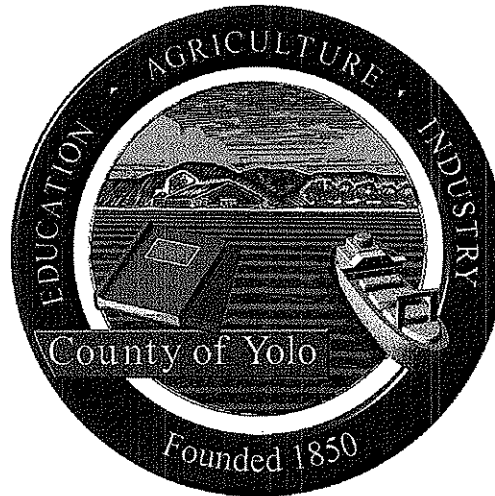


# YOLO COUNTY



## MENTAL HEALTH SERVICES ACT (MHSA)

WORKFORCE EDUCATION AND TRAINING COMPONENT  
OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN

FISCAL YEARS 2006-07, 2007-08, 2008-09



## DEPARTMENT OF ALCOHOL, DRUG AND MENTAL HEALTH

Kim Suderman, LCSW, Director

### ADMINISTRATION

137 N. Cottonwood Street, Suite 2500  
Woodland CA 95695  
Office – 530-666-8516  
Fax – 530-666-8294

### California Department of Mental Health

MHSA Workforce Education and Training Component  
Workforce Education and Training Unit  
1600 9<sup>th</sup> Street, Room 250  
Sacramento, CA 95814

Re: Submission of the Mental Health Services Act (MHSA) Workforce Education and Training Component 10-Year Plan

Dear Sir or Madam:

Yolo County's Department of Alcohol, Drug and Mental Health (ADMH) would like to request MHSA Workforce Education and Training funding in the amount of \$969,900. This request is consistent with the guidelines in the Department of Mental Health's Information Notice 07-14 (Mental Health Services Act [MHSA] Workforce Education and Training Component – Proposed Three-Year Program and Expenditure Plan Guidelines, Fiscal Years 2007-07, 2007-08, and 2008-09). Please find attached Yolo County Alcohol, Drug and Mental Health Department's proposal for the MHSA Workforce Education and Training Component.

The development of this plan was the result of numerous surveys and stakeholder processes. Five actions were developed in three funding categories:

- Workforce Staffing Support
- Training and Technical Assistance
- Financial Incentive Programs

The plan was made available for review and comment during a 30-day public comment period and a Public Hearing, held March 23, 2009. Community members and other stakeholders provided suggestions which have been incorporated into the plan.

We welcome your comments and feedback in regards to this proposed plan component. If you have any questions, comments or suggestions, please feel free to contact Gina Ehlert, Workforce Education and Training Coordinator at: (530) 666-8517.

Sincerely,

Kim Suderman  
Director, Alcohol, Drug and Mental Health

REQUIRED EXHIBITS

**EXHIBIT 1: WORKFORCE FACE SHEET**

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

County: **Yolo County**      Date: **February 20, 2009**

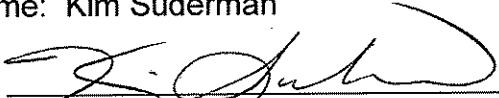
Yolo County Alcohol, Drug and Mental Health Department's (ADMH) Workforce Education and Training component of the Three-Year Program and Expenditure Plan addresses the shortage of qualified individuals who provide services in Yolo County's Public Mental Health System. This includes community based organizations and individuals in solo or small group practices who provide publicly-funded mental health services to the degree they comprise Yolo 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 Yolo 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 Yolo County's Workforce Education and Training component together address Yolo 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: Kim Suderman

Signature: 

Street Address: 137 North Cottonwood Street, Suite 2500  
City, ZIP Code: Woodland, 95695  
Phone #: (530) 666-8651      Fax #: (530) 669-1408  
E-mail address: [kim.suderman@yolocounty.org](mailto:kim.suderman@yolocounty.org)

Contact Person's Name: Gina Ehlert      Phone #: (530) 666-8517      Fax #: (530) 669-1408      E-mail: [gehlert@yolocounty.org](mailto:gehlert@yolocounty.org)

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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.

