RIVERSIDE COUNTY

DEPARTMENT OF MENTAL HEALTH

MENTAL HEALTH SERVICES ACT (MHSA)

WORKFORCE EDUCATION AND TRAINING COMPONENT

THREE-YEAR PROGRAM AND EXPENDITURE PLAN

Fiscal Years 2006-07, 2007-08, 2008-09

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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: **Riverside** Date: **August 21, 2008**

Riverside County's Workforce Education and Training (WET) component of the Three-Year Program and Expenditure Plan addresses recovery-oriented skill enhancement, retention, and recruitment of the Public Mental Health System workforce. Individuals, groups, and agencies that contract with Riverside County to provide services to our consumers are included. This Workforce Education and Training component complies and supports 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 develop new programs or 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 that includes consumers and family members capable of providing consumer- and family-driven services that promote wellness, recovery, and resiliency. This Workforce Education and Training component has been developed with stakeholder and public participation and leads to measurable, value-driven outcomes. All input has been considered, and adjustments made, as deemed 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 plan.

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Signature: _____

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EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY

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

Riverside County Department of Mental Health (RCDMH) developed a comprehensive needs assessment process designed to complement the 2005 findings from our initial community planning for Community Services and Supports (CSS) funds. Key research reports pertaining to the demographics and linguistic skills of our current workforce and the unmet needs of our community were reviewed to establish a foundation for targeted workforce development. Our established Mental Health Board; Children's, Adult and Older Adult System of Care Committees; our Cultural Competency Committee; and our MHSA Stakeholder Leadership Committee reviewed our early Workforce Education and Training planning and implementation. The Stakeholder Leadership Committee had members from: Latino Network; African-American Campaign; consumers from adult and older adult service systems; families of consumers from both the adult and children's services systems; Riverside County Department of Mental Health staff including administration, management, supervisory, and line staff; the Executive Director of First 5 (pre-school age children); employee unions (SEIU and LIUNA); Department of Public Social Services; Probation, Department of Health; Office on Aging; Contract Providers; Riverside County Board of Supervisors; Private Non-Profit Agencies; Sheriff's Department; and the Assistant Superintendent of Schools. Feedback from these stakeholders was then integrated into the planning process.

Stakeholder input was crucial in this plan's development. We successfully engaged over 650 participants and involved more than 60 focus groups. Focus groups were designed to facilitate dialogue and feedback. RCDMH staff participated in groups based on geographic region, job classification, essential job duties, or program. Employee needs were also surveyed in informational meetings with labor unions and the County's Employee Assistance Program. Community and Contract Providers were invited to participate in groups based on their relationship to mental health service delivery, role in educational pathways, or representation of a cultural or underserved community.

Each cultural or underserved community had their own focus group and included representatives from Deaf/Hard of Hearing, LGBT, African-American, Native-American, and Latino communities. Asian-Pacific Islander representatives were welcomed to attend a focus group, but preferred to have their inclusion begin with RCDMH's participation at an Asian-American Health Conference that is scheduled on June 28, 2008.

Specific focus groups were designed to elicit input from RCDMH field instruction staff and faculty from local graduate school programs in social work and marriage and family counseling. A preliminary meeting, attended by an Associate Vice Chancellor of Instruction for Riverside Community College, was held to explore the creation of a network of recovery oriented educational institutions including a high school academy, and to explore creation of certificate programs that would provide consumers and families with an academic foundation into the workforce, as well as enhance the skills of existing employees. Another meeting was also held with the Principal Human Resource Analyst from Riverside County's central Educational Support Program to determine existing workforce development resources, to maximize funding, and to create a more seamless career support pathway.

EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY (continued)

Utilizing employees and volunteers of our Family Advocate's Office, regional family member focus groups were arranged in both English and Spanish. Our Parent Support Program arranged a similar schedule for parents of minor children. As a member of the Workforce Education and Training coordination team, a bilingual/Spanish Latina Peer Support Specialist and former college educator was hired to design, schedule, and conduct consumer focus groups. These groups were tailored to specific populations including, but not limited to, consumers recovering from co-occurring disorders, teens, transitional age youth, older adults, and graduates of our peer employment training program.

Participants unable to attend scheduled focus groups were given a written orientation summary of the Workforce Education and Training component and a copy of relevant focus group questions. Written responses were then accepted by mail, email, or by fax. All focus group participants were given the contact information of the Workforce Education and Training Coordinator so that additional ideas not expressed during the focus groups could be submitted by telephone, email, or standard mail.

All focus group participant responses were analyzed for themes. Subsequently, a report on these themes, complete with graphs and percentages was prepared. This data was then used to establish action plan priorities.

In order to secure the quantitative workforce needs assessment required by Exhibit 3, Riverside County reviewed existing workforce data from our Research and Human Resources units and identified any data necessary to complete the exhibit. A brief electronic, RCDMH staff survey was then developed and distributed. We received an 80% response rate. We also created data gathering tools for our network and contract providers to facilitate their workforce data gathering process. This information was then integrated into the overall public mental health service system workforce matrix.

The workforce demographic data was then compared to the service needs of the community to determine unmet needs. The narrative analysis of this review can be found at the end of Exhibit 3 as our Workforce Needs Assessment. This data was also used to create the targeted goals of our workforce development and to formulate the selection criteria for our financial incentive programs.

Subsequent meetings were held with the management team dedicated to consumer, parent, and family member program development to clarify Actions related to consumer and family employment. Our team's Peer Support Specialist remained an active participant in plan development and contributed to writing and editing this document.

The plan was posted for 30 day public review on May 28, 2008. Copies of the plan were also made available at county clinics and at local libraries. A plan overview was presented and reviewed with both the MHSA Stakeholder Leadership Committee and Mental Health Board. A Public Hearing was held on July 02, 2008. All written and verbal comments were reviewed with the Mental Health Board and are included as Attachment A.

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I By Occupational Category - page 1

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)							# FTE filled (5)+(6)+(7)+(8)+(9)+(10)
				White/ Cau-casian	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	Un-known	
(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	158	0	235								
Case Manager/Service Coordinator		0									
Employment Services Staff	5.0	0	7								
Housing Services Staff	1	0	12								
Consumer Support Staff	30	1	45								
Family Member Support Staff	41	1	61								
Benefits/Eligibility Specialist		0									
Other *Unlicensed* MH Direct Service Staff	67	0	100	(*Unlicensed* Mental Health Direct Service Staff; Sub-Totals Only) ⬇							
Sub-total, A (County)	**302**	**2**	**460**	**48**	**71**	**26**	**2**	**3**	**72**		**222**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):											
Mental Health Rehabilitation Specialist	220.5	0									
Case Manager/Service Coordinator	27	0									
Employment Services Staff	8	0									
Housing Services Staff	2.5	0									
Consumer Support Staff	16	0									
Family Member Support Staff	11.5	1									
Benefits/Eligibility Specialist	0.0	0									
Other *Unlicensed* MH Direct Service Staff	88	0		(*Unlicensed* Mental Health Direct Service Staff; Sub-Totals and Total Only) ⬇							
Sub-total, A (All Other)	**373.5**	**1**		**123.4**	**95**	**80**	**25.3**	**4**	**14**	**7.5**	**349.1**
Total, A (County & All Other):	**675.5**	**3**	**460**	**171.4**	**166**	**106**	**27.3**	**7**	**86**	**7.5**	**571.1**

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 2

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)							# FTE filled (5)+(6)+(7)+(8)+(9)+(10)
				White/ Cau-casian	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	Un-known	
(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	73.8	1	40								
Psychiatrist, child/adolescent	2	1	50								
Psychiatrist, geriatric		1	17								
Psychiatric or Family Nurse Practitioner		0									
Clinical Nurse Specialist		0									
Licensed Psychiatric Technician	3	0	4								
Licensed Clinical Psychologist	13	0	19								
Psychologist, registered intern (or waivered)		0									
Licensed Clinical Social Worker (LCSW)	54	1	80								
MSW, registered intern (or waivered)	33	0	49								
Marriage and Family Therapist (MFT)	52	1	77								
MFT registered intern (or waivered)	50	0	75								
Other *Licensed* MH Staff (direct service)		0		(*Licensed* Mental Health Direct Service Staff; Sub-Totals Only) ⬇							
Sub-total, B (County)	**280.8**	**5**	**411**	**124.5**	**33.9**	**16**	**30.2**	**2.0**	**55.2**		**261.7**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):											
Psychiatrist, general	51.5	1									
Psychiatrist, child/adolescent		0									
Psychiatrist, geriatric		0									
Psychiatric or Family Nurse Practitioner		0									
Clinical Nurse Specialist		0									
Licensed Psychiatric Technician	33.8	0									
Licensed Clinical Psychologist	36	1	5								
Psychologist, registered intern (or waivered)	8	0									
Licensed Clinical Social Worker (LCSW)	35.5	1									
MSW, registered intern (or waivered)	26	0									
Marriage and Family Therapist (MFT)	81	1	2								
MFT registered intern (or waivered)	69.8	0		(*Licensed* Mental Health Direct Service Staff; Sub-Totals and Total Only) ⬇							
Other *Licensed* MH Staff (direct service)		0									
Sub-total, B (All Other)	**341.5**	**4**	**7**	**137**	**23.3**	**39.5**	**4.5**	**0.0**	**3.5**	**106.5**	**314.3**
Total, B (County & All Other):	**622.3**	**9**	**418**	**261.5**	**57.1**	**55.5**	**34.7**	**2.0**	**58.7**	**106.5**	**576**

