



**Humboldt County  
Department of Health and Human Services  
Mental Health Branch**

**Mental Health Services Act  
Workforce Education and Training  
Program and Expenditure Plan**

**March 2009**

## INTRODUCTION

The Mental Health Services Act (Proposition 63) was passed by the voters of California in November 2004. It provides funds for counties to expand and transform mental health services. Transformation has been defined as more than just reorganizing, but a quantum change that reflects radical redesign and new strategic intent for an organization or system.

Humboldt County Department of Health and Human Services (DHHS) is a consolidated and integrated Health and Human Services Agency under the State's Integrated Services Initiative (AB 315 Berg) and includes the branches of Mental Health, Public Health and Social Services. Since its consolidation in 1999, DHHS has been engaged in true system transformation and redesign through numerous key strategies, including but not limited to:

- Establishing consolidated administrative support infrastructure(s);
- Establishing consolidated program support infrastructures(s);
- Developing governmental "rapid cycle" change management processes;
- Importing or developing Evidence Based Practices and other outcome based approaches to services;
- Developing integrated, co-located and decentralized services concurrently;
- Establishing client and cultural inclusion structures/processes that will advise the Department in terms of policy and programming;
- Focusing on quality improvement and systems accountability in terms of outcomes linked to improved individual and family recovery and self sufficiency, as well as improved community health;
- Using a "3 x 5" approach to program design which spans:
  - Three Service Strategies
    - Universal
    - Selective
    - Indicated
  - Five Target Populations
    - Children, Youth and Families
    - Transition Age Youth
    - Adults
    - Older Adults
    - Community
- Working with State Health and Human Services Agency to reduce or eliminate barriers that impede effective service delivery at the County level.

It is through AB315 and these transformational strategies that the Humboldt County Department of Health and Human Services (DHHS) has planned and implemented its Mental Health Services Act (MHSA) programming. Humboldt County's approved

Community Services and Supports (CSS) Workplans and approved Prevention and Early Intervention (PEI) Plan were developed and are being implemented with cross-departmental integration aimed at the delivery of holistic and transformational programs.

## **BACKGROUND**

Consistent with CSS and PEI, Humboldt County's Workforce Education and Training (WET) Plan has been developed using the transformation strategies and vision that have guided planning and service delivery in Humboldt County for the past ten years.

To ensure the most effective use of resources and avoid duplication of effort, WET planning was also conducted with careful consideration of the common goals of other DHHS initiatives including the:

- MHSa CSS Office of Client and Cultural Diversity (OCCD),
- MHSa CSS Training, Supervision and Education Unit (TES)
- Superior Region WET Partnership.

Establishment of the capacity to provide cross branch education and training opportunities targeted toward improving and increasing the ability of the workforce to provide effective culturally appropriate services and reduce disparities has been identified in the CSS planning process and resulted in the implementation of the Office of Client and Cultural Diversity, and the Training, Supervision and Education Unit.

The primary focus of the Office of Client & Cultural Diversity is to increase and improve the system's capacity to deliver culturally competent, client driven services. OCCD provides cross branch leadership for DHHS policy and program development. The Client & Cultural Diversity Advisory Committee (CCDAC) works in conjunction with OCCD. This committee is comprised of employees from Mental Health, Public Health, and Social Services, as well as clients, family members, and other community partners.

TES contributes to the facilitation of trainings provided to Department workforce, community partners, families, and clients. TES ensures Continuing Education Units (CEU) are offered for professional development. TES also provides pre-licensure clinical supervision.

The Superior Region WET Partnership includes Del Norte, Siskiyou, Modoc, Humboldt, Trinity, Shasta, Lassen, Tehama, Mendocino, Glenn, Butte, Sierra, Lake, Colusa, Plumas and Nevada County. It acts as an employment and education resource for the Public Mental Health System. The group includes educational and employment service entities, individuals and/or entities within the Public Mental Health System, and individuals and/or entities that have an interest in the Public Mental Health System, such as county staff, mental health service providers, clients, and clients' family members. The goals of the partnership include:

- Development and implementation of a distance learning system, accessible throughout the Superior Region

- Change of the higher education curricula in Superior California to support wellness and recovery principles, and assure that mental health departments support and encourage career paths throughout the higher education system
- Inventory training and technical assistance that is accessible, wellness-and recovery-focused and available in distance education formats
- Form an advisory board to develop outside resources and review Superior Regional Partnership projects.

It is within this context that the following three WET Actions contained in this Plan were prioritized and selected.

- Support to peer volunteers and staff
- Workforce development through e-learning technology
- Training for evidence-based practices and full service partnerships.

Humboldt County DHHS looks forward to furthering the vision and the goals of the MHSA through implementation of this Workforce Education and Training Plan.

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**EXHIBIT 1: WORKFORCE FACE SHEET**

**MENTAL HEALTH SERVICES ACT (MHSA) WORKFORCE EDUCATION AND TRAINING COMPONENT - THREE-YEAR PROGRAM AND EXPENDITURE PLAN, Fiscal Years 2006 - 2007, 2007- 2008, 2008 - 2009**

County: Humboldt

Date: March 27, 2009

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

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

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

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

**County Mental Health Director**  
Karolyn Rim Stein, RN  
Signature:



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Eureka, Ca 95501  
Phone #: 707 268-2990  
Fax #: 707 476-4049  
E-mail: [kstein@co.humboldt.ca](mailto:kstein@co.humboldt.ca)

## **EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY**

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

The MHSA Workforce Education and Training (WET) planning process was built upon knowledge gained from ongoing MHSA activities and Local Review processes including:

- The initial Community Services and Supports planning process
- Community Services and Supports implementation activities
- 2007 Community Services and Supports Progress Report
- 2006 Community Services and Supports Progress Report
- Community Services and Supports FY05/06 Remaining Funds Plan
- Community Services and Supports One-Time Augmentation Plan
- Community Services and Supports Expansion Plan
- Community Services and Supports Fiscal Year 2008/2009 Update
- Prevention and Early Intervention Planning Process
- MHSA Fiscal Year 2009/2010 Update
- Superior Region WET Partnership

Humboldt County conducted an extensive planning process for the CSS component of MHSA. Many of the individuals who participated in the CSS planning process as Mental Health Board members, clients and family members, and DHHS County staff provided insight and lessons learned for further MHSA planning.

MHSA planning has continued with thoughtful, deliberate planning efforts by the Humboldt County Mental Health Board, clients and family members, and Humboldt County DHHS staff to ensure inclusion of required stakeholders.

Significant changes were made to the on-going planning processes. In addition to conducting targeted DHHS-sponsored MHSA stakeholder planning meetings, requests were made for local community-based organizations and associations that represent and/or serve diverse stakeholders to include MHSA at regularly scheduled meetings. This dramatically increased the number of individuals providing input.

Most recently, in conjunction with the MHSA Prevention and Early Intervention (PEI) planning activities, input was also provided for Workforce Education and Training activities.

Workforce Education and Training planning specific activities included:

- Humboldt County Mental Health Board
- Organizational Providers
- Transition Aged Youth

- Colleges
- Client and Family Member groups
- Employment Training Division
- Mental Health All Staff Meeting
- The Department of Health and Human Services Client and Cultural Diversity Advisory Committee
- The Department of Health and Human Services Training Committee
- The Department of Health and Human Services Program Leadership Team
- Mental Health Branch Leadership Team

Participants included individuals with client and family member experience, program, administration, training and line staff representatives from the Humboldt County Department of Health and Human Services, community based and organizational providers in the local public health, behavioral health, social services, vocational rehabilitation services, and agencies that serve and/or represent unserved, underserved, Native American and rural communities.

The initial Community Services and Supports planning process component of the MHSA included:

- Proposition 63 Steering Committee
- Six regional meetings (see Table 1 below)
- Thirteen targeted stakeholder meetings (see Table 2 below)
- Four age-specific advisory groups
  - Children and youth
  - Transition age youth
  - Adult
  - Older adult
- Community Strengths & Needs Survey
- Client interviews.

Table 1: Six regional meetings

Location	Number of participants
• Eureka	30
• Arcata	24
• Willow Creek	9
• Orick	15
• Fortuna	8
• Redway	15

Table 2: Thirteen targeted stakeholder meetings

Stakeholder Group	Number of participants
• Client consumers	19
• Families of clients	10
• Education/schools	16
• Law enforcement/courts/Probation	6
• Native American community	15
• Hispanic/Latino community	4
• Asian/Pacific Islander community	4
• DHHS Mental Health Branch organizational providers	8
• Community and primary care providers/clinics	30
• Transition-age youth	13
• Gay/lesbian/bisexual/transgender community	5
• Homeless community	23
• DHHS Mental Health Branch staff	8

MHSA education and/or stakeholder input collected from:

