component/track to existing established Health Care Pathways programs. The School-Based Pathways/Academy will primarily be offered at the high school level with some career exposure opportunities at middle school level. As conceived, the Academy will create linkages to public mental health careers through curriculum development and integration with core academic subjects. In addition, exposure to careers in the variety of public mental health occupational areas through internships, career speakers and job shadows will be explored. The schools that will be targeted will include those whose enrollments of students include a high number of students that are linguistically, culturally and economically diverse.

Partnering with the educational system to expand Health Care Pathways, career counseling and outreach to diverse economic, cultural and ethnic communities affords San Diego County the opportunity to increase the diversity of the mental health workforce while also reducing the stigma associated with mental illness. By working with existing Health Care Pathway programs, we can begin to recruit high school students for public mental health occupations. The intended result is an increase in the number of high school students who choose to pursue mental health careers. Exposure to occupations will include those indicated as priority areas including both clinical and non-clinical direct positions as well as a focus on occupations that serve particular areas of need e.g., early childhood, transition age youth, adult, and older adult as well as cultural and linguistic diversity. The County of San Diego's MHS would select high school sites based on a solicitation of interest with a limited number of schools specifically targeted including those that have an existing infrastructure in health care careers.

Objectives:

- Develop a mental health career track in the Health Care Pathway programs in schools with linguistically, culturally and economic diverse populations.
- Work with school districts and health academies to ensure that public mental health careers are represented in the curriculum, particularly those that serve target population groups.
- Increase career counseling services directed toward public mental health professions in diverse school districts.
- Increase outreach to districts/schools that do not have health academies by attending career fairs in junior high and

high schools.

- Develop a high school internship program within the San Diego County public mental health system for students to become familiar with the wellness and recovery model and how services are provided in an integrated mental health delivery system.
- Reduce the stigma associated with mental illness.
- Increase the diversity of the public mental health workforce.

Budget Justification: Costs would include curriculum, a portion of an FTE at participating schools, books, materials, teacher in-service and stipends for internships. In addition, costs could include a summer training course for teachers to integrate curriculum and professional development in public mental health. Based on research, program costs are approximately $100,000 to $120,000 for each of the next five years.

The County of San Diego is requesting funding to support the development and operation of this action through the end of fiscal year 2016-2017. The County of San Diego intends to provide ongoing support for the WET component through the MHSA Integrated Plan beginning in fiscal year 2016-2017.

$ 15,000- One time cost for curriculum development

$ 60,000- Faculty at participating schools (12 faculty at $5,000 each)

$ 16,000- Books and materials

$ 16,000- Teacher in-service

$ 25,000- Stipends for internships for a minimum of 50 students at $500 each stipend

$117,000- Total Annual Cost

	One-Time Dollars	**Annual Cost**	**# of years**	**TOTAL BUDGET***
School-Based Pathways	$15,000	$117,000	5	$600,000

*All costs are estimated

Budget Amount:	**FY 2006-2007: $0**	**FY 2007-2008: $0**	**FY 2008-2009: $600,000**

EXHIBIT 4: WORK DETAIL
C: MENTAL HEALTH CAREER PATHWAY PROGRAMS
Action # 5

Title: Nursing Partnership for Public Mental Health Professions

Description: The County of San Diego will explore partnering with local higher education institutions that offer programs in a variety of nursing pathways/areas to expand the capacity for developing additional public mental health professionals in nursing occupations that are most needed. Programming would be in coordination with existing nursing pathways at local institutions of higher education. The County of San Diego may pursue leveraging and program opportunities to ensure appropriate priority for nursing partnerships.

The County's WET Needs Assessment identified the following areas of need in nursing: Clinical Specialists, Licensed Vocational Nurses, Registered Nurses, and Psychiatric Nurse Practitioners. For this action, the schools that will be targeted will include those whose enrollments include a high number of students that are linguistically, culturally and economically diverse. Nursing partnerships will also include, as a priority, programs/pathways with curriculum that focuses on particular populations in need - groups such as early childhood, youth, transition age youth, adult, older adults, as well as culturally, linguistically and ethnically diverse communities as each group presents with unique challenges and issues that require special knowledge, skills and competencies. Academic instruction would be coupled with practicum and mentorship opportunities with public mental health contractors or with the County of San Diego.