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 3

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes' 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11) White/ Cau-casian	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	Un-known	# 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	.5	0	1								
Registered Nurse	46	1	68.5								
Licensed Vocational Nurse	5	0	7.5								
Physician Assistant		0									
Occupational Therapist	2	0	3								
Other Therapist (e.g., physical, recreation, art, dance)		0									
Other Health Care Staff (direct service, to include traditional cultural healers)	3	0	4.5	(Other Health Care Staff, Direct Service; Sub-Totals Only) ↓							
Sub-total, C (County)	**56.5**	**1**	**84.5**	**14**	**2**	**4**	**2**		**24**		**46**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):											
Physician	2	1									
Registered Nurse	141.5	1									
Licensed Vocational Nurse	98	1									
Physician Assistant	1.2	1									
Occupational Therapist	5	1									
Other Therapist (e.g., physical, recreation, art, dance)	2	1									
Other Health Care Staff (direct service, to include traditional cultural healers)	88.5	1		(Other Health Care Staff, Direct Service; Sub-Totals and Total Only) ↓							
Sub-total, C (All Other)	**338.2**	**7**		**36.5**	**19.3**	**34.8**	**12.5**		**7**	**199.5**	**309.5**
Total, C (County & All Other):	**394.7**	**8**	**84.5**	**50.5**	**21.3**	**38.8**	**14.5**		**31**	**199.5**	**355.5**

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 4

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)							# FTE filled ((5)+(6)+ ((7)+(8)+ ((9)+(10)
				White/ Cau-casian	Hispanic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	Un-known	
(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.....	22	1	7	(Managerial and Supervisory; Sub-Totals Only) ⬇							
Supervising psychiatrist (or other physician)	1	1	2								
Licensed supervising clinician.....	56	1	59								
Other managers and supervisors.....	21	1	10								
Sub-total, D (County)	**100**	**4**	**78**	**54**	**17**	**4**	**3**		**15**		**93**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):											
CEO or manager above direct supervisor.....	19	1		(Managerial and Supervisory; Sub-Totals and Total Only) ⬇							
Supervising psychiatrist (or other physician)		0									
Licensed supervising clinician.....	36.8	1									
Other managers and supervisors.....	45	1									
Sub-total, D (All Other)	**100.7**	**3**		**47.3**	**10**	**11**			**1.5**	**25.5**	**95.2**
Total, D (County & All Other):	**200.7**	**7**	**78**	**101.3**	**27**	**15**	**3**		**16.5**	**25.5**	**188.2**
E. Support Staff (non-direct service):											
County (employees, independent contractors, volunteers):											
Analysts, tech support, quality assurance.....	42	1	62.6	(Support Staff; Sub-Totals Only) ⬇							
Education, training, research	9	1	13.4								
Clerical, secretary, administrative assistants	209	0	63.5								
Other support staff (non-direct services).....	6	0	8.9								
Sub-total, E (County)	**266**	**2**	**148.4**	**70**	**76**	**34**	**9**	**2**	**50**		**241**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):											
Analysts, tech support, quality assurance.....	6	0		(Support Staff; Sub-Totals and Total Only) ⬇							
Education, training, research		0									
Clerical, secretary, administrative assistants	105.6	1									
Other support staff (non-direct services).....	80	0									
Sub-total, E (All Other)	**191.6**	**1**		**38**	**45.8**	**11.5**	**1**		**1.5**	**81**	**178.8**
Total, E (County & All Other):	**457.6**	**3**	**148.4**	**108**	**121.8**	**45.5**	**10**	**2**	**51.5**	**81**	**419.8**

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 5

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

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)							# FTE filled ((5)+(6)+ ((7)+(8)+ ((9)+(10))
				White/ Cau-casian	Hispanic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	Un-known	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)		(11)
***County (employees, independent contractors, volunteers)* (A+B+C+D+E).....**	**1005.3**	**14**	**1181.9**	**310.5**	**199.9**	**84**	**46.2**	**7**	**216.2**		**863.7**
All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E)	**1345.5**	**16**	**7**	**382.1**	**193.3**	**176.8**	**43.3**	**4.0**	**27.5**	**420**	**1246.8**
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	**2350.7**	**30**	**1189.9**	**692.5**	**393.1**	**260.8**	**89.5**	**11**	**243.7**	**420**	**2110.5**

F. TOTAL PUBLIC MENTAL HEALTH POPULATION

				Race/ethnicity of individuals planned to be served -- Col. (11)						
				White/ Cau-casion	Hispanic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	All individuals **(5)+(6)+ (7)+(8)+ (9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
F. TOTAL PUBLIC MH POPULATION	**Leave Col. 2, 3, & 4 blank**			**44.5%**	**33.8%**	**11.6%**	**2.2%**	**.6%**	**7.3%**	**100.0%**

EXHIBIT 3: 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 client or family member FTEs estimated to meet need
(1)	(2)	(3)	(4)
A. *Unlicensed* Mental Health Direct Service Staff:			
Consumer Support Staff.....	30	1	45
Family Member Support Staff	41	1	61
Other *Unlicensed* MH Direct Service Staff.....			
Sub-Total, A:	**71**	**2**	**106**
B. *Licensed* Mental Health Staff (direct service).....			
C. Other Health Care Staff (direct service)			
D. Managerial and Supervisory.....	**3**	**1**	**4.5**
E. Support Staff (non-direct services).....			
GRAND TOTAL (A+B+C+D+E)	**74**	**3**	**110.5**

III. LANGUAGE PROFICIENCY

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

Language, other than English	Number who are proficient	Additional number who need to be proficient	**TOTAL (2)+(3)**
(1)	(2)	(3)	(4)
1. Spanish	Direct Service Staff 275 Others 111	Direct Service Staff 13 Others _____	Direct Service Staff 288 Others 111
2. Vietnamese	Direct Service Staff 5 Others 2	Direct Service Staff _____ Others _____	Direct Service Staff 5 Others 2
3. Tagalog	Direct Service Staff 26 Others 4	Direct Service Staff _____ Others _____	Direct Service Staff 26 Others 4
4. Chinese	Direct Service Staff 5 Others _____	Direct Service Staff _____ Others _____	Direct Service Staff 5 Others _____
5. Korean	Direct Service Staff 2 Others 1	Direct Service Staff _____ Others _____	Direct Service Staff 2 Others 1

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.

Riverside County Demographics (United States Census Data, 2006)

Total Population: 2,026,803

Caucasian/European Origin: 43% Latino/Hispanic: 42% African-American/Black: 6%

Asian/Pacific Islander: 5% Native American: .5% Other: 4%

Exhibit 3 Methodology Described Below:

RCDMH Personnel: Existing Human Resources data was utilized to ascertain: (1) employees' voluntary ethnic identity report at time of hire, and (2) staff linguistic skill as indicated by number of employees receiving bilingual pay. This data was augmented using a brief, electronic survey of all Department staff. This staff survey response was 80%.

Network Providers: Network providers are a combination of individual and small group providers. RCDMH maintains data on our network providers reported ethnicities and linguistic skills. This existing system data was augmented using a paper survey and telephone follow-up.

Contract Providers: These providers were surveyed by standard mail, electronic mail, and telephone. Our contract providers were grouped into three categories: (1) IMD/Acute Care – 4 providers; (2) Therapeutic Behavioral Service – 5 providers; and, (3) Community Based Organizations that provide direct service – 8 providers. We received responses from all contractors.

Summary: The Grand Total Workforce is located on page 9. It is noted that some Network and Contract Provider staff declined to provide ethnicity for the survey. These provider staff ethnicities were recorded in an additional 7th race/ethnicity category called "Unknown". Column 4, "# FTE estimated to meet need in addition to # FTE authorized," was obtained by looking at the prevalence of acute mental illness of persons who are at 200% of poverty line and below. We applied current caseload standards to these estimated numbers to determine the estimated number of additional staff needed. Contractors were asked how many additional staff they anticipate needing. Their responses are recorded on Workforce Needs Assessment.

IV. REMARKS (continued)

A. Shortages by occupational category:

In *Unlicensed Mental Health Direct Service Staff* positions, we have shortages in Peer Support Specialist and Parent Partner positions as indicated by a high turnover rate. Family Advocate positions are difficult to recruit. In *Licensed Mental Health Staff (direct service)* positions, we have found it difficult to recruit psychiatrists in our Mid-County and Desert Regions. The difficulty increases county-wide when we recruit for psychiatrists who are certified to treat children/adolescents and older adults. We also experience difficulty in recruiting and retaining LCSW and MFT therapists across the county. This is the highest category of vacant positions. This difficulty is more pronounced in our Mid-County and Desert Regions. Our shortage is exacerbated by the potential retirement of our aging workforce. Thirty-nine percent of our staff is over the age of 50.

In *Support Staff (non-direct Service)*, we have difficulty in recruiting and retaining Analysts, Accountants, and Research staff.

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

RCDMH's current client population served is: 44% Caucasian/European origin; 34% Latino/Hispanic; 12% African-American/Black; and, 7.3 identified as "other." All other ethnic groups are 2% or less of our current population served. Our total professional clinical staff (Clinical Therapist I and II) is 55% Caucasian/European origin, 17% Latino/Hispanic, and 7% African-American/Black. Greater diversity is seen in our licensed-waivered (Clinical Therapist I) staff: 44% Caucasian/European origin; 27% Latino/Hispanic; and, 9% African-American/Black. We need to continue to support our licensed-waivered staff to become licensed to build the diversity of our workforce. This is especially important when considering the anticipated retirement of our aging workforce.

Our paraprofessional direct service staff is 18% Caucasian/European origin, 30% Latino/Hispanic, and 14% African-American/Black.

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

RCDMH currently has 71 authorized positions designated for consumers and family members. These positions are classified as Mental Health Peer Support Specialists and serve as consumer peers, parent partners, and family advocates. There is a designated career track for this classification that begins in a trainee position and advances through to a managerial peer planning position. The number of staff in these positions is expected to grow with further program development under MHSA. It is also important to note that we have employees who have consumer and family member experience within our department staff in positions that are not specifically designated for consumers or family members.

Two of our Contract Providers report having designated positions for consumers and family members. The remainder has none. It is an area that requires continued work.

IV. REMARKS (continued)

D. Language proficiency:

Our threshold language is Spanish. According to a 3-year average of the American Community Survey United States Census statistics on languages spoken in Riverside County, 15% of Riverside County's total population reported they speak Spanish and either do not speak English or do not speak English very well. RCDMH has made concerted efforts to increase the capacity of our bilingual staff. The percentage of our direct and support staff with Bilingual/Spanish proficiency is: 31% Support staff; 38% Paraprofessional staff; 30% Clinical Therapist I (licensed-waivered) staff; and, 9% Clinical Therapist II (licensed) staff. We need to continue to support our licensed-waivered staff to become licensed and to nurture our paraprofessional and support staff into pathways that lead to licensure.

