Lake County Mental Health Department

991 Parallel Drive
Lakeport, CA 95453

Mental Health Services Act

Workforce Education and Training Component
Three-Year Program & Expenditure Plan
Fiscal Years 2011/12 – 2013/14

Posted
October 29 – November 27, 2011
Public Hearing
December 9, 2011
Lakeport, CA 95453

ACKNOWLEDGEMENTS

Lake County Mental Health Department wishes to thank the many participating stakeholders who gave their time and energy to this process.

In addition, the Department wishes to recognize the contributions of the members of the MHSA Committee and representatives of partner agencies, community based organizations, and stakeholders that helped guide the development of the planning process and the creation of this plan.

Prepared by the Lake County Mental Health
MHSA – Workforce Education and Training Sub-Committee

Members:

Kristy Kelly, MFT, Mental Health Director
Robert Menicocci, Deputy Director, Fiscal and Administration
Terence Rooney, Ph.D., Deputy Director, Clinical Services
Linda Morris, MFT, Deputy Director, Alcohol and Other Drug Services
Jim Isherwood, MHSA Coordinator
Kevin Thompson, MPA, Crisis/Operations/WET/Team Leader
Sarah Deng, MHSA Analyst
Stephanie Wilson, Housing Coordinator
Steven Keech, Substance Abuse Counselor III
Carole Ford, Peer Support Specialist
Kathy Herdman, Parent Partner
Laurie Grogg, Discharge Planner
Laurie Terra, AOD Compliance Technician

Contributors:

Thomas Leon Brown, Tribal Outreach and Engagement Specialist
Edgar Ontiveros, Latino Outreach and Engagement Specialist
Dawn Perata, Deputy Director, Human Resources
Sarah Jansen, Human Resources Analyst
Adrienne Shilton, California Institute of Mental Health
Brian Keefer, California Mental Health Planning Council

EXHIBIT 1: WORKFORCE FACE SHEET

MENTAL HEALTH SERVICES ACT (MHSA)
WORKFORCE EDUCATION AND TRAINING COMPONENT
THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Fiscal Years 2011/12 – 2013/14

County: Lake County Date: December 12, 2011

This County's Workforce Education and Training component of the Three-Year Program and Expenditure Plan addresses the shortage of qualified individuals who provide services in this County's Public Mental Health System. This includes community based organizations and individuals in solo or small group practices who provide publicly-funded mental health services to the degree that 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 that 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 Certification:
Kristy Kelly, MFT, Director
991 Parallel Drive
Lakeport, CA 95453
707-263-4338 (Voice)
707-263-1507 (Fax)
kristyk@co.lake.ca.us

x

WET Plan Inquiries:
Jim Isherwood, MHSA Coordinator
707-263-4338 (Voice)
707-263-1507 (Fax)
jimi@co.lake.ca.us

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ATTACHMENTS

EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY
Counties are to provide a short summary of their planning process, to include identifying stakeholder entities involved and the nature of the planning process; for example, description of the use of focus groups, planning meetings, teleconferences, electronic communication, use of regional partnerships.

Overview of the Planning Process

The Lake County Mental Health (LCMH) Workforce Education and Training (WET) planning process built upon the extensive planning efforts of previous Mental Health Services Act (MHSA), Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) components of the Mental Health Services Act. Input and feedback on the LCMH WET Plan was provided by consumers, family members, agency staff (including community partners) and stakeholders, representing a variety of unserved/ underserved populations, including Tribal, Latino, Transition Aged Youth, Older Adult, Homeless, and Veteran communities. Stakeholders provided input through a variety of meetings including public Community Program Planning meetings, the WET Sub-Committee, meetings with LCMH Management and Leadership Teams, the MHSA Committee, and the Mental Health Advisory Board. Staff also attended regional WET trainings and the Superior Region Mental Health and Education Workforce Collaborative meetings. The California Institute of Mental Health (CiMH) hosts regular WET Conference calls that have also provided invaluable technical assistance.