Objectives:

- Increase the skill levels and educational attainment of diverse culturally and linguistically diverse/representative groups.
- Increase the number of culturally and linguistically diverse individuals working in public mental health occupations.
- Encourage incumbent members of the workforce to pursue educational attainment and post-secondary degrees in order to advance their careers in public mental health.
- Encourage curriculum development in nursing programs/pathways that focus on particular populations in need - groups such as early childhood, youth, transition age youth, adult, older adults, as well as culturally, linguistically and ethnically diverse communities.

Budget Justification: An estimated $20,000 annually will be allocated to nursing schools to offer a course focused on working with individuals with mental health experience. The estimated remaining $30,000 annually will be focused on training current public health nurses in mental health. The goal is to enhance the nursing workforce with mental health skills and awareness.

The County of San Diego is requesting funding to support the development and operation of this action through the end of fiscal year 2016-2017. The County of San Diego intends to provide ongoing support for the WET component through the MHSA Integrated Plan beginning in fiscal year 2016-2017.

$20,000- Nursing Schools for mental health focused course costs may include faculty and materials

$30,000- Training targeted toward current public health nurses

$50,000 Total Annual Cost

	One-Time Dollars	Annual Cost	# of years	TOTAL BUDGET*
Nursing Partnership	$0	$50,000	5	$250,000

*All costs are estimated

Budget Amount:	**FY 2006-2007: $0**	**FY 2007-2008: $0**	**FY 2008-2009: $250,000**

EXHIBIT 4: WORK DETAIL
D: RESIDENCY, INTERNSHIP PROGRAMS
Action # 6

Title: Community Psychiatry Fellowship

Description: The WET Needs Assessment revealed a significant shortage of psychiatrists who work in San Diego County and in particular, community psychiatrists who have received training in the public mental health system and the wellness and recovery model. This action is directed toward remedying this shortage by exploring the possibility of partnership with a medical school to fund a position(s) with the intent of increasing family medicine/psychiatry fellows with a community psychiatry specialization. To launch this fellowship, it is anticipated it will be necessary to fund additional faculty time for training in community psychiatry as well as additional supervision time for the fellow(s). In addition, we will provide fellowship training that stresses the wellness and recovery model, raises awareness about the philosophy of inclusion of consumers and family members in service delivery and increases their knowledge of multicultural issues and the diverse community to be served. For this action, the program may target those individuals that are linguistically, culturally and economically diverse. This will be based on the need of the workforce.

Objectives:

- To investigate the opportunity of partnering with a psychiatric residency program in San Diego County and/or other locations to expand the number of community psychiatrists.
- To determine if the development of such a fellowship program is feasible and subsequently to develop a new collaborative partnership to reinforce MHSA recovery based trainings.
- If feasible, develop an implementation plan to institute such a program.
- If implemented, increase the number of community psychiatrists working in the public mental health system who are trained in the recovery model and are dedicated to providing an integrated service experience for consumers and their families.
- Increase the number of community psychiatrists working in the public mental health system who are trained in the multicultural issues presented by our diverse population and appreciate the value of including consumers and family members in the service delivery system.
- Enhance faculty expertise in community health at the medical school and fellows to spend their post-grad (year 4) focused on community psychiatry co-located with family care and combined residency in family medicine and psychiatry.

- Promote MHSA values to medical students and in a wider medical school culture.
- Fluency in threshold and critically needed languages e.g., Spanish, Vietnamese, Tagalog, Arabic, Chaldean. Hmong, Cambodian, Laotian, Somali and Swahili.
- Culturally underserved, un-served or underrepresented community affiliation e.g., Latino, African-American, Vietnamese, Cambodian, Hmong, Lao and Samoan and/or experience providing services to such community members.

Budget justification:
Medical school faculty and annual fellowship slots for community psychiatry at $450,000 per year for 5 years (after establishment) with the goal of a minimum of two slots per year at an estimated $150,000 per slot. This cost includes supervision and associated administrative fees. Budget will include a portion (0.75 FTE) of a faculty position, at an estimated $150,000 annually, dedicated to integrating wellness and recovery into supervision, instruction as well as to support the planning and implementation of a collaborative program design between the County and a medical school.