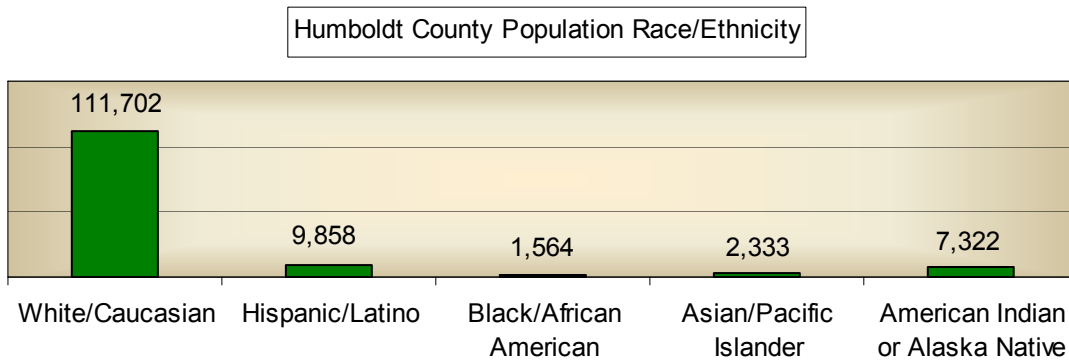
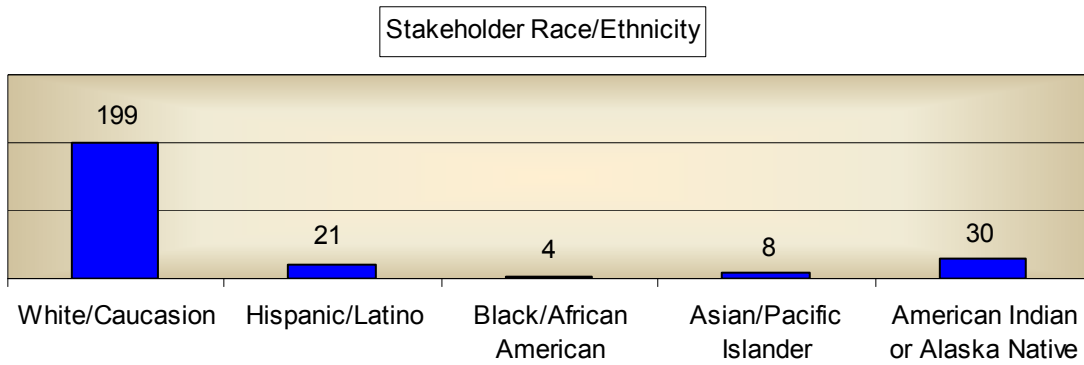
- DHHS Family/ Community Resource Center monthly meeting
- Transition Age Youth, first onset of mental illness planning meeting
- Juvenile Justice Commission
- Domestic Violence Coordinating Council, Eureka
- Domestic Violence Coordinating Council, Redway
- The NET (Community Network)
- NAMI (National Alliance on Mental Illness)
- Fetal Infant Mortality Review/Child Death Review Team
- CAST (Child Abuse Services Team)
- Hope Center community meeting
- Hope Center MHSA PEI input meeting
- Paso a Paso meeting
- AIDS Task Force
- Community partners
- In Home Support Services Public Authority Advisory Board
- DHHS organizational provider meeting
- Positive Indian Families Network
- Willow Creek regional meeting
- Redway regional meeting
- McKinleyville regional meeting
- Eureka MHSA PEI public hearing
- Alcohol Tobacco and Other Drug Prevention Committee

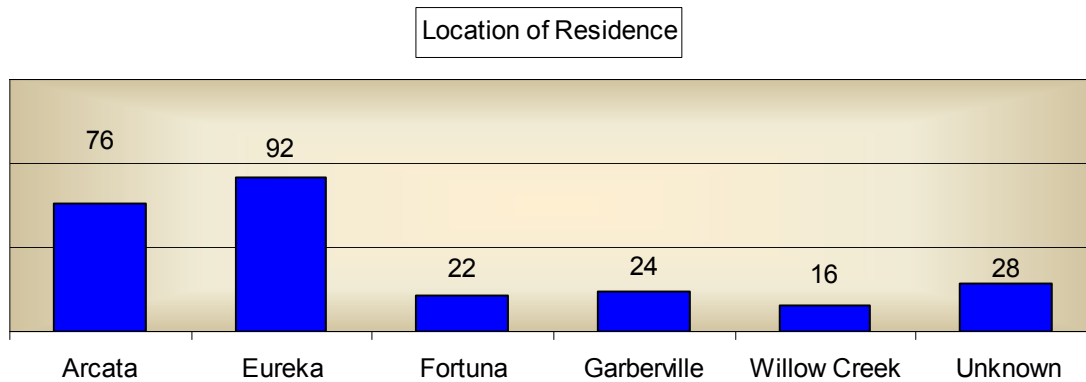
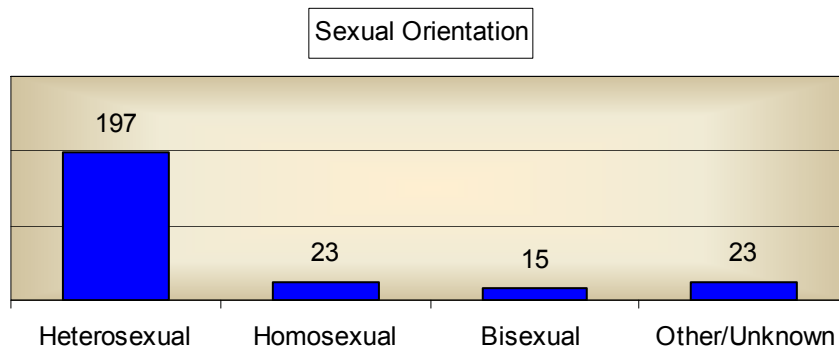
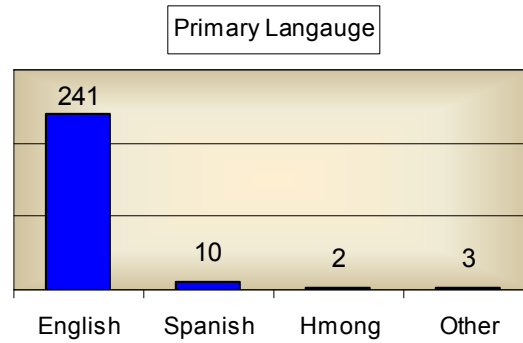
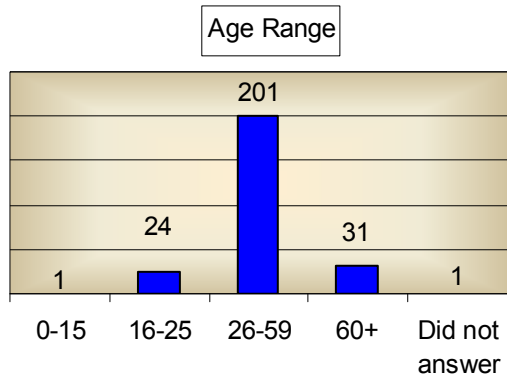
- Mental Health Board
- Mental Health Branch all-staff meetings
- Alcohol and Drug Advisory Board
- DHHS Human Services Cabinet meeting.

For the purpose of tracking and validating that the number of individuals participating in the stakeholder process represent different stakeholder groups, all participants were asked to complete a voluntary and anonymous demographic questionnaire.

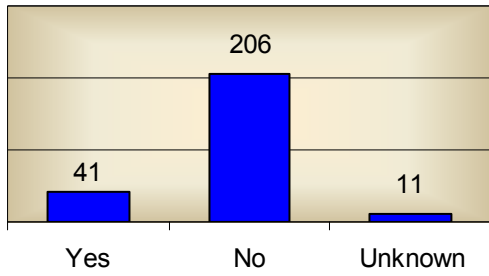
A total of 258 individual stakeholders who provided input completed the demographic questionnaire. The following graphs, compiled from the questionnaires, demonstrate broad-based input from a diversity of stakeholders.

The first two graphs show that the ethnicity of participants in stakeholder meetings generally reflects that of Humboldt County's population.

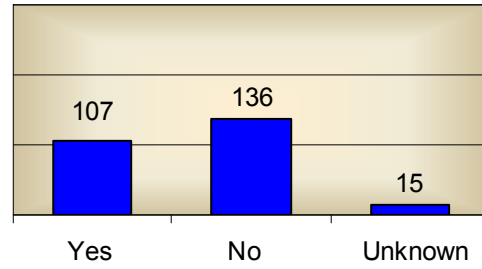




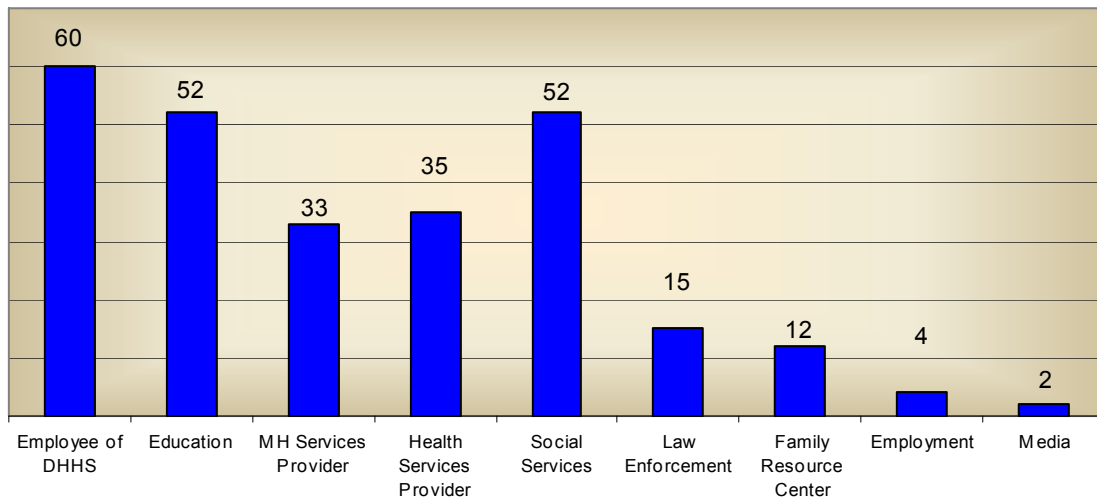
Diagnosed with a Mental Illness



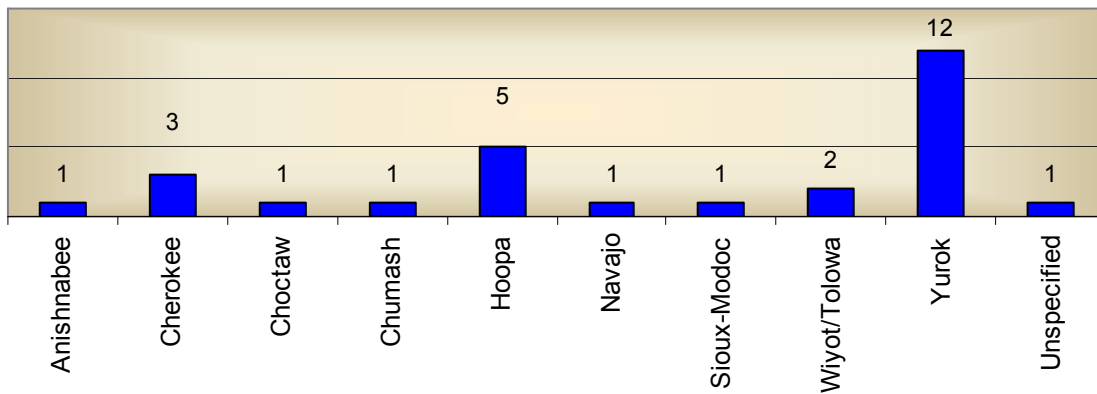
Family Member of a Person Diagnosed with a Mental Illness



Representing/Serving As



Stakeholder Tribal Affiliation



The 30-day Public Comment period was from March 28, 2009 through April 26, 2009. The Public Hearing occurred on April 27, 2009 from 4:30 to 5:30pm at the Humboldt County Department of Health and Human Services Large Mezzanine Conference Room at 507 F Street , Eureka, Ca 95501 (Attachment A)

The MHSA Workforce Education and Training Plan was available in an electronic format at: the Humboldt County Department of Health and Human Services, Mental Health Branch, Mental Health Services Act website:  
<http://co.humboldt.ca.us/HHS/MHB/MHSA/> (Attachment B)

The MHSA Workforce Education and Training Plan was available in a hard copy format and comments could be placed in the "MHSA Comment Box" at:

- Humboldt County Department of Health and Human Services Professional Building:  
507 F Street, Eureka
- Humboldt County Department of Health and Human Services, Mental Health Branch, Children Youth and Family Services:  
1711 3<sup>rd</sup> Street, Eureka
- Humboldt County Department of Health and Human Services Garberville Office  
727 Cedar Street, Garberville
- Humboldt County Department of Health and Human Services Mental Health Branch:  
720 Wood Street, Eureka
- Hope Center  
2933 H Street, Eureka
- Humboldt County Department of Health and Human Services Willow Creek Office  
77 Walnut Way, Willow Creek

**Comments for the MHSA Workforce Education and Training Plan could also be addressed to:**

Department of Health and Human Services  
Mental Health Branch  
Attn: Jaclyn Culleton  
Mental Health Services Act  
720 Wood Street Eureka, Ca, 95501

**By phone:**  
(707) 441-3770

**Or toll free at:**  
(866) 320-8911

**Or by email to:**  
mhsacomments@co.humboldt.ca.us

- An informational flyer was sent to stakeholders regarding the MHSA Workforce Education and Training Plan's availability, including where to obtain it, where to make comments, and where/when the public hearing would be held (Attachment C)
- Flyers were mailed to over 30 locations around the county, including public libraries, health care clinics, tribes, and senior centers
- Flyers were e-mailed to recipients on more than 10 local e-mail distribution lists including family/community resource centers, organizational providers, and Latino Net
- Plans were e-mailed or mailed to all persons who requested a copy
- Advertisements were placed in the local newspaper on April 11<sup>th</sup>, 18<sup>th</sup>, and 25<sup>th</sup>, 2009 with the MHSA Workforce Education and Training Plan's availability, including where to obtain it, where to make comments, and where/when the public hearing would be held (Attachment D)
- The Mental Health Branch Director and the MHSA Coordinator announced to DHHS staff, community-based organizations and partner agencies in various meetings the MHSA Workforce Education and Training Plan's availability including where to obtain it, where to make comments, and where/when the public hearing would be held.

During the public review period, comments from stakeholders were received in a variety of ways, including e-mail, comment boxes, phone calls, and at the public hearing. The comments received were outside of the scope of the MHSA Workforce Education and Training Plan and did not require substantive changes. However, they are relevant and important to services provided in the community. All comments were carefully documented and are used to inform planning and implementation of programs and activities throughout the Humboldt County DHHS.

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

**I. By Occupational Category - page 1**

Major Group and Positions	Estimated # FTE authorized	Position hard to fill? 1=Yes; 0=No	#FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/Caucasian	Hispanic/Latino	African-American/Black	Asian/Pacific Islander	Native American	Multi Race/Other	# FTE filled (5)+(6)+(7)+(8)+(9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<b>A. Unlicensed Mental Health Direct Service Staff:</b>										
<b>County (employees, independent contractors, volunteers):</b>										
Mental Health Rehabilitation Specialist	0.0	0	0.0							
Case Manager/Service Coordinator .....	44.5	0	4.5							
Employment Services Staff .....	6.0	0	0.5							
Housing Services Staff .....	0.0	0	1.0							
Consumer Support Staff .....	6.5	0	10.0							
Family Member Support Staff .....	1.0	0	6.0							
Benefits/Eligibility Specialist .....	0.0	0	0.5							
Other <i>Unlicensed</i> MH Direct Service	50.0	0	11.0							
<i>Sub-total, A (County)</i>	<b>108.0</b>	<b>0</b>	<b>33.5</b>	<b>81.0</b>	<b>3.0</b>	<b>6.0</b>	<b>2.0</b>	<b>0.0</b>	<b>2.0</b>	<b>94.0</b>
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>										
Mental Health Rehabilitation Specialist	12.0	0	0.0							
Case Manager/Service Coordinator .....	6.5	0	0.0							
Employment Services Staff .....	0.0	0	0.0							
Housing Services Staff .....	0.0	0	0.0							
Consumer Support Staff .....	0.0	0	0.0							
Family Member Support Staff .....	0.0	0	0.0							
Benefits/Eligibility Specialist .....	0.0	0	0.0							
Other <i>Unlicensed</i> MH Direct Service	5.0	0	0.0							
<i>Sub-total, A (All Other)</i>	<b>23.5</b>	<b>0</b>	<b>0.0</b>	<b>16.5</b>	<b>3.0</b>	<b>2.0</b>	<b>2.0</b>	<b>0.0</b>	<b>0.0</b>	<b>23.5</b>
<b>Total, A (County &amp; All Other):</b>	<b>131.5</b>	<b>0</b>	<b>33.5</b>	<b>97.5</b>	<b>6.0</b>	<b>8.0</b>	<b>4.0</b>	<b>0.0</b>	<b>2.0</b>	<b>117.5</b>

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



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



**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 2

Major Group and Positions	Estimated # FTE authorized	Position hard to fill? 1=Yes; 0=No	#FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/Caucasian	Hispanic/Latino	African-American/Black	Asian/Pacific Islander	Native American	Multi Race/Other	# FTE filled (5)+(6)+(7)+(8)+(9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<b>B. Licensed Mental Health Staff (direct service):</b>										
<b>County (employees, independent contractors, volunteers):</b>										
Psychiatrist, general .....	10.0	1	1.0							
Psychiatrist, child/adolescent.....	0.0	0	0.0							
Psychiatrist, geriatric.....	0.0	0	0.0							
Psychiatric or Family Nurse Practitioner .....	3.0	1	0.5							
Clinical Nurse Specialist .....	0.0	0	0.0							
Licensed Psychiatric Technician.....	10.5	1	1.5							
Licensed Clinical Psychologist.....	3.0	1	0.5							
Psychologist, registered intern (or waived).....	1.0	0	0.0							
Licensed Clinical Social Worker (LCSW).....	8.5	0	1.0							
MSW, registered intern (or waived) .....	12.0	0	1.5							
Marriage and Family Therapist (MFT) .....	10.5	0	1.0							
MFT registered intern (or waived).....	21.0	0	2.0							
Other Licensed MH Staff (direct service) .....	6.0	0	0.0							
<i>Sub-total, B (County)</i>				(Licensed Mental Health Direct Service Staff; Sub-Totals Only)						
	<b>85.5</b>	<b>4</b>	<b>9.0</b>	<b>60.0</b>	<b>4.0</b>	<b>2.0</b>	<b>2.0</b>	<b>1.0</b>	<b>0.0</b>	<b>69.0</b>
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>										
Psychiatrist, general .....	0.0	0	0.0							
Psychiatrist, child/adolescent.....	0.0	0	0.0							
Psychiatrist, geriatric.....	0.0	0	0.0							
Psychiatric or Family Nurse Practitioner .....	0.0	0	0.0							
Clinical Nurse Specialist .....	0.0	0	0.0							
Licensed Psychiatric Technician.....	0.0	0	0.0							
Licensed Clinical Psychologist.....	0.5	0	0.0							
Psychologist, registered intern (or waived).....	0.0	0	0.0							
Licensed Clinical Social Worker (LCSW).....	5.0	0	0.0							
MSW, registered intern (or waived) .....	1.5	0	0.0							
Marriage and Family Therapist (MFT) .....	5.0	0	0.0							
MFT registered intern (or waived).....	1.5	0	0.0							
Other Licensed MH Staff (direct service) .....	0.0	0	0.0							
<i>Sub-total, B (All Other)</i>				(Licensed Mental Health Direct Service Staff; Sub-Totals and Total Only)						
	<b>13.5</b>	<b>0</b>	<b>0.0</b>	<b>11.5</b>	<b>1.0</b>	<b>1.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>13.5</b>
<b>Total, B (County &amp; All Other):</b>	<b>99.0</b>	<b>4</b>	<b>9.0</b>	<b>71.5</b>	<b>5.0</b>	<b>3.0</b>	<b>2.0</b>	<b>1.0</b>	<b>0.0</b>	<b>82.5</b>

