NEVADA COUNTY
HEALTH & HUMAN SERVICES AGENCY

BEHAVIORAL HEALTH DEPARTMENT
(Mental Health, Drug and Alcohol Program)

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Workforce Education and Training Component
Three Year Program and Expenditure Plan
FY 2006-07 to FY 2008-09

Approved
June 17, 2009

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: Nevada Date: March 3, 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 that are capable of providing client- and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes. This Workforce Education and Training component has been developed with stakeholders and public participation. All input has been considered, with adjustments made, as appropriate.

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

County Mental Health Director
Printed Name: Michael Heggarty

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.

Nevada County's planning process for the implementation of the Mental Health Service Act (MHSA) began in 2005. Nevada County initiated its planning process for MHSA Workforce Education and Training building on the stakeholder input obtained during the initial community planning for Community Services and Support (CSS) funds. The CSS plan allocated one time training funds for Workforce Education and Training. The Workforce Education and Training (WET) subcommittee was formed in July of 2007, blending the one time training fund planning and WET subcommittees into one. The WET subcommittee has met on a monthly basis since July of 2007.

Representatives on the WET subcommittee during various times have included individuals from the National Alliance on Mental Illness (NAMI), SPIRIT Peers for Independence and Recovery, Inc., Turning Point, Eastfield Ming Quong - FamiliesFirst (EMQ), Charis Youth Center, Northern Sierra Rural Health Network, Sierra Family Medical Clinic, Sierra Nevada Memorial Hospital Home Care, Community Recovery Resources (CORR) and Victor Community Services and Support, in addition to County Behavioral Health staff members, consumers and family members.

The stakeholders that have been included in the process include Michael Heggarty, MFT, Nevada County Behavioral Health Director; Rebecca Slade, MFT Nevada County Children's Behavioral Health Program Manager; Robert Gillespie, MFT, Nevada County Behavioral Health Program Manager; Jenene Sowell, MFT, Nevada County Behavioral Health Adult Services; Michele Violett, Nevada County Health and Human Services Analyst; Denise Harben, Nevada County Behavioral Health MHSA WET Coordinator; Donna Hendrich, Nevada County Behavioral Health Adult Services; Iden Rogers, Nevada County Mental Health Board Member and consumer; Lael Walz, EMQ-FamiliesFirst employee, NAMI member, CHARIS Youth Center, wife and mother of mental health transition age youth (TAY) and adult consumer; Carol Miller, NAMI member and mother of mental health consumer; Heather Peterman, SPIRIT representative and consumer; Jim Perkins, Northern Sierra Rural Health Network; Andrea Skeen, Sierra Nevada Memorial Hospital Home Care psychiatric nurse and mother of a mental health TAY consumer; Joan Buffington, MFT, SPIRIT representative and Turning Point employee; Peter Van Houten M.D. Sierra Family Medical Clinic; Joyce Peterman, CORR and mother of an adult consumer; Carol Fuller-Powell, Charis Youth Center Director and mother of an adult consumer; Tim Conn, Nevada County Health and Human Services Privacy Officer; Warren Daniels, CORR Executive Director; Jim Phelps, CORR; Scottie Hart, Turning Point Client Advocate and consumer; Martin Polt, Nevada County Behavioral Health Administrative Services Officer; Barbara Lindsay Burns, SPIRIT representative and consumer; Matt Madaus MFT, Victor Community Support and Services Director; Freddie-Ruth Levitt, Victor Community Support and Services Director; Cindy Maple, Hospitality House and Dawnielle Baker, MFT, EMQ-FamiliesFirst Director.

The following meetings have been held with these individuals in attendance in person or via teleconference:

July 20, 2007	Lael Walz, Jim Perkins, Andrea Skeen, Carol Miller, Joan Buffington, Iden Rogers, Heather Peterman, Peter Van Houten, Bob Gillaspie
August 24, 2007	Iden Rogers, Carol Miller, Lael Walz, Jim Perkins, Joan Buffington, Bob Gillaspie, Heather Peterman, Andrea Skeen, Peter Van Houten
September 30, 2007	Carol Miller, Lael Walz, Jim Perkins, Bob Gillaspie, Iden Rogers, Joyce Peterman, Joan Buffington
October 24, 2007	Carol Miller, Lael Walz, Jim Perkins, Bob Gillaspie, Iden Rogers
November 7, 2007	Carol Miller, Lael Walz, Jim Perkins, Bob Gillaspie, Peter Van Houten, Heather Peterman
January 18, 2008	Joan Buffington, Lael Walz, Carol Miller, Heather Peterman, Iden Rogers, Carol Fuller-Powell, Tim Conn, Becky Slade, Denise Harben, Bob Gillaspie
February 8, 2008	Tim Conn, Warren Daniels, Bob Gillaspie, Denise Harben, Carol Miller, Heather Peterman, Jim Phelps, Iden Rogers
March 7, 2008	Joan Buffington, Denise Harben, Michael Heggarty, Carol Miller, Heather Peterman, Jim Phelps, Iden Rogers, Rebecca Slade, Lael Walz
April 18, 2008	Joan Buffington, Denise Harben, Donna Hendrich, Carol Miller, Heather Peterman, Jim Phelps, Iden Rogers, Rebecca Slade, Michele Violett, Lael Walz
May 30, 2008	Denise Harben, Michael Heggarty, Carol Miller, Scottie Hart, Heather Peterman, Iden Rogers, Rebecca Slade, Michele Violett, Lael Walz
June 20, 2008	Denise Harben, Michael Heggarty, Donna Hendrich, Carol Miller, Heather Peterman, Iden Rogers, Rebecca Slade, Michele Violett, Lael Walz
July 18, 2008	Scottie Hart, Michael Heggarty, Carol Miller, Heather Peterman, Martin Polt, Iden Rogers, Lael Walz
August 15, 2008	Barbara Lindsay-Burns, Denise Harben, Iden Rogers, Michele Violett, Lael Walz
September 12, 2008	Denise Harben, Donna Hendrich, Matt Madaus, Carol Miller, Heather Peterman, Michele Violett, Lael Walz
October 9, 2008	Denise Harben, Carol Miller, Jenene Sowell
November 14, 2008	Denise Harben, Matt Madaus, Carol Miller, Michele Violett, Lael Walz
December 12, 2008	Dawnielle Baker, Denise Harben, Heather Peterman, Iden Rogers, Michele Violett, Lael Walz
January 23, 2009	Denise Harben, Iden Rogers, Jenene Sowell, Lael Walz
February 18, 2009	Denise Harben, Carol Miller, Iden Rogers, Michele Violett, Lael Walz

A survey was developed to provide staff, consumers, family members, network providers, contract providers and community stakeholders the opportunity for feedback. The survey was conducted electronically and stakeholders were notified via email, the website and personal invitation to provide their feedback. Over 500 organizations and individuals were contacted. A total of one hundred and three (103) surveys were completed. See Appendix A for a copy of the survey.

The Workforce Needs assessment was completed with input from staff, contract providers and community input.

In addition to solicit even more input, personal contact was made by phone and in person by the WET Subcommittee members to a number of community stakeholder organizations including NAMI, EMQ, SPIRIT, FREED Center For Independent Living, CORR, Turning Point, Victor Community Services and Support, Hospitality House, Nevada County Forsenic Task Force on Mental Health, MHSA Steering Committee, Nevada County Mental Health Board and staff for Behavioral Health and contract providers during our plan development. The stakeholders that participated were supportive of the direction and actions in this plan.

The WET Subcommittee plans to continue to meet on a monthly basis when the plan is approved, moving to quarterly as implementation rolls, and eventually meeting on an as needed basis to monitor the progress and oversee any implementation needs.

A complete draft of the Workforce Education and Training Plan including all exhibits was posted for public review and comment beginning March 3, 2009 and ending on April 1, 2009. An electronic copy was accessible through the county's website. The plan information was released to newspapers through Nevada County in addition to the website notification and an extensive email notification to our contact list. Public review and comments were obtained during a public hearing at the Mental Health Board meeting on March 6, 2009. A second Public Hearing was held on April 3, 2009 after the close of the 30-day public review period.

Public comment received:

1. Nevada County One-Stop Shop (Nevada County's employment and training center) would like to be a stakeholder in the WET planning and implementation process. Members of that government agency have been added to the MHSA email contact list.
2. The Depression and Bipolar Support Alliance (DBSA) submitted a letter dated March 31, 2009 requesting that WET funds be used to train some clinicians to use psychotherapies developed specifically for persons with bipolar disorder. DBSA attended the February 6, 2009 Mental Health Board Public Hearing. DBSA stated that they would have liked to have received the survey we sent out during the community planning period. DBSA verbally stated they would like specialized evidence based training for licensed providers who provide services to adults with mood disorders. DBSA also attended the April 3, 2009 Public Hearing Meeting and presented the letter dated March 31, 2009 to the Mental Health Board. Under the Training and Technical Assistance Action #2-Title: Development of Staff, Contract Providers, Community Partners, Consumers and Family Members we will be providing training to clinicians. DBSA has been invited to participate in the planning process to determine which trainings to conduct. They have also been invited to participate as part of the MHSA Steering Committee and/or MHSA Subcommittees. Representatives of DBSA are included on the MHSA email contact list. We do not need to adjust the plan.