E. Other, miscellaneous:

It is noted that our professional workforce is primarily female. There is a need to encourage and recruit men into our professional positions.

EXHIBIT 4: WORK DETAIL

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

A. WORKFORCE STAFFING SUPPORT

Action #1 – Title: Workforce Education and Training Coordination

Description: Workforce Education and Training (WET) Coordination requires a team responsible for the central management and implementation of this WET plan and for the primary oversight of all Actions in this plan. A full-time Workforce Education and Training Coordinator is needed to lead the coordination, interface with the community, advise stakeholders, and to write the annual State progress evaluations. A Full-time office assistant and a Full-time staff analyst will also be required to assist organizing plan implementation, managing fiscal/budgetary oversight, and integrating important community research.

WET Coordination staff is responsible for ensuring that MHSA's essential elements and the values underpinning MHSA guide the implementation of this plan's actions. To guarantee the quality of programs, the WET Coordination team will also include a full-time Staff Development Officer who specializes in the observance and application of professional licensing regulations, oversees quality improvement of training programs, and recruits consultants and develops experts on recovery, cultural competence, and clinical practice.

To optimize resources and to create regional networks for mental health education and career pathways, the State Department of Mental Health has coordinated regional partnerships among California's counties. RCDMH is a member of the Southern Regional Partnership. WET Coordination staff also will serve as liaison to the Southern Regional Partnership.

Riverside's WET plan includes many new programs. Some of these programs are designed to support Workforce Development (Actions 4, 5, 6, 7, 8, 9, 10, 12) and some programs are designed to support and promote mental health Education (Actions 11, 13, 14). To facilitate these actions, additional WET staff will be needed for the Staff Support units as described in Actions 2 and 3. The WET Coordination Staff will serve as the primary back-up for these Workforce and Education Staff Support units.

The WET Coordination unit will also explore accommodating a graduate level student to have an internship with the WET Coordination team.

<u>Action #1</u> – Title: Workforce Education and Training Coordination (continued)

Objectives:

- Ensure the efficient and effective monitoring, coordination, and evaluation of WET programs
- Develop, provide, support, and evaluate education and training programs that emerge from the WET Actions of this plan
- Promote recovery, resiliency, community collaboration, meaningful inclusion of consumers and family members, and culturally competent services
- Continue to foster active stakeholder involvement at all levels of training programs
- Evaluate the impact of WET Actions on workforce development including workforce skill enhancement, recruitment of workforce to address our unmet needs, and workforce retention
- Establish RCDMH's participation in the Southern Regional Partnership
- Prepare and submit periodic progress reports regarding the WET programs to the California Department of Mental Health
- Explore additional funding options to enhance education and training programs that could maximize training resources

Budget justification:

WET Coordination budget is primarily estimated by the cost of salary and benefits for Coordination Staff:

1 FTE WET Coordinator	**$110, 674**
1 FTE Staff Development Officer	**101,734**
1 FTE Office Assistant III	**54,432**
1 FTE Staff Analyst II	**78,075**

Operating expenses are calculated at 45% of staff salary and benefits:

Operating Expenses	**155,212**

Budgeted Amount:	**FY 2006-07:**	**FY 2007-08: $223,092**	**FY 2008-09: $500,127**

Action #2 – Title: On-going Workforce Staff Support

Description: The essential duty of the On-going Workforce Staff Support is to assist in the development, design, implementation, and evaluation of the Workforce Support Actions of the WET plan (Actions 4, 5, 6, 7, 8, 9, 10, 12). These staff members will become foundation trainers for the RCDMH and assume leadership roles in the implementation of key training areas such as Evidenced Based Practices.

Because Riverside County is so large, it is divided into 3 service regions that can better serve our communities. Although the On-going Workforce Staff Support will be a centralized unit, each region will have one staff support position who will serve as a liaison to the full WET coordination in order to ensure that plan implementation remains current to the service needs of each of these unique regions. These staff include: Two (2) Full-time Clinical Therapist II positions and one (1) Health Education Assistant I position.

RCDMH is wholeheartedly committed to recovery. Therefore, we want to ensure that all workforce development training programs are recovery oriented, and that the consumer and family member perspectives fully inform our Workforce Actions. To facilitate this process, the On-going Workforce Staff Support will also include: Two (2) Full-time Peer Support Specialists. These Peer Support Specialists will serve as recovery experts who will review training and Action implementation, and as WET coordination liaisons to the parent, family, and consumer workforce development units.

Objectives:

- Implement the Workforce Support Actions of this WET plan
- Develop and support programs that enhance the recovery, cultural competency, and clinical skill sets of public mental health employees
- Improve the retention of public mental health employees
- Develop and support programs that increase the meaningful inclusion of consumers and family members in the public mental health service system
- Increase public mental health services staff knowledge of career development options within the public mental health services system

<u>Action #2</u> – Title: On-going Workforce Staff Support (continued)

Budget justification:

Workforce Staff Support budget is primarily estimated by the cost of salary and benefits for Workforce staff:

2 FTE Clinical Therapist II	**$ 196,836**
1 FTE Health Education Assistant I	**66,352**
2 FTE Mental Health Peer Specialist	**101,592**

Operating expenses are calculated at 45% of staff salary and benefits:

Operating expenses	**164,151**

Budgeted Amount:	**FY 2006-07:**	**FY 2007-08:**	**FY 2008-09: $528,931**

Action #3 – Title: On-going Educational Staff Support

Description: The essential duty of the On-going Educational Staff Support is to assist in the development, design, implementation and evaluation of the career pathway and Educational Program Support Actions of the WET plan (Actions 11, 13, 14). They will serve as a single point of contact for our partner universities and schools to centralize information and to create a more integrated system with our educational providers. The central staff position for the On-going Educational Staff Support is the: Full-Time University and School Liaison. A Full-Time Office Assistant will be required to facilitate the smooth functioning of these programs. On-going Educational Staff Support's responsibilities will include managing RCDMH field instruction and advising schools on recovery oriented curriculum. On-going Educational Staff Support will also partner with schools regarding mental health career promotion and development. We will explore the possibility of partnering with an existing high school Health Sciences Academy in order to expand curriculum to include a mental health recovery track as a part of the curriculum. A Full-Time, Temporary, Educational Program Consultant will be required to assist with planning.

RCDMH's early implementation expenditure plan also included per diem medical positions to link to nursing schools and psychiatric residency programs. Funding will remain available to fund a per diem psychiatrist who will serve as a liaison to the developing medical school at the University of California, Riverside, and to fund a nurse who will help us explore partnerships with local nursing school programs.

Objectives:

- Implement the Educational Supports and Career Pathways actions of this WET plan
- Develop and support programs that increase the number of qualified individuals to provide services to meet the needs of consumers with severe mental illness
- Expand outreach to multicultural communities to increase the diversity of the public mental health workforce
- Increase the meaningful inclusion of consumers and their families in education settings that prepares or supports their employment within the public mental health service system

Promote recovery values and consumer and family member perspectives in mental health curriculum to reduce the stigma associated with mental illness

<u>Action #3</u> – Title: On-going Educational Staff Support (continued)

Budget justification:

On-going Educational Staff Support budget is primarily estimated by the cost of salary and benefits for Educational staff:

1	**FTE University and School Liaison**	**$ 98,418**
1	**FTE Office Assistant III**	**54,432**
0.5	**FTE Registered Nurse IV**	**51,815**
0.15	**Per Diem Psychiatrist III**	**37,500**

We are also allocating funds for consultant fees as we explore innovative programs or high school academy expansion:

1	**FTE (Temporary) Educational Program Consultant**	**98,418**

In addition, funds are allocated to explore educational program development, such as the high school academy expansion. These funds are related to research and development efforts include the purchase and review of related curriculum materials, observation/immersion study of existing successful programs, potential travel and lodging expenses and related administrative costs:

Educational Program Development	**50,000**

Operating expenses are calculated at 45% of staff salary and benefits:

Operating Expenses	**153,262**

Budgeted Amount:	**FY 2006-07: $**	**FY 2007-08: $**	**FY 2008-09: $543,845**

<u>Action #4</u> – Title: Comprehensive New Employee Welcoming

Description: Seamless service delivery is an essential element of MHSA, a vital interest of our stakeholder focus group participants, and the goal of RCDMH. To move towards this goal, RCDMH proposes the New Employee Welcoming Program, which provides all employees and volunteers with a comprehensive understanding of service delivery, as well as the ethics and values of RCDMH and MHSA. As a result, the Comprehensive New Employee Welcoming is designed to create a more uniform understanding of service delivery and improve service access for any consumer regardless of first contact within our system. It is a modular training program that explains how RCDMH is set up. Each module builds upon the other, allowing employees a gradual integration of the information. Employees and volunteers will learn how RCDMH units interact and who they serve. Program modules will cover such topics as: Wellness and Recovery; Customer Service; Knowledge of Community Resources; Cultural Competency; and, Department Career Development.

Consumers and family members will assist in program development and will also serve as part of the training team. Program modules will be tailored to job classification and role in service delivery. Riverside County understands that in order to transform our service delivery into a true welcoming culture, our public mental health workforce must also feel welcomed. This program will support and enhance the skills for our workforce as we move toward the realization of an inclusive, welcoming environment.

Upon the implementation of an electronic learning management system through the Information Technologies component of the MHSA, we will explore converting some modules of this program into electronic courses.