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 3

Major Group and Positions	Estimated # FTE authorized	Position hard to fill? 1=Yes; 0=No	#FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/Caucasian	Hispanic/Latino	African-American/Black	Asian/Pacific Islander	Native American	Multi Race/Other	# FTE filled (5)+(6)+(7)+(8)+(9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<b>C. Other Health Care Staff (direct service):</b>										
<b>County (employees, independent contractors, volunteers):</b>										
Physician .....	0.0	0	0.0							
Registered Nurse .....	35.0	1	3.0							
Licensed Vocational Nurse .....	0.0	0	0.0							
Physician Assistant .....	0.0	0	0.0							
Occupational Therapist .....	0.0	0	0.0							
Other Therapist (e.g., physical, recreation, art, dance) .....	4.0	0	0.5							
Other Health Care Staff (direct service, to include traditional cultural healers) .....	0.0	0	0.0	(Other Health Care Staff, Direct Service; Sub-Totals Only)						
<i>Sub-total, C (County)</i>	<b>39.0</b>	<b>1</b>	<b>3.5</b>	<b>27.0</b>	<b>3.0</b>	<b>1.0</b>	<b>0.0</b>	<b>1.0</b>	<b>1.0</b>	<b>33.0</b>
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>										
Physician .....	0.0	0	0.0							
Registered Nurse .....	0.0	0	0.0							
Licensed Vocational Nurse .....	0.0	0	0.0							
Physician Assistant .....	0.0	0	0.0							
Occupational Therapist .....	0.0	0	0.0							
Other Therapist (e.g., physical, recreation, art, dance) .....	0.0	0	0.0							
Other Health Care Staff (direct service, to include traditional cultural healers) .....	0.0	0	0.0	(Other Health Care Staff, Direct Service; Sub-Totals and Total Only)						
<i>Sub-total, C (All Other)</i>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Total, C (County &amp; All Other):</b>	<b>39.0</b>	<b>1</b>	<b>3.5</b>	<b>27.0</b>	<b>3.0</b>	<b>1.0</b>	<b>0.0</b>	<b>1.0</b>	<b>1.0</b>	<b>33.0</b>

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 4

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	#FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race/Other (10)	# FTE filled (5)+(6)+(7)+(8)+(9)+(10) (11)
<b>D. Managerial and Supervisory:</b>				(Managerial and Supervisory; Sub-Totals Only) ↓						
<b>County (employees, independent contractors, volunteers):</b>										
CEO or manager above direct supervisor....	18.0	0	1.0							
Supervising psychiatrist (or other physician).....	1.0	1	0.0							
Licensed supervising clinician.....	14.0	1	2.0							
Other managers and supervisors.....	8.0	0	0.0							
<i>Sub-total, D (County)</i>	<b>41.0</b>	<b>2</b>	<b>3.0</b>	<b>28.0</b>	<b>0.0</b>	<b>1.0</b>	<b>1.0</b>	<b>0.0</b>	<b>0.0</b>	<b>30.0</b>
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>				(Managerial and Supervisory; Sub-Totals and Total Only) ↓						
<b>County (employees, independent contractors, volunteers):</b>										
CEO or manager above direct supervisor...	0.0	0	0.0							
Supervising psychiatrist / other physician)...	0.0	0	0.0							
Licensed supervising clinician.....	2.0	0	0.0							
Other managers and supervisors.....	1.0	0	0.0							
<i>Sub-total, D (All Other)</i>	<b>3.0</b>	<b>0</b>	<b>0.0</b>	<b>3.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>3.0</b>
<b>Total, D (County &amp; All Other):</b>	<b>44.0</b>	<b>2</b>	<b>3.0</b>	<b>31.0</b>	<b>0.0</b>	<b>1.0</b>	<b>1.0</b>	<b>0.0</b>	<b>0.0</b>	<b>33.0</b>
<b>E. Support Staff (non-direct service):</b>				(Support Staff; Sub-Totals Only) ↓						
<b>County (employees, independent contractors, volunteers):</b>										
Analysts, tech support, quality assurance....	18.0	0	0.0							
Education, training, research .....	0.0	0	0.0							
Clerical, secretary, administrative assis .....	60.0	0	0.0							
Other support staff (non-direct services).....	9.0	0	0.0							
<i>Sub-total, E (County)</i>	<b>87.0</b>	<b>0</b>	<b>0.0</b>	<b>75.0</b>	<b>3.0</b>	<b>0.0</b>	<b>2.0</b>	<b>1.0</b>	<b>2.0</b>	<b>83.0</b>
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>				(Support Staff; Sub-Totals and Total Only) ↓						
<b>County (employees, independent contractors, volunteers):</b>										
Analysts, tech support, quality assurance....	1.0	0	0.0							
Education, training, research .....	0.0	0	0.0							
Clerical, secretary, administrative assis .....	2.5	0	0.0							
Other support staff (non-direct services).....	0.0	0	0.0							
<i>Sub-total, E (All Other)</i>	<b>3.5</b>	<b>0</b>	<b>0.0</b>	<b>2.5</b>	<b>0.0</b>	<b>0.0</b>	<b>1.0</b>	<b>0.0</b>	<b>0.0</b>	<b>3.5</b>
<b>Total, E (County &amp; All Other):</b>	<b>90.5</b>	<b>0</b>	<b>0.0</b>	<b>77.5</b>	<b>3.0</b>	<b>0.0</b>	<b>3.0</b>	<b>1.0</b>	<b>2.0</b>	<b>86.5</b>

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 5

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

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	#FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)							# FTE filled (5)+(6)+(7)+(8)+(9)+(10) (11)
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race/Other (10)		
<b>County (employees, independent contractors, volunteers) (A+B+C+D+E) .....</b>	<b>360.5</b>	<b>7</b>	<b>49.0</b>	<b>271.0</b>	<b>13.0</b>	<b>10.0</b>	<b>7.0</b>	<b>3.0</b>	<b>5.0</b>	<b>309.0</b>	
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E) .....</b>	<b>43.5</b>	<b>0</b>	<b>0.0</b>	<b>33.5</b>	<b>4.0</b>	<b>3.0</b>	<b>3.0</b>	<b>0.0</b>	<b>0.0</b>	<b>43.5</b>	
<b>GRAND TOTAL WORKFORCE (County &amp; All Other) (A+B+C+D+E)</b>	<b>404.0</b>	<b>7</b>	<b>49.0</b>	<b>304.5</b>	<b>17.0</b>	<b>13.0</b>	<b>10.0</b>	<b>3.0</b>	<b>5.0</b>	<b>352.5</b>	

**F. TOTAL PUBLIC MENTAL HEALTH POPULATION**

(1)	(2)	(3)	(4)	Race/ethnicity of individuals planned to be served -- Col. (11)							All individuals (5)+(6)+(7)+(8)+(9)+(10) (11)
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race/Other (10)		
<b>F. TOTAL PUBLIC MH POPULATION</b>			<b>Leave Col. 2, 3, &amp; 4 blank</b>	<b>2449</b>	<b>90</b>	<b>60</b>	<b>30</b>	<b>180</b>	<b>180</b>	<b>2989</b>	

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

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

Major Group and Positions (1)	Estimated # FTE authorized and to be filled by clients or family members (2)	Position hard to fill with clients or family members? (1=Yes; 0=No) (3)	# additional client or family member FTEs estimated to meet need (4)
<b>A. <i>Unlicensed</i> Mental Health Direct Service Staff:</b>			
Consumer Support Staff.....	6.5	0	10.0
Family Member Support Staff .....	1.0	0	6.0
Other <i>Unlicensed</i> MH Direct Service Staff .....	0.0	0	0.0
<b>Sub-Total, A:</b>	<b>7.5</b>	<b>0</b>	<b>16.0</b>
<b>B. <i>Licensed</i> Mental Health Staff (direct service) ....</b>	0.0	0	0.0
<b>C. Other Health Care Staff (direct service) .....</b>	0.0	0	0.0
<b>D. Managerial and Supervisory.....</b>	0.0	0	0.0
<b>E. Support Staff (non-direct services).....</b>	0.0	0	0.0
<b>GRAND TOTAL (A+B+C+D+E)</b>	<b>7.5</b>	<b>0</b>	<b>16.0</b>

**III. LANGUAGE PROFICIENCY**

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

Language, other than English (1)	Number who are proficient (2)	Additional number who need to be proficient (3)	<b>TOTAL (2)+(3) (4)</b>
1. <u>Spanish</u>	Direct Service Staff <u>5</u> Others <u>1</u>	Direct Service Staff <u>5</u> Others <u>3</u>	Direct Service Staff <u>10</u> Others <u>4</u>
2. <u>Cantonese</u>	Direct Service Staff <u>1</u> Others <u>0</u>	Direct Service Staff <u>0</u> Others <u>0</u>	Direct Service Staff <u>1</u> Others <u>0</u>
3. <u>Hmong</u>	Direct Service Staff <u>0</u> Others <u>1</u>	Direct Service Staff <u>2</u> Others <u>1</u>	Direct Service Staff <u>2</u> Others <u>2</u>

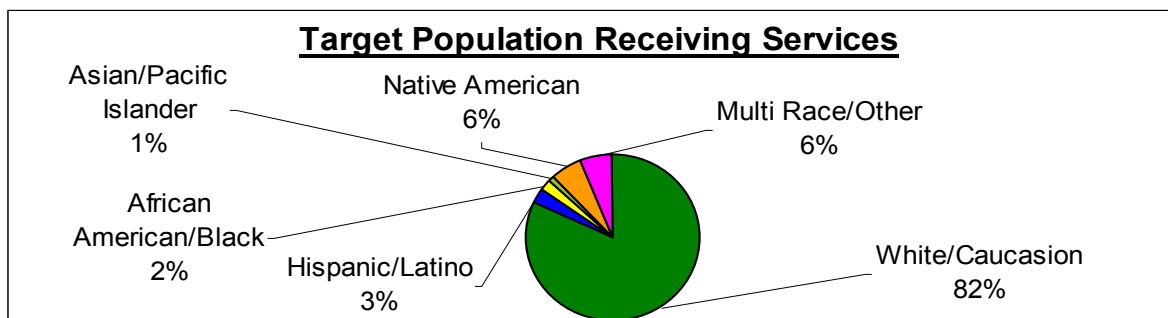
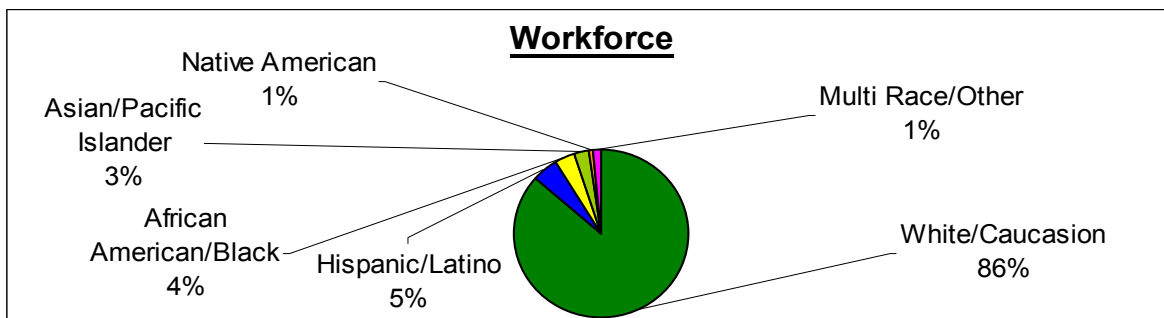
### EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

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

#### A. Shortages by occupational category:

- The three significant occupational shortages that have been identified in the analysis of the Workforce Needs Assessment are Peer Client Support Staff, Peer Family Member Support Staff and Nurse Practitioners. The Superior Region Workforce Education and Training Collaborative have identified the need for additional Nurse Practitioners and have included them in the distance learning system component of the Workforce Education and Training Regional Partnership application for funding. Therefore, this Plan does not address this identified need. Occupational shortages for Peer Client Support Staff and Peer Family Member Support Staff are addressed in Action #1: Support to peer volunteers and staff.

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

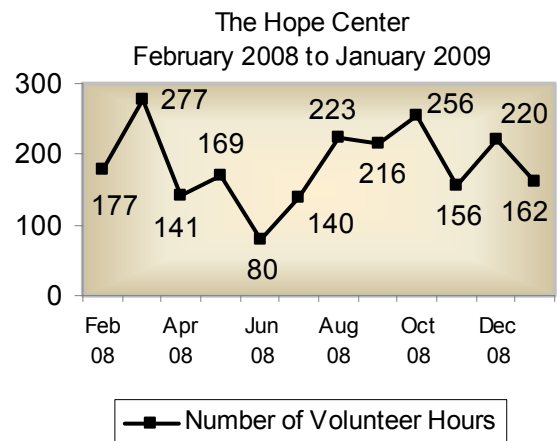
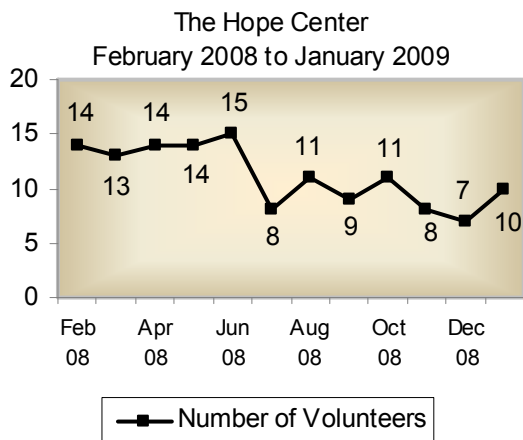


- The workforce does not represent the target population in racial and ethnic diversity specifically for Native American, South East Asian, and monolingual Spanish speaking communities. Although there is a larger percentage of people who identify as

Asian/Pacific Islander in the workforce (3%) than in the target population receiving public mental health services (1%) there is nevertheless a shortfall. This is because there is ethnic diversity within the workforce that identifies as Asian/Pacific Islander (including second and third generation Chinese and Japanese Americans) while the target population receiving public mental health services is predominantly South East Asian. Many of whom are immigrants and monolingual non-English speakers. There is a similar situation in the Hispanic/Latino population. Although there is a larger percentage of people who identify as Hispanic/Latino in the workforce (5%) than in the target population receiving public mental health services (3%) there is nevertheless a shortfall in recent immigrants who speak Spanish in the workforce compared to the target population receiving public mental health services. There is also a significant shortfall of Native American direct services staff. The Superior Region Workforce Education and Training Collaborative have identified and will address this need; therefore this Plan does not address this identified need.

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

- Currently Peer Client and Peer Family Member Support Staff are providing needed services and supports in several programs including system navigation, mobile outreach, client-run wellness center, and full service partnerships. In addition, there are a number of volunteer Peer Client and Peer Family Member Support Staff who are providing services. As illustrated in the charts below an average of 12 volunteers a month at the client-run Hope Center have volunteered for a total of 2,217 hours from February 2008 through January 2009.

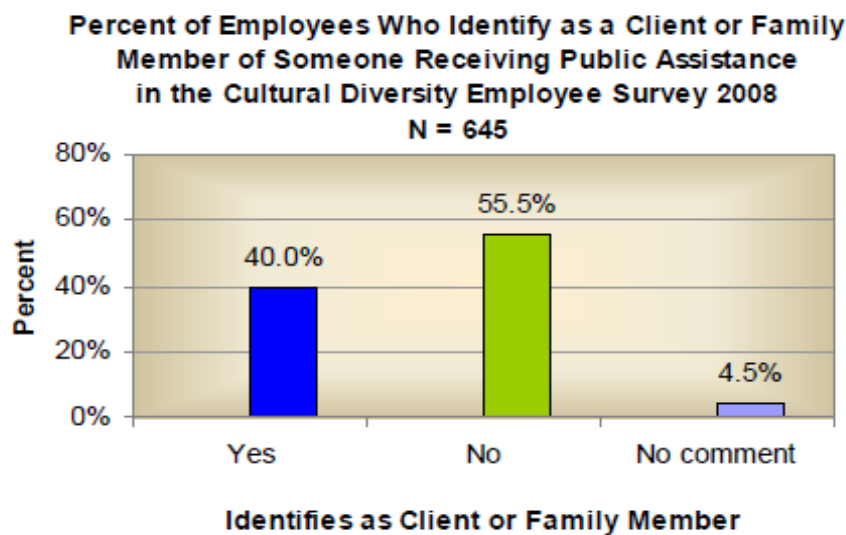


It is the goal of this agency to recruit and retain Peer Client and Peer Family Member Support Staff as team members in every major program to promote wellness, recovery, and resiliency.

As with all direct service occupational categories there is specific interest in recruiting and retaining Peer Client and Peer Family Member Support Staff from the Native American and South East Asian communities for the purpose of providing culturally

competent services that address prevalence needs in these apparently underserved communities. Occupational shortages for Peer Client Support Staff, Peer Family Member Support Staff are addressed in Action #1: Support to peer volunteers and staff.

Although the Department of Health and Human Services has formerly designated Peer Client and Peer Family Member Support Staff positions for individuals with client and/or family member experience, 40% of the Department’s employees who responded to the 2008 Cultural Diversity Employee Survey self-identify as being a participant in or family member of someone who has participated in services offered through DHHS, including mental health and substance abuse services. It is clear that the Department has strong resources in terms of staff who can provide culturally sensitive support to service participants.



Source: DHHS Cultural Diversity Employee Survey, 2008

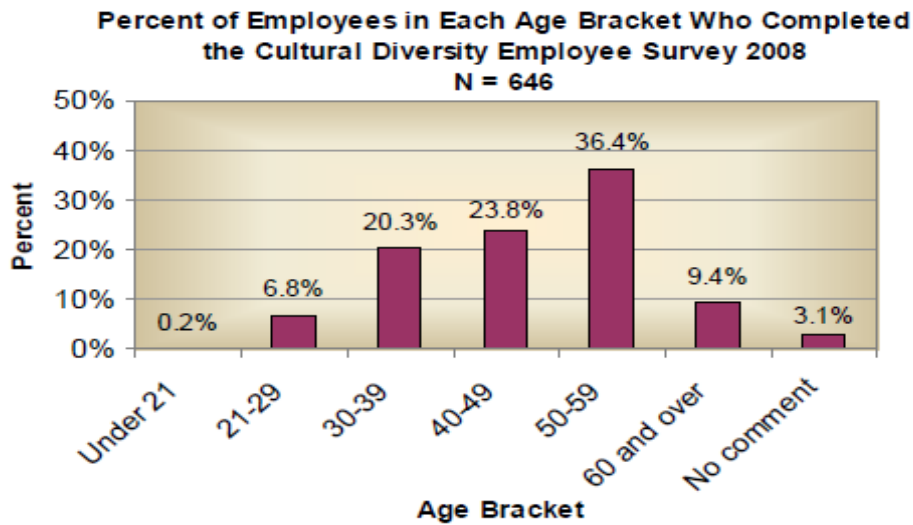
**D. Language proficiency:**

- There is an on-going need for Spanish and Hmong speaking staff. The Department of Health and Human Services, Office of Client and Cultural Diversity is engaged in several projects to increase the language proficiency of the Workforce including the targeted distribution of employment job announcements to locations that would promote applications from racially and ethnically diverse populations. A new classification was developed titled Interpreter/Translator. This classification is not limited to a particular language and can be used by multiple programs. Therefore this Plan does not address this identified need.

**E. Other, miscellaneous:**

- There is a significant shortfall in the workforce of people who are transition aged youth (specifically those with experience in the foster care system) to provide culturally competent peer support activities to the transition aged youth population receiving

public mental health services. This identified need is addressed in Action #1. Approximately 7% of the Mental Health Branch workforce is between the ages of 21 and 25 years old. In addition, as the chart below illustrates approximately 7% of the DHHS workforce who responded to the 2008 Cultural Diversity Employee Survey is age 29 or younger.



Source: DHHS Cultural Diversity Employee Survey, 2008

- The WET stakeholder process identified a significant shortfall in the lack of resources to access needed training and the inability to record and track workforce participation in trainings. Currently the TES Unit facilitates trainings that occur at DHHS and in the community but is without an adequate mechanism of capturing workforce participation in those trainings. Also, due to the lack of resources, the small number of staff usually associated with a program, as well as the distance and remoteness of Humboldt County to the major areas in the State where most trainings occur, it is difficult and often impossible for staff to travel outside of the County for training opportunities. This identified need is addressed in Action #2: Workforce development through e-learning technology.
- There is a shortage of direct staff with the training needed to implement new evidence based practices and expand full service partnerships. In the past four years Humboldt County has successfully implemented MESA Community Services and Supports full service partnerships and four evidence based practices (EBPs) focused on children and families. The intention now is to adopt and implement new evidence based practices and expand full service partnerships to a wider range of age groups. As these programs expand new staff will require training in the new evidence based practices and the full service partnership model.

As of December 2008 there were 59 full service partners enrolled in Comprehensive Community Treatment (CCT), which provides intensive community services and supports (e.g.: housing, medical, educational, social, vocational, rehabilitative, or other

needed community services) as defined by the partner to achieve recovery. Personal Services Coordinators (PSCs), including peer clients and peer family members, provide services to partners in the community. As this program expands new staff will require training in the full service partnership model.

The four evidence based practices currently implemented are:

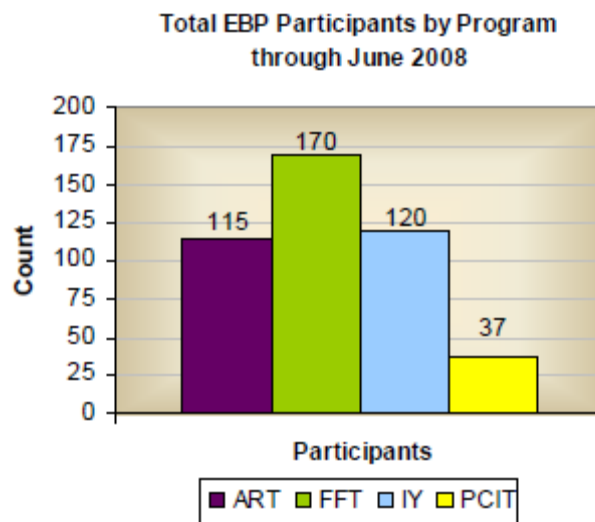
Aggression Replacement Therapy (ART) is a comprehensive intervention strategy used to address behaviors of that are common characteristics of youth incarcerated in the Northern California Regional Facility. The target population for ART is youth between the ages of 12 to 18 years.

Functional Family Therapy (FFT) provides treatment for at-risk youth ages 11 to 18 by including the entire family in the therapy program.

Incredible Years (IY) is a parenting program with the goal of giving parents the tools they need to deal with children exhibiting problem behaviors. The target population is adult caregivers of children 3 to 12 years of age.

Parent-Child Interaction Team (PCIT) is a parenting program with the goal of building appropriate and effective parenting skills to adult caregivers with children ages 2 to 7 years. Through coaching sessions, parent-child teams receive feedback on parenting techniques and skills.

As illustrated in the chart below, through June of 2008, 419 individuals directly participated in one of four of these programs. As new evidence based practices are adopted and implemented new staff will require training. This identified need is addressed in Action #3: Training for evidence-based practices and full service partnerships.



Source: DHHS-Research & Evaluation EBP Outcome Reports, June 2008

## **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**

Support to peer volunteers and staff

##### **Description**

This action addresses the need, identified in the stakeholder process, to increase participation of individuals with experience in the public mental health system in mental health service delivery specifically:

- Clients and family members of clients
- Transition age youth with experience in foster care
- Clients of CalWorks and HumWorks

##### **Objectives**

- Identify Workforce Education and Training Coordinator for peer volunteers and staff
- Provide transitional support to those volunteers seeking regular employment in public mental health services
- Provide vocational support to new hires
- Provide educational support including the training provided through Action #2: Workforce development through e-learning technology and Action #3: Training for evidence-based practices and full service partnerships
- Increase awareness of staff about the value of working with peer clients and peer family members
- Facilitate recovery and resiliency-oriented mental health service delivery
- Promote client and family member partnership with county and community based organization staff through education and technical assistance about employing clients and family members, developing peer and family support services, developing career ladders for client and family member employees
- Promote cultural competence by providing outreach to unserved and underserved populations, and recruiting and retaining culturally competent staff

## Budget justification

This Workforce Staffing Support action includes funds approved prior to plan approval utilized to fund a management position to conduct a workforce needs assessment, identify significant shortages, and to engage stakeholders in the development of WET expenditure plan. Planning funds requested and approved prior to plan total \$47,100.

Support to peer volunteers and staff will include a full time Mental Health Case Manager and full time Vocational Counselor. Annual salary and Benefit costs for these positions are: \$67,174 and \$57,078 respectively. Costs include salaries and benefits according to the County's salary schedules for these positions. Benefits included in these calculations include PERS, social security, workers compensation, disability insurance and flex benefits. This item also includes salary and benefit costs (\$28,179) for .33 FTE Administrative Analyst position, and cost for office equipment, office supplies, mileage reimbursement and training for staff and volunteers, and educational supports. Funding for FY 2008-09 represents approximately one month of funding requested.

For fiscal year 2009-10, general cost increases include a Board of Supervisors approved 4% salary cost of living adjustment for all staff. Benefit costs computed from salaries have increased comparatively. To the extent that resources are available, Humboldt County intends to provide ongoing support for the WET component through the MHSA Integrated Plan beginning in FY 2010-11.

<b>FY 2007-08</b>	<b>FY 2008-09</b>	<b>FY 2009-10</b>
\$47,100 Planning	\$32,890	\$245,934

**Budgeted Amount:** FY 2006-07: \$ 0 FY 2007-08: \$ 0 FY 2008-09: \$ 32,890

**Please refer also to Exhibit E2 WET for FY 2009-10 funding requests.**

## **B. TRAINING AND TECHNICAL ASSISTANCE**

### **Action #2**

#### **Title**

Workforce development through e-learning technology

#### **Description**

This action addresses the following needs identified by the stakeholder process to provide the Department of Health and Human Services workforce opportunities for training and education that will:

- Promote principles of recovery, wellness, resiliency, cultural competency, client and family member driven and integrated service delivery
- Offer the valued employment benefit of no cost training
- Promote proficiency of evidence based practices
- Provide licensed staff continuing education units (CEUs) requirements to maintain their clinical license
- Support volunteer peer client and peer family member staff advancement to full time employment

This web-based system will also provide the Department of Health and Human Services a mechanism to:

- Assign training to staff
- Track training acquired by the staff
- Upload locally acquired training materials
- Partner with community providers

#### **Objectives**

- Develop e-Learning Strategic Plan
- Explore opportunities for collaboration in the use of this resource with other Counties
- Explore mechanisms to provide access for clients, family members and community partners
- Utilize e-learning curriculum that:
  - Is developed using clients, family members, representatives of unserved and underserved groups, and individuals who are successfully implementing practices according to the principles of the Mental Health Services Act.
  - Uses training methods with a proven track record of success
  - Promotes recovery, wellness, and resiliency
  - Addresses identified cultural competency needs

- Promotes client and family member support by increasing expertise in supportive housing, supportive education, and employment of clients and family members
- Encourages self-help and peer support
- Promotes client and family member partnership with county and community based organization staff through education and technical assistance about employing clients and family members and developing peer and family support services
- Increases competency to implement Prevention and Early Intervention Component programs and activities including:
  - Resiliency, self-regulation and other universal education and skill building to promote mental health
  - Stigma and discrimination reduction
  - Suicide prevention

**Budget justification**

E-learning website construction and maintenance. Funds requested for this action item will pay for the on-going cost of e-learning course catalog usage. Also included is estimated cost for system training. Expenditures include on-site face to face system training \$6,000, learning management system use fee \$12,960, and unlimited access to behavioral health course catalog \$22,680 for 1100 staff. This item also includes salary and benefit costs for .33 FTE Administrative Analyst position. Funding for FY 2008-09 represents approximately one month of funding requested. Humboldt County is requesting funding to support the development and operation of this action through the end of FY 2009-10. To the extent that resources are available, Humboldt County intends to provide ongoing support for the WET component through the MHSIA Integrated Plan beginning in FY 2010-11.

<b>FY 2008-09</b>	<b>FY 2009-10</b>
\$7,500	\$69,819

**Budgeted Amount: FY 2006-07: \$ 0    FY 2007-08: \$ 0    FY 2008-09: \$ 7,500**

**Please refer also to Exhibit E2\_WET for FY 2009-10 funding requests.**

### **Action #3**

#### **Title**

Training for evidence-based practices and full service partnerships

#### **Description**

This action will provide the necessary training to ensure the proficiency of staff and the efficacy of programs. The stakeholder process identified the need to further utilize EBPs and full service partnerships and to provide the needed training to new staff that engages in these programs.

Five potential EBPs have been identified:

- Triple P: Positive Parenting Program is a multilevel system of parenting and family support strategies for families with children from birth to age 12, with extensions to families with teenagers ages 13 to 16. Developed for use with families from many cultural groups, Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. The program, which also can be used for early intervention and treatment, is founded on social learning theory and draws on cognitive, developmental, and public health theories.
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat posttraumatic stress and related emotional and behavioral problems in children and adolescents. Initially developed to address the psychological trauma associated with child sexual abuse, the model has been adapted for use with children who have a wide array of traumatic experiences, including domestic violence, traumatic loss, and the often multiple psychological traumas experienced by children prior to foster care placement. The treatment model is designed to be delivered by trained therapists who initially provide parallel individual sessions with children and their parents (or guardians), with conjoint parent-child sessions increasingly incorporated over the course of treatment.
- Nurse-Family Partnership (NFP) is a prenatal and infancy nurse home visitation program that aims to improve the health, well-being, and self-sufficiency of low-income, first-time parents and their children. NFP was founded on concepts of human ecology, self-efficacy, and human attachment. Its program activities are designed to link families with needed health and human services, promote good decision making about personal development, assist families in making healthy choices during pregnancy and providing proper care to their children, and help women build supportive relationships with families and friends. Nurses follow a detailed, visit-by-visit guide that provides information on tracking dietary intake; reducing cigarette, alcohol, and illegal drug use; identifying symptoms of pregnancy complications and signs of children's illnesses; communicating with health care

professionals; promoting parent-child interactions; creating safe households; and considering educational and career options. Program objectives include decreased substance use, improved maternal economic self-sufficiency, fewer subsequent unintended pregnancies, reduced child abuse and neglect, and improved school readiness of the children.

- Integrated Dual Diagnosis Treatment (IDDT) is for people who have co-occurring disorders, mental illness and a substance abuse addiction. This treatment approach helps people recover by offering both mental health and substance abuse services at the same time and in one setting.
- Moral Reconciliation Therapy (MRT) is a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning. Its cognitive-behavioral approach combines elements from a variety of psychological traditions to progressively address ego, social, moral, and positive behavioral growth. MRT takes the form of group and individual counseling using structured group exercises and prescribed homework assignments. The MRT workbook is structured around 16 objectively defined steps (units) focusing on seven basic treatment issues: confrontation of beliefs, attitudes, and behaviors; assessment of current relationships; reinforcement of positive behavior and habits; positive identity formation; enhancement of self-concept; decrease in hedonism and development of frustration tolerance; and development of higher stages of moral reasoning.

## Objectives

- Identify trainers
- Provide both intensive and on-going training with supervision and consultations for both professional and paraprofessional staff including peer clients and peer family members
- Provide and document improved outcomes
- Develop on-going evaluation and reporting for program improvement
- Promote cultural competence by building community teams to serve target groups
- Ensure that programs are accessible and culturally competent for racially, ethnically and culturally underserved communities
- Promote client and family member support by encouraging self-help and peer support
- Promote recovery, wellness and resiliency by:
  - Assessing and treating co-occurring disorders
  - Assessing and treating trauma
  - Using alternate treatment modalities to decrease medication need
  - Sharing innovative/best/promising/evidence-based practices
- Increase competency in the following areas:
  - Children & youth in foster care

- Trauma – identification and early intervention
- Maternal depression – identification and early intervention
- Prenatal to age three brain development and attachment/connectedness
- Early onset of serious psychiatric illness and early intervention
- Constructive parenting
- Peer and group supports

**Budget justification**

Training costs include trainer expense, including travel, lodging and per diem, facility, copying of materials, refreshments for attendees, and translation and interpretation services for non-English speaking trainees. This item also includes salary and benefit costs for .33 FTE Administrative Analyst position. Expenditures include: Trainer expense, including travel, lodging and per diem \$66,000; office supplies \$9,000; training materials \$23,640; translation services \$3,360; facilities rental \$4,200; refreshments \$4,560. Twenty-four training sessions are planned, with 600 total attendees. Funding for FY 2008-09 represents approximately one month of funding requested. Humboldt County is requesting funding to support the development and operation of this action through the end of FY 2009-10. To the extent that resources are available, Humboldt County intends to provide ongoing support for the WET component through the MHSA Integrated Plan beginning in FY 2010-11.

<b>FY 2008-09</b>	<b>FY 2009-10</b>
\$13,233	\$138,947

**Budgeted Amount: FY 2006-07: \$ 0    FY 2007-08: \$ 0    FY 2008-09: \$ 13,233**

**Please refer also to Exhibit E2\_WET for FY 2009-10 funding requests.**

**EXHIBIT 5: ACTION MATRIX**

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

<b>Actions</b> (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	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)
<b>Action # <u>1</u> :</b>  Support to peer volunteers and staff	X	X	X	X	X	X	X						X
<b>Action # <u>2</u> :</b>  Workforce development through e-learning technology	X	X	X	X	X	X					X		
<b>Action # <u>3</u> :</b>  Training for evidence- based practices and full service partnerships	X	X	X	X	X								

## EXHIBIT 6: BUDGET SUMMARY

<b>Fiscal Year: 2006-07</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support:	47,100		47,100
B. Training and Technical Assistance			
C. Mental Health Career Pathway Programs			
D. Residency, Internship Programs			
E. Financial Incentive Programs			
<b>GRAND TOTAL FUNDS REQUESTED for FY 2006-07</b>			<b>47,100</b>

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

<b>Fiscal Year: 2008-09</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support:		32,890	32,890
B. Training and Technical Assistance		20,733	20,733
C. Mental Health Career Pathway Programs			
D. Residency, Internship Programs			
E. Financial Incentive Programs			
<b>GRAND TOTAL FUNDS REQUESTED for FY 2008-09</b>			<b>53,623</b>

EXHIBIT E2-WET Funding Request

**FY 2009/10 Mental Health Services Act  
Workforce Education and Training Funding Request**

County: HUMBOLDT

Date: 3/11/2009

Workforce Training and Education Work Plans				FY 09/10 Required MHSA Funding	Estimated Funds Requested by Funding Category				
No.	Name	New (N)/ Approved Existing (E)			Workforce Staffing Support	Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive
1.	1	Workforce Staffing Support - Support to Peer Volunteers and Staff	N	\$245,934	\$245,934				
2.	2	Training and Technical Assistance - Workforce Development through e-Learning Technology	N	\$69,819		\$69,819			
3.	3	Training and Technical Assistance - Training for Evidence-Based Practices and Full Service Partnerships	N	\$138,947		\$138,947			
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
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16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									
26.	Subtotal: Work Plans			\$454,700	\$245,934	\$208,766	\$0	\$0	\$0
27.	Plus County Administration			\$45,461					
28.	Plus Optional 10% Operating Reserve			\$50,016					
29.	Total MHSA Funds Required for Workforce Education and Training			\$550,177					

**EXHIBIT 7: ANNUAL PROGRESS REPORT (NOTE: This exhibit is for information purposes only, and does not need to be submitted with the Plan.)** List any objectives from any of the Actions that have been met during the period being reported, any issues that significantly impact on the accomplishment of objectives, and any positive accomplishments. Events, milestones, products, or outcomes are to be reported as measurable activities that can be quantitatively compared for the duration of the contract period.

County: \_\_\_\_\_

Component: **Workforce Education and Training**

Fiscal Year: \_\_\_\_\_ Period Covered: \_\_\_\_\_

**Progress on Objectives (short narratives, below)**

Workforce Staffing Support:

Training and Technical Assistance:

Mental Health Career Pathways Programs:

Residency, Internship Programs:

Financial Incentive Programs:

**Form completed by:** Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

# Attachment A



**MONDAY, APRIL 27, 2009  
4:30-5:30pm  
LARGE MEZZANINE CONFERENCE ROOM  
HUMBOLDT COUNTY  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PROFESSIONAL BUILDING  
507 F STREET  
EUREKA, CA 95501**

**I. Mental Health Board Meeting**

- A. Call to order
- B. Roll call, introduction of staff and guests
- C. Action items:
  - 1) Mental Health Services Act Public Hearing for the
    - Fiscal Year 2009-2010 Update
    - Workforce Education and Training Plan
    - Capital Facilities and Information Technology Plan
    - Information Technology Project
- D. Adjournment

x = Enclosure

DHHS=Department of Health and Human Services, 507 F Street, Eureka

HCMH = Humboldt County Mental Health, 720 Wood Street, Eureka

CYFS = Children Youth and Family Services, 1711 Third Street, Eureka



# Attachment B



# County of Humboldt Department of Health & Human Services

## Mental Health Branch

Karolyn Stein, RN, Branch Director

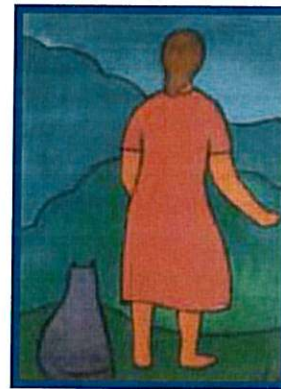


## Mental Health Services Act (MHSA)

### About The Mental Health Services Act

The Mental Health Services Act (MHSA) provides funding to counties to expand and develop innovative and integrated mental health services for children, youth, adults, and older adults. California voters passed Prop 63 in November 2004 as the result of a grassroots coalition intending to transform public mental health care.

The intent of this website is to inform and invite you to participate in the implementation of the MHSA.



"Maggie and Jane"  
Maggie had found a  
home  
~ Louise Hope ~

- [Full text of the Mental Health Services Act](#)
- [Acta de Servicios de Salud Mental](#)

The Mental Health Services Act addresses a broad continuum of prevention, early intervention, and service needs.

- Older / Dependent Adult Services provides co-located, integrated mental health services by a clinician, with the Adult Protective Services (APS) and In-Home Supportive Services (IHSS) Program.
- Crisis Intervention Services (CIS) provides the coordination of crisis intervention services in partnership with law enforcement.
- The Alternative Response Team (ART) is an innovative, multi-agency program aimed at those at-risk families that would benefit from early intervention and services.
- Comprehensive Community Treatment (CCT) is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness.
- Hope Center is a client and family member center, that provides peer-to-peer education, support, prevention services, wellness activities, and system navigation. To contact the Hope Center, call (707) 441-3723.
- Rural Outreach Services Enterprise (ROSE) provides Mental Health, Alcohol and Other Drug, Social Services, and Public Health mobile outreach services to outlying communities.
- Telemedicine services provide medication support to outlying areas.
- Support to Transitional Age Youth (TAY) Organizations.
- The Mental Health Liaison works with families and individuals in the community who have mental health questions, concerns, or need support.

## Public Comment! Participate! Be informed!

Mental Health Services Act Plans and Updates are available for a 30-day comment period before they are submitted to the State Department of Mental Health. When a Plan or Update is available for Public Comment it will be located in the **MHSA Documents Open for Public Comment** section.

### MHSA Plans or Updates may be obtained in several ways:

- Click on the name of the document below to view or print.
- Click on document below to view and on the last page will be listed the locations hard copies are available during the 30-day Comment Period.
- E-mail or call with your mailing address or email address and request the document.

### Submitting a Public Comment during the 30-day Comment Period may be done in several ways:

Click on the document below to view it and on the last page of the document will be listed the locations "MHSA Comment Boxes" are available during the 30-day Comment Period.

- Email: [mhsacomments@co.humboldt.ca.us](mailto:mhsacomments@co.humboldt.ca.us)
- Comment line phone number: **(707) 441-3770**
- Toll Free number: **(866) 320-8911**

### MHSA Documents Open for Public Comment!

- [MHSA Workforce Education and Training Plan](#)
- [MHSA Capitol Facilities & Information Technology \(IT\) Plan and \(IT\) Project Proposal](#)

### Previous MHSA Documents

#### 2009

- [MHSA Fiscal Year 2009-2010 Update](#)
- [Prevention Early Intervention Technical Assistance Request](#)

#### 2008

- [MHSA Housing Assignment Letter](#)
- [MHSA Prevention and Early Intervention Plan](#)
  - [Suicide in Humboldt County 2003-2007](#)
  - [Humboldt County Strategic Prevention Plan](#)
  - [Recommendation Submitted by Advisory groups to MHSA Steering Committee](#)
  - [Integrated Services Initiative 2007-2010 Strategic Plan](#)
  - [California Strategic on Suicide Prevention: Every Californian is part of the Solution](#)
  - [Eliminating Stigma and Discrimination Against Persons with Mental Health Disabilities. A Project of the Mental Health Services Act](#)
  - [Early Intervention for Transitional Age Populations](#)
- [MHSA Prevention and Early Intervention Assignment Letter](#)
- [MHSA Community Services and Supports Fiscal Year 2008-2009 Update](#)

#### 2007

- [Community Services and Supports Implementation Progress Report](#)
- [Community Services and Supports FY05/06 Remaining Funds Plan](#)
- [Community Services and Supports One-Time Augmentation Plan](#)
- [Community Services and Supports Expansion Plan](#)

**2006**

- [Community Services and Supports Implementation Progress Report](#)

**2005**

- [Community Services and Supports Plan](#)
- [Executive Summary Community Services and Supports Plan](#)
- [Framework for Community Input](#)
- [MHSA Advisory Group Recommendations](#)

**Site Links**

- [Comprehensive Community Treatment Program](#)
- [Crisis Intervention Services](#)

**Web Links**

- [California Department of Mental Health \(MHSA\)](#)
- [California Network of Mental Health Clients \(CNMHC\)](#)
- [National Alliance for the Mentally Ill \(NAMI\)](#)

# Attachment C



Humboldt County Department of Health and Human Services  
**Mental Health Services Act**

*Provides funding to expand and develop innovative and integrated mental health services*

*What do you think?*

**Public Comment**

**March 28th – April 26th**

*\*Workforce Education and Training Plan\**

*\*Capital Facilities and Information Technology Plan and Project Proposal\**

*Documents are available and comments may be placed in the*  
**"MHSA Comment Box"**

- Humboldt County DHHS Professional Building:  
507 F Street, Eureka
- Humboldt County DHHS Mental Health Branch  
Children Youth and Family Services:  
1711 3<sup>rd</sup> Street, Eureka
- Humboldt County DHHS Mental Health Branch  
Garberville Office:  
727 Cedar Street
- Humboldt County DHHS Mental Health Branch:  
720 Wood Street, Eureka
- Hope Center: 2933 H Street, Eureka
- website: <http://co.humboldt.ca.us/HHS/MHB/MHSA/>
- Humboldt County DHHS Mental Health Branch  
Willow Creek Office:  
77 Walnut Way

**Public Hearing on April 27<sup>th</sup>**

Humboldt County Department of Health and Human Services Large Mezzanine

507 F Street in Eureka from **4:30 to 5:30pm**

To request documents be sent to you or to make  
a comment please contact us at:

**Phone:** (707) 441-3770

**Toll free:** (866) 320-8911

**Email:** [mhsacomment@co.humboldt.ca.us](mailto:mhsacomment@co.humboldt.ca.us)

**Address:** Department of Health and Human  
Services, Mental Health Branch  
Attn: Jaclyn Culleton  
720 Wood Street  
Eureka, Ca 95501



# Attachment D

Times-Standard  
 Saturday 4/11/09 page 2

gressed. Police in San Jose have received leads from potential witnesses, Sgt. Ronnie Lopez said, and FBI spokesman Brian Hale said the incident had no connection to terrorism. He did not elaborate on how that determination had been made.

AT&T Inc., which owns six of the severed cables, posted a \$100,000 reward for information leading to an arrest, then raised that to \$250,000 on Friday "as the full scope of the vandalism became more clear."

year-old daughter in the back seat of her car.

Susie Young Kim, 37, of Irvine was found slumped over the wheel of the car and her daughter was unharmed and taken into protective custody at a children's home, police said.

"We don't know what led the officer to shoot," Santa Ana police Cmdr. Tammy Franks said. "I have no reason to believe he knew she had a child in the car."

The chase began just after 12:30 a.m. when an

Anaheim, Fullerton, Tustin and Santa Ana, reaching speeds of up to 110 mph on the southbound Interstate 5 in a chase that lasted 30 minutes, Franks said.

Kim rammed two police cars in Tustin when police tried to trap the car with a maneuver, Kohanek said. An officer saw a child's car seat in the back of her car and told their colleagues over the emergency radio, but Kohanek added that sometimes officers miss radio transmissions.

The district attorney's office was investigating.

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Humboldt County Department of Health and Human Services  
**Mental Health Services Act**  
*Provides funding to expand and develop innovative and integrated mental health services*

*What do you think?*

**Public Comment**  
**March 28th - April 26th**  
 \*Workforce Education and Training Plan\*  
 \*Capital Facilities and Information Technology Plan and Project Proposal\*

*Documents are available and comments may be placed in the "MNSA Comment Box"*

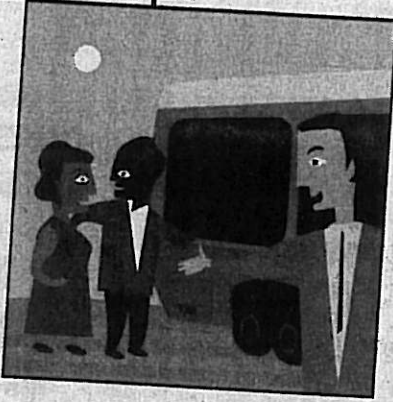
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- Humboldt County DHHS Mental Health Branch Children Youth and Family Services: 1711 3<sup>rd</sup> Street, Eureka
- Humboldt County DHHS Mental Health Branch Garberville Office: 727 Cedar Street
- Humboldt County DHHS Mental Health Branch: 720 Wood Street, Eureka
- Hope Center: 2933 H Street, Eureka
- website: <http://co.humboldt.ca.us/HHS/MHB/MNSA/>
- Humboldt County DHHS Mental Health Branch Willow Creek Office: 77 Walnut Way

**Public Hearing on April 27<sup>th</sup>**  
 Humboldt County Department of Health and Human Services Large Mezzanine  
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**Toll free: (866) 320-8911**  
**Email: [mhsacomment@co.humboldt.ca.us](mailto:mhsacomment@co.humboldt.ca.us)**

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