The LCMH WET Sub-Committee to the MHSA Committee was convened in June 2011 and was provided background information on the Mental Health Services Act and the guidelines for the Workforce Education and Training Component of the MHSA. The WET Sub-Committee was charged with moving forward the planning efforts, and every effort was made to bring key stakeholders to the table at the public Community Program Planning meetings. Participating staff and agencies included the mental health director, clinical and fiscal deputy directors, members of the Leadership Team, a cross section of department staff from both the Mental Health and Alcohol and Other Drug Services divisions, consumer and family member representatives, Tribal and Latino outreach specialists, Lake County Human Resources, and community service providers. Information was conveyed to WET Sub-Committee members through written handouts and email messages.

The WET Needs Assessment process of gathering data focused on public mental health providers in Lake County. These providers were surveyed to understand and prioritize the current public mental health workforce needs and potential solutions. As part of each survey, directors were asked to complete a spreadsheet to describe their current staffing and their estimated staffing needs. Submitted spreadsheets were compiled and are included in Exhibit 3. After the surveys were completed, a summary was created to describe the current public mental health staff, the additional staff needed to meet the current demand, and other parameters for workforce planning. The summary is contained in "Exhibit 3: Workforce Needs Assessment". The summary was used by the WET sub-committee to shape the development of the work plans.

Through the use of training needs surveys for consumer and family members as well as staff and community partners, and a series of meetings that were completed in October 2011, the MHSA Coordinator and Staff Services Analyst reviewed the WET component guidelines, needs assessment data, consulted with the various constituencies, and created a draft WET plan to be circulated to all participating stakeholders and posted for public feedback.

The draft plan was posted for public comment for the period October 29 - November 27, 2011. No substantive comments were received during this period.

The public hearing was held on December 9, 2011. Eight stakeholders were in attendance. These stakeholders included mental health consumers, family members, members of the Mental Health Board, and other agency and community representatives. Feedback was exclusively supportive.

COUNTY (employees, independent contractors, volunteers) **NOTE: If *complete count*, extrapolation factor is 1.0000.**

TABULATION SET #1 Extrapolation factor = _____ (Replace 1's in Col. A with factor)

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT Whole County? (CIRCLE ONE) Yes No X

I. By Occupational Category OR, Division, Department Clinic or Other Unit: Lake County Mental Health

Extra-polation Factor	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)
	A. *Unlicensed* Mental Health Direct Service Staff:										
1.0000	Mental Health Rehabilitation Specialist	7.5	0	0.0	4.5	1.0					5.5
1.0000	Case Manager/Service Coordinators	7.0	0	0.0	4.0	1.0		1.0	1.0		7.0
1.0000	Employment Services Staff	0.5	0	0.0	0.5						0.5
1.0000	Housing Services Staff	1.0	0	0.0	1.0						1.0
1.0000	Consumer Support Staff	2.5	0	0.0	2.0		0.5				2.5
1.0000	Family Member Support Staff	1.0	0	0.0	1.0						1.0
1.0000	Benefits/Eligibility Specialist	0.0	0	1.0							0.0
1.0000	Other *Unlicensed* MH Direct Service Staff	3.0	0	0.0							0.0
1.0000	**Sub-total, A**	22.5	0	1.0	13.0	2.0	0.5	1.0	1.0	0.0	17.5
	B. *Licensed* Mental Health Staff (direct service):										
1.0000	Psychiatrist, general	1.0	1	0.0	1.0						1.0
1.0000	Psychiatrist, child/adolescent	0.0	0	0.0							0.0
1.0000	Psychiatrist, geriatric	0.0	0	0.0							0.0
1.0000	Psychiatric or Family Nurse Practitioner	0.5	1	0.0							0.0
1.0000	Clinical Nurse Specialist	0.0	0	0.0							0.0
1.0000	Licensed Psychiatric Technician	4.0	0	0.0	2.0						2.0
1.0000	Licensed Clinical Psychologist	0.0	0	0.0							0.0
1.0000	Psychologist, registered intern (or wiavered)	1.0	0	0.0	1.0						1.0
1.0000	Licensed Clinical Social Worker (LCSW)	0.0	0	0.0							0.0
1.0000	MSW, registered intern (or waivered)	0.0	0	0.0							0.0
1.0000	Marriage and Family Therapist (MFT)	5.0	1	0.0	4.0	1.0					5.0
1.0000	MFT registered intern (or wiavered)	2.0	0	0.0	2.0						2.0
1.0000	Other *Licensed* MH Staff (direct service)	0.0	0	0.0							0.0
1.0000	**Sub-total, B**	13.5	3	0.0	10.0	1.0	0.0	0.0	0.0	0.0	11.0