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)						
				White/ Cau-casian	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	# FTE filled **(5)+(6)+ (7)+(8)+ (9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. *Unlicensed* Mental Health Direct Service Staff:										
County (employees, independent contractors, volunteers):										
Mental Health Rehabilitation Specialist	0	0	0							
Case Manager/Service Coordinator	4.5	0	3.0							
Employment Services Staff.....	0	0	0							
Housing Services Staff	0	0	0							
Consumer Support Staff	0.5	1.0	1.0							
Family Member Support Staff	0	0	1.0							
Benefits/Eligibility Specialist	0	0	0							
Other *Unlicensed* MH Direct Service Staff	0	0	0	(*Unlicensed* Mental Health Direct Service Staff; Sub-Totals Only) ⬇						
Sub-total, A (County)	**5.0**	**1.0**	**5.0**	**4.0**	**0**	**0**	**0**	**0**	**0**	**4.0**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Mental Health Rehabilitation Specialist	5.0	0	0							
Case Manager/Service Coordinator	8.5	0	1.0							
Employment Services Staff.....	1.0	1.0	1.0							
Housing Services Staff	1.0	1.0	1.0							
Consumer Support Staff	2.5	0	0							
Family Member Support Staff	0.5	1.0	1.0							
Benefits/Eligibility Specialist	0	0	0							
Other *Unlicensed* MH Direct Service Staff	5.7	0	0	(*Unlicensed* Mental Health Direct Service Staff; Sub-Totals and Total Only) ⬇						
Sub-total, A (All Other)	**24.2**	**3.0**	**4.0**	**19.2**	**1.0**	**1.0**	**1.0**	**0**	**0**	**22.2**
Total, A (County & All Other):	**29.2**	**4.0**	**9.0**	**23.2**	**1.0**	**1.0**	**1.0**	**0**	**0**	**26.2**

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)						
				White/ Cau-casian	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	# FTE filled **(5)+(6)+ (7)+(8)+ (9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
B. *Licensed* Mental Health Staff (direct service):										
County (employees, independent contractors, volunteers):										
Psychiatrist, general	2.0	1.0	1.0							
Psychiatrist, child/adolescent	0	1.0	0.25							
Psychiatrist, geriatric	0	0	0							
Psychiatric or Family Nurse Practitioner	0	0	0							
Clinical Nurse Specialist	0	0	0							
Licensed Psychiatric Technician	1.0	1.0	0							
Licensed Clinical Psychologist	1.0	1.0	0							
Psychologist, registered intern (or waivered)	1.5	0	1.0							
Licensed Clinical Social Worker (LCSW)	0	0	0							
MSW, registered intern (or waivered)	0	0	0							
Marriage and Family Therapist (MFT)	11.5	0	3.0							
MFT registered intern (or waivered)	2.0	0	0							
Other *Licensed* MH Staff (direct service)	0	0	0							
				(*Licensed* Mental Health Direct Service Staff; Sub-Totals Only) ⬇						
Sub-total, B (County)	**19.0**	**4.0**	**5.25**	**15.0**	**1.0**	**0**	**0**	**0**	**1.0**	**17.0**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Psychiatrist, general	1.73	1.0	0							
Psychiatrist, child/adolescent	0	0	0							
Psychiatrist, geriatric	0	0	0							
Psychiatric or Family Nurse Practitioner	.5	1.0	0.5							
Clinical Nurse Specialist	0	0	0							
Licensed Psychiatric Technician	2.2	0	0							
Licensed Clinical Psychologist	1.0	0	0							
Psychologist, registered intern (or waivered)	0	0	0							
Licensed Clinical Social Worker (LCSW)	2.25	0	0							
MSW, registered intern (or waivered)	0	0	0							
Marriage and Family Therapist (MFT)	8.35	0	0							
MFT registered intern (or waivered)	3.0	0	0							
Other *Licensed* MH Staff (direct service)	6.8	0	0	(*Licensed* Mental Health Direct Service Staff; Sub-Totals and Total Only) ⬇						
Sub-total, B (All Other)	**25.83**	**2.0**	**.5**	**23.33**	**0**	**2.0**	**0**	**0**	**0**	**25.33**
Total, B (County & All Other):	**44.83**	**6.0**	**5.75**	**38.33**	**1.0**	**2.0**	**0**	**0**	**1.0**	**42.33**

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	# 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	0	0	0							
Registered Nurse	0	0	0							
Licensed Vocational Nurse	1.5	1.0	0							
Physician Assistant	0	0	0							
Occupational Therapist	1.0	1.0	0							
Other Therapist (e.g., physical, recreation, art, dance)	0	0	0							
Other Health Care Staff (direct service, to include traditional cultural healers)	0	0	0	(Other Health Care Staff, Direct Service; Sub-Totals Only) ⬇						
Sub-total, C (County)	**2.5**	**2.0**	**0**	**2.0**	**0**	**0**	**0**	**0**	**0**	**2.0**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Physician	0	0	0							
Registered Nurse	0.6	0	0							
Licensed Vocational Nurse	0.2	0	0							
Physician Assistant	0	0	0							
Occupational Therapist	0	0	0							
Other Therapist (e.g., physical, recreation, art, dance)	0	0	0							
Other Health Care Staff (direct service, to include traditional cultural healers)	0	0	0	(Other Health Care Staff, Direct Service; Sub-Totals and Total Only) ⬇						
Sub-total, C (All Other)	**0.8**	**0**	**0**	**0.8**	**0**	**0**	**0**	**0**	**0**	**0.8**
Total, C (County & All Other):	**3.3**	**2.0**	**0**	**2.8**	**0**	**0**	**0**	**0**	**0**	**2.8**

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)						
				White/ Cau-casian	Hispanic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	# FTE filled **(5)+(6)+ (7)+(8)+ (9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
D. Managerial and Supervisory:										
County (employees, independent contractors, volunteers):										
CEO or manager above direct supervisor.....	1.0	1.0	0							
Supervising psychiatrist (or other physician)	0	0	0							
Licensed supervising clinician.....	1.0	1.0	1.0							
Other managers and supervisors.....	3.5	1.0	0							
				(Managerial and Supervisory; Sub-Totals Only) ⬇						
Sub-total, D (County)	**5.5**	**3.0**	**1.0**	**4.5**	**0**	**0**	**0**	**0**	**0**	**4.5**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
CEO or manager above direct supervisor.....	1.7	1.0	0							
Supervising psychiatrist (or other physician)	0	0	0							
Licensed supervising clinician.....	3.1	1.0	0							
Other managers and supervisors.....	1.0	0	0							
				(Managerial and Supervisory; Sub-Totals and Total Only) ⬇						
Sub-total, D (All Other)	**5.8**	**2.0**	**0**	**5.8**	**0**	**0**	**0**	**0**	**0**	**5.8**
Total, D (County & All Other):	**11.3**	**5.0**	**1.0**	**10.3**	**0**	**0**	**0**	**0**	**0**	**10.3**
E. Support Staff (non-direct service):										
County (employees, independent contractors, volunteers):										
Analysts, tech support, quality assurance.....	**4.0**	**0**	**2.0**							
Education, training, research	**0**	**0**	**0**							
Clerical, secretary, administrative assistants	**10.0**	**0**	**2.0**							
Other support staff (non-direct services).....	**0.5**	**0**	**0**							
				(Support Staff; Sub-Totals Only) ⬇						
Sub-total, E (County)	**14.5**	**0**	**4.0**	**12**	**0**	**0**	**0**	**1.0**	**0**	**13**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Analysts, tech support, quality assurance.....	**0**	**0**	**0**							
Education, training, research	**0.5**	**0**	**0**							
Clerical, secretary, administrative assistants	**7.4**	**0**	**0**							
Other support staff (non-direct services).....	**0**	**0**	**0**							
				(Support Staff; Sub-Totals and Total Only) ⬇						
Sub-total, E (All Other)	**7.9**	**0**	**0.0**	**6.9**	**0**	**0**	**1.0**	**0**	**0**	**7.9**
Total, E (County & All Other):	**22.4**	**0**	**4.0**	**18.9**	**0**	**0**	**1.0**	**1.0**	**0**	**20.9**

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)						
				White/ Caucasian	Hispanic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	# FTE filled **(5)+(6)+ (7)+(8)+ (9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
***County (employees, independent contractors, volunteers)* (A+B+C+D+E).....**	**46.5**	**10.0**	**15.25**	**37.5**	**1.0**	**0**	**0**	**1.0**	**1.0**	**40.5**
***All Other (CBOs, CBO sub-contractors, network providers and volunteers)* (A+B+C+D+E) .....**	**64.53**	**7.0**	**4.5**	**56.03**	**1.0**	**3.0**	**2.0**	**0**	**0**	**62.03**
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	**111.03**	**17.0**	**19.75**	**93.53**	**2.0**	**3.0**	**2.0**	**1.0**	**1.0**	**102.53**

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**			**876**	**53**	**8**	**5**	**13**	**23**	**978**

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.....	3.0	1.0	1.0
Family Member Support Staff	0.5	1	2.0
Other *Unlicensed* MH Direct Service Staff.....	-	-	-
Sub-Total, A:	**3.5**	**2.0**	**3.0**
B. *Licensed* Mental Health Staff (direct service).....	**-**	**-**	**-**
C. Other Health Care Staff (direct service)	**-**	**-**	**-**
D. Managerial and Supervisory.....	**-**	**-**	**-**
E. Support Staff (non-direct services).....	**-**	**-**	**-**
GRAND TOTAL (A+B+C+D+E)	**3.5**	**2.0**	**3.0**

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 2 Others 0	Direct Service Staff 0 Others 0	Direct Service Staff 2 Others 0
2. Chinese	Direct Service Staff 0 Others 1	Direct Service Staff 0 Others 0	Direct Service Staff 0 Others 1
3. Dutch	Direct Service Staff 0 Others 1	Direct Service Staff 0 Others 0	Direct Service Staff 0 Others 1
4. French	Direct Service Staff 0 Others 1	Direct Service Staff 0 Others 0	Direct Service Staff 0 Others 1
5. Portuguese	Direct Service Staff 0 Others 1	Direct Service Staff 0 Others 0	Direct Service Staff 0 Others 1
6. German	Direct Service Staff 2 Others 0	Direct Service Staff 0 Others 0	Direct Service Staff 2 Others 0

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

A. Shortages by occupational category:

We struggle to recruit and retain psychiatrists and psychiatric nurses. We have enough interest in our therapist positions when there are open positions, however applicants with the ability to provide services in Spanish are difficult to recruit. There is currently a lack of outreach to the Hispanic residents, however we do anticipate an increase in services to this population as this is addressed. Our PEI plan is targeting outreach to the Hispanic population. As we increase our Spanish speaking workforce and outreach to the community we expect services to increase.

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

According to the Departments statistics, the total population of consumers served by Nevada County Behavioral Health Services was comprised of 92% Non-Latino Caucasians, 3% Latinos, 1% African Americans, 2% of other and 2% unknown race. The Latino population in Nevada County is still relatively small, but growing. According to the US Census Bureau the Hispanic or Latino population is 6.9% of the counties' population, however we are not serving that population proportionately. The Nevada County Behavioral Health staff and contract providers closely mirror this population with of 92% Non-Latino Caucasians, 2% Latinos, 3% African Americans, 2% Asian, 1% American Indian and less than1% of other.