The County of San Diego is requesting funding to support the development and operation of this action through the end of fiscal year 2017-2018. The County of San Diego intends to provide ongoing support for the WET component through the MHSA Integrated Plan beginning in fiscal year 2016-2017.

$300,000- 2 Fellowship slots

$150,000- 0.75 FTE Faculty position

$450,000 Total Annual Cost

	One-Time Dollars	Annual Cost	# of years	TOTAL BUDGET*
Comm. Psychiatry Fellowship	$0	$450,000	5	$2,250,000

*All costs are estimated

Budget Amount:	**FY 2006-2007: $0**	**FY 2007-2008: $0**	**FY 2008-2009: $2,250,000**

EXHIBIT 4: WORK DETAIL
D: RESIDENCY, INTERNSHIP PROGRAMS
Action # 7

Title: Child Psychiatry Fellowship

Description: The WET Needs Assessment revealed a significant shortage of psychiatrists who work in San Diego County and in particular, child psychiatrists who have received training in the public mental health system and the wellness and recovery model. This action is directed toward remedying this shortage by exploring the possibility of a partnership with a medical school to fund a position with the intent of increasing family medicine/psychiatry fellows with a child psychiatry specialization. To launch this fellowship, it is anticipated it will be necessary to fund additional faculty time for training in child psychiatry as well as additional supervision time for the fellow. In addition, we will provide fellowship training that stresses the wellness and recovery model, raises awareness about the philosophy of inclusion of consumers and family members in service delivery and increases knowledge of multicultural issues and the diverse community to be served. The program may target those individuals that are linguistically, culturally and economically diverse. This will be based on the need of the workforce.

Objectives:

- To investigate the opportunity of partnering with a psychiatric residency program in San Diego County and/or other locations to expand the number of child psychiatrists.
- To determine if the development of such a fellowship program is feasible and subsequently to develop new collaborative partnerships to reinforce MHSA recovery based trainings.
- If feasible, develop an implementation plan to institute such a program.
- If implemented, increase the number of child psychiatrists working in the public mental health system who are trained in the recovery model and are dedicated to providing an integrated service experience for consumers and their families.
- Increase the number of child psychiatrists working in the public mental health system who are trained in the multicultural issues presented by our diverse population and appreciate the value of including consumers and family members in the service delivery system.
- Enhance faculty expertise in community health at the medical school and fellows to spend their post-grad (year 4) focused on child psychiatry co-located with family care and combined residency in family medicine and psychiatry.

- Promote MHSA values to medical students and in a wider medical school culture.
- Fluency in threshold and critically needed languages e.g., Spanish, Vietnamese, Tagalog, Arabic, Chaldean. Hmong, Cambodian, Laotian, Somali and Swahili.
- Culturally underserved, un-served or underrepresented community affiliation e.g., Latino, African-American, Vietnamese, Cambodian, Hmong, Lao and Samoan and/or experience providing services to such community members.

Budget justification:

Medical School faculty and annual child psychiatry fellowship slot program at $ 150,000 per year for 5 years (after establishment) with the goal of one slot per year. The cost may include supervision and associated administrative fees. Budget will include a portion (0.5 FTE) of a faculty position, at an estimated cost of $100,000 annually, dedicated to integrating wellness and recovery into instruction, supervision to assist in planning a collaborative program between the County and medical school .

The County of San Diego is requesting funding to support the development and operation of this action through the end of fiscal year 2016-2017. The County of San Diego intends to provide ongoing support for the WET component through the MHSA Integrated Plan beginning in fiscal year 2016-2017.

$150,000- 1 Fellowship slot

$100,000- 0.5 FTE Faculty position

$250,000 Total Annual Cost

	One-Time Dollars	Annual Cost	# of years	TOTAL BUDGET*
Child Psychiatry Fellowship	$0	$250,000	5	$1,250,000

*All costs are estimated

Budget Amount:	**FY 2006-2007: $0**	**FY 2007-2008: $0**	**FY 2008-2009: $1,250,000**