TABULATION SET #1
EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT
I. By Occupational Category

Extrapolation factor = _____ (Replace 1's in Col. A with factor)
Whole County? (CIRCLE ONE) Yes No
OR, Division, Department Clinic or Other Unit: Lake County Mental Health

					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)
C. Other Health Care Staff (direct service): N/A										
1.0000 Physician										
1.0000 Registered Nurse										
1.0000 Licensed Vocational Nurse										
1.0000 Physician Assistant										
1.0000 Occupational Therapist										
1.0000 Other Therapist (e.g., physical, recreation, art, dance)										
1.0000 Other Health Care Staff (direct service, to include traditional cultural healers)										
1.0000 **Sub-total, C**										
D. Managerial and Supervisory:										
1.0000 CEO or manager above direct supervisor	3.0	0	0.0	3.0						3.0
1.0000 Supervising psychiatrist (or other physician)	0.0	1	0.0							0.0
1.0000 Licensed supervising clinician	3.0	1	1.0	3.0						3.0
1.0000 Other managers and supervisors	4.0	0	0.0	4.0						4.0
1.0000 **Sub-total, D**	10.0	2	1.0	10.0	0.0	0.0	0.0	0.0	0.0	10.0
E. Support Staff:										
1.0000 Analysts, tech support, quality assurance	10.0	0	0.0	8.0			1.0			9.0
1.0000 Education, training, research	1.0	0	0.0	1.0						1.0
1.0000 Clerical, secretary, administrative assistants	4.0	0	0.0	3.0	1.0					4.0
1.0000 Other support staff (non-direct services)	6.0	0	0.0	6.0		1.0				7.0
1.0000 **Sub-total , E**	21.0	0	0.0	18.0	1.0	1.0	1.0	0.0	0.0	21.0
1.0000 **TOTAL COUNTY WORKFORCE (A+B+C+D+E)**	67.0	5	2.0	51.0	4.0	1.5	2.0	1.0	0.0	59.5

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

Extrapolation factor = _____ (Replace 1's in Col. A with factor)

Whole County? (CIRCLE ONE) Yes No

OR, Division, Department Clinic or Other Unit: Lake County Mental Health

II. Positions Specifically Designated . .

	Major Group and Positions	Estimated # FTE authorized and to be filled by consumers or family members	Position hard to fill with consumers or family members? (1=Yes; 0=No)	# additional consumer or family member FTEs estimated to meet need
	(1)	(2)	(3)	(4)
	A. *Unlicensed* Mental Health Direct Service Staff:			
1.0000	Consumer Support Staff	4.5	0	0.0
1.0000	Family Member Support Staff	1.0	0	0.0
1.0000	Other *Unlicensed* MH Direct Service Staff	0.0	1	0.0
1.0000	**Sub-total, A:**	5.5	0	0.0
1.0000	**B. *Licensed* Mental Health Staff (direct service)**	0.0	1	0.0
1.0000	**C. Other Health Care Staff (direct service)**	0.0	0	0.0
1.0000	**D. Managerial and Supervisory**	0.0	1	0.0
1.0000	**E. Support Staff (non-direct services)**	0.0	0	0.0
1.0000	**GRAND TOTAL (A+B+C+E+E)**	5.5	2	0.0

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

Extrapolation factor = _____ (Replace 1's in Col. A with factor)

Whole County? (CIRCLE ONE) Yes No

OR, Division, Department Clinic or Other Unit: _____

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)
1.0000	1. Spanish	Direct Service Staff	2.0		2.0
1.0000		Others			0.0
1.0000	2. Vietnamese	Direct Service Staff			0.0
1.0000		Others			0.0
1.0000	3. Hmong	Direct Service Staff			0.0
1.0000		Others			0.0
1.0000	4. Cantonese	Direct Service Staff			0.0
1.0000		Others			0.0
1.0000	5. Farsi	Direct Service Staff			0.0
1.0000		Others			0.0
1.0000	**TOTAL, all languages other than English:**	Direct Service Staff	2.0	0.0	2.0
1.0000		Others	0.0	0.0	0.0

NOTE: If *complete count*, extrapolation factor is 1.0000.