Objectives:

- Improve RCDMH staff knowledge of the public mental health services delivery system
- Increase employee knowledge and application of recovery oriented philosophy
- Increase employee knowledge of the service needs of a multicultural and diverse community
- Develop a service system culture that reinforces welcoming as a key tool in relationship building and overall satisfaction for both staff and consumers/family members
- Improve staff retention by creating a foundation of initial knowledge that can develop more fully on the job, thereby increasing job satisfaction and retention
- Improve staff retention by increasing staff knowledge of supports related to RCDMH career development

<u>Action #4</u> – Title: Comprehensive New Employee Welcoming (continued)

Budget justification:

Funding for the Comprehensive New Employee Welcoming encompasses costs related to development and implementation of the program including supplies, manuals, and literature to educate current employees of the Public Mental Health Service workforce and all subsequent new employees, as well as administrative costs, and stipends or fees for subject matter experts:

Employee Welcoming Program $ 50,000

Budgeted Amount:	**FY 2006-07: $**	**FY 2007-08: $**	**FY 2008-09: $50,000**

EXHIBIT 4: WORK DETAIL

B. TRAINING AND TECHNICAL ASSISTANCE

Action #5 – Title: Evidence Based Practices, Advanced Treatment, and Recovery Skills Development Program

Description: Continuing the training supports for the Evidence Based Practices (EBP) identified in our Community Services and Supports is important in achieving both treatment outcomes and staff retention goals. These EBP training models include: Cognitive Behavioral Therapy; Aggression Replacement Therapy; Parent-Child Interaction Therapy; Multi-dimensional Treatment Foster Care; Multi-dimensional Family Therapy; Illness Management and Recovery; utilizing the Bartels assessment tool for older adults; Utilizing the C-Disc assessment tool for children, and, Dialectical Behavioral Therapy. Riverside has also developed a manualized group treatment curriculum for Co-Occurring Disorders based on information from the SAMSHA toolkit on integrated treatment. A series of training modules, which includes Motivational Interviewing, has been developed to train facilitators in the use of this manual.

National research has indicated that a lack of training has contributed to poor workforce retention. The development of confident clinical practice for both our paraprofessional and professional staff is not only essential in reaching successful treatment outcomes for our consumers, but also in securing and maintaining a qualified workforce that is dedicated to community mental health. Our stakeholders have identified the development of advanced clinical skills as a necessity, especially to successfully partner with hard-to-engage or under-engaged consumers, and to address the specialized needs of older adults, very young children, and transitional age youth. As a training support for professional caregivers, our adult and older adult programs have implemented a series of skill enhancement and mental health education trainings for board and care providers. This series is designed to advance the caregiving abilities of board and care staff.

Providing recovery training that is both values driven and that also demonstrates the practical application of recovery practice will be essential to a transformed treatment philosophy and successful treatment outcomes. RCDMH has provided workforce training regarding recovery as a best practice and service philosophy, but now wants to assist staff with further visualization of recovery in their daily practice.

Upon the implementation of an electronic learning management system through the Information Technologies component of MHSA, we will explore converting some training topics of this program into electronic courses.

Action #5 – Title: Evidence Based Practices, Advanced Treatment, and Recovery Skills Development Program (continued)

Objectives:

- Provide intensive training involving both didactic training and on-going supervision and consultation in EBP
- Promote improved treatment outcomes related to wellness and recovery through the use of EBP and advanced skills trainings
- Enhance and improve the advanced skills needed by staff to engage hard-to-engage and under-engaged consumers and their families
- Enhance and improve staff knowledge of the specialized needs of very young children, transitional age youth, and older adults
- Enhance and improve staff knowledge and application of recovery oriented practice
- Reduce stigma in mental health settings and promote understanding and acceptance of consumer and family member perspective in mental health practice
- Promote the meaningful inclusion of consumers and their families in clinical decision-making
- Improve recognition of consumer and family member employees' contribution to successful treatment outcomes
- Increase staff satisfaction and retention by offering training that supports professional development and expertise

Budget justification:

Funding allocation for Evidenced Based Practices, Advanced Treatment, and Recovery Skills Development trainings are estimated based on 2007/8 costs with anticipated increases due to expansion. Costs include subject matter expert fees or staff registration and related travel expenses:

Evidenced Based Practices	**$ 600,000**
Advanced Clinical Skills Training	**200,000**
Recovery Training	**200,000**

Budgeted Amount:	**FY 2006-07: $**	**FY 2007-08: $**	**FY 2008-09: $1,000,000**

Action #6 – Title: Cultural Competency and Diversity Education Development Program

Description: Riverside County is one of the fastest growing counties in the nation. In the year 2000, our total populations was 1,553, 902. By 2006, the population had increased to 2,026,803. With the exception of Caucasian/European origin, all ethnic groups showed an increase during those eight years. The greatest increase took place among Latinos, who went from 36% of the population in 2000 to 42% in 2006. After English, Spanish is the language most preferred by our Department consumers.

Our stakeholders reminded us of the need to understand cultural competency in broader and more nuanced terms. They pointed out the need to recognize diversity within ethnic groups, as well as the need to incorporate LGBT, deaf and hard of hearing, and faith communities under the cultural umbrella. Unfortunately, there still exists a lack of understanding and lack of representation of these groups among our helping professionals. To address this, the WET team will work jointly with RCDMH's Cultural Competency Manager and Cultural Competency Committee in developing a structured and inclusive training program to enhance and expand our workforce's cultural knowledge. All RCDMH staff, including administrative and support staff, will undergo cultural competency training. RCDMH has already initiated the development of the California Brief Multicultural Competence Scale training program to provide on-going cultural competency support for our workforce.

Additionally, our stakeholders identified the need to outreach members of cultural communities in their own language and from their unique perspectives. Capitalizing on the linguistic skills of our bilingual staff, who often serve as the primary interpreters for our linguistically diverse consumers and their families, RCDMH will develop Interpreter's Training in order to enhance staff's interpretation and translation skills. We will also develop a central, accessible list of bi-lingual and multi-lingual staff in order to create easier access for non-English speaking consumers. Furthermore, Riverside will fund the training of bilingual/Spanish volunteers (preferably consumers or family members) as *Promotores De Salud Mental.* These volunteers will serve as community liaisons and mental health educators. Depending on the success of this program, similar models will be developed to outreach other cultural groups. RCDMH has already offered "Survival Spanish" to staff and will explore its effectiveness. It is also exploring the need to expand this coursework to other languages including American Sign Language.

Upon the implementation of an electronic learning management system through the Information Technologies component of the MHSA, we will explore converting some training topics of this program into electronic courses.

<u>Action #6</u> – Title: Cultural Competency and Diversity Education Development Program (continued)

Objectives:

- Increase the number of consumers served from underserved populations
- Improve the cultural competency of public mental health service providers
- Improve collaboration between RCDMH and underserved communities to advance understanding of mental illness and related treatment resources
- Reduce stigma about mental illness in underrepresented communities by providing training for consumers and family members who model wellness and recovery

Budget justification:

Funding allocation for Cultural Competency and Diversity Education Development Program are estimated based upon prevailing speaker and trainer costs for existing diversity training and related programs:

Training for *Promotores De Salud Mental*	**$ 25,000**
California Brief Multi-Cultural Training	**75,000**
Bilingual Interpreters Training	**12,000**
Latino Culture Training	**4,000**
Asian-Pacific Islander Culture Training	**4,000**
Native American Culture Training	**4,000**
African American Cultural Training	**4,000**
Lesbian, Gay, Bisexual, Transgender Culture Training	**4,000**
Deaf/Hard of Hearing and Physically Disabled Culture Training	**4,000**

Funding is also allocated to explore the expansion of survival language courses. This cost is related to researching outcomes of the courses, materials, and potential purchase of coursework for review:

Exploration of expanding survival language courses	**5,000**

Budgeted Amount:	**FY 2006-07: $**	**FY 2007-08: $**	**FY 2008-09: $145,000**

<u>Action #7</u> – Title: Professional Development for Clinical and Administrative Supervisors

Description: Fifty-three percent of RCDMH supervisory and management employees are over the age of 50, creating an anticipated shortfall of RCDMH leadership over the next several years due to retirement. Stakeholder input reinforced our anecdotal wisdom that clinic and unit supervisors are critical pillars of successful employee skill development and retention as they set the tone for overall consumer and employee satisfaction. A well-trained and supported supervisor is fundamental to the actual transformation of the mental health system.

RCDMH will develop a comprehensive mental health leadership program that begins by identifying potential leaders and by providing them with a guided and structured mentoring process that teaches them the necessary skills prior to promotion. Besides the fundamentals of successful clinical and administrative supervision, progressive training will also cover: supervising a culturally diverse workforce; supervising to strengths' based/person-centered treatment outcomes; practical application of recovery-oriented treatment; supervising and integrating consumer and family members into the workforce; and, public mental health career development. Leadership candidates and existing supervisory staff will be included in this program.

Upon the implementation of an electronic learning management system through the Information Technologies component of the MHSA, we will explore converting some modules of this program into electronic courses.

Objectives:

- Increase the number of qualified professionals who pursue leadership in public mental health services
- Encourage supervisors to embrace the recovery paradigm and to foster and nurture that shift in their employees
- Enhance and improve effective community engagement skills.
- Maximize supervisory performance regarding personnel policies and procedures in accordance with the essential elements of the MHSA
- Improve supervisory retention by offering supervisors opportunities to augment their management skills and thus advance in their own career pathways
- Improve line staff retention by enhancing supervisory skill

Action #7 – Title: Professional Development for Clinical and Administrative Supervisors (continued)

Budget justification:

Funding allocation for Professional Development for Clinical and Administrative Supervisors include estimated costs related to subject matter expert fees, program materials and supplies, potential purchase of related curriculum, and administrative costs:

Supervisory Development Program **$75,000**

Budgeted Amount:	**FY 2006-07: $**	**FY 2007-08: $**	**FY 2008-09: $75,000**

<u>Action #8</u> – Title: Law Enforcement Collaborative Education Enhancement

Description: RCDMH, in collaboration with City of Riverside Police Department (RPD), developed a Mental Health Crisis Intervention training program to teach police officers how to respond to people with mental illness in order to de-escalate potentially dangerous situations that could have tragic outcomes. In training, officers receive an overview of mental illness and mental health law, learn to recognize signs of mental illness, and learn about stigma and the need to overcome it. This training program is a part of a larger collaborative that will pair a mental health professional with law enforcement when responding to mental health related calls. This action will cover the expansion of the training portion of the collaborative.