EXHIBIT 4: WORK DETAIL
D: RESIDENCY, INTERNSHIP PROGRAMS
Action #8

Title: LCSW/MFT Residency/Intern

Description: Training and mentoring of licensed clinicians is essential for promoting MHSA philosophies and values of recovery, resilience and wellness. While many graduate degree programs have already implemented this type of training (e.g., graduate social work students concentrating in public mental health are offered a curriculum embracing a comprehensive range of competencies consistent with the MHSA including recovery, wellness, culturally and linguistic services, etc.), this action is directed at increasing the presence of licensed students in San Diego County. The County will explore developing a partnership with established LCSW and MFT training program(s) to fund residency/internship slot(s) to offer students compensation in exchange for a commitment to practice in San Diego County's public mental health workforce. It is anticipated that implementing such a position would also require making funding available for supervision of position(s).

Objectives:

- To promote MHSA philosophies and values to students through trainings.
- To utilize existing partnerships among the universities, field placement faculty and internship training site personnel to reinforce existing MHSA recovery-based training to MSW interns.
- To develop new partnerships to reinforce MHSA recovery-based training, as needed.
- To assure that trainings for student incorporate consumer/family/parent advocates experiences.
- Expand the number of MSW and MFT interns in public mental health.
- To prepare students for the public mental health workforce.
- Fluency in threshold and critically needed languages e.g., Spanish, Vietnamese, Tagalog, Arabic, Chaldean. Hmong, Cambodian, Laotian, Somali and Swahili.
- Culturally underserved, un-served or underrepresented community affiliation e.g., Latino, African-American, Vietnamese, Cambodian, Hmong, Lao and Samoan and/or experience providing services to such community members.

Budget justification:

A portion of school of social work faculty and annual MSW and MFT internship slot(s) at $ 70,000 per year for 5 years (after establishment), with the goal of a minimum of two slots per year. Budget will include a portion of a faculty position dedicated to integrating wellness and recovery into instruction and supervision to assist in planning a collaborative program between the County and Social Work programs.

The County of San Diego is requesting funding to support the development and operation of this action through the end of fiscal year 2016-2017. The budgeted amount below represents five times the estimated annual cost of this action. The County of San Diego intends to provide ongoing support for the WET component through the MHSA Integrated Plan beginning in fiscal year 2016-2017.

$40,000- 2 Internship slots

$30,000- 0.2 FTE Faculty position

$70,000 Total Annual Cost

	One-Time Dollars	Annual Cost	# of years	TOTAL BUDGET*
LCSW/MFT Internship	$0	$70,000	5	$350,000

*All costs are estimated

Budget Amount:	**FY 2006-2007: $0**	**FY 2007-2008: $0**	**FY 2008-2009:$350,000**

EXHIBIT 4: WORK DETAIL
E: FINANCIAL INCENTIVE PROGRAMS
Action # 9

Title: Targeted Financial Incentives to Recruit and Retain Licensable and Culturally, Linguistically and/or Ethnically Diverse Public Mental Health Staff

Description: This action is designed to aid in the recruitment and retention of license eligible and culturally, linguistically and/or ethnically diverse public mental health staff to work in both the County and contracting community-based organizations (CBOs). Stakeholders in the WET planning process spoke determinedly of the need for a more culturally competent, linguistically proficient, and ethnically diverse workforce. In addition, the needs assessment revealed a number of positions in licensed and unlicensed direct services were deemed hard to fill. Quantitative data collection and additional analysis of workforce by position classification data revealed the following about hard-to-fill positions:

- Particular Direct Service staff positions were more difficult to fill than others;
- Unlicensed Direct Staff positions remained vacant primarily as a result of both non-competitive salaries and the unique qualifications needed for these positions; whereas Licensed Direct Staff positions were difficult to fill due to noncompetitive salaries and requirements for bilingual staff, primarily Spanish;
- Qualified intern supervisors, including clinical, were identified as hard-to-fill, especially professionals with LCSW or MFT licensure;
- Hospitals and clinics are struggling from the overall shortage of nurses available in the county;
- Several positions have been vacant for over a year, particularly in rural areas or positions requiring licensed bilingual capability;
- Intense competition exists in the community for bilingual professionals and bilingual clinical positions;
- Salaries remain below community standards.