COUNTY TOTAL

				Race/ethnicity of individuals planned to be served -- Col. (11)						
Major Group and Positions				White/ Caucasion	Hispanic/ Latino	African-American/ Black	Asian/ Pacific Islander	Native American	Multi Race or Other	All individuals (5)+(6)+(7)+(8)+(9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
F. TOTAL PUBLIC MH POPULATION	**Leave Col. 2, 3, & 4 blank**			69.8%	18.6%	3.3%	1.2%	4.1%	2.9%	100.0%

NOTE: Detail may not add to total, due to rounding.

**** proportion based on Race/Ethnicity Distribution of Medi-Cal Beneficiaries, 2011***

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

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

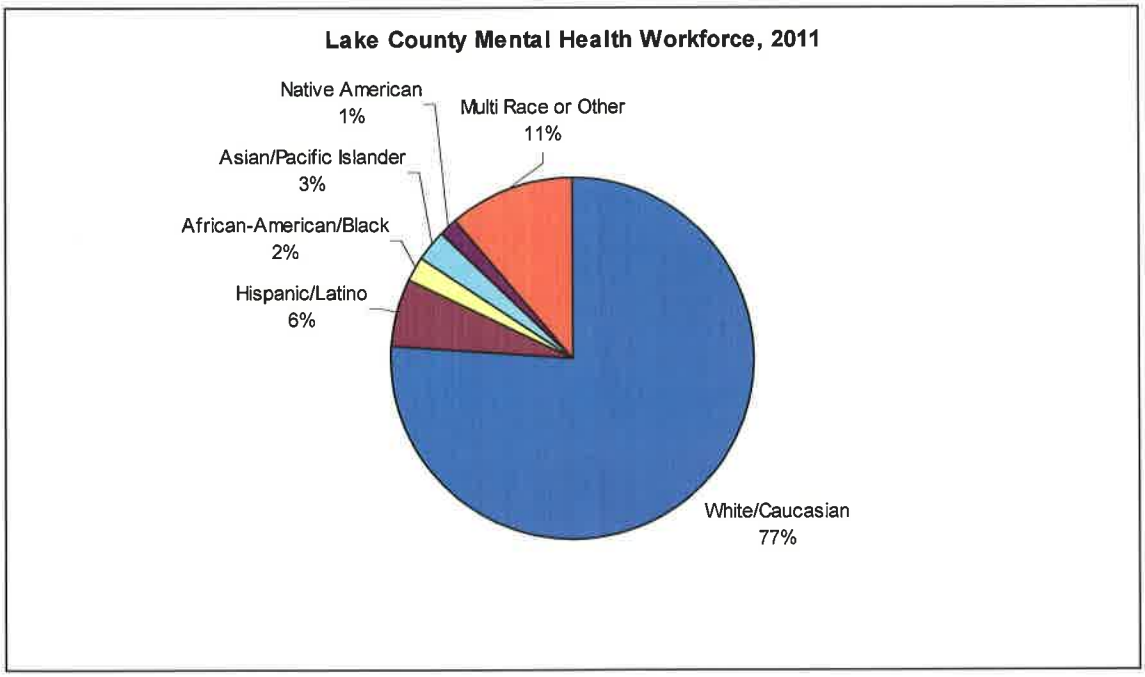
A. Shortages by occupational category:

Lake County Mental Health reported a shortage of qualified candidates for the following occupations:

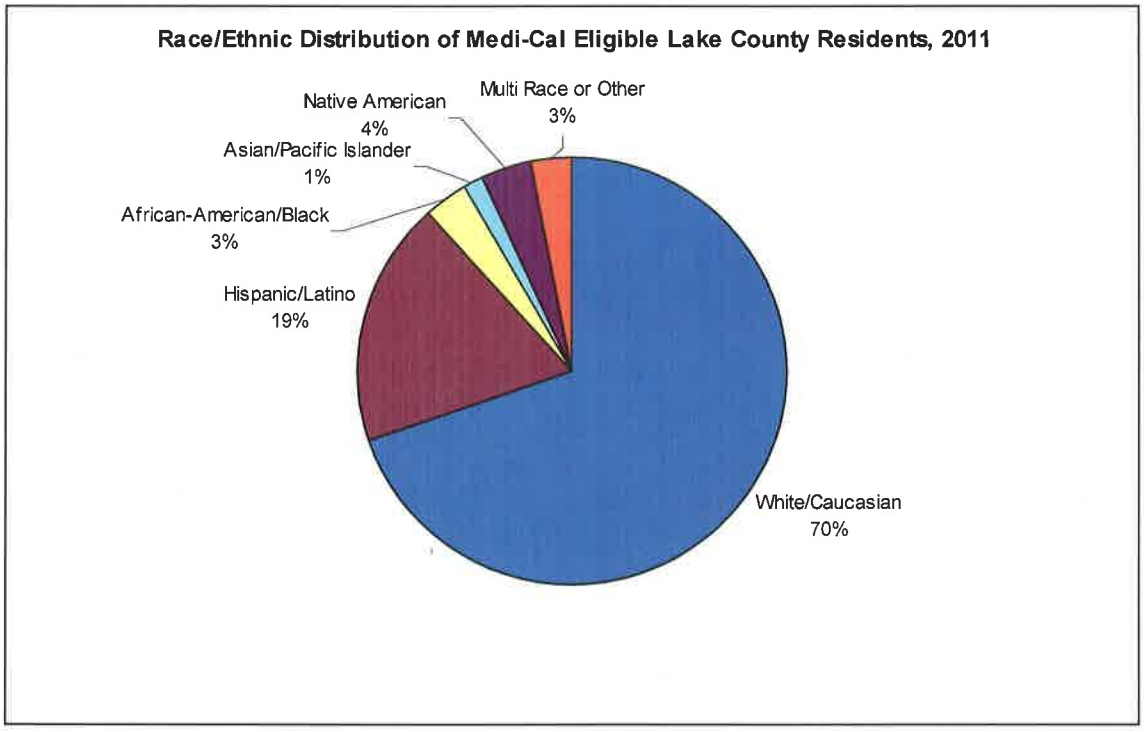
- Psychiatrist, general
- Psychiatric or Family Nurse Practitioner
- Marriage and Family Therapist (MFT) and/or Licensed Clinical Social Worker (LCSW)
- Supervising psychiatrist (or other physician)
- Licensed supervising clinician