Yolo County's Alcohol Drug and Mental Health Department (ADMH) completed the Mental Health Services Act (MHSA) Workforce Education and Training (WET) stakeholder process in February 2009. The manner in which WET data were shared and stakeholder input was received was through: MHSA stakeholder meetings, ethnicity/language/culture and training surveys, input from the Local Mental Health Board, and information shared during Statewide Workforce Education and Training conference calls as well as information from participation in Regional Partnership meetings and conference calls. Data gathered during the community planning for Community Services and Supports (CSS) funds were also utilized.

The stakeholder groups and survey recipients were comprised of a diverse assemblage and were broadly representative of the demography of Yolo County's consumers. The Mental Health Services Act Coordinator and Workforce Education and Training Coordinator began discussing the WET component of the MHSA at Stakeholder meetings beginning early in 2008. In all, WET data was gathered or shared during seven (7) stakeholder meetings. Targeted providers, community based organizations, consumers and consumer family members were specifically identified and encouraged to bring as many interested stakeholders as possible, especially consumers and family members. Consumers and family members, ADMH staff members, members of the Local Mental Health Board, NAMI of Yolo County, local school districts, California State University, Sacramento, Department of Mental Health, California Institute for Mental Health (CiMH), various community-based organizations and individuals from other Yolo County departments attended these stakeholder meetings and were encouraged to provide feedback. Input was gathered verbally, via surveys and through consensus building exercises. Some of the involved individuals were from some of our un- and under-served populations, such as the Latino community, the Russian community, the African American community, the Lesbian, Gay, Bisexual and Transgender (LGBT) community, and others.

One of the primary problems regarding workforce recruitment and retention in Yolo County is our proximity to other well-paying employers like Sacramento County, Bay Area counties, and correctional facilities, causing very competitive recruitment challenges for key positions. Yolo County is now in the untenable position of offering lower salary and benefit packages, parallel to depreciating property values causing disincentives for relocation. A reduction in our workforce last fiscal year, and county-imposed hiring freezes this year, in conjunction with rising unemployment rates leaves existing direct service providers apprehensive of the stability of their positions.

It is under the above circumstances that Yolo County's MHSA WET proposal has selected the provision of training and technical assistance and financial incentive programs for promotion as top priorities, with additional participation in the statewide student loan repayment programs for select direct service providers. It is important to note that this plan promotes including consumers and family members in becoming peer support specialists, ADMH Specialists, and/or clinicians.

Some funds would be used to enrich our clinical supervision schedule to ensure success for our consumer employees, and others. Providing loan repayment programs for direct service providers will help with retention. Potentially utilizing volunteers from the California State University, Sacramento (CSUS) Social Work Program will help us maximize the time to provide more training to a stressed workforce. Providing e-Learning and other training opportunities for all staff members regarding clinical and cultural competence issues, while providing loan repayment programs will allow for more wellness-focused services and enhance services for our most vulnerable consumers.

The public hearing for the Mental Health Services Act Workforce Education and Training Plan Component was held at 5:00 p.m. on March 26, 2009, in Woodland, California, facilitated by members of the Yolo County Mental Health Board.

Commencing on or before February 24, 2009, copies of the draft Yolo County MHSA Workforce Education and Training Plan Component were circulated to representatives of stakeholder interests, as follows:

- Posted on the Yolo County Internet website at: [www.yolocounty.org/Index.aspx?page=993](http://www.yolocounty.org/Index.aspx?page=993) and on the NAMI Yolo website at: [www.namiyolo.org](http://www.namiyolo.org);
- Via Internet link e-mailed to all stakeholder participants on the MHSA distribution list.
- E-mailed or mailed via U.S. Postal Service to each member of the Local Mental Health Board; and,
- Hard copies sent: via county courier to each member of the Yolo County Board of Supervisors; via county courier to all public libraries in Yolo County, with the request that the document be made available for public viewing at the resource desk during regular hours of operation; via delivery to county mental health service centers in Woodland, Davis and West Sacramento, and to the Department of Social Services "One-Stop" center in Woodland; and additionally, a copy of the draft amendment request was sent, via e-mail or U.S. Postal Service, to any interested party who requested it.