Providing financial incentives for licensable workers and individuals with specific cultural/linguistic proficiencies and/or ethnic identifications serves the dual purpose of ensuring sufficient licensable staff and a diverse workforce. The focus of the action is on offering stipends, scholarships and/or loan assumptions in order to recruit and retain qualified mental health workers in return for a commitment to employment in the County's public mental health system. Financial incentives may also be given to qualified intern supervisors to ensure interns are receiving a positive learning experience within the public mental health system.

The action is purposefully designed to create a structure with the necessary flexibility to ensure that after each cohort of individuals is recruited for specific positions, financial incentives can then be refashioned and redirected to the next cohort in order to: 1) fill the earlier designated positions not previously filled, and/or 2) respond to any significant changes in workforce staffing and employment needs.

Activities described in this plan will be coordinated as per Action #1. In the first year of operation, staffing shortages/hard to fill positions will be determined using the County's WET Needs Assessment. Thereafter, additional positions will be determined based upon shortages that may not have been addressed in the previous year(s), as well as by considering any additional up-to-date information about workforce staffing needs.

Financial incentives will be awarded on a competitive basis; criteria will be determined for selecting candidates from a pool of candidates who have submitted a complete application. The application will be designed to collect necessary identifying and background information, as well as require the candidates to attest to their qualifications for the designated position. In addition, the application process will include an interview that will, in part, be used to assess the candidate's capacity to complete any educational programming required by the designated position and/or their commitment to continuing employment in the public mental health field in San Diego County (i.e., a demonstrable longstanding family or community ties in San Diego and/or an interest in working within the County for the foreseeable future).

The following list illustrates some of the additional criteria that may be used in determining candidates' eligibility.

- Level of preparation for hard to fill positions e.g., psychiatrists, psychiatric nurses, registered nurses, nurse practitioners, physician assistants with expertise in psychiatrics, child and geriatric psychiatrists and psychiatrists with expertise in wellness and recovery, psychiatric technicians, psychologists, MSWs, MAs in psychology, counseling or related fields
- Consumer and family member experience/identification
- Fluency in threshold and critically needed languages e.g., Spanish, Vietnamese, Tagalog, Arabic, Chaldean. Hmong, Cambodian, Laotian, Somali and Swahili
- Culturally underserved, un-served or underrepresented community affiliation e.g., Latino, African-American, Vietnamese, Cambodian, Hmong, Lao and Samoan and/or experience providing services to such community members
- Preparation and/or willingness to work with specifically targeted populations (e.g. children, transition age youth, older adult)

- Focus on specific regions or particular cultural/language diversity focused positions (e.g. rural, non-English speaking, Native Americans, refugees/immigrant populations)

Application pools will be opened and reviewed on a semi-annual basis. The number and amount of awards may vary annually according to demand for qualified staff and the strength of applications received. In years in which no funding is awarded, funding will "roll over" for allocation in future years. Opportunities will be explored to leverage financial incentives and assistance funding through coordination and/or integration with federal, state, regional and educational financial incentive programs.

Candidates may be eligible for the following financial incentives, depending on merit and/or need.

- *Stipends*: Stipends will be awarded to full or part-time students at a full-time student equivalent rate of $18,000 per year. Part time status is determined by a student's course load of fewer than 12 units and the stipend amount would be adjusted accordingly, such as a student taking 6 units would be eligible for $9,000 per year. Stipends may be awarded to employees or to people not yet employed in public mental health. All recipients of stipends will sign a contract stating their intent to work for County Mental Health Services or a contracting agency for a minimum of 2 years following graduation. Stipends for MSW students can be used for first year students in conjunction with the State's second year MSW stipend. The County may collaborate with the MFT Consortium in the hope to develop strategies for a stipend program for MFTs with the goal of examining the reimbursement and billing capabilities and differences between a LCSW and an MFT staff member.
- *Scholarships:* Scholarships will be awarded for specific educational costs such as tuition, textbooks, etc. Scholarships will be available to part-time and full-time regular employees of Mental Health Services and contracting CBOs.
- *Loan Assumptions:* The WET Coordinator and WET County Collaborative will further explore the possibility of awarding loan assumptions to prospective and current Mental Health Services employees and contracting CBOs. Assuming that Loan Assumptions are feasible, candidates will be eligible for up to $10,000 per year for up to 5 years in loan assumptions. Loan assumptions are a method of recruiting candidates who have already completed their studies. These incentives are in addition to any loan assumption offered by the State.