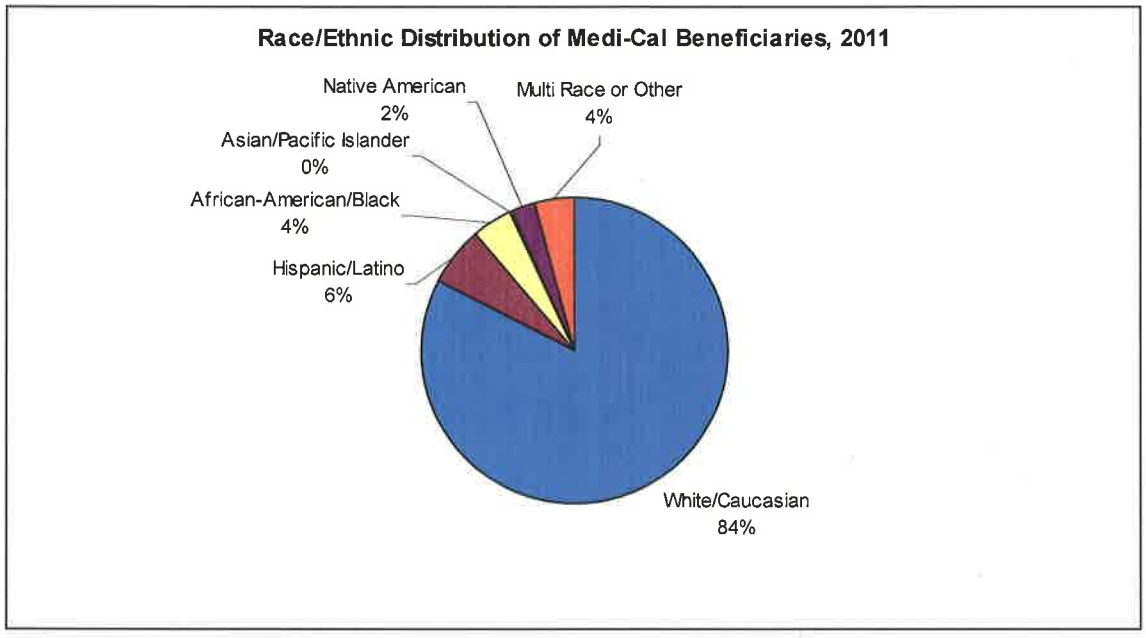
B. Comparability of workforce, by race/ethnicity, to target population receiving public mental health services:

Lake County Mental Health's workforce generally represents the target population (those eligible for Medi-Cal services). The pie chart below shows the racial/ethnic distribution of County staff.



The following pie charts show the racial/ethnic distribution of Medi-Cal eligible Lake County residents, followed by the racial/ethnic distribution of Medi-Cal beneficiaries who received mental health services during 2011.





While staff generally represents the ethnic demographics of Lake County residents, penetration rates among Latinos and Native Americans are low.

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

Lake County has begun to address the shortage of positions dedicated to persons with consumer and family member experience through the establishment of a career path for consumers. Consumers start out

as volunteers at The Bridge Peer Support Center, move on to consumer-designated temporary part time help positions at the clinics, and are then hired as full-time permanent employees as positions become available.

D. Language proficiency:

U.S. Census 2000 data suggests that at least 7.7% of Lake County's total population is Spanish speaking. Currently, Lake County Mental Health has two Spanish speaking staff members, comprising 3% of the total workforce.

E. Other, miscellaneous:

Comments provided by staff and community partners regarding public mental health workforce needs in Lake County included suggestions/requests for the following:

- Training in alternative and holistic ways to enhance recovery
- Additional staff for both MH and AODS
- Licensed Clinical Social Workers to round out LCMH staff
- Financial assistance for those attending junior college who are not eligible for government grants
- MHSA academy to introduce MHSA principles and provide training for entry level positions
- Video capturing training so that staff may view trainings as needed
- Funding to hire the additional numbers and quality staff needed for our community
- Mental health workforce experienced in working with Native American families
- Staff that are bilingual in Spanish and some that are bicultural
- An understanding of the "Culture of Poverty"
- Willingness to meet our community members with a strength-based philosophy
- The ability to get patients seen and medicated promptly
- Adequate funding for working with psychotic and suicidal patients
- Integration of physical and behavioral health
- Dual diagnosis services and supports
- Older adult services and supports
- Training in best practices

EXHIBIT 4: WORK DETAIL
Please provide a brief narrative of each proposed *Action*. Include a Title, short description, objectives on an annualized basis, a budget justification, and an amount budgeted for each of the fiscal years included in this Three-Year Plan. The amount budgeted is to include only those funds that are included as part of the County's Planning Estimate for the Workforce Education and Training component. The following is provided as a format to enable a description of proposed Action(s):

The four elements that comprise the Lake County Mental Health WET plan are as follows:

- Workforce Staffing Support
- Training and Staff Development
- Mental Health Career Pathways
- Financial Incentive Programs

The Mental Health Division proposes to use the balance of the amount of Lake County's WET component allocation (fiscal years 06/07-07/08) of $445,000 over 2.5 years (fiscal years 11/12-13/14) in order to implement this WET plan.

Workforce Staffing Support:

Action 1: WET Coordination

In collaboration with various stakeholders, including LCMH staff, consumers, family members, and local service providers, Lake County has created a Workforce Education and Training (WET) Plan. The MHSA Coordinator will support implementation of the WET Plan and ensure that the six fundamental elements of MHSA (community collaboration, consumer and family driven, recovery/resiliency, strength-based services, integrated services, and cultural competency) are embedded within all training events. In addition, funding for a full time equivalent position will be allocated to coordinate the actions described in the WET Plan.

Overview of Possible Tasks:

WET coordination will support planning, development and operation of a comprehensive workforce program that meets MHSA requirements and supports workforce development, including:

- Ongoing assessment
- Liaising with stakeholders
- Coordination with clinical settings (county operated and community partners)
- Program planning and development

Action Objectives:

WET coordination will provide staffing and support to the Workforce, Education, and Training component and enhance Lake County's training infrastructure:

- Increase capability to meet special needs of clients
- Continually enhance development of staff to integrate advancements in the field (e.g. evidence-based practices, best practices, leadership and management practices, etc.)
- Promote the integration of wellness, recovery and resiliency concepts throughout the mental health delivery system (all levels of services)
- Develop cultural competence of staff throughout the mental health system
- Increase capacity and capability for the provision of clinical supervision (mentoring, coaching, etc.)
- Improve the coordination and streamlining of training efforts throughout the mental health system
- Ensure that consumers, family members, and underserved and underrepresented communities are included as both trainers and participants
- Design training interventions to meet the needs of a multidisciplinary workforce, including mental health, substance abuse, and primary care
- Design trainings to cut across various "tiers" of the workforce, including licensed providers, unlicensed staff, peer staff, etc. – providing consistent messages and skill development for all; and
- Enhance collaboration with community partners

Expenses:

- Personnel
  - WET Coordinator (1 FTE) $190,000.00

Budget justification:

This staffing allocation is necessary to build a pipeline of education and training to help underrepresented populations to enter the behavioral health workforce and/or to advance within the system to licensed and/or managerial roles, as desired. Significant coordination is necessary to create and/or strengthen alliances with the secondary (9-12) education, community colleges, and universities to ensure that Lake County has an increasingly representative workforce and that consumers are better served by way of a culturally and linguistically competent staff. In addition, a committee will be established that will work together to coordinate training for Lake County and community partner staff to improve cultural competence and incorporation of a recovery approach throughout the service system. This is no small task and requires a full time Workforce, Education, and Training position to ensure a coordinated approach.

Budgeted Amount:	**FY 2011/12: $38,000**	**FY 2012/13: $76,000**	**FY 2013/14: $76,000**

B. Training and Staff Development:

Action 2: Comprehensive Training Program

This action will address the Education and Training for providers in the Community Mental Health System. Training needs were identified *through an extensive survey process* and input from the WET Sub-Committee as part of the stakeholder process.

Based upon a review of the results from the WET Needs Assessment, additional training needs surveys, and the stakeholder process, LCMH identified a need for specialized trainings in a number of areas. These training areas can be categorized as follows:

- *Wellness, Recovery and Resiliency*
- *Cultural Competency / Diversity*
- *Evidenced-Based Practices to address dominant diagnostic categories and issues*
- *Leadership*

A Training Committee will be formed in Lake County that will ensure structure and consistency of all trainings. The Committee will be composed of individuals from existing county staff, community-based organizations, and consumers/family members who will make recommendations on training opportunities that address the ongoing needs of our clients and staff, provide outcome measures and ensure fiscal viability. All trainings will be instilled with the concepts of cultural competency/diversity, wellness, recovery and resiliency. All trainings will incorporate outcome measures to ensure effectiveness and fiscal efficacy. Trainings will be offered to staff, contracted providers, and consumers and family members, as appropriate.