The Law Enforcement Collaborative Education Enhancement is designed to expand the training that law enforcement officers receive. Subject matter experts have taught topics like: understanding mental illness and related treatments: assessing for risk and minimizing harm to persons with mental illness; homelessness, community resources, best practices and communication skills. Consumers who have had previous involvement with RPD have also shared their expertise. They have provided expert testimony to increase officer understanding regarding what someone may be thinking or feeling when having a mental health crisis. The "Peers as Experts" segment of the training program also introduces law enforcement to the recovery model and why it became recognized as the model of success.

Since July 2007, this pilot program, has trained 212 officers. We anticipate educating all officers in the City of Riverside; have the police academy incorporate this training as a regular part of their curriculum; and, to expand this training beyond the City of Riverside to include all law enforcement throughout Riverside County.

Objectives:

- Improve safe, effective, and least restrictive interventions for consumers and their families when encountering a mental health crisis
- Decrease the use of force against people with serious mental illness
- Decrease unnecessary arrests of people with serious mental illness
- Promote more integrated service delivery for people interacting with both law enforcement and public mental health systems
- Promote the MHSA values-driven partnership among law enforcement, public mental health services, and consumers and their families

<u>Action #8</u> – Title: Law Enforcement Collaborative Education Enhancement (continued)

Budget justification:

Funding allocation for the Law Enforcement Collaborative Education Enhancement includes the salary and benefits costs of one dedicated professional who will be the central trainer and organizer of the Action:

1 FTE Clinical Therapist II **$ 98,418**

Funding is also being allocated toward stipends for consumers who speak during the "Peers as Experts" segment of the training. This cost is based on the expansion of 2007/08 pilot program costs:

Peers as Experts Stipends **25,000**

Operating expenses are calculated at 45% of the salary and benefits of the dedicated trainer:

Operating Expenses **44,288**

Budgeted Amount:	**FY 2006-07: $**	**FY 2007-08: $**	**FY 2008-09: $167,706**

Action #9 – Title: Integrated Services Resource Education

Description: Service delivery cannot be community based unless key resources are understood and accessible. This idea was expressed consistently and across the board by our stakeholders. To accommodate this request, RCDMH proposes to develop a Community Resource Educator.

RCDMH already utilizes two resource programs: 1) The Network of Care, an on-line resource for consumers and their families; and, 2) the Social Services Information database through the Volunteer Center of Riverside. The Community Resource Educator will centrally coordinate these two sources of information. The Community Resource Educator will then be able to educate staff, our partner agencies, and our consumers and family members on pertinent resources that assist consumers with recovery planning. Additionally, the Community Resource Educator will develop relationships and serve as a liaison with key resource providers to problem-solve potential access barriers. The WET team's Peer Support Specialists will assist the Community Resource Educator in the organization and implementation of this action, as well as ensure the consumer perspective in resource acquisition. Linguistic and culturally specific resources will also be highlighted.

Riverside County currently participates in an annual children's services symposium designed to educate providers on available resources for children. As a part of this Action, a symposium that also covers adult services will be developed. The development of in-service presentations to our partner agencies, managed care providers, and community-based organizations regarding RCDMH programs and how to engage mental health consumers are also part of this Action.

Objectives:

- Improve community collaboration in service delivery
- Strengthen the engagement process of consumers requiring mental health services who are otherwise being served by partner agencies
- Improve mutual knowledge of available programs among RCDMH, community based organizations, managed care providers, and our partner agencies
- Improve the integration of community and RCDMH resources to best meet the needs of consumers and their families
- Improve the accessibility of services needed for recovery
- Increase staff, consumer and family knowledge of available resources and how to access those resources
- Decrease barriers to resource and service acquisition

<u>Action #9</u> – Title: Integrated Services Resource Education (continued)

Budget justification:

Funding allocation for the Integrated Services Resource Education includes the salary and benefits costs of one dedicated case manager who will be the central trainer and organizer of the Action:

1 FTE Community Resources Educator **$ 67,203**

Operating expenses are calculated at 45% of the salary and benefits of the dedicated case manager:

Operating Expenses **30,241**

Budgeted Amount:	**FY 2006-07: $**	**FY 2007-08: $**	**FY 2008-09: $97,444**

EXHIBIT 4: WORK DETAIL

C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action #10 – Title: Consumer and Family Member Mental Health Workforce Development Program

Description: The Consumer and Family Member Mental Health Workforce Development Program is designed to create the progressive development of consumer and family employees, beginning with outreach and recruitment and leading to full integration into public mental health service delivery. Currently, RCDMH has a total of 71 authorized consumer and family member line positions – 30 consumer, 6 family advocate, and 35 parent partners. RCDMH also has three management level positions, held by employees with personal or family experience, who centrally manage our consumer and family workforce. They are: Director of Consumer Affairs; Family Liaison for Children's Services; and, Family Advocate for family members of adult consumers. The WET team will collaborate with these managers to further develop, evaluate, and structure the supported employment program.

Based on stakeholder input and the evaluation of our current training programs, RCDMH will tailor outreach and training supports to address the distinctive training needs of consumers, parents, and family members who are part of our workforce. Recruitment efforts will include direct outreach, informational meetings (where consumers and family members can learn more about employment with the public mental health service system), and recruitment brochures and posters. Our current consumer and family member workforce will speak about their job duties and experiences to interested consumers and family members. Benefits counseling will be provided to assist prospective consumer employees regarding Social Security workforce incentive programs and beginning employment while receiving disability benefits.

To further encourage and enhance employment, we will offer pre-employment training to consumers and family members. The training will provide them with recovery and wellness principles and tools and show them how to utilize their lived experience when working with our service populations. Prospective employees will also learn about basic County work expectations, resume writing, and standardized job interview preparation. Moreover, literacy skills building and basic computer skills training will also be offered to candidates who request it. Other important aspects of pre-employment training will include volunteer internships to create on-the-job experience before applying. These internships will be part-time and last 2-4 months at a time. Internships will also include stipends that cover the cost of barriers to participation (child care, transportation, professional attire acquisition). These stipends are calculated so not to jeopardize disability benefits.

This program is designed to assist the consumer and family workforce to become successful employees and to optimize the application of their lived experience. Consumer and family member employees will receive on-going training to enhance intervention skill development and to understand legal/ethical issues in community mental health. Training will have a practical focus with concrete examples and hands-on activities in team building, self-advocacy, documenting to State regulations, and career development.

Action #10 – Title: Consumer and Family Member Mental Health Workforce Development Program (continued)

Objectives:

- Improve consumer and family member knowledge and skills about wellness and recovery
- Create a more consumer/family friendly application and training process
- Increase the number of consumer and family members in the public mental health workforce
- Increase the number of consumer and family member employees from underrepresented communities
- Document the number of consumers and family members who obtain employment in the public mental health service system
- Increase the visibility of public mental health career pathways for consumer and family members
- Document the retention rate of consumer and family member employees

Budget justification:

Funding allocation for the Consumer and Family Member Mental Health Workforce Development Program includes the cost of a consumer pre-employment training course. Cost is based on current pre-employment contract and expansion to include parent and family members:

Contracts for Consumer and Family Member Pre-Employment Trainings $ 100,000

Funding also includes the costs of managing consumer and family member interns and volunteers. Stipend costs are listed below. In addition, funding allocation includes the salary and benefits of organizing and mentoring staff, as well as training supplies such as manuals, literature, and intervention tools:

2 FTE Senior Peer Support Specialists to coordinate and supervise internships	**122,714**
Training Supplies	**5,000**
30 Consumer and Family Member Intern Stipends @ $1,200 each	**36,000**

Operating expenses are calculated at 45% of the salary and benefits of the 2 FTE Senior Peer Support Specialists:

Operating Expenses 55,221

Budgeted Amount:	**FY 2006-07: $**	**FY 2007-08: $**	**FY 2008-09: $338,935**

<u>Action #11</u> – Title: Mental Health Recovery Certificate Program Exploration and Planning

Description: This Action addresses the expansion of postsecondary education to meet the needs of mental health occupational shortages or the shortfall of critical skills. Certification programs have multiple benefits to workforce development. Certification programs enable consumers and family members to gain entry-level employment in public mental health and encourage consumers/family members to consider long term mental health careers. Certification programs provide paraprofessional staff with an education that enhances their ability to address the recovery needs of consumers and their families, as well as obtain a potential academic bridge to higher education and career advancement. The college credits gained through the certification coursework can apply to an AA degree. Credits could also be transferable to a Bachelor's level degree. Certification programs provide professional staff with a concentrated education that assists them in meeting specialized areas of clinical practice or meeting the needs of underserved populations. Funding for this action is dedicated to exploring the development of postsecondary certificate programs in such subject areas as Psychosocial Rehabilitation or Gerontology. Distance learning options will also be explored.

Such a program is intended to address the quality of care provided by the public mental health workforce. The intended result is the creation of a collaborative, community based education program.

Objectives:

- Determine the impact of postsecondary education certification coursework on mental health workforce development
- Coursework credit would meet academic requirements toward an AA degree in Human Services or could transfer to a 4-year Behavioral Science degree
- Create opportunities for consumers and family members – including graduates of our Consumer and Family Member Pre-Employment Training – to establish a collegiate foundation for mental health career entry and advancement
- Reduce the stigma associated with mental illness
- Improve and enhance staff knowledge of critical skills

Budget justification:

Funding allocation for Mental Health Recovery Certification Exploration and Planning includes costs related to research and development efforts such as the fees of outside subject matter experts, the potential purchase and review of related curriculum, immersion/observation of best practice certification courses, and related administrative costs:

Mental Health Recovery Certification Exploration and Planning $ 100,000

Budgeted Amount:	**FY 2006-07: $**	**FY 2007-08: $**	**FY 2008-09: $100,000**

<u>Action #12</u> – Title: Professional Licensure Support Program

Description: According to national research, there is a critical shortage of mental health professionals to meet the needs of community mental health. Forty-three percent of RCDMH's licensed mental health staff are over the age of 50 and approaching retirement, creating an additional shortfall of treatment professionals. Our stakeholders have indicated that all successful treatment begins with meaningful relationship. Staff turnover is a critical barrier to forming the effective relationships that are sustained over time with consumers, families, and partner staff. The development of our licensed-waivered staff to become licensed mental health practitioners is a strategy intended to remedy the shortage of qualified individuals who provide services to consumers with severe mental illness. Supporting our already licensed staff to maintain their status not only maintains a qualified licensed workforce, but also validates professional staff regarding their contribution, thereby increasing their satisfaction and retention.

We will structure our licensure support program to create a more consistent and easily accessible resource of support to our licensed and licensed-waivered staff. This program will offer the California Board of Behavioral Sciences (BBS) required Clinical Supervision coursework to our clinical supervisors. To ensure the availability of qualified supervisors, we will utilize per diem clinical supervisors. Clinical supervisors will also receive supervisory training in recovery oriented treatment and in the supervision of a multi-cultural and diverse workforce. Subject matter experts will also be used to conduct centralized case conferences and/or group supervision. Licensing exam preparation and study material sharing will be included as a part of this program.

This program will also sponsor some of the BBS required coursework for both staff gathering their registered hours toward licensure and our licensed staff needing the required core continuing education courses to renew licenses. Additional resources not provided by RCDMH will be researched so that a compiled list of resources will be centrally available for staff.

This program will also serve as a recruitment tool to attract qualified professionals to work for RCDMH.

Upon the implementation of an electronic learning management system through the Information Technologies component of MHSA, we will explore converting some training topics of this program into electronic courses.

Action #12 – Title: Professional Licensure Support Program (continued)

Objectives:

- Increase the number of qualified professionals to address the needs of people who have severe mental illness
- Increase the diversity of professional staff
- Retain these professionals over time to create more consistent treatment relationships with consumers, their families, and partner agencies
- Enhance and improve the recovery oriented treatment skills of professional staff
- Enhance and improve the quality of clinical supervision to better prepare professionals for long term employment with the public mental health services system

Budget justification:

Funding allocation for the Professional Licensure Support Program includes the cost of trainings required for registered staff to become license eligible, and for licensed staff to maintain mandated CEU courses. Cost is based on fees of coursework instructors:

BBS required coursework **$ 15,000**

Funding includes costs for centralized case conferences with subject matter experts who will assist staff with professional skill development. The estimate is based on holding three case conferences per year in each of Riverside's three service regions at $2000 per conference:

Subject Experts/Consultants to facilitate group supervision **18,000**

In addition, we are allocating funding for the salary of part-time Clinical Supervisors to ensure that license-eligible staff have access to the supervised hours necessary to meet licensing regulations:

0.4 FTE Clinical Supervisor **39,367**

We have also allocated funds to purchase exam preparation course materials to support registered staff in successful licensure examination:

Licensure Examination Preparation materials **5,000**

<u>Action #12</u> – Title: Professional Licensure Support Program (continued)

Operating expenses are calculated at 45% of the salary of Clinical Supervisor:

Operating Expenses **17,322**

Budgeted Amount:	**FY 2006-07: $**	**FY 2007-08: $**	**FY 2008-09: $95,082**

EXHIBIT 4: WORK DETAIL

D. RESIDENCY, INTERNSHIP PROGRAMS

Action #13 – Title: Public Mental Health Graduate School Internship Program

Description: RCDMH has received an overwhelmingly positive response from our MSW interns and MFT trainees who have had field placements with the Department. We want to expand on that success. Our early experience with MSW mental health stipend interns has revealed a need to strengthen the coordination and structured learning experience of intern and practicum students. Our current program offers some centralized group training for our students. This past academic year, we added training on recovery practice and on our MHSA expansion programs. The Internship Program will be centrally coordinated through the University and School Liaison, maintaining a single point of contact for the graduate school programs and their students. This program will also provide a central source for program monitoring and implementation.

We will structure our Graduate School internship program so that a foundation learning plan geared toward the mental health competencies will be available for all behavioral health students who have a field placement with RCDMH. The program will include cultural and recovery immersion rotations for all students placed with RCDMH. During these day long immersion rotations, students will experience clinics and agencies that provide services to underserved communities and will witness the application and operation of recovery oriented practice.

This program will monitor and recruit field instruction sites and field instructors. Per diem field instructors will be utilized to ensure access to qualified instruction. The program will also develop and implement support and skill enhancement tools for RCDMH field instructors.

Objectives:

- Increase the number of qualified professionals committed to employment in the public mental health services system
- Increase the diversity of students graduating with professional behavioral science degrees
- Improve student knowledge of culturally competent and recovery oriented practice
- Enhance and improve field instruction to best prepare graduates for successful and satisfying work in public mental health
- Create a more seamless field instruction relationship with partner universities through a single point of contact
- Develop and support programs that will enhance the professional development of graduate school interns

<u>Action #13</u> – Title: Public Mental Health Graduate School Internship Program (continued)

Budget justification:

Funding allocation for the Public Mental Health Graduate School Internship Program includes the salary of part-time Field Instructors to maximize the number of field sites used within the department that might otherwise be limited due to a lack of available staff who can provide field instruction:

0.5 FTE Field Instructor **$49,209**

In addition, our estimate includes fees to the hosting agencies who provide students with a cultural immersion experience:

Cultural Agency Immersion Rotations **25,000**

Funding also includes the cost of literature, program materials, or manuals at centralized intern trainings:

Training Supplies **25,000**

Operating expenses are calculated at 45% of the salary of Field Instructor:

Operating Expenses **22,144**

Budgeted Amount:	**FY 2006-07: $**	**FY 2007-08: $**	**FY 2008-09: $121,353**

EXHIBIT 4: WORK DETAIL

E. FINANCIAL INCENTIVE PROGRAMS

Action #14 – Title: Financial Incentives for Workforce Development

Description: The purpose of the Financial Incentives for Workforce Development is not only to ensure a qualified workforce that is committed to community mental health practice, but, more specifically, to develop a workforce that can address the unmet needs of Riverside County's consumers. These unmet needs are defined by on-going research that compares our consumer populations and the community at large with the make up of our current workforce. This research determines which groups of people in terms of age, region, diagnosis, and ethnic population that are underserved. Our unmet needs are further clarified by stakeholder feedback regarding our services. These unmet needs will form the selection criteria for the applicants of the Financial Incentives. Applicant selection criteria will include such factors as:

A) Applicant's lived experience as consumers or parent/family members of consumers of mental health services
B) Applicant's current knowledge or study of underserved cultural or linguistic populations
C) Applicant's willingness to concentrate study on:
    1) underserved or at-risk life development stages such as very young children (age 0-5), Transitional Age Youth, or Older Adults;
    2) traditionally under-engaged consumers such as homeless consumers who have a mental illness, consumers with Co-Occurring Disorders; or consumers with acute mental illnesses (schizophrenia or other psychotic disorders);
    3) advanced service needs such as leadership or evidence based practices.
D) Applicant's commitment to work in hard-to-recruit geographic regions of RCDMH

RCDMH will explore utilizing financial incentives such as: 1) Stipends for full-time Graduate School Interns and Trainees; 2) Tuition Assistance for part-time Graduate School Interns and Trainees; 3) Tuition Assistance for Paraprofessional Degree Advancement or Certification; 4) Scholarships for Consumer and Family Members interested in Mental Health Education and Career Development; 5) Scholarships for Public Mental Health Service System Staff interested in Mental Health Education and Career Development; and, 6) Loan Assumption for Community Mental Health Professions.

RCDMH has a current 20/20 program. Qualified regular (permanent) full-time employees are permitted to divide their working and training/education hours on a weekly 20/20 hour basis while continuing to be paid as full-time employees. In return, selected employees agree to a service commitment for a period of time equal to the period they receive financial training assistance. Preference is currently given to bilingual and bicultural candidates in order to better meet the needs of our underserved populations. Under this Action, the 20/20 program would expand to include applicants that meet the selection criteria based upon all of our unmet needs.

Action #14 – Title: Financial Incentives for Workforce Development (continued)

RCDMH employee recipients must be in good standing and must have passed RCDMH probation. Recipients will be expected to repay any financial support by working for either RCDMH or one of its contract agencies for a contractually specified period of time. Financial incentives will build upon those incentives currently administered through the State.

Because stakeholder representation is a primary tenet of MHSA, we will develop an Educational Support Application and Review Committee. This committee will have three primary functions: 1) To advise on RCDMH policy development regarding Educational Support; 2) To assess, clarify, and define RCDMH's selection criteria for employees and individuals applying for the Financial Incentives for Workforce Development; and, 3) To serve as the initial screening agent for applicants of the Financial Incentives.

Committee Membership will include representatives from the following groups:

1) MHSA Workforce Education and Training unit to centrally coordinate the Educational Support actions, ensure compliance with MHSA's essential elements and WET goals, and to routinely assess for evolving workforce needs;
2) RCDMH Consumer Affairs' Office to ensure consumer perspective in educational support program development and Financial Incentives applicant screening;
3) RCDMH Family Advocate's Office to ensure family member perspective in educational support program development and Financial Incentives applicant screening;
4) RCDMH Parent Support Office to ensure the perspective of parents of minor children in educational program development and Financial Incentives applicant screening;
5) RCDMH Cultural Competency Office in order to advise on the multi-cultural workforce needs and ensure adherence to RCDMH values regarding the development of a diverse workforce;
6) Riverside County Central Human Resources Educational Support Program to optimize resources available to all county applicants as well as to advise on all possible educational supports that would enhance an applicant's success;
7) RCDMH Supervisory Staff to advise on direct clinical need regarding workforce development and to ensure clinic staff input regarding educational support programs and Financial Incentives Program;
8) RCDMH Line Staff, either professional or paraprofessional, to ensure employee perspective in educational support program development and Financial Incentives Program applicant screening.

Action #14 – Title: Financial Incentives for Workforce Development (continued)

Objectives:

- Increase the number of qualified professional staff to meet the need of hard-to-fill positions
- Increase the number of qualified professionals to address the unmet needs of our consumers and their families
- Increase the diversity of the public mental health services system
- Address the shortage of critical skills
- Increase the number of qualified professionals who have had consumer or family member experience
- Document the number of program participants that remain in the public mental health system over time
- Ensure compliance with MHSA essential elements and WET component goals in Financial Incentive and 20/20 Programs
- Explore, research, and identify all available financial and career supports available to build upon existing resources

Budget justification:

Funding allocation for Financial Incentives for Workforce Development includes the funds that will serve as the actual financial award to an accepted applicant:

Financial Incentives **$292,208**

Funding also includes the expansion of our 20/20 program and represents 50% of the salaries of 8 participants:

20/20 Program **200,000**

In addition, we have included administrative costs such as the marketing and dissemination of these incentives to eligible participants, brochures, and other program materials:

Committee operating Expenses **3,000**

Budgeted Amount:	**FY 2006-07:**	**FY 2007-08: $**	**FY 2008-09: $495,208**

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: Workforce Education and Training Coordination	X	X	X	X	X	X	X	X	X	X	X	X	X
Action #2: On-going Workforce Staff Support	X	X	X	X	X	X	X					X	X
Action #3: On-going Educational Staff Support	X	X	X	X	X	X	X	X	X	X		X	X
Action #4: Comprehensive New Employee Welcoming	X	X	X	X	X		X				X	X	X
Action #5: Evidenced Based Practices, Advanced Treatment, and Recovery Skills Development Program	X	X	X	X	X		X				X		X
Action #6: Cultural Competency and Diversity Education Development Program	X	X	X	X	X		X				X		X
Action #7: Professional Development of Clinical and Administrative Supervisors	X	X	X	X	X	X	X				X	X	X

EXHIBIT 5: ACTION MATRIX (continued)

Action #8: Law Enforcement Collaborative Education Enhancement	X	X	X	X	X								X
Action #9: Integrated Services Resource Education	X	X	X	X	X	X					X		X
Action #10: Consumer and Family Member Mental Health Workforce Development Program	X	X	X	X	X		X					X	X
Action #11: Mental Health Recovery Certificate Program Exploration and Planning	X	X	X	X	X		X	X		X	X	X	X
Action #12: Professional Licensure Support Program	X	X	X	X	X	X	X				X	X	
Action #13: Public Mental Health Graduate School Internship Program	X	X	X	X	X	X	X	X	X	X		X	
Action #14: Financial Incentives for Workforce Development	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	**0**

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:	332,394	0	332,394
B. Training and Technical Assistance			
C. Mental Health Career Pathway Programs			
D. Residency, Internship Programs			
E. Financial Incentive Programs	165,374	0	165,374
		GRAND TOTAL FUNDS REQUESTED for FY 2007-08	**497,768**

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:	332,394	1,290,509	1,622,903
B. Training and Technical Assistance	0	1,485,150	1,485,150
C. Mental Health Career Pathway Programs	0	534,018	534,018
D. Residency, Internship Programs	0	121,353	121,353
E. Financial Incentive Programs	165,374	329,834	495,208
		GRAND TOTAL FUNDS REQUESTED for FY 2008-09	**4,258,632**

ATTACHMENT A

County of Riverside
Department of Mental Health

MHSA

Mental Health Board Public Hearing Comments
for the
Workforce Education and Training Component

July 2, 2008
Mental Health Administration

PUBLIC COMMENTS

Public Speaker #1:
For the residency internship program – does the plan include psychiatrists who are in internship and have we made any arrangements for that situation? Have you looked at Loma Linda or Western Medical or Osteopaths?

Response: Under Action #3, "On-going Educational Staff Support", the plan includes the hire of a per diem psychiatrist whose duties will include serving as liaison to the developing medical school at UCR. Regarding Loma Linda, etc, the liaison position may also be able to contact other institutions and be able to have an advocacy role to be able to influence, to the best that we can, on that. We are also establishing our community partnerships with other mental health departments in the region so we may be able to team up with other counties to try to influence the development of those programs

The State has also started the process of Regional Partnerships. One of the goals of these partnerships is to address the educational and career pathways of mental health professionals in regions where counties have to share graduates from existing educational institutions.

The Mental Health Board recommended no change to the WET Plan.

Public Speaker #2:
I praise the department for adding Action 8 – page 27 on Law Enforcement training. This has been such a critical area that needed to be expanded countywide for Crisis Intervention Training. Many officers have no insight into mental illness, the actions of someone spiraling out of control who is not in treatment or off their meds, and the devastation involved when extreme force is used. Many times this action even ends in the death of our loved ones.

I hope you intend to go into the individual communities to offer the training. With budget cuts it would be next to impossible to get cities to pay overtime for travel for their employees to go to an 8-hour day at the police academy. About 3 years ago a survey was done by the Desert Regional Board and there was indication that many departments wanted to train all their officers such as Corona, Indio, Hemet, etc. with the 8-hour training. It appeared that most departments would only select a few officers to do the 40 hours training. (That could be handled at the police academy). I hope we have the dedicated staff going out each week to do training at some law enforcement agency in the county. In a year's time we could probably train 1,000 officers. What a difference it would make.

Also, the department wants to present opportunities for better publicity. What an opportunity to advertise each month what departments participated in the training and how many were officially trained.

I look forward to hearing of the progress this MHSA program is making. It truly will make a difference in our communities.

Response: The brief plan summaries under each Action are designed as an outline to assist the State with determining if our plan meets MHSA requirements, not as the sole planning document for implementation.

The specific implementation plan for the expansion of the law enforcement training is still in development. We will work collaboratively with law enforcement and the community to maximize the benefit of the training with the most efficient use of time and dollars. Riverside Police Department's pilot gives us some direction on how to proceed, but as with most programs, the law enforcement education enhancement will continue to develop over time as we receive feedback from officers and the community. On-going evaluation of the program is not only necessary to ensure that it is meeting the goals of the training, but also to ensure the accuracy of the mandated progress reports to the State.

The Mental Health Board recommended no change to the WET Plan.

Public Speaker #3:
As we are addressing educational institutions, the county would get better bang for their buck by working with Riverside Community College and the Ben Clark Training Center (especially for law enforcement). Also within Riverside Community College, the specific campus that is most active in terms of creating new programs in the medical and social welfare field is the Moreno Valley campus and we would get a whole lot more for the money spent. The Workforce Education and Training Plan should be expanded to specifically include an intention to work with Riverside Community College and the Ben Clark Training Center which handles training for law enforcement.

Response: The brief plan summaries under each Action are designed as an outline to assist the State with determining if our plan meets MHSA requirements, not as the sole planning document for implementation.

A preliminary, exploratory meeting was held with a Vice Chancellor of Instruction at RCC who also happens to be a State Department of Mental Health consultant. RCC, in addition to other community educational organizations, will be key informants in the process to utilize existing educational resources when we implement our plan.

Utilizing the Ben Clark Center is certainly one avenue in meeting the implementation needs of the Law Enforcement Education Enhancement. The Department will work collaboratively with local law enforcement to determine the most effective and efficient course of implementation.

The Mental Health Board recommended no change to the WET Plan.

Public Speaker #4:
Under B, Action 5 – What Recovery Skills Development Program is being used? Profession or Peer: Should have Peer Employment Training - seeing recovery from a Peers point of view.

Response: Action #5, "Evidenced Based Practices, Advanced Treatment, and Recovery Skills Development Program", is designed to enhance the service delivery skills of all employees of the public mental health workforce. The courses that embody Riverside's Recovery training for workforce are still in development, but are intended to stress the importance of partnership between consumer and helping staff in meeting the recovery goals of Riverside's consumers. Riverside's WET team includes Peer Support Specialists positions to ensure that all our training programs will include peer and family member perspectives.

The Mental Health Board recommended no change to the WET Plan.

ATTACHMENT A

WRITTEN COMMENTS

Written Comments #1:
Very well done and clearly understood presentation. Page 18 - I believe that "recovery-oriented" should have a hyphen (also on page 20, 22, etc.). Page 24: Is that enough money: Page 28 – Who run by and location? Page 37 – What are these loan assumptions?

Response: P. 18 - A cursory review of the literature indicates spellings that are both hyphenated and non-hyphenated. Both appear to be accepted spellings of the term.

Response: P. 24 – Is that enough money?" The question refers to the one-year budget for Action #6, "Cultural Competency, and Diversity Education Development Program". Based upon our anticipated training in this area for fiscal year 2008-2009, this is an accurate estimate.

Response: P. 28 – Who run by & location? This question refers to Action #9, "Integrated Services Resource Education". The central position within this action is a paraprofessional staff member who will serve as the Community Resource Educator (CRE). This person will be a member of the central WET support training team. The CRE will most likely be housed within Riverside's WET office; though will provide services throughout the county.

Response: P. 37 - What are these Loan Assumptions?" This question refers to one of the potential financial incentive strategies under Action #14, "Financial Incentives for Workforce Development". Loan Assumption, also known as "Loan Forgiveness", provides payment toward student loans in exchange for a commitment to work for the public mental health workforce. The State has a central loan assumption program, as does the Educational Support Program through Riverside County's central Human Resources office.

One of the first tasks of the Financial Incentives Committee will be to determine which financial incentives will be included in the implementation of this plan.

The Mental Health Board recommended no changes to the WET Plan.

Written Comments #2:
The Riverside County Latino Commission on A&D Abuse Services, Inc. has been providing services in the Mecca Family Resource Center for several years now, and this is the first time that we have noticed that the Latino population has been targeted. Furthermore, the creation of a management team to access and promote serviced needed in our community.

A major concern has arisen in our end of the valley. We understand that focus groups and town hall meetings were provided throughout the County. However, we know that the Rural Communities of the County were greatly underserved by the process and had very little input and in most cases none at all.