All recipients of stipends, scholarships, and loan assumptions will be contractually obligated to work for Mental Health Services or contracting CBOs after completing studies for a period of time equal to the period in which they received support, with a minimum commitment of two years. Therefore, a recipient who receives a yearly stipend of $18,000 will commit to two years of employment following graduation. A recipient who receives three years of assistance will commit to

three years of employment following graduation. Those who do not meet their obligations will be required to reimburse the County for the full amount of assistance, plus interest.

Objectives:

- Increase the recruitment and retention of qualified candidates who may have already completed their studies in exchange for commitment to work in public mental health workforce.
- Increase the number of licensed professionals committed to working in the public mental health system.
- Increase the number of qualified intern supervisors.
- Increase the ethnic diversity of these licensed professionals.
- Increase the number of employees from underserved backgrounds.
- Increase the number of employees with critical linguistic proficiencies.
- Provide advanced educational and employment opportunities to individuals with experience as consumers and family members.
- Ensure that prospective and current employees who have received incentives remain employed in the County's public mental health system for up to 2 years.
- Offer approximately $360,950 annually in financial incentives to attract and retain qualified job candidates.
- Award incentives to numerous individuals annually, depending on the dollar amount of each grant.
- Increase collaboration between the public mental health system and local graduate programs in the mental health professions.

Budget Justification: **FY 2007-2008** requested $39,050 for Consumer/Family Academy Stipend Support for Early Implementation Activities Funding that will continue as ongoing. **FY 2008-2009** provides $39,050 annually for five years for this continued Consumer/Family Academy Stipend Support plus an additional $360,950 annually for five years.

The County of San Diego is requesting funding to support the development and operation of this action through the end of fiscal year 2016-2017. The County of San Diego intends to provide ongoing support for the WET component through the MHSA Integrated Plan beginning in fiscal year 2016-2017.

	One-Time Dollars	Annual Cost	# of years	TOTAL BUDGET*
Stipends- 8 at $18,000 each	$0	$144,000	5	$720,000
Loan Assumption-15 at $10,000 each	$0	$150,000	5	$750,000
Scholarships- 149 at estimated $450 each	$0	$ 66,950	5	$334,750
Consumer/Family Stipend	$0	$ 39,050	5	$195,250
*All costs are estimated			Total-	$2,000,000

Budget Amount:	**FY 2006-2007: $0**	**FY 2007-2008: $39,050**	**FY 2008-2009: $2,000,000**

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:Workforce Education and Training (WET) Coordination and Implementation	X	X	X	X	X	X	X	X	X	X	X	X	X
Action #2: Specialized Training Modules	X	X	X	X	X	X				X	X		
Action #3:Public Mental Health Academy	X	X	X	X	X	X	X	X				X	X
Action #4: School-Based Pathways/Academy	X	X	X	X	X		X		X	X		X	
Action #5: Nursing Partnership for Public Mental Health Professions	X	X	X	X	X		X	X	X	X		X	
Action #6: Community Psychiatry Fellowship	X	X	X	X	X		X	X	X	X			
Action #7: Child Psychiatry Fellowship	X	X	X	X	X		X	X	X	X			
Action #8: LCSW Residency/Intern	X	X	X	X	X		X	X	X	X			
Action #9: Targeted Financial Incentives to Recruit and Retain Licensable and Culturally, Linguistically and/or Ethnically Diverse Public Mental Health Staff	X	X	X	X	X	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:	389,000		389,000
B. Training and Technical Assistance	794,500		794,500
C. Mental Health Career Pathway Programs			
D. Residency, Internship Programs			
E. Financial Incentive Programs	39,050		39,050
		GRAND TOTAL FUNDS REQUESTED for FY 2007-08	**1,222,550**

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:		1,731,076	1,731,076
B. Training and Technical Assistance		4,559,384	4,559,384
C. Mental Health Career Pathway Programs		3,947,750	3,947,750
D. Residency, Internship Programs		3,850,000	3,850,000
E. Financial Incentive Programs		2,000,000	2,000,000
		GRAND TOTAL FUNDS REQUESTED for FY 2008-09	**16,088,210**