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

Our Full Service Partnership contracts have peer support and family advocate support positions designated as part of the contract. We have .5 FTE Family Member Support Staff and Consumer Support Staff of 2.5 FTE. All these positions are part time staff, and encompass 8 different individuals in these roles. Expansion into other areas and positions is an opportunity for Nevada County to address.

D. Language proficiency:

Nevada County does have a need for Spanish-speaking staff, particularly in the Truckee area. The County currently has two clinical staff members who are Spanish-speaking. At this time they cover the need, however it is very difficult to fill clinical service positions and administrative staff with qualified Spanish-speaking staff. Candidates with both mental health expertise and a bilingual capability are particularly difficult to recruit. There are staff and contract providers that have other language proficiencies including German, Chinese, French, Portuguese, and Dutch, however these languages are rarely or never needed.

E. Other, miscellaneous:

Expansion of services is precluded due to fiscal and political constraints. Filling positions in this county is generally difficult due to the high cost of living as a result of the high cost of housing, travel and food as compared to our border counties that pay more and have a lower cost of living. Positions in Truckee are particularly difficult to recruit candidates. In addition to the high cost of living, it is also located 52 miles from the central county facilities making centralized training and staff meetings difficult, and has harsh winter weather conditions.

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: MHSA Coordinator and MHSA Administrative Support

Description: The MHSA Coordinator is a full time staff position dedicated to the implementation of the local MHSA plan. This individual will have the responsibility of coordinating all aspects of planning and implementation phases of the Workforce Education and Training plan. An estimated 25% of this individual's time will be dedicated to Workforce Education and Training. This is a key leadership role including attendance at local and statewide stakeholder processes, participation in regional meetings, statewide meetings, coordination of all tasks related to the development and implementation of the Workforce Education and Training components, and timely submission of all reports and plan updates to the Department of Mental Health (DMH).

A clerical position will support the administrative requirements of the MHSA Coordinator with all Workforce Education and Training activities. This will include maintaining documentation, minutes, agendas, reports, and administration of the multi-media library.

Objectives:

1. **Provide leadership for the ongoing development and implementation of the Workforce Education and Training plan and activities.**
2. **Provide updates to the Nevada County Mental Health Board, the California Department of Mental Health, and the Nevada County Behavioral Health Management as required.**
3. **Prepare and submit progress reports as required per the DMH guidelines.**
4. **Monitor and evaluate WET programs to ensure they are effective, recommending modifications as needed.**
5. **Facilitate the WET Subcommittee and be the liaison to all other MHSA committees.**
6. **Develop and monitor contracts with all providers of Workforce Education and Training programs and services.**
7. **Work with consultants to assess, develop and recommend programs at the community college level including evaluation articulation components to connect across all institutions and assess education and enrollment capacity.**
8. **Clerical support for the MHSA Coordinator for WET activities, documentation and implementation of the action plans.**
9. **Maintain the multi-media lending library.**

Budget justification:

- **Salary and benefits for a .25 FTE of the MHSA Program Coordinator (.25 *$89,432), $22,358 for FY 08-09.**
- **Salary and benefits for a .25 FTE a clerical support position (.25 * $55,000), $13,750 for FY 08-09.**

Total Annual Cost: $36,108

Nevada County is requesting funding to support the development of operation of this Action through the end of Fiscal Year 2011/2012. The budgeted amount below represents 4 times the estimated annual cost of this Action. Nevada County intends to provide ongoing support of this WE&T Component though the MHSA Integrated Plan beginning in Fiscal Year 2012/2013. Additionally, Nevada County received $33,800 in Fiscal Year 2006/2007 to fund staff to coordinate the community planning process.

Budgeted Amount:	**FY 2006-07: $33,800**	**FY 2007-08: $_____**	**FY 2008-09: $144,432**

B. TRAINING AND TECHNICAL ASSISTANCE

Action #2 – Title: Development of Staff, Contract Providers, Community Partners, Consumers and Family Members

Description: Training for staff, providers, and stakeholders will have several components. Consultants and training experts will be hired to train on various topics in their expertise that have been targeted through our survey process. In addition, monthly hour long teleseminars will be conducted at various facilities in the county. The last component will be the creation of a lending library for those who are unable to attend training or for those topics where it is more feasible for an individual to study on their own.

This training is designed to provide a coordinated, consistent approach to training and to enhance staff and management development through the integration of advancements in the field (e.g. evidence-based practices, best practices, leadership and management practices.). Trainings will be offered to county and contract CBO management and staff, consumers and family members and other key stakeholders, as appropriate. Transitional Age Youth (TAY) clients, adult consumers and family members who have completed peer trainings will be recruited as co-trainers, facilitators, and presenters to model wellness and recovery, as well as contract trainers, consultants, staff and our contract provider experts. Training in a variety of different areas is needed to transform the workforce to provide services with the MHSA essential elements. We will design and incorporate outcome measures to evaluate the effectiveness of each of our training programs.

Over twenty different topics were identified by stakeholders who responded to the training survey. The two topics with the highest interest were co-occurring mental health and substance use disorder (COD) and trauma assessment and interventions. These two are top priorities. Other topics will follow as time and funds allows. These included: Assessment, Diagnosis and Level of Care; Basic psychopharmacology, Biological and Physical Aspects of Mental Illness, Biopsychosocial Treatment Model, Cognitive Behavioral Therapy, Consumer & Family Involvement in Treatment & Recovery Plan Development, Cultural Competency in Assessment and Service Delivery, Dialectical Behavior Therapy, Education on supporting consumers, Expressive therapies, Family Focused Therapy, Family Multidimensional Treatment Foster Care, Functional Family Therapy, Help Families and Consumers Develop Natural Supports, Implementing Strength Based Interventions, Parent/Child Interactive Therapy, Principles of Recovery Based Practice, Social and Independent Living Skills, Working with Older Adults, Working with TAY, Stigma, Train Staff on Current Resources Available, Trauma Assessment & Interventions, and Wellness Recovery Action Plans. Other topics may be included as new research and information is provided.

Once a month teleseminars will be available to all staff members, contract providers, network providers, community partners, consumers and family members who are interested in attending. Teleseminars can easily be conducted at remote sites, at contractor facilities, in Truckee and doesn't require that they be held at a centralized Behavioral Health location. The topic subject will change, based upon expressed needs and the current month's available course offering. Many individuals

cannot get away for an entire day of training, however an hour of training is very feasible for many staff members. Outreach and publicity will be managed by the MHSA Administrative support person via the monthly contractor meeting, the monthly Behavioral Health meeting, electronically and through the WET Subcommittee members. The seminars will be provided by PESI, Professional Education Systems, Inc. and other organizations that may be identified as a fit.

A multi-media library will be created for staff, contract providers and community partners on various topics identified by the Behavioral Health Management Team. This will enable individuals with conflicts in attending the teleseminars to review the materials. Materials for a particular topic can be requested as the need arises. It will also include the video materials from trainings that staff are unable to attend. These materials will be available for community information and training such as the monthly NAMI meetings. There will be a central point of contact in the Behavioral Health Department that will coordinate the lending library. This was identified by the stakeholders who recognized the need to make materials available to those who are unable to attend the scheduled training events.

Objectives:

1. **To increase the knowledge and competency of Nevada County Behavioral Health staff, contract providers, community partners, consumers and family members.**
2. **To increase the knowledge and competency of wellness, recovery, and resiliency principles, cultural competence, and integrated services of mental health workers, community partners, consumers and family members.**
3. **Research, develop and incorporate culturally appropriate approaches in training materials and presentations.**
4. **Recruit TAY clients, consumers and family members to serve as trainers, facilitators and presenters for selected training activities.**
5. **Develop an evaluation tool to measure the effectiveness and impact of training curriculum for future improvements of training activities.**
6. **Coordinate, publicize and present teleseminars each month.**
7. **Provide at least 120 persons with teleseminar training, 12 sessions with a minimum of ten people at each session.**
8. **Create a resource of training materials including current evidence based practices, to make them available to staff, contract providers and community partners.**
9. **Include copies of all teleseminars and any other county training for those who are unable to attend.**
10. **The library will be monitored by clerical support to evaluate its use and effectiveness.**
11. **The MHSA Administrative support staff will also publicize the materials that are available in the library.**

Budget justification:

- **Training and technical assistance for trainers, materials, consultant fees and conference space, $24,692 annually. This includes purchase of curriculum, rental of training facilities, and fees for trainers/content experts. Trainers/content experts are budgeted at $1,500 per day for 10 days of training, $15,000 annually. Facility rental at $300 per day, $3,000 annually. Supplies, copying and curriculum of $669.20 per day for 10 days, $6,692 annually.**

- **Each teleseminar will range from $150 to $300 per session including the cost of the copies and general supplies for each session. Expect to spend $3,600 annually for at least 12 seminars.**

- **Library materials range in price from $100 to $500, including books, audio materials, DVD and computerized software. An annual budget of $2,000 per year is planned.**

  Total Annual Cost: $30,292

Nevada County is requesting funding to support the development of operation of this Action through the end of Fiscal Year 2009/2010. The budgeted amount below represents 4 times the estimated annual cost of this Action. Nevada County intends to provide ongoing support the WE&T Component though the MHSA Integrated Plan beginning in Fiscal Year 2010/2011.

Budgeted Amount:	**FY 2006-07: $_____**	**FY 2007-08: $_____**	**FY 2008-09: $ 121,168**

C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action #3 – Title: Career Ladder Program/Secondary and Post Secondary Education Program

Description: Nevada County will develop mental health career pathways across the education continuum, working with high schools and link to the local community colleges. We will work with community based organizations to accommodate school district requirements, connect with the Department of Rehabilitation; and collaborate with the community colleges to establish a curriculum that addresses the educational needs of students to prepare them to work in the mental health system. We will look to recruit culturally diverse bilingual students to meet our regional needs.

Objectives:

1. **Evaluate existing high school and community college programs using expert consultation from the Department of Mental Health/Department of Rehabilitation Cooperative Program.**
2. **Develop an educational program for specific entry-level positions.**
3. **Outreach to attract individuals into mental health service careers.**
4. **Integrate wellness, recovery, resiliency concepts and practices into educational curriculum.**
5. **Integrate evidenced- based concepts and practices into educational curriculum.**
6. **Recruit culturally diverse and bilingual and multilingual students to meet regional needs.**

Budget justification:

- **High School Program Development, support and operating expenses: $5,000. This may include hosting and paying for a Professional Development Institute in conjunction with the Department of Education to connect High School and post secondary educators and students. Costs may also include fees associated with faculty to set up in-class activities related to mental health careers, transportation for student, and visits to career centers and local colleges.**
- **Community College Curriculum Development and operating expenses including consultation from the Department of Mental Health/Department of Rehabilitation Cooperative Program: $10,000. This will include an evaluation of the curriculum as well as possible curriculum development or revision. This is based on estimates from the California Institute for Mental Health.**

Total Annual Cost: $15,000

Nevada County is requesting funding to support the development of operation of this Action through the end of Fiscal Year 2009/2010. The budgeted amount below represents 2 times the estimated annual cost of this Action. Nevada County will reevaluate the progress of this action at the end of two years to determine if ongoing support through the WET Component or other regional WET funding opportunities. Funding will also be requested through the California's Mental Health Cooperative Program which provides collaborative vocational rehabilitation services to assist persons with psychiatric disabilities. This will focus on building collaboration with local educational programs.

Budgeted Amount:	**FY 2006-07: $_____**	**FY 2007-08: $_____**	**FY 2008-09: $ 30,000**

D. RESIDENCY, INTERNSHIP PROGRAMS

Action #4 – Title: Expansion of Nevada County's Internship Program

Description: Our internship program will provide opportunities to engage, train, and recruit potential employees. Internships also offer opportunities for trainees to learn about public mental health in a variety of settings and to increase their "real world" focus and understanding. This Action is designed to coordinate and expand internships in order to increase the number of students placed within Nevada County settings, thereby increasing the possibility of recruiting these students for employment in the Nevada County workforce.

The greatest challenge to increasing the number of internships is the staff supervision required for students to earn supervised clinical hours towards licensure. Nevada County staff will identify specific supervision and training needs related to expanding internship placements and to assist in the development of strategies that will support these needs. The internship coordinator will coordinate non-clinical activities and serve as the single point of contact for educational institutions to publicize internship opportunities within Nevada County.

Objectives:

1. **To increase the number of internship placements available**
2. **To provide a training experience for mental health workforce**
3. **To expand services in the County through the internship program**
4. **To provide supervision for internship placements**

Budget justification:

- **Salary and benefits for a .20 FTE clinical supervisor to supervise interns and manage the program (.15 *$110,000), $16,500 for FY 08/09.**

  Total Annual Cost: $16,500

Nevada County is requesting funding to support the development of operation of this Action through the end of Fiscal Year 2011/2012. The budgeted amount below represents 4 times the estimated annual cost of this Action. Nevada County intends to provide ongoing support of this WE&T Component though the MHSA Integrated Plan beginning in Fiscal Year 2012/2013.

Budgeted Amount:	**FY 2006-07: $_____**	**FY 2007-08: $_____**	**FY 2008-09: $ 66,000**

E. FINANCIAL INCENTIVE PROGRAMS

Action #5 – Title: Scholarship Fund, Loan Assistance and a Speaker's Bureau

Description: Nevada County has three components for financial incentives; a scholarship fund, a loan assistance fund and the creation of a speaker's bureau.

Nevada County will establish a scholarship program for those willing to make a commitment to work with the public mental health system. Funds would be used to assist in paying the costs related to tuition, registration fees, books and supplies for staff and contract providers. Courses would require pre-approval and must support employment in the mental health field. Upon successful completion of each class with a grade of C or better, students can submit receipts for reimbursement from this fund. Funds would also be used to pay stipends for individuals with client and family member experience for participation and completion of education or training programs that enable them to work or volunteer within the public mental health system.

To address recruitment and retention of mental health program staff, a loan assistance fund will be created for those who meet selection criteria. This program is also known as loan forgiveness, repayment or a loan assumption, to pay either part or all of a current or prospective employee's educational loan debt in exchange for working in a position deemed hard-to-fill and/or retain by the employer. The process for applying and the selection criteria will be determined by the MHSA WET Subcommittee. Assistance with loans for Bachelors, Masters or Doctorate degrees in hard to fill positions. Selection criteria will be influenced by the applicant's language proficiency and/or rural cultural competency. By assisting with loan payment, an applicant would agree to a year-for-year commitment to work in public mental health. Loan payments on behalf of professional staff, would be made directly to their lending institution. Loan amounts paid on the employees' behalf will be noted on their annual IRS wage and earnings statement and will be subject to taxation.

Our stakeholder outreach indicated the need to expand client and family member involvement, and compensate them for their efforts. A consortium of consumers and family members will receive additional training, support, and mentorship opportunities to better enable them to speak at various events in the community. Stipends will be used to acknowledge the value of their work and experience. We will use a storytelling curriculum to train speakers in development of their skills and increase confidence in 'telling ones story."

Objectives:

1. **Assist staff and contract providers by providing financial support and incentives to further education.**
2. **Enable staff and contract providers to seek higher education to move forward in their career in the mental health field.**
3. **Develop a system for payment of scholarships.**

4. **Assist students with education planning, support, and mental health career pathway direction.**
5. **Create a policy including selection process and eligibility criteria for the loan assistance program. A committee will develop these policies and procedures.**
6. **Document the number of applicants and type of program for the scholarship fund and loan assumption programs.**
7. **Identify and contract with a vendor to manage the Loan Assumption Program.**
8. **Develop outcome measures to evaluate staff retention rates in county and contract CBO positions over time.**
9. **Develop a group of individuals for the speaker's bureau who are able to train and speak at community events. Ensure principles of wellness, recovery and resiliencies are incorporated in the training.**
10. **Provide training that will motivate and empower clients and family members to participate in a client and family driven system.**
11. **Provide translation and interpretation services for non-English speaking clients and family members to insure training will be available to all of our community.**

Budget justification:

- **A three unit class at $20 per unit, plus books and fees averages $250 per class. Estimate 20 classes per year, for $5,000 per year for four years for a total of $20,000.**
- **The loan assumption program will allocate $7,650 per year over a four year period. This will include the management fee for administration of the program. The Behavioral Health Management will use the selection criteria to award assistance to applicants. Total of $30,600.**
- **Form a group of potential speakers for the speaker's bureau that are trained. All engagements and stipends will be coordinated through the MHSA Coordinator. Members will be funded at a rate of $25 to $100 per engagement. Total expenditures are planned for $1,500 per year. This will include child care which will support the speaker's ability to be involved. Total cost for a period of four years is $6,000**
- **Conduct an on-site storytelling training seminar at $5,000 (One time training in Year 1)**

Total Annual Cost in Year 1: $19,150
Total Annual Cost in Year 2-4: $14,150 X 3 = $42,450

Nevada County is requesting funding to support the development of operation of this Action through the end of Fiscal Year 2011/2012. The budgeted amount below represents 4 times the estimated annual cost of this Action. Nevada County intends to provide ongoing support of this WE&T Component though the MHSA Integrated Plan beginning in Fiscal Year 2012/2013.

Budgeted Amount:	**FY 2006-07: $_____**	**FY 2007-08: $_____**	**FY 2008-09: $ 61,600**

EXHIBIT 5: ACTION MATRIX

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

Actions (as numbered in Exhibit 4, above)	Promotes wellness, recovery, and resilience	Promotes culturally competent service delivery	Promotes meaningful inclusion of clients/family members	Promotes an integrated service experience for clients and their family members	Promotes community collaboration	Staff support (infrastructure for workforce development)	Resolves occupational shortages	Expands postsecondary education capacity	Loan forgiveness, scholarships, and stipends	Regional partnerships	Distance learning	Career pathway programs	Employment of clients and family members within MH system
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Action # 1: MHSA Coordinator - Workforce Education & Training Coordination & Clerical Support	X	X	X	X	X	X	X	X	X	X	X	X	X
Action # 2: Development of Staff, Contract Providers, Community Partners, Consumers and Family Members	X	X	X	X	X	X	X	X			X	X	X
Action # 3: Career Ladder Program/Secondary Education	X	X	X	X	X	X	X	X		X	X	X	X
Action # 4 : Expansion of the Internship Program	X	X	X	X	X	X	X	X			X	X	
Action # 5: Scholarship Fund, Loan Assistance and Speaker's Bureau	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:	**$33,800.00**		**$33,800**
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	**$33,800**

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

Fiscal Year: 2008-09			
Activity	**Funds Approved Prior to Plan Approval (A)**	**Balance of Funds Requested (B)**	**Total Funds Requested (A + B)**
A. Workforce Staffing Support:			**$ 144,432**
B. Training and Technical Assistance			**$121,168**
C. Mental Health Career Pathway Programs			**$30,000**
D. Residency, Internship Programs			**$66,000**
E. Financial Incentive Programs			**$61,600**
		GRAND TOTAL FUNDS REQUESTED for FY 2008-09	**$423,200**

**** Nevada County WET Allocation is $457,000 through Fiscal Year 2017**

Appendix A

Nevada County - MHSA

Workforce Education and Training Survey

MHSA Workforce Education and Training Survey

1. Nevada County - Mental Health Service Act, Workforce Education and Training...

The Mental Health Services act designates funds for education and training of the public mental health workforce, based upon the county's approved three year training plan. The training can be foundational entry level to advanced practice. As part of the planning process we are interested in your input on staff development, training and education.

This survey is intended to assist in:
* Identifying the training tropics that would be most beneficial to the current workforce
* Advancing careers in the public mental health field
* Identifying the preferred learning methods

The five MHSA essentials elements are:
1 - Wellness focus, recovery and resiliency
2 - Culturally and linguistically competent
3 - Client and family driven system
4 - Integrated service experience
5 - Community collaboration

Any training should include one or more of these elements.

This anonymous questionnaire should take approximately 20 minutes to complete. There are no right or wrong answers. We appreciate your time and interest in completing the survey.

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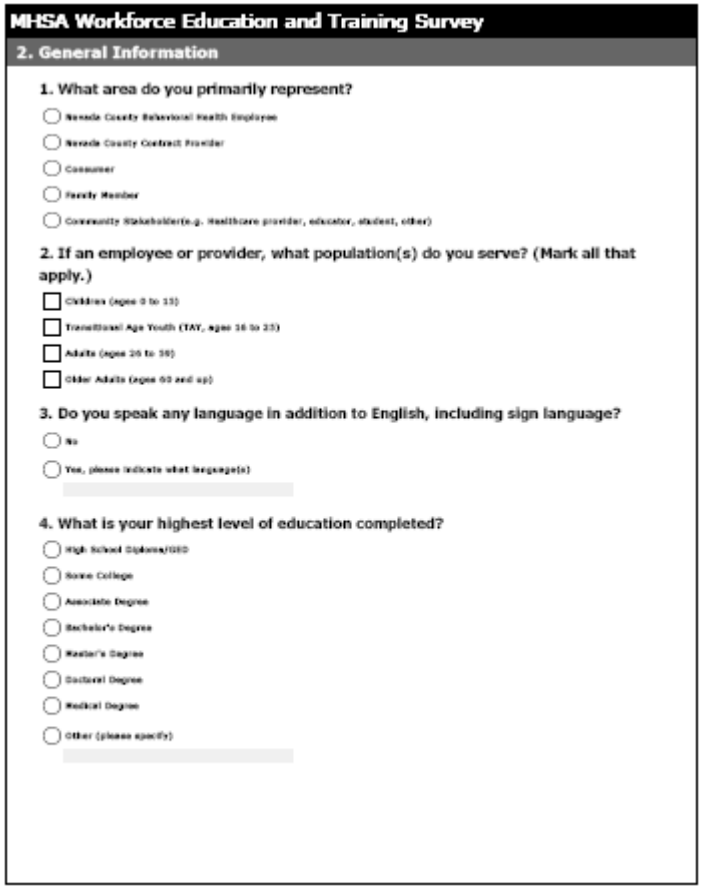

MHSA Workforce Education and Training Survey

2. General Information

1. What area do you primarily represent?

- ◯ Nevada County Behavioral Health Employee
- ◯ Nevada County Contract Provider
- ◯ Consumer
- ◯ Family Member
- ◯ Community Stakeholder(e.g. Healthcare provider, educator, student, other)

2. If an employee or provider, what population(s) do you serve? (Mark all that apply.)

- ☐ Children (ages 0 to 15)
- ☐ Transitional Age Youth (TAY, ages 16 to 25)
- ☐ Adults (ages 26 to 59)
- ☐ Older Adults (ages 60 and up)

3. Do you speak any language in addition to English, including sign language?

- ◯ No
- ◯ Yes, please indicate what language(s)

4. What is your highest level of education completed?

- ◯ High School Diploma/GED
- ◯ Some College
- ◯ Associate Degree
- ◯ Bachelor's Degree
- ◯ Master's Degree
- ◯ Doctoral Degree
- ◯ Medical Degree
- ◯ Other (please specify)

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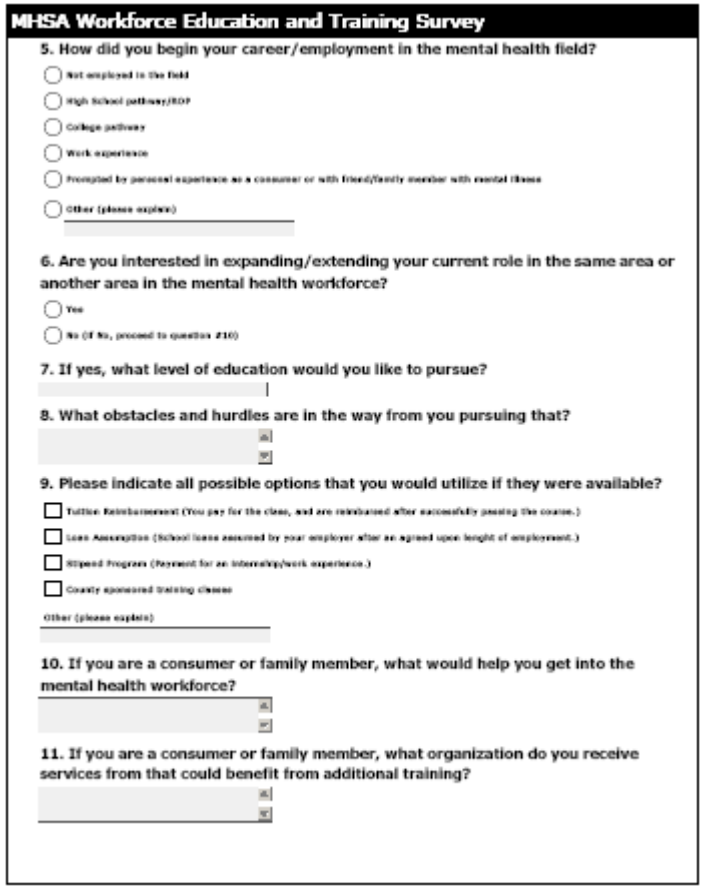

MHSA Workforce Education and Training Survey

5. How did you begin your career/employment in the mental health field?

- ◯ Not employed in the field
- ◯ High School pathway/ROP
- ◯ College pathway
- ◯ Work experience
- ◯ Prompted by personal experience as a consumer or with friend/family member with mental illness
- ◯ Other (please explain)

6. Are you interested in expanding/extending your current role in the same area or another area in the mental health workforce?

- ◯ Yes
- ◯ No (If No, proceed to question #10)

7. If yes, what level of education would you like to pursue?

8. What obstacles and hurdles are in the way from you pursuing that?

9. Please indicate all possible options that you would utilize if they were available?

- ☐ Tuition Reimbursement (You pay for the class, and are reimbursed after successfully passing the course.)
- ☐ Loan Assumption (School loans assumed by your employer after an agreed upon lenght of employment.)
- ☐ Stipend Program (Payment for an internship/work experience.)
- ☐ County sponsored training classes

Other (please explain)

10. If you are a consumer or family member, what would help you get into the mental health workforce?

11. If you are a consumer or family member, what organization do you receive services from that could benefit from additional training?

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MHSA Workforce Education and Training Survey

12. If you are a consumer or family member, is there an organization in Nevada County that you would like to volunteer for or be employed by that provides services to those with mental illness or services to family members that requires specific training? Please specify what organization and what kind of training.

13. Many Community Based Organizations provide services to people with mental illnesses. What organizations do you think could use additional training and what specific training do they need?

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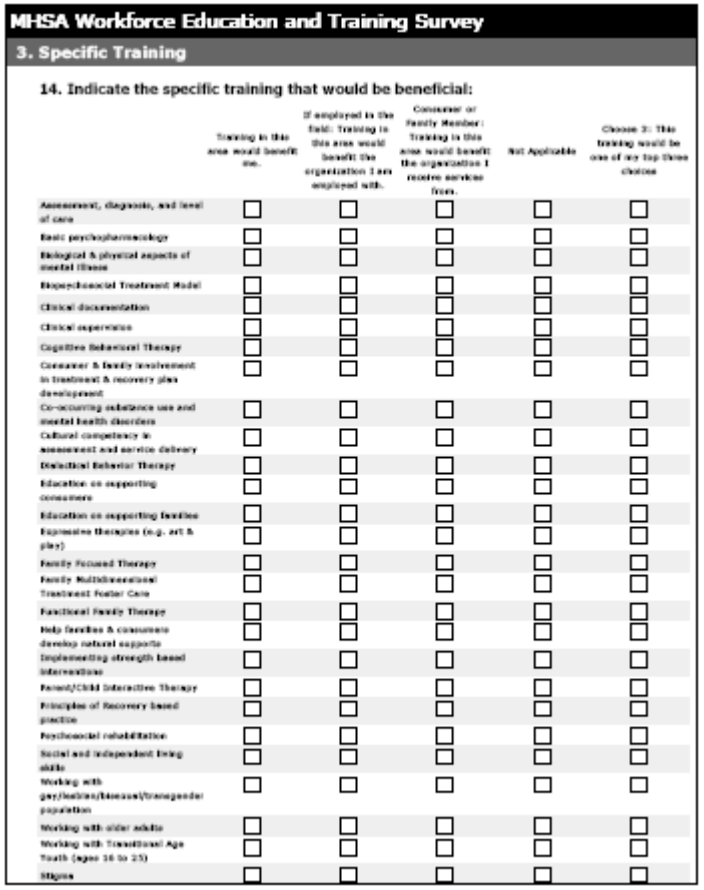

MHSA Workforce Education and Training Survey

3. Specific Training

14. Indicate the specific training that would be beneficial:

	Training in this area would benefit me.	If employed in the field: Training in this area would benefit the organization I am employed with.	Consumer or Family Member: Training in this area would benefit the organization I receive services from.	Not Applicable	Choose 3: This training would be one of my top three choices
Assessment, diagnosis, and level of care	☐	☐	☐	☐	☐
Basic psychopharmacology	☐	☐	☐	☐	☐
Biological & physical aspects of mental illness	☐	☐	☐	☐	☐
Biopsychosocial Treatment Model	☐	☐	☐	☐	☐
Clinical documentation	☐	☐	☐	☐	☐
Clinical supervision	☐	☐	☐	☐	☐
Cognitive Behavioral Therapy	☐	☐	☐	☐	☐
Consumer & family involvement in treatment & recovery plan development	☐	☐	☐	☐	☐
Co-occurring substance use and mental health disorders	☐	☐	☐	☐	☐
Cultural competency in assessment and service delivery	☐	☐	☐	☐	☐
Dialectical Behavior Therapy	☐	☐	☐	☐	☐
Education on supporting consumers	☐	☐	☐	☐	☐
Education on supporting families	☐	☐	☐	☐	☐
Expressive therapies (e.g. art & play)	☐	☐	☐	☐	☐
Family Focused Therapy	☐	☐	☐	☐	☐
Family Multidimensional Treatment Foster Care	☐	☐	☐	☐	☐
Functional Family Therapy	☐	☐	☐	☐	☐
Help families & consumers develop natural supports	☐	☐	☐	☐	☐
Implementing strength based interventions	☐	☐	☐	☐	☐
Parent/Child Interactive Therapy	☐	☐	☐	☐	☐
Principles of Recovery based practice	☐	☐	☐	☐	☐
Psychosocial rehabilitation	☐	☐	☐	☐	☐
Social and independent living skills	☐	☐	☐	☐	☐
Working with gay/lesbian/bisexual/transgender population	☐	☐	☐	☐	☐
Working with older adults	☐	☐	☐	☐	☐
Working with Transitional Age Youth (ages 16 to 25)	☐	☐	☐	☐	☐
Stigma	☐	☐	☐	☐	☐

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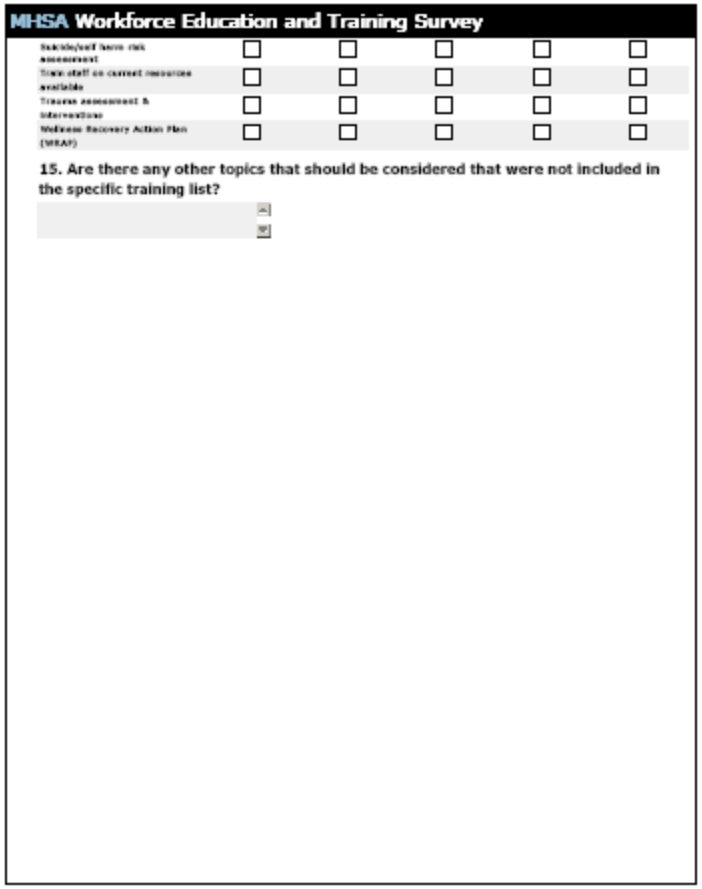
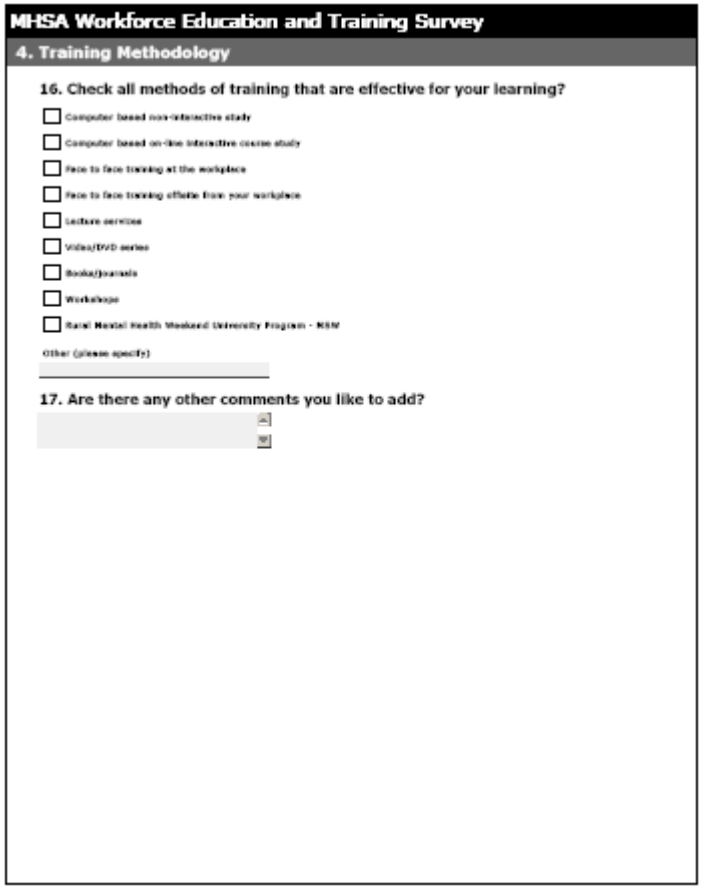

MHSA Workforce Education and Training Survey
Suicide/self harm risk assessment
Train staff on current resources available
Trauma assessment & interventions
Wellness Recovery Action Plan (WRAP)
15. Are there any other topics that should be considered that were not included in the specific training list?
Page 6



MHSA Workforce Education and Training Survey

4. Training Methodology

16. Check all methods of training that are effective for your learning?

- [ ] Computer based non-interactive study
- [ ] Computer based on-line interactive course study
- [ ] Face to face training at the workplace
- [ ] Face to face training offsite from your workplace
- [ ] Lecture services
- [ ] Video/DVD series
- [ ] Books/journals
- [ ] Workshops
- [ ] Rural Mental Health Weekend University Program - NSW

Other (please specify)

17. Are there any other comments you like to add?

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www.DBSANevadaCounty.org

DBSA Nevada County
578 Sutton Way PMB 214
Grass Valley, CA 95945

Mental Health Board
County of Nevada
500 Crown Point Circle, Suite 120
Grass Valley, CA 95945

March 31, 2009

Honorable Mental Health Board members:

Thank you for your time.

On March 6, 2009 I attended the first hearing for Workforce Education and Training as the representative for the Depression and Bipolar Support Alliance of Nevada County (DBSA NC).

Per my request, statistics regarding the diagnosis of NCBH adult clients were provided. Darryl Quinn, Ph.D. provided the following data:

Beginning of handout
Total of 628 adult clients
Here are the total clients by diagnosis and percentage of total adult population in parenthesis (rounded to two decimals):

Major Depression: 81 (13%)
Depressive Dis NOS 29 (5%)
Anxiety Disorder or
somatic disorder 95 (15%)
ADHD or intermittent
Explosive disorder 8 (1%)

Bipolar I Disorder: 101 (16%)
Bipolar II Disorder: 31 (5%)
Mood Disorder NOS: 63 (10%)
Subtotal for those with Bipolar symptoms: 195

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Schizophrenia: 139 (22%)
Psychotic Dis NOS 38 (6%)
Schizoaffective Dis 43 (7%)
Subtotal for those with Schizophrenia symptoms: 177

Schizoaffective individuals have both types of symptoms: 43

End of handout

As noted in the handout, Schizoaffective individuals have both types of symptoms.
If the 43 individuals with Schizoaffective Dis were added to the subtotal for Bipolar symptoms, as they were added to subtotal for those with Schizophrenia symptoms, then the number of adult patients with Bipolar symptoms becomes 238. Alternatively, schizoaffective Dis could be considered a separate category.

No matter which way these stats are presented, it is clear that the majority of NCBH adult patients have a diagnosis of Bipolar Disorder.

Therefore we ask that WET funds be used to train some clinicians to use psychotherapies developed specifically for persons with bipolar disorder. At times, some authorities have deemed psychotherapy ineffective for those with bipolar and only medication was prescribed. Today newer psychotherapies have been developed to address some real issues exclusive to those with bipolar disorder.

As requested, the following information (and more) was sent to Darryl Quinn, Program Manager, and Mary Foulk of the Mental Health Board.

http://www.pendulum.org/bpnews/archive/001881.html
Study Shows Intensive Psychotherapy Helps In Bipolar Disorder
filed under Bipolar Disorder Complimentary Treatments · Psycho-Social Treatments

In this second write-up we've done on the results from the largest federally funded bipolar study ever conducted the University of Colorado reports that patients who receive psychotherapy in addition to medication get better faster from bipolar disorder's debilitating depression and stay better longer.

Part of a $26.8 million effort, the study found that adding intensive psychotherapy to a bipolar patient's medication treatment made them one and a half times more likely to be clinically well during any month of the study year, compared with a group that didn't receive intensive

therapy, according to CU-Boulder psychology Professor David Miklowitz, the principal author of the study.

"The take home message here is that psychotherapy is a vital part of the effort to stabilize episodes of depression in people suffering from bipolar disorder," Miklowitz said. "If you get regular intensive therapy, the outcome for depression is going to be better than if you just take medications and have a couple of case management sessions."
The results of the study were published recently in the April edition of the journal Archives of General Psychiatry.

Medication is the first line of defense against the disease, also called manic depression. It affects an estimated 5.7 million Americans, many of whom develop the disorder in their teens or as young adults.
While psychotherapy is routinely used to treat bipolar disorder, its effectiveness up until now has been unclear, according to Miklowitz. The seven-year study involved 293 people suffering from bipolar depression who were already taking medication. The participants, who were treated in 15 sites across the country, were randomly assigned to one of three types of standardized, intensive, nine-month psychotherapies, or to a control group that received a brief psychotherapy program that involved three sessions of education about the disorder.

The three types of intensive therapies included
a family-focused therapy that involves participants' family members and focuses on family coping, communication and problem-solving;
cognitive behavioral therapy that focuses on helping the patient understand and cope with distortions in thinking and activity; and
interpersonal and social rhythm therapy that focuses on stabilizing daily and nightly routines and solving key relationship problems.

After one year, 64 percent of those in the intensive psychotherapy groups had recovered from the episode of depression that brought them into treatment, compared with 52 percent in the control group. Patients in intensive psychotherapy also recovered an average of 110 days faster than those in the control group.

None of the three therapies appeared to be significantly more effective than the others, although rates of recovery from depression were highest among those in family-focused therapy, Miklowitz said.
While fully controlling the ups and downs of bipolar disorder is not possible, doctors can delay patients' relapses into debilitating periods of depression and manic behavior. Relapses of the disorder can split up marriages, cause job loss and even lead to suicide, according to Miklowitz.

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"You need drugs like lithium as a first-line offense against depression, but then the question becomes 'What if the person is not responding right away?' " Miklowitz said. "That's when therapy may be the missing ingredient. We're not saying you should get therapy instead of medication. It's therapy on top of medication."

Getting the treatments into the community will be a challenging task. "There also has to be a consciousness among clinicians that bipolar people benefit most from learning skills to cope with the disorder, rather than just generic counseling," he said. "Teaching patients and family members how to immediately recognize and get treatment for emerging symptoms is essential."

Miklowitz' study was part of the Systematic Treatment Enhancement Program for Bipolar Disorder study funded by the National Institutes of Health's National Institute of Mental Health.

Researchers at CU-Boulder and the University of Colorado at Denver and Health Sciences Center were also involved in a paired study that found that treatment of bipolar patients with mood stabilizers in conjunction with an antidepressant did not provide any benefit and had similar outcomes to treatment with just a mood stabilizer and a placebo pill. That study was published online in the New England Journal of Medicine on March 28.
Source: University of Colorado, Boulder

Sincerely yours,
The DBSA Board of Directors

Chris Anderson, President

JoAnn Thompson, Vice President

Linda Ketcham, Vice President
PR and Publicity

Gail Taggart, Secretary

Kathy Salivar, Treasurer

Abigail Weissman, Immediate Past President

Nevada County Mental Health Board Minutes

Date:	**March 6, 2009**
Time:	**10:00 a.m.**
Place	**Behavioral Health Conference Room – Crown Point Circle**

STANDING ORDERS

1. **Call to Order –** The meeting was called to order, self-introductions were made and a sign in sheet was passed around.

2. **Minutes from February 6, 2009**.
Minutes from last month are not finished. We will approve them at next month's meeting.

3. **Announcements.**
Barbara Lindsay-Burns announced SPIRIT Peer Empowerment Center is getting a $14,000 grant to expand to Truckee. They will start in June one day per week with a support group and peer counseling.

Scottie Hart announced she will be facilitating the NAMI Connections Recovery Support Group. There are two NAMI Connections Recovery Support Groups one meets on Tuesday night at SNMH and one meets on Wednesday night in Truckee.

Abigail Weissman announced the Depression and Bipolar Support Alliance provides support for family members and anyone with depression or bipolar disorder. The Depression and Bipolar Support Alliance meets twice a month on the 1st and 3rd Thursday of each month 6:00 – 7:30 p.m. at the Unitarian Church, 246 South Church Street.

Michele Violett announced the Continuum of Care meeting is at 12 noon today at the Salvation Army.

4. **Probation – Doug Carver, Chief Probation Officer.**
Doug Carver was invited to today's meeting over concern that there is only one Probation Officer in Truckee. There have been difficulties filling Probation Officer vacancies. The Truckee Office has two Probation Officers and a Legal Office Assistant position. There was a period of time when the only Probation staff in Truckee was one Probation Officer. They now have a Legal Office Assistant in Truckee. The Deputy Probation Officer position has had several recruitments, but none of the candidates were qualified. In December the position was filled, but the person resigned in January. In the past year Probation Officers from Nevada City have been filling the position. One of the Probation Officers from Nevada City will be permanently assigned to the Truckee Office. There are no mandated caseload standards for Probation Officers. There have also been a diminishing number of MFT's in Truckee that accepts sliding fee scale. Probation is working to get a Juvenile Mental Health Court in Truckee. They have established a Juvenile Drug Court.

With the State budget shortfalls there is some concern about cuts to Juvenile Justice Crime Prevention Act funding, Juvenile Camps and Probation funding. The State budget passed without those cuts, but it is contingent on the special election in May and Vehicle License Fee (VLF) passing. A portion of the VLF goes to Public Safety Programs.

EMQ has two staff members in the Truckee area; they are currently serving 5-6 youth in the Truckee area. The current Victor contract does not include the Truckee area. Victor will have a satellite office in Truckee at some point in the future. Currently there are no Victor staff that live in the Truckee area. EMQ is serving the Truckee area since their time is more productive and can be spent providing services to youth instead of driving. Sierra Family Services will soon begin to provide services in Truckee.

5. Workforce Education and Training (WET) Plan Public Hearing – Denise Harben and Michele Violett. Handout.

Barbara Lindsay-Burns wanted clarification that family and consumers are included in the plan. There are several places in the plan where consumers and family members are included. Denise Harben was asked to make the plan very flexible, so specific organizations or teachers are not in the plan. Under Training and Technical Assistance on page 17, Objectives 1 & 2, consumers and family members are included. Also under the Financial Incentive Program creation of a speaker's bureau on page 21 includes client and family member involvement. In addition teleseminars and library materials will be available to consumer and family members.

Denise Harben gave a brief overview. The plans intent is to develop a culturally competent workforce. The Workforce Education and Training subcommittee started meeting in July 2007 with monthly meetings. In October 2008 a survey was sent out for input on training topics. The top two were trauma assessment and Co-Occurring Disorders. WET funds total $457,000. The WET coordinator position is $33,800. The plan has five categories. Four of the categories are funded for four years. The Mental Health Career Pathway Program is funded for two years.

Public Comment: **The Depression and Bipolar Support Alliance (DBSA) would have liked to have received the survey. DBSA would like specialized evidence based training for licensed providers who provide services to adults with mood disorders. Michele Violett replied that on page 16 under Training and Technical Assistance Action #2 includes evidence based training on various topics. Concern that the training addresses specific psychotherapy techniques to use with an adult population with mood disorders. DBSA would like to give input on training topics and participate in trainings. DBSA has been invited to be a part of the MHSA Steering Committee and/or MHSA Subcommittees. Representatives of DBSA are included in the MHSA email contact list.**

REPORTS

1. Behavioral Health Director's Report, Grant & MHSA update – Handouts.
Darryl Quinn & Michele Violett. Handout.
Darryl Quinn handed out a report on the adult client population diagnoses. Roughly one third of our population has major depression or anxiety disorder, one third has bipolar disorder, and one third has schizophrenia or schizoaffective disorder.

Question was asked about Behavioral Health clients not receiving full service partnership services from Turning Point. Behavioral Health has converted the Day Treatment Program into a mini-ACT Team called New Directions.

The COD grant is a 2 ½ year grant for Mental Health Court clients with co-occurring disorders. This allowed us to expand Mental Health Court. This grant ends in April 2010. The courts will apply for a 2 year expansion grant that would provide additional services at CORR.

Terry Winters will bring the Housing MOU to the Nevada County Housing Development Corporation Board. Then it will go to County Counsel for review. After that we can begin to look at potential projects.

Capital Facilities Project #1 Turning Point remodel will be completed next week. Turning Point will be having an Open House, date to be announced. Capital Facilities Project #2 has been approved by the State. The RFP process has been completed and a contractor has been chosen. Denise Harben has been involved with the Information Technology subcommittee that will choose a new software program for billing and electronic health records. Iden Rogers will be joining the committee. Michele Violett invites others to join. This is a short term committee as we expect to submit the plan in June.

We expect to have the Prevention and Early Intervention (PEI) plan released for 30-day public comment on March 16th. There will be a Public Hearing on April 3rd for the PEI Plan. Michele Violett and Becky Slade will have a phone conference with the Oversight and Accountability Committee on Monday for instructions on submitting the plan. We will be asking for the entire 1.6 million, this will cover more than one year.

The guidelines for Innovation have been released. Becky Slade has offered to take the lead on this project.

Nevada County Superintendent of Schools has applied for a Safe and Healthy Schools 4-year Grant. The grant includes funding for three therapists to be located in the schools. The Truckee area school district did not want to participate in this grant, they intend to apply for their own grant next year.

2. Truckee – Mary Folck.
Mary Folck announced that there may be three people interested in applying for the Mental Health Board. There is concern about school counselor's employment in Truckee due to the school budget shortfalls.

3. Peer Counselors – Barbara Lindsay-Burns.
SPIRIT Peer Empowerment Center will be signing a contract with Big Brothers/Sisters to fund training. The grant serves high risk youth including those with mental illness who may need a mentor. The grant also allows SPIRIT Peer Empowerment Center to train members who want to be mentors.

SPIRIT Peer Empowerment Center will have its first Board Retreat to put together a strategic plan. They are seeking additional board members. Gail Gordon is the Board Chairperson.

SPIRIT Peer Empowerment Center will be attending the Continuum of Care meeting today and will collaborate with Hospitality House to develop Respite Care.

Public Comment

Rich Stone asked everyone to invite consumers and family members who have an interest in participating in the Mental Health Services Act Steering Committee and/or subcommittees meetings. This is a huge opportunity to shape how services are delivered in the community. There has been a drop in participation for various reasons. If we are not represented we won't be heard. Please encourage new consumers, family members and other community organizations to attend.

ATTENDANCE:

Members Present:	Joan Rogers-Toensing, Supervisor Scofield, Iden Rogers, Richard Stone, Mary Folck.
Excused Absent:	Pat Sweetser.
BH Staff:	Annette LeFrancois, Michele Violett, Denise Harben, Darryl Quinn
Visitors:	Barbara Lindsay-Burns, Abigail Weissman, Scottie Hart, Fredi-Ruth Levitt, Doug Carver.

Minutes by Annette LeFrancois, Recording Secretary

Nevada County Mental Health Board Minutes

Date:	**April 3, 2009**
Time:	**10:00 a.m.**
Place	**Behavioral Health Conference Room – Crown Point Circle**

STANDING ORDERS

1. **Call to Order –** The meeting was called to order, self-introductions were made and a sign in sheet was passed around.

2. **Minutes from February 6, and March 6, 2009**.
   a. Pat Sweetser makes a motion to approve the minutes from February 6, and March 6, 2009. Seconded by Rich Stone. All members present were in favor.

3. **Announcements.**
   a. Barbara Lindsay-Burns announced that on April 8th SPIRIT Peer Empowerment Center will start Peer Counselor Training. Contact SPIRIT to sign up.

   b. Becky Slade announced the Federal Stimulus Package has funds for youth employment. In Nevada County One Stop will start a Youth Summer Employment Program. Now is the time for youth to apply at CalWorks. Youth Age 18-24 are the first priority, but youth age 14-18 can also apply. To be eligible the youth must come from low income families. Only 50 applicants will be selected for the program. One Stop will be leasing the Stone House to use as a conference center that will be run by youth.

   c. There will be a second Prevention and Early Intervention Public Hearing on April 13th at 10:00 a.m. at the Behavioral Health Department at 500 Crown Point Circle in Grass Valley.

4. **Additional Workforce Education and Training (WET) Plan Public Hearing – Michele Violett. Handout.**
   a. Abigail Weissman from the Depression and Bipolar Support Alliance (DBSA) would like some of the WET training funds to be used to train clinicians in psychotherapies developed specifically for people with bipolar disorder. The current adult client caseload for those with bipolar symptoms is 195. In addition the number of schizoaffective individuals with both bipolar and schizophrenia symptoms is 43. Of the total adult caseload of 628 clients; 238 or 38% have bipolar or mood disorder symptoms. DBSA has submitted a letter with their comments on the WET Plan.

   b. Lael Walz announced that training for clinicians is included in the WET plan under Action #2. The plan is general to allow us to tailor it to our needs.

5. **Prevention and Early Intervention (PEI) Plan Public Hearing – Michele Violett. Handout.**

Iden Rogers has a concern about the PEI Plan and the use of temporary workers for several key positions. Iden Rogers gives the example of Denise Harben a temporary worker whose hours have run out.

The 1.0 FTE Behavioral Health Technician III temporary worker for the PEI/Suicide Prevention Coordinator is a key position for someone to get involved and then have their hours run out leaving the program to flounder. A .5 FTE Behavioral Health Therapist temporary worker to outreach to Law Enforcement, County Jail, Probation and the Courts. Another position is a .5 FTE Licensed Clinician temporary worker to be assigned to the School Mental Health Needs Screening Program. Are there no other options to having such important positions filled by temporary employees?

Michael Heggarty shares the same concerns. The other options are to have a temporary worker work less than full time. For example we could have two part time temporary staff fill a full time position, so their hours would not run out. We could also contract out the position. Michael Heggarty continues to advocate and request new staff positions through the County process. Currently the County has a hiring freeze in place.

Mary Folck also commented that using temporary workers would be a setup for ineffectiveness. Changes in personnel can lead to lack of follow up.

Lael Walz announced that the NAMI Board at its last meeting formally expressed concerns about using temporary workers. Prevention and Early Intervention issues are permanent issues that deserve permanent solutions.

Christine Kelly was very pleased to see the mentoring program in the PEI Plan, especially Nevada City PALS Program. There is a Sierra Mentoring Partnership that will find ways to continue to fund these programs. High School youth who mentor younger youth are often the first ones to know if there is a mental health issue with a child. Christine Kelly recommends training for the youth mentors from some of the other PEI Programs so they can better identify and know how to proceed when mentoring someone with mental illness.

Linda Brannon announced the School Board supports the PAL Program and has provided funding for many years up until this year. With the State budget situation the School District is severely impacted and no longer has the funds to support PAL. The School District has had to lay off teachers and other staff for the first time in many years. Without the PEI Plan's support for the PAL Program it would be in jeopardy of not existing.

Abigail Weissman announced that DBSA would attend the second PEI Public Hearing on April 13th. At the Public Meeting on August 1st a number of the plans emphasized Transition Aged Youth (TAY). For at risk youth and first onset youth it is a traumatic time for both the individual and family diagnosed with mental illness. It would be good to collaborate in some fashion.

Lael Walz announced that the need for services for TAYs is well understood and in the MHSA planning process we continue to ask how to best serve transition age youth. Lael Walz commends staff for doing a great job in creating the document within the State's regulations and for the organization of the PEI Programs. Thank you for including Physician training in the PEI Plan and looking at the identification and early diagnosis of adolescents with mental illness. The more we can bring awareness and attention of mental illness to all of the community stakeholders everyone wins.

Joan Rogers-Toensing thanked Becky Slade for attending today and being available for comments.

Becky Slade thanked Michele Violett and Rich Stone for their hard work in producing the plan. Rich Stone has spent many hours working on the plan and driving to Redding, Truckee and North San Juan enough though he is not paid.

Freddy-Ruth Levitt is a believer in early intervention both professionally and personally. Freddy-Ruth Levitt asked if any part of the PEI Plan will be contracted out. At this time it is unknown if anything will be contracted out. Becky Slade will let Freddy-Ruth Levitt (Victor) know if we contract anything out. Michele Violett announced that Behavioral Health has the flexibility to spend the money how we choose even though the plan says we will hire temporary staff as long as we keep the integrity or idea of plan. We don't need to ask permission from the State to change minor things.

Rich Stone feels the PEI plan will bring a new awareness about mental illness and help eliminate stigma issues. We are lucky that the State has changed the focus from having a Behavioral Health Department that decides how to provide services to having a Behavioral Health Department that partners with the community, consumers and family members for their input. Rich Stone encourages everyone to stay plugged into this process, because if we stop showing up or participating it will fall back to a single point of view.

REPORTS

1. Behavioral Health Director's Report, Grant & MHSA update – Handouts.
   Michael Heggarty & Michele Violett.
   The Behavioral Health budget is balanced and has a surplus. Behavioral Health will be shifting $240,000 in realignment funds to Public Health. Public Health in prior years has shifted money to Behavioral Health. We are permitted under State law to shift a maximum of 10% of our realignment funds. There are 6 propositions on the May ballot. So far all of them are failing except for eliminating salary increases for legislators. If they fail the State budget will be in a larger deficit and they will be forced to make additional cuts, raise taxes, or borrow more money. The Federal Stimulus funds coming to California is less than what was expected.

   The Nevada County budget is not balanced yet. Budget Hearings for other departments are ongoing. The County is expected to lay off staff. Vacant positions are being eliminated. Behavioral Health has 7 vacancies that are under review. Reclass of positions is also under review. Currently we have an MHSA Coordinator and an Analyst position to reclass. The County is actively applying for Federal Stimulus funds. We have a potential Psychiatrist who wants to work for us; Michael Heggarty will discuss this recruitment with the CEO's Office on April 13th.

   Proposition 1E would take $226 million in MHSA funds for two years and put it in the State General fund. The local impact is unknown. First Five funding is facing a 60% reduction. The Turning Point remodel is almost done except for some touch ups.
   The Behavioral Health Crown Point remodel is going to the Board of Supervisors next Tuesday. It will create additional private office space, group rooms and a conference room.

   The Housing MOU was approved by the Nevada County Housing Development Corporation. Next County Counsel will be reviewing it. George Chimiklis is looking at funding sources to help pay for upfront planning costs.

   Michele Violett announced the 2007 MHSA Report is in the 30 day Public Comment Period. The Public Hearing for the MHSA Report will be on May 1st at the Mental Health Board Meeting. Comment that NAMI should be listed as NAMI Nevada County. NAMI is the National Alliance on Mental Illness.

The Electronic Health Record (EHR) is in the planning process and close to releasing the RFP. If Prop 1E passes the State will not be able to take MHSA funds once the funds have been released to the County. We are working to finalize as many of our MHSA plans as possible.

Michele Violett announced we are applying for a $500,000 mentoring grant. The Courts are applying for a $300,000 per year for 3 years SAMHSA grant. This would supplement cuts that are happening to Prop 36. It will also expand services in Adult Drug Court. Behavioral Health will be applying for a Recovery Act grant of 1.3 million for 2 years. It will support Prop 36 and pay for 2 Probation Officers, Court Staff and Pamela Aldridge's position.

Behavioral Health will be applying to become Drug Medi-Cal Certified. We are looking into doing outpatient detox for opiates only.

Innovation will have a yearly funding source, but it will not be an ongoing program. It is time limited to experiment on new innovations in our County. If a County has done a specific project and is successful, the project cannot be duplicated in another County. Projects can be funded with CSS funds if a County decides to sustain the program. Lael Walz would like to see a TAY Project. Iden Rogers suggests we involve graduate students in a project.

Sierra Family Services is providing services in Truckee to 3 kids. This is a concern; there are plans in place to meet with Probation, Schools, and Family Resource Centers to let them know about these services. These are services to kids with Medi-Cal who are less seriously ill. We will be writing a new policy for our organizational providers (Turning Point, EMQ, Victor and Sierra Family Services) allowing them to authorize their own services. We anticipate all of our 2009/10 contracts to be the same or higher. There were three SB163 Wraparound proposals. A provider has been selected; an announcement will be made as soon as all of the providers have been notified.

There is a Medi-Cal pending meeting once a month with Behavioral Health staff, Social Services eligibility staff, and Cindy Behr review clients who do not have any benefits. We are now 87% Medi-Cal and we started at 65% Medi-Cal. We have been able to get 8 people on SSI. The more funding we have the more realignment dollars we can use to treat those who have no benefits. There are some clients who will not be able to qualify for benefits.

2. Truckee – Mary Folck.
   Mary Folck reports that the Truckee School Counselor's pink slips were rescinded. The University of Southern Florida went to the Resource Center to present a bilingual wraparound training.

3. Peer Counselors – Barbara Lindsay-Burns.
   SPIRIT Peer Empowerment Center recently had a staff and board retreat. They worked on a new strategic plan, mission and vision statement. SPIRIT Peer Empowerment Center is looking for space to expand to Truckee. The County space at $2 per square foot is too expensive. The grant that will help pay for renting space will not be received until June.

Public Comment

Iden Rogers would like a speaker to come to every Mental Health Board Meeting. Mary Folck would like to know what mental health treatments are being offered in the jail and a Juvenile Hall. Suggestion to invite George McKnight from the jail.

ATTENDANCE:

Members Present:	Joan Rogers-Toensing, Pat Sweetser, Iden Rogers, Richard Stone, Mary Folck.
Excused Absent:	Supervisor Scofield.
BH Staff:	Annette LeFrancois, Michele Violett, Michael Heggarty, Becky Slade.
Visitors:	Barbara Lindsay-Burns, Abigail Weissman, Christine Kelly, Lael Walz, Linda Brannon, Susie Barry, Fredi- Ruth Levitt, Joann Thompson, Scottie Hart, Kristen McGrew.

Minutes by Annette LeFrancois, Recording Secretary