At this time we would like to request the office of Mental Health Cultural Competency provide one last meeting in the East End or Mecca area. The Latino Commission would gladly provide the resources for a meeting to take place. We understand that Ms. Myriam Aragon is the services manager, and if she could please contact our office @ 760-347-9442 to make the arrangements.

Response: An additional forum has been scheduled for July 30, 2008.

The Mental Health Board recommended no change to the WET Plan.

Written Comments #3:

A. **"Refer to page 3. . . In the first paragraph there is no mention of any Police Dept's, where as, the Sheriff's are mentioned."**

Response: This page of the plan, Exhibit 2, is a summary of our planning process. The list of organizations referred to in the above comment is a description of the organizations that are members of our MHSA Stakeholder Leadership Committee. The Sheriff's Dept. and Probation Dept. are the law enforcement representatives on this committee.

The Mental Health Board recommended no change to the WET Plan.

B. **"Why did the Asian-American participation want to wait until their Conference scheduled on June 19th?"**

Response: There was an error on the reported date of the conference. The actual date was June 28, 2008. Department representatives attended the conference and a brief survey was distributed to participants.

When our Cultural Competency Manager, Myriam Aragon outreached key informants of Riverside's Asian-American community, they responded that they would like to have a more established relationship with the department

before providing us with traditionally vulnerable information about Asian-American mental health needs. They had indicated that they had started the groundwork for an Asian-American Health Conference and asked us to demonstrate our commitment to the community through our participation.

The Stakeholder process is an on-going one. As our relationship continues to develop, we look forward to a more collaborative relationship with the Asian-American community.

The Mental Health Board recommended no change to the WET Plan.

C. **"In paragraph 4, it mentions the high school academy…does this include Vocational Training?"**

Response: This page of the plan, Exhibit 2, is a summary of our planning process. It refers to some of the ideas that were discussed with Riverside Community College's Vice Chancellor of Instruction.

The purpose of a High School Academy is to provide students with concentrated or advanced study in a particular subject. We are exploring the idea of expanding an existing high school health academy to include mental heath recovery curriculum. This exploration is referred to under Action #3.

Though vocational training is not addressed, the intent of academy education is to create a career pathway for high school students interested in mental health professions.

The Mental Health Board recommended no change to the WET Plan.

D. **"Page 11. Paragraph "Summary". . . Why did some Network and Contract Provider staff decline to provide ethnicity for the survey?"**

Response: Employers are prohibited by law to mandate employees to declare an ethnic identity. As a result, this is a voluntary process. Because it was voluntary, some staff chose not to state an ethnicity.

The Mental Health Board recommended no change to the WET Plan.

E. **"Page 12, Paragraph A: I feel that the reference to the 39% of staff being over the age 50 is immaterial; if you want to mention anything at all, then say '39% of our staff are near or approaching retirement age.' It's like, if your 50, you're over the hill and there is no way the individual can be replaced; in my opinion, everyone is expendable which I learned in the private sector."**

Response: The statistic utilized is to illustrate the need to continue developing our career pathways to ensure an on-going pool of qualified professionals to serve our community. It is not to imply anything about the quality of the contributions provided by any employee of any age.

The Mental Health Board recommended no change to the WET Plan.

F. **"Under C, paragraph 2: Contract providers report having positions for consumers and family members…what are these positions and are they voluntary?"**

Response: Riverside County contracts with community organizations to implement some of our MHSA programs. These programs include our Peer Centers as well as some of our outreach programs. These contractors employ some consumer and family members in order to meet the objectives of these contracts. All employment positions are voluntary.

The Mental Health Board recommended no change to the WET Plan.

G. **"Page 14 Description: Paragraph…Managing fiscal/budgetary oversight is crucial because this has not been done sufficiently in the past and providers can not be relied upon to maintain accountability, in my view, and experience; Paragraph 2, here and other parts of this report continually use the 'recovery' term; I would like to see the terminology changed to 'Wellness' because as we well know/or should know that in some Brain Diseases, there isn't any solution, only application of medications; additionally a Clinical Standard should be placed in force at all clinics."**

Response: The MHSA is outcomes based. Progress reports to the State help ensure accountability. The Workforce Education and Training Coordinator is responsible for managing oversight of fiscal and plan implementation.

The term "recovery" is a key concept as we move away from the traditional medical model. Recovery focuses less on extinguishing symptoms or the resolution of illness, and more on individual life satisfaction, productivity, and community integration. Recovery involves more than medication management for everyone who has been diagnosed with a mental illness.

Evidenced Based Practices (EBP) are a key treatment requirement under the MHSA. These empirically proven treatment and service models support clinical standards. Training for EBP is included in Action #5. MHSA programs are required to track progress and report outcomes.

The Mental Health Board recommended no change to the WET Plan.

H. **"Page 18, paragraph 2: The UCR Facility is not up and running as yet, so why not be involved with Loma Linda where there is a better chance of obtaining graduates and other local universities and junior colleges?"**

Response: This question refers to the per diem psychiatrist position under Action #3. The duties of this position will include eliciting plan implementation input from psychiatrists who work in the public mental health service system, to promote community psychiatry to students interested in entering the medical field at any college institution, and as a liaison to the developing medical school at UCR.

The State has also started the process of Regional Partnerships. One of the goals of these partnerships is to address the educational and career pathways of mental health professionals in regions where counties have to share graduates from existing educational institutions.

The Mental Health Board recommended no change to the WET Plan.

I. **"Page 21...Paragraph Description…I would like to stress the utilization of Cognitive Behavioral Therapy (CBT) because it provides treatment to many patients in one setting…very cost effective and improves mental issues as well. This procedure has worked well at the Veteran Administration; however the facilitator is the key."**

Response: CBT is a therapeutic treatment model. It can be used by both individual and group therapists. Most graduate school programs teaching Social Work or Marriage and Family Therapy include an introduction to CBT theory as a part of instruction. CBT training also constitutes one of the foundation modules for our Co-Occurring Disorder group treatment manual facilitation.

CBT is included as an EBP supported by Riverside County. This is included in Action #5.

The Mental Health Board recommended no change to the WET Plan.

J. **"What is happening to the CIT program for the Sheriff Department since they cover most of Riverside County and cities as well? I would acquire/or develop some video presentations which can be presented on an on going basis to all personnel; this would be less time consuming, i.e. law enforcement already short in supply would not have to take off for training…a follow up presentation could be presented to answer any questions."**

Response: Action #8 is designed to address expansion of the Mental Health Crisis Intervention training for law enforcement throughout Riverside County. The details of plan implementation will be a collaborative effort between the Department of Mental Health, law enforcement agencies, and the community to ensure that training is both effective and an efficient use of time and dollars.

The Mental Health Board recommended no change to the WET Plan.

K. **"Page 30, Paragraph 3... What is this all about...? I don't understand "resume writing' etc., etc. Is this to prepare them for a job with the MH Dept or elsewhere?"**

Response: The Workforce Education and Training component is designed to only support the development of the public mental health workforce – both Department of Mental Health employees and those employees of our contractors. Action #10 is the comprehensive action to recruit, train, and support consumers and their family members into the public mental health workforce.

The Mental Health Board recommended no change to the WET Plan.

Written Comments #4:
". . . I just got done reading your WET Plan and I think you did a GREAT job putting it together."

Response: Comment only – no response required. The Mental Health Board recommended no change to the WET Plan.

Written Comments #5:
"In reading all of the Plan again, there should be more client and family outreach staff hired not the existing 6 in each Region, not 6 total (18 total). We are still not reaching all age groups and hiring peers for all age groups or family members and not meeting the needs of the community or entitlements they need.

"Clients/Families access to computing resources/projects. Hire more clients and families in each region. 2. We are still not meeting the needs of adults or our older adults. 3. Client and families should be part of the expansion (ever aging) not just current staff for this growing population and county and recovery and all future projects for hire."

Response: The WET plan is designed to meet the education and training needs of the public mental health workforce. Guidelines for the use of WET funds state that WET funds cannot be used to hire direct service staff, only staff to manage or conduct training or education. The primary MHSA

component for the hire of direct service staff under the MHSA is the Community Services and Supports component.

To ensure the perspective of consumers and families in the WET plan, the central WET team includes the hire of two Peer Support Specialists who will serve as recovery experts. The plan also includes two Senior Peer Support Specialists under Action #10 who will serve to organize and mentor consumer and family members who accept volunteer or internship positions in the public mental health workforce.

The Mental Health Board recommended no change to the WET Plan.

Written Comments #6:

A. **"Page 16: A committee member wanted the County Policy concerning Termination of Probationary Employees be changed in regard to Peer Support Specialists. She felt strongly that the individual should be given the reason or cause of the termination needed to be provided to the Peer Support Specialists."**

Response: Riverside County probation and termination policy and procedures are determined by Central Human Resources and are applied to all Riverside County employees, not just those in mental health. Any procedural change would need to be a Central Human Resources process.

Although a concern, the Mental Health Board recommended no change to the WET Plan.

B. **"Page 18: ". . . the plan needed to reflect the efforts of the department to provide on-going training to all levels of employees: supervisors, managers, administration, program staff, psychiatrists about recovery and what the peer support specialists bring to the department as part of a team."**

Response: The WET plan is designed to address the development of all staff within the Public Mental Health Service System (PMHSS). Integrating consumer and family members into the PMHSS is a primary goal of the WET plan. Recovery oriented service philosophy guides the WET plan. Educating service delivery staff on recovery and the benefit of Peer Support Specialists is central to Actions 4, 5, 7, and 8.

The Mental Health Board recommended no change to the WET Plan.

C. **"Also the committee felt there needed to be specific training on boundaries and ethical expectations for all staff."**

Response: Ethics and values training are designed as a part of Actions 4, 5, and 12.

The Mental Health Board recommended no change to the WET Plan.

D. **"Also, the committee was concerned that there was a need for trainings on ageism and worth of life experiences."**

Response: This kind of training can be offered under Action 5.

The Mental Health Board recommended no change to the WET Plan.

E. **"Otherwise the committee was positive about the program description with no other comments."**

Response: Comment only – no response required. The Mental Health Board recommended no change to the WET Plan.