During the 30-day public review period, the stakeholder community was notified of the public review process by the publishing of announcements in The Woodland Daily Democrat (daily newspaper) and The Davis Enterprise (daily newspaper), as well as at the Yolo County MHSA Stakeholder Meetings on February 12, 2009 and February 25, 2009. A public hearing on this matter was originally scheduled with the Yolo County Mental Health Board during their regular monthly meeting commencing at 7:00 p.m. on Monday, March 23, 2009, at the Thomson Room of the Bauer Building, 137 N. Cottonwood Street, Woodland; this hearing was scheduled three days before the end of the public comment period. After realizing that regulations had been misinterpreted, and to assure stakeholders a full 30-day public review and comment period before the public hearing was held, a new public hearing was scheduled and held on Thursday, March 26, 2009 at 5:00 p.m. The stakeholder community was re-notified of the public hearing in the same manner as originally notified on March 22, 2009. (Proof of one form of public notice is provided in Attachment 2.) Stakeholders were permitted to submit written or verbal comments up to the close of the public hearing.

Notice of the review and comment period was also posted on the Internet at: [www.yolocounty.org/Index.aspx?page=993](http://www.yolocounty.org/Index.aspx?page=993) and at [www.namiyolo.org](http://www.namiyolo.org); the notice included reference to the Yolo County website and a phone number for requesting a copy of the draft proposal. Copies of the public notice were also posted at all public libraries in Yolo County, mental health offices and service centers, the Department of Social Services One-Stop Center in Woodland, and at the Yolo County Administration Building. Opportunities for translation of this document for monolingual Spanish- and Russian-speaking individuals were outlined in the announcement. For ease of public review and comment, the last page of the MHSA Workforce Education and Training Plan Component was a blank feedback form.

On March 26, 2009 at 5:00 p.m., a public hearing was conducted by members of the local mental health board to receive comments on the Yolo County Draft MHSA Workforce Education and Training Plan Component. During the 30-day examination period and the public hearing, no verbal or written comments were received. There was one participant who attended the public hearing. Russian-speaking and Spanish-speaking interpreters were on hand to assist any participants who might need their services. The finalized Yolo County MHSA Workforce Education and Training Plan Component was forwarded to the California Department of Mental Health on March 31, 2009.

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

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

**SUMMARY OF COMPLETE COUNT AND EXTRAPOLATED ESTIMATES: ALL SEGMENTS**

Major Group and Positions	Esti- mated # FTE author- ized	Position hard to fill? 1=Yes 0=No	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)
				White/ Cau- casion	His- panic/ Latino	African- Ameri- can/ Black	Asian/ Pacific Islan- der	Multi Race or Ameri- can Other		
(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	15.3	0	0.0							
Case Manager/Service Coordinators	0.0	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	1.6	0	0.0							
Other <i>Unlicensed</i> MH Direct Service Staff	0.0	0	0.0							
<i>Sub-total, A (County)</i>	16.9	0	0.0	16.9	0.0	0.0	0.0	0.0	0.0	16.9
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b>										
Mental Health Rehabilitation Specialist	14.6	2	5.5							
Case Manager/Service Coordinators	11.0	2	0.0							
Employment Services Staff	0.0	0	3.7							
Housing Services Staff	3.7	0	3.7							
Consumer Support Staff	21.9	0	3.7							
Family Member Support Staff	4.4	0	0.0							
Benefits/Eligibility Specialist	1.8	2	3.7							
Other <i>Unlicensed</i> MH Direct Service Staff	165.4	4	12.8							
<i>Sub-total, A (All Other)</i>	222.8	9	32.9	82.2	32.9	51.1	45.7	3.7	7.3	222.8
<b>Total, A (County &amp; All Other)</b>	<b>239.7</b>	<b>9</b>	<b>32.9</b>	<b>99.1</b>	<b>32.9</b>	<b>51.1</b>	<b>45.7</b>	<b>3.7</b>	<b>7.3</b>	<b>239.7</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 (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/ Cau- casian (5)	His- panic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	
<b>B. Licensed Mental Health Staff (direct service):</b>										
<b>County (employees, independent contractors, volunteers)</b>										
Psychiatrist, general, child/adolescent, or geriatric	0.0	0	0.0							
Psychiatric or Family Nurse Practitioner	1.6	0	0.0							
Clinical Nurse Specialist or Licensed Psych Technician	0.0	0	0.0							
Licensed Clinical Psychologist	0.0	0	0.0							
Psychologist, registered intern (or waived)	0.0	0	0.0							
Licensed Clinical Social Worker (LCSW)	0.0	0	0.0							
MSW, registered intern (or waived)	0.0	0	0.0							
Marriage and Family Therapist (MFT)	0.0	0	0.0							
MFT registered intern (or waived)	0.0	0	0.0							
Other Licensed MH Staff (direct service)	27.6	0	0.0							
<i>Sub-total, B (County)</i>	29.2	0	0.0	5.8	13.6	1.6	4.9	0.0	3.2	29.2
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b>										
Psychiatrist, general	2.7	2	3.7							
Psychiatrist, child/adolescent	0.2	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	16.4	2	9.1							
Licensed Clinical Psychologist	0.0	0	0.0							
Psychologist, registered intern (or waived)	0.0	0	0.0							
Licensed Clinical Social Worker (LCSW)	86.8	2	1.8							
MSW, registered intern (or waived)	30.1	5	5.5							
Marriage and Family Therapist (MFT)	64.4	4	1.8							
MFT registered intern (or waived)	11.0	4	3.7							
Other Licensed MH Staff (direct service)	0.0	2	1.8							
<i>Sub-total, B (All Other)</i>	211.7	20	27.4	187.1	15.5	0.0	1.8	0.0	7.3	211.7
<b>Total, B (County &amp; All Other)</b>	241.0	20	27.4	192.9	29.2	1.6	6.7	0.0	10.6	241.0

(Licensed Mental health Direct Service Staff; Sub-Totals only)



(Licensed Mental health Direct Service Staff; Sub-Totals and Total only)





### EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

#### I. By Occupational Category – page 3

Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/ Cau- casion (5)	His- panic/ Latino (6)	African- Can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	
<b>C. Other Health Care Staff (direct service):</b>										
<b>County (employees, independent contractors, volunteers)</b>										
Physician	3.9	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							
<i>Sub-total, C (County)</i>	3.9	0	0.0	3.9	0.0	0.0	0.0	0.0	0.0	3.9
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b>										
Physician	1.8	2	1.8							
Registered Nurse	54.8	2	0.0							
Licensed Vocational Nurse	25.6	4	1.8							
Physician Assistant	1.8	2	0.0							
Occupational Therapist	0.0	0	0.0							
Other Therapist (e.g., physical, recreation, art, dance)	11.0	0	0.0							
Other Health Care Staff (direct service, to include traditional cultural healers)	100.4	0	0.0							
<i>Sub-total, C (All Other)</i>	195.4	9	3.7	140.6	20.1	20.1	0.0	1.8	9.1	191.7
<b>Total, C (County &amp; All Other)</b>	199.3	9	3.7	144.5	20.1	20.1	0.0	1.8	9.1	195.6

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



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



**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

**I. By Occupational Category – page 4**

Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/ Cau- casion (5)	His- panic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	
<b>D. Managerial and Supervisory:</b>										
<b>County (employees, independent contractors, volunteers)</b>										
CEO or manager above direct supervisor	9.4	0	0.0							
Supervising psychiatrist (or other physician)	0.0	0	0.0							
Licensed supervising clinician	0.0	0	0.0							
Other managers and supervisors	13.4	0	0.0							
<i>Sub-total, D (County)</i>	<b>22.8</b>	<b>0</b>	<b>0.0</b>	<b>14.9</b>	<b>3.2</b>	<b>0.0</b>	<b>2.9</b>	<b>1.6</b>	<b>0.0</b>	<b>22.7</b>
(Managerial and Supervisory; Sub-Totals Only)										
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b>										
CEO or manager above direct supervisor	53.5	9	12.8							
Supervising psychiatrist (or other physician)	0.0	0	0.0							
Licensed supervising clinician	8.3	7	2.3							
Other managers and supervisors	52.8	4	14.6							
<i>Sub-total, D (All Other)</i>	<b>114.6</b>	<b>20</b>	<b>29.7</b>	<b>91.0</b>	<b>3.5</b>	<b>3.7</b>	<b>3.7</b>	<b>0.0</b>	<b>11.0</b>	<b>112.8</b>
<b>Total, D (County &amp; All Other)</b>	<b>137.4</b>	<b>20</b>	<b>29.7</b>	<b>106.0</b>	<b>6.7</b>	<b>3.7</b>	<b>6.6</b>	<b>1.6</b>	<b>11.0</b>	<b>135.5</b>
<b>E. Support Staff:</b>										
<b>County (employees, independent contractors, volunteers)</b>										
Analysts, tech support, quality assurance	2.9	0	0.0							
Education, training, research	0.0	0	0.0							
Clerical, secretary, administrative assistants	3.2	0	0.0							
Other support staff (non-direct services)	18.7	0	0.0							
<i>Sub-total, E (County)</i>	<b>24.8</b>	<b>0</b>	<b>0.0</b>	<b>12.6</b>	<b>3.2</b>	<b>2.4</b>	<b>0.0</b>	<b>3.2</b>	<b>3.2</b>	<b>24.8</b>
(Support Staff; Sub-Totals Only)										
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b>										
Analysts, tech support, quality assurance	0.0	0	0.0							
Education, training, research	3.7	0	0.0							
Clerical, secretary, administrative assistants	46.7	2	5.5							
Other support staff (non-direct services)	77.4	2	0.0							
<i>Sub-total, E (All Other)</i>	<b>127.8</b>	<b>4</b>	<b>5.5</b>	<b>80.0</b>	<b>14.6</b>	<b>9.1</b>	<b>15.0</b>	<b>1.8</b>	<b>3.7</b>	<b>124.2</b>
<b>Total, E (County &amp; All Other)</b>	<b>152.6</b>	<b>4</b>	<b>5.5</b>	<b>92.6</b>	<b>17.9</b>	<b>11.6</b>	<b>15.0</b>	<b>5.1</b>	<b>6.9</b>	<b>149.0</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)	# FTE			Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+(7)+(8)+(9)+(10) (11)
	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes 0=No (3)	estimated to meet need in addition to # FTE authorized (4)	White/ Cau- casion (5)	His- panic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	
<i>County (employees, independent contractors, volunteers) (A+B+C+D+E)</i>	97.7	0	0.0	54.2	20.1	4.1	7.8	4.9	6.5	97.6
<i>All Other (CBOs, CBO sub-contractors, network providers, and volunteers (A+B+C+D+E))</i>	872.3	62	99.1	580.9	86.6	84.0	66.1	7.3	38.3	863.2
<b>TOTAL COUNTY WORKFORCE (A+B+C+D+E)</b>	<b>970.0</b>	<b>62</b>	<b>99.1</b>	<b>635.1</b>	<b>106.7</b>	<b>88.1</b>	<b>73.9</b>	<b>12.2</b>	<b>44.8</b>	<b>960.7</b>

F. TOTAL PUBLIC MENTAL HEALTH POPULATION

Major Group and Positions (1)	(2)	(3)	(4)	Race/ethnicity of individuals planned to be served -- Col. (11)						All indivi- duals (5)+(6)+(7)+(8)+(9)+(10) (11)
				White/ Cau- casion (5)	His- panic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islan- der (8)	Native Ameri- can (9)	Multi Race or Other (10)	
<b>F. TOTAL PUBLIC MH POPULATION</b>	<b>Leave Col. 2, 3, &amp; 4 blank</b>			58.4%	17.5%	5.8%	3.9%	1.4%	13.0%	99.9%

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

**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 consumers or family members	Position hard to fill with consumers or family members? