

PART IV: REQUIRED EXHIBITS

EXHIBIT 1: WORKFORCE FACE SHEET

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

County: **Kings** Date: **7/29/2008**

This County's Workforce Education and Training component of the Three-Year Program and Expenditure Plan addresses the shortage of qualified individuals who provide services in Kings County's Public Mental Health System. 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 Kings 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. It includes 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 Kings County's workforce needs will be provided as part of the development of each subsequent Workforce Education and Training component.

County Behavioral Health Director

Printed Name: Mary Anne Ford-Sherman

Signature:

Street Address (or PO Box): 450 Kings County Drive, Suite 104

City, ZIP Code: Hanford, CA 93230

Phone #: (559) 582-3211, ext. 2382

Fax #: (559) 589-6916

E-mail address: MaryAnne.FordSherman@co.kings.ca.us

Contact Person' Name: Shea Gowin Phone #: (559) 303-9039 Fax #: (559) 589-6916 E-mail: shea.gowin@co.kings.ca.us

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EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY

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

Kings County Behavioral Health Administration (KCBHA) contracted with a consultant, Shea Gowin, who utilized the information from KCBHA's CSS stakeholder process. The consultant determined that additional input was needed from core stakeholder groups who have an interest in workforce development. Therefore twenty-four additional community focus groups, stakeholder meetings, planning meetings, surveys, and key informative interviews were conducted over a three-month period in order to educate the community and involved organizations and to obtain input regarding the MHSA Workforce Education and Training Program component. This stakeholder's process was targeted, focused, and clearly defined the needs for our county's WET plan.

- The employment needs for the current behavioral health workforce was compiled through an online survey of all current staff with an 80% response received.
- An additional survey was conducted with forty consumers/family members responding.
 - 37% of our consumers surveyed have their High School diploma and 32% have some college experience.
 - Of the consumers surveyed the greatest interest was shown to be in volunteer training and certificate programs.
 - 30% of our consumers surveyed were interested in working within the mental health field, the majority preferring the opportunity for part time employment or volunteer positions.
- Focus group discussions were conducted with Kings View (contractual mental health plan) administration regarding the need for additional staff positions, training and educational opportunities for existing staff, and the need to incorporate the employment, education and training of consumers and family members of consumers as a priority in our plan.
- Representatives from the following agencies and community organizations attended our focus groups and stakeholder planning meetings: Starting February 5, 2008 through May 13, 2008 a total of 24 Workforce Development, Education and Training focus groups, interviews, and planning meetings were held with Kings County Behavioral Health Administration staff, Kings View Counseling Services administration and staff, CBO's, consumers and family members of consumers.
- A focus group was held with Kings County Job Developers Association twice. In attendance were representatives from:
 - Kings Community Action Organization
 - Kings County Job Developers Association
 - Kings County Office of Education
 - Kings County Veterans Representative from the Employment Development Department
 - Two members of the association self-identified as consumer/family members
- A focus group was held three times with the Kings County Behavioral Health Board. In attendance were representatives from:
 - Kings View Counseling Services
 - Human Services
 - Child Welfare Services
 - Kings County Board of Supervisors

Hannahs' House (In patient recovery facility)
Champions (Out patient recovery facility)
Cornerstone (In patient recovery facility)
Veterans Office
Community members
Three consumers and one family member of a consumer

- A stakeholder meeting was held with:
 - California Forensic Medical Group
 - Kings County Sheriff's Department
 - Kings County Probation Department
 - Kings View Counseling Services
- A stakeholder meeting was held with American Ambulance staff.
- A stakeholder meeting and focus group was held with:
 - Santa Rosa Rancheria Tachi Tribe
 - Owens Valley (Tribal TANF program)
- An interview was held with:
 - CSU Fresno Department of Social Work Education
 - Chapman University
- A focus group was held with the Hanford Police Department.
- A focus interview was held with California State Department of Rehabilitation
- A stakeholder meeting was held with JTO administration

All groups were presented with the Workforce Education and Training Program plan guidelines and requirements, and each group reviewed the five funding categories and actions that are allowed under each category. They provided the input and guidance that is the foundation for our plan. The following core components were identified as the priorities for the WET plan:

- **Workforce Staffing Support**
- **Training and Technical Assistance**
- **Residency and Internship Programs**
- **Financial Incentive Programs**

A complete draft of the Workforce Education and Training Plan that included all exhibits was presented to the Kings County Behavioral Health Board and approved for public review and comment on July 28, 2008.

An electronic copy was posted on the County's website July 28, 2008.

The general public was notified by public notice posted in two newspapers throughout. Public review and comment closed on August 26, 2008

It was affirmed that the WET Plan covers all of the designated funding areas recommended by the Stakeholder Committee.

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 1

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)									
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)			
A. Unlicensed Mental Health Direct Service Staff:													
County (employees, independent contractors, volunteers):													
Mental Health Rehabilitation Specialist	0	0	0										
Case Manager/Service Coordinator	4	0	0										
Employment Services Staff	0	0	0										
Housing Services Staff	0	0	0										
Consumer Support Staff	0	0	0										
Family Member Support Staff	0	0	0										
Benefits/Eligibility Specialist	0	0	0										
Other <i>Unlicensed</i> MH Direct Service Staff	0	0	0										
<i>Sub-total, A (County)</i>				4	0	0	0	0	0	4			
All Other (CBOs, CBO sub-contractors, network providers and volunteers):													
Mental Health Rehabilitation Specialist	10	0	4										
Case Manager/Service Coordinator	8	0	2										
Employment Services Staff	0	0	0										
Housing Services Staff	0	0	0										
Consumer Support Staff	0	0	0										
Family Member Support Staff	0	0	0										
Benefits/Eligibility Specialist	0	0	0										
Other <i>Unlicensed</i> MH Direct Service Staff	0	0	0										
<i>Sub-total, A (All Other)</i>				18	0	6	5	9	2	1	0	1	18
Total, A (County & All Other):				22	0	6	9	9	2	1	0	1	22

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



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



EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 2

Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/ Cau- casian (5)	His- panic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
B. Licensed Mental Health Staff (direct service):										
County (employees, independent contractors, volunteers):										
Psychiatrist, general.....	0	0	0							
Psychiatrist, child/adolescent.....	0	0	0							
Psychiatrist, geriatric.....	0	0	0							
Psychiatric or Family Nurse Practitioner.....	0	0	0							
Clinical Nurse Specialist.....	0	0	0							
Licensed Psychiatric Technician.....	0	0	0							
Licensed Clinical Psychologist.....	0	0	0							
Psychologist, registered intern (or waived).....	0	0	0							
Licensed Clinical Social Worker (LCSW).....	2	0	0							
MSW, registered intern (or waived).....	6	0	0							
Marriage and Family Therapist (MFT).....	0	0	0							
MFT registered intern (or waived).....	0	0	0							
Other Licensed MH Staff (direct service).....	0	0	0							
<i>Sub-total, B (County)</i>	8	0	0	1	4	0	1	0	1	7
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Psychiatrist, general.....	3	1	1							
Psychiatrist, child/adolescent.....	0	0	0							
Psychiatrist, geriatric.....	0	0	0							
Psychiatric or Family Nurse Practitioner.....	.5	1	2							
Clinical Nurse Specialist.....	0	0	0							
Licensed Psychiatric Technician.....	1	0	0							
Licensed Clinical Psychologist.....	0	0	0							
Psychologist, registered intern (or waived).....	0	0	0							
Licensed Clinical Social Worker (LCSW).....	2	1	2							
MSW, registered intern (or waived).....	1	1	0							
Marriage and Family Therapist (MFT).....	5	1	0							
MFT registered intern (or waived).....	15	0	0							
Other Licensed MH Staff (direct service).....	0	0	0							
<i>Sub-total, B (All Other)</i>	27.5	5	5	17.5	6	0	2	0	2	27.5
Total, B (County & All Other):	35.5	5	5	18.5	10	0	3	0	3	34.5

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



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



EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 3

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

(Other Health Care Staff, Direct Service; Sub-Totals Only)



(Other Health Care Staff, Direct Service; Sub-Totals and Total Only)



EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 4

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
D. Managerial and Supervisory:										
County (employees, independent contractors, volunteers):										
CEO or manager above direct supervisor.....	1	0	0	(Managerial and Supervisory; Sub-Totals Only) ↓						
Supervising psychiatrist (or other physician)	0	0	0							
Licensed supervising clinician.....	0	0	0							
Other managers and supervisors.....	3	0	0							
<i>Sub-total, D (County)</i>	4	0	0	3	0	1	0	0	0	4
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
CEO or manager above direct supervisor.....	1	0	0	(Managerial and Supervisory; Sub-Totals and Total Only) ↓						
Supervising psychiatrist (or other physician)	0	0	0							
Licensed supervising clinician.....	4	0	0							
Other managers and supervisors.....	6	0	0							
<i>Sub-total, D (All Other)</i>	11	0	0	8	3	0	0	0	0	11
Total, D (County & All Other):	15	0	0	11	3	1	0	0	0	15
E. Support Staff (non-direct service):										
County (employees, independent contractors, volunteers):										
Analysts, tech support, quality assurance.....	1	0	2	(Support Staff; Sub-Totals Only) ↓						
Education, training, research	1	0	0							
Clerical, secretary, administrative assistants	3	0	0							
Other support staff (non-direct services).....	.5	0	0							
<i>Sub-total, E (County)</i>	5.5	0	2	2.5	1	0	0	0	0	3.5
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Analysts, tech support, quality assurance.....	2	0	0	(Support Staff; Sub-Totals and Total Only) ↓						
Education, training, research	0	0	0							
Clerical, secretary, administrative assistants	15	0	0							
Other support staff (non-direct services).....	1	0	0							
<i>Sub-total, E (All Other)</i>	18	0	0	4	14	0	0	0	0	18
Total, E (County & All Other):	23.5	0	2	6.5	15	0	0	0	0	21.5

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 5

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

Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/ Cau- casian (5)	Hispanic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	
County (employees, independent contractors, volunteers) (A+B+C+D+E)	21.5	0	2	10.5	5	1	1	0	1	18.5
All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E)	79.8	6	13	38.5	32	3	3	0	3	79.5
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	101.3	6	15	49	37	4	4	0	4	98

F. TOTAL PUBLIC MENTAL HEALTH POPULATION

(1)	(2)	(3)	(4)	Race/ethnicity of individuals planned to be served -- Col. (11)						All individuals (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/ Cau- casian (5)	Hispanic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	
F. TOTAL PUBLIC MH POPULATION	Leave Col. 2, 3, & 4 blank			37%	48%	10%	2%	1%	2%	100%

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

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

Major Group and Positions (1)	Estimated # FTE authorized and to be filled by clients or family members (2)	Position hard to fill with clients or family members? (1=Yes; 0=No) (3)	# additional client or family member FTEs estimated to meet need (4)
A. <i>Unlicensed</i> Mental Health Direct Service Staff:	0	0	0
Consumer Support Staff.....	0	0	0
Family Member Support Staff	4.3	2	4
Other <i>Unlicensed</i> MH Direct Service Staff	4.3	2	4
Sub-Total, A:	0	0	0
B. <i>Licensed</i> Mental Health Staff (direct service)	0	0	0
C. Other Health Care Staff (direct service)	0	0	0
D. Managerial and Supervisory	0	0	0
E. Support Staff (non-direct services).....	0	0	0
GRAND TOTAL (A+B+C+D+E)	4.3	2	4

III. LANGUAGE PROFICIENCY

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

Language, other than English (1)	Number who are proficient (2)	Additional number who need to be proficient (3)	TOTAL (2)+(3) (4)
1. <u>Spanish</u>	Direct Service Staff <u>23</u> Others _____	Direct Service Staff <u>7</u> Others _____	Direct Service Staff <u>30</u> Others _____
2. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
3. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
4. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
5. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

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

A. Shortages by occupational category:

No current vacancies existed during the needs assessment process.

Kings County Behavioral Health Administration has contracted with Kings View Corporation for over forty years to provide outpatient specialty behavioral health services. The current plan serves only the targeted population of the uninsured, Medi-Cal eligible and indigent. Kings County is a Designated Mental Health Professional Shortage Area and this continues to present challenges.

Historically Kings View Corporation has had difficulty recruiting and retaining the following disciplines: Marriage Family Therapists; Licensed Clinical Social Workers; Registered Nurses (specifically Certified Psychiatric Nurses); and Psychologists and Psychiatrists who match the demographic profile of our county.

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

Staff is 50% Caucasian, 37% Hispanic, and 13% combined African American, Asian Pacific, and multi-Race.

The mentally ill population currently being served is 43% Caucasian, 44% Hispanic, 10% African American, and 1% Native American.

While staff percentages do not match up precisely with consumer ethnicity, Kings County has a significant number of Hispanic staff to meet the needs of our principal ethnic population.

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

Kings County is currently in the beginning stages of developing consumer and/or family member designated positions through the ECHO (Empowered Consumers Helping Others) program, as part of the CSS plan.

Two positions have been created and filled through Behavioral Health Administration supported by the CSS Plan.

D. Language proficiency, to target population receiving public mental health services:

Currently 23% of staff are bilingual Spanish/English proficient and 2% Mong/English proficient. The County would like to have more therapists that are Spanish/English speaking, and will encourage current staff to become bilingual.

With 44% of the serviced population being Latino/Hispanic, 11% are Spanish-only speakers. Based on these statistics of consumers the percentage of staff who speak languages other than English either matches or exceeds the percentage of consumers preferring languages other than English.

E. Other miscellaneous:

Several informal conversations and three formal meetings were held with representatives of the Tachi-Yokut tribe and Rancheria to learn how we could better serve the Native American Community. A verbal needs assessment was conducted, and strategies for outreach services are continuing to be discussed.

EXHIBIT 4: WORK DETAIL – Page 1

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

A. WORKFORCE STAFFING SUPPORT

EXHIBIT 4: WORK DETAIL – page 2

Action #1 – Title: Workforce Development Education and Training Coordination

Description:

- Using early implementation dollars, a WET coordinator was contracted. This coordinator identified the workforce needs of Kings County by performing tasks such as conducting an assessment of staff, consumers, family members, and community members training needs. Currently this coordinator is developing a strategic WET plan for Kings County Behavioral Health Administration.
- 1 FTE Coordinator position will be created to continue coordination and implementation of the Education and Training strategies identified in Kings County by implementing a strategic training plan for Kings County Public Mental Health Services and participating both at a State and regional level to ensure coordination of training and to maximize training opportunities.

Objectives:

1. To coordinate and implement training for improved public Mental Health Service delivery. This will include mental health staff, behavioral health employees, contract providers, and consumers and family members based on the principles of wellness, recovery and resiliency, cultural competence, consumer/family driven mental health services, integrated services, and community collaboration.
2. To develop and monitor contracts with entities providing Workforce Education and Training programs and services.
3. To implement, participate in and support State and regional education and training efforts; ensure the reduction or duplication of services.
4. To create local initiatives which expand opportunities and academic curricula for workforce development, i.e. community colleges, universities, ROP, Vocational Rehab, and etc.
7. Provide annual updates to WET plan and evaluate effectiveness of services and trainings provided.

Budget justification:

Salary and benefits for 1 FTE Coordinator position to oversee the Workforce Development Education and Training program. Mid salary range for one year is \$50,710.00, benefits are \$20, 954.00, supplies including desk, phone, lap top, and other office supplies and audio equipment for presentations is approximately \$13,336 with a total of \$85,000

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ <u>85,000</u>
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B. TRAINING AND TECHNICAL ASSISTANCE

Action #2 – Title: Exploration development and expansion of training programs

Description:

In determining expansion and enhancement opportunities for training of mental health service delivery organizations, a staff survey was conducted in 2008. The majority of respondents indicated a need for further understanding of the values of cultural competence, wellness and recovery, and integrated services. They asked for more training on specific strategies and skills to achieve those values. Additionally, Kings County has limited local opportunities for mental health professionals to obtain CEUs required to maintain licensure received for work in public mental health. The WET Plan is committed to sponsoring educational opportunities that both match the expressed interests of staff and allow professionals to obtain CEUs locally. Trainings sponsored by the WET Plan will be available to Kings View Counseling Services staff and consumers, Behavioral Health Administration staff and consumers, consumer family members and students and will provide opportunities to increase competencies of the community and the current work force. Topics of interest expressed by stakeholders who responded to the training survey were:

- Advanced assessment, differential diagnosis and treatment planning.
- Suicide/self-harm risk assessment
- Anxiety disorders
- Depressive disorders
- Volunteer peer to peer training
- Crisis Intervention Training (CIT) to local law enforcement, through Mobile Crisis Outreach Team (MCOT) MCOT, CSS Plan

The proposed topics are consistent with the WET Plan commitment to the values of cultural competence, wellness and recovery and integrated services. The WET coordinator will ensure that any suggested training/trainers incorporate these values. Exploration into the implementation of the CASRA program as volunteer training will also be a component of the WET plan.

Objectives:

- To increase the knowledge and competency of Behavioral Health Administration staff and the staff of Kings View Counseling Services
- To increase the opportunities to obtain CEUs for behavioral health professionals
- To increase the knowledge of students interested in a career in mental health
- To increase the knowledge about cultural competence, wellness and recovery and integrated services among consumers and family members
- Increase the training opportunities for consumers and family members who are interested in the behavioral health field.

Budget justification:

Includes costs for training contracts, registration fees, licenses and fees, building rental fees, general office supplies (copying, paper) and equipment (projectors, laptops, easels, etc.).

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ <u>40,000</u>
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C. RESIDENCY, INTERNSHIP PROGRAMS

Action #3 – Title: Regional Partnership for Residency, Internship Expansion and Certification

Description:

The stakeholder's needs assessment and meetings identified a need to develop additional mental health staff for counseling, marriage and family therapy and psychiatric nursing. By funding staff time to provide supervision of graduate student interns, the WET Plan will increase our source of culturally diverse, bilingual, and competent staff that are committed to working in the public mental health field. The greatest obstacle to placing students in these areas has been the availability of a clinical supervisor who can mentor and grow interns.

Participation in the Regional Partnership for Child Psychiatry through USC, San Francisco and participation in the Regional Partnership for Psychiatric Nurse certification through Fresno State University. Funding request for additional monies for this action will be requested upon finalization of partnership efforts.

Objectives:

- To increase the number of supervised interns in social work, marriage and family therapy and psychiatric nursing that will receive training in an integrated service delivery system of care.
- To ensure comprehensive internships in the behavioral health field.
- To increase the number of interns that obtain employment in the Kings County behavioral health system and increase the retention rate.

Budget justification:

Funds will be set-aside for supervision training and staff time to create new internship opportunities.
Funds will be set aside for regional partnerships for child psychiatrists and psychiatric nurses.

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ <u>150,000</u>
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D. FINANCIAL INCENTIVE PROGRAMS

Action #4 – Title: Professional Development

Description:

A variety of financial incentives related to workforce development were identified as strong themes throughout the community planning process. Recommended as a top priority was financial incentives for 'hard to fill or retain' positions.

This Action proposes financial incentives (which may include tuition and book reimbursement) for education and/or training that enhances employment and career development in the behavioral health field or organization. Eligibility for this program includes those staff who want to return to school and eventually work within the public mental health field.

Objectives:

- To increase the diversity of the workforce to include behavioral health consumers and consumer family members on a professional level.
- To increase the education level in Kings County of those working in or interested in the behavioral health field.
- Recruitment and retention of individuals seeking the behavioral health career path, including non-conventional and untried strategies.
- Establish policies and develop criteria for selection of persons applying for financial incentives.

Budget justification:

Funds will be set aside for financial incentives.

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ <u>25,000</u>
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EXHIBIT 5: ACTION MATRIX

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

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

EXHIBIT 6: BUDGET SUMMARY

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

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

Fiscal Year: 2008-09			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:	\$ 85,000		\$85,000
B. Training and Technical Assistance	\$40,000		\$40,000
C. Mental Health Career Pathway Programs			
D. Residency, Internship Programs	\$150,000		\$150,000
E. Financial Incentive Programs	\$25,000		\$25,000
GRAND TOTAL FUNDS REQUESTED for FY 2008-09			\$300,000.00

EXHIBIT 7: ANNUAL PROGRESS REPORT (NOTE: This exhibit is for information purposes only, and does not need to be submitted with the Plan.)

List any objectives from any of the Actions that have been met during the period being reported, any issues that significantly impact on the accomplishment of objectives, and any positive accomplishments. Events, milestones, products, or outcomes are to be reported as measurable activities that can be quantitatively compared for the duration of the contract period.

ANNUAL PROGRESS REPORT	
County: _____	Fiscal Year: _____
Component: Workforce Education and Training	Period Covered: _____
Progress on Objectives (short narratives, below)	
Workforce Staffing Support:	
Training and Technical Assistance:	
Mental Health Career Pathways Programs:	
Residency, Internship Programs:	
Financial Incentive Programs:	
Form completed by: Name: _____ Title or position: _____ Phone#: _____ Email: _____ Date: _____	