Expenses:

- Trainings $100,000.00
  - Peer Support
  - Cultural Competency
  - Children's Practices
  - Adult Practices
  - Older Adult Practices
- Other Operating Expenses: Space, equipment, office supplies $20,000.00

Budget Justification:

Evaluation:

- Participants, including consumers, family members, and other peer stakeholders will evaluate the effectiveness of their training experiences to allow them to:
  - Understand the public mental health system
  - How to navigate the system more easily
  - Experience culturally relevant services
  - Develop skills to reduce stigma and discrimination

Budgeted Amount:	**FY 2011/12: $24,000**	**FY 2012/13: $48,000**	**FY 2013/14: $48,000**

C. Career Pathways Program:

Action 3: Supported Education

Description:

- Establish a Recovery Education Center to coordinate efforts and assess additional needs over time
- Address areas of concern/need:
    - Absence of integrated Wellness, Recovery & Resiliency concepts in our services
    - Shortage of professionally trained staff (clinicians and case managers)
    - Ethnic match between staff and clients
    - Level of Consumer/Family Employment
- Establish entry-level employment program
- Identify career pathway opportunities in concert with the WET Regional Partnership
- Establish work experience that is tied to job training and support within identified employment settings
- Create speaker opportunities for individuals with lived experience (consumers and their families) in local educational programs
- Provide comprehensive benefits planning to consumers considering employment, and especially to those individuals currently employed but have yet to access this training
- Provide stipends for participation of consumers and family members in training and events

Objectives:

- Promote wellness, recovery and resiliency concepts
- Augment responsibilities of professional staff
- Enhance recovery trajectory of clients
- Promote and recruit culturally competent client and family employees, based on community needs
- Create consumer/family job categories
- Increase and enhance community-based outreach and community-based support

Expenses / Budget Justification:

- Training & Education $50,000.00
- Operating Expenses $10,000.00

Budgeted Amount:	**FY 2011/12: $12,000**	**FY 2012/13: $24,000**	**FY 2013/14: $24,000**

D. Financial Incentive Programs:

Action 4: Scholarships and Stipends

This action begins to address the workforce shortages and diversity needs of the Lake County Community Mental Health System, as well as increase consumer and family member participation in the workplace by offering financial incentives to those individuals interested in pursuing education and making a commitment to provide mental health services within Lake County. By providing financial incentives for individuals who come from diverse educational, cultural (including bilingual) and lived experience, Lake County Mental Health anticipates that it will be able to recruit and retain a more diverse mental health workforce that will more appropriately serve the needs of the County.

Description:

- Establish a financial incentive program for existing Associate, Bachelor, and Master Degree programs to cover the costs of tuition, books, mileage, and allow flex work schedule to support staff in pursuing advanced degrees.
- Assess feasibility of both Textbook and Tuition benefits in concert with adjusted work schedule to pursue course opportunities.
- Activities to implement this program include establishing an application process that would determine eligible individuals for a scholarship, creating a review committee and process for reviewing applications, ensuring accountability, and providing support to the individuals approved to receive stipends, scholarships, or grants.

Objectives:

- Decrease workforce shortages by creating incentives for hard to fill positions.
- Increase consumer and family member participation in trainings and classes.
- Increase the number of interns trained and receiving work experience in a mental health setting and design strategies to retain interns and/or encourage staff to continue to progress in the mental health field, especially in hard-to-fill positions.

Expenses / Budget Justification:

- Financial Incentive Program $37,500.00
- Tribal, Latino, and Consumer /Family Member Educational Supports $37,500.00

Budgeted Amount:	**FY 2011/12: $15,000**	**FY 2012/13: $30,000**	**FY 2013/14: $30,000**

EXHIBIT 5: ACTION MATRIX

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

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

EXHIBIT 6: BUDGET SUMMARY

Fiscal Years: 11/12-13/14			
Activity	**Funds Approved Prior to Plan Approval (A)**	**Balance of Funds Requested (B)**	**Total Funds Requested (A + B)**
A. Workforce Staffing Support	$33,800	$156,200	$190,000
B. Training and Staff Development		$120,000	$120,000
C. Mental Health Career Pathways		$60,000	$60,000
D. Residency, Internship Programs			
E. Financial Incentive Programs		$75,000	$75,000
		GRAND TOTAL FUNDS REQUESTED	**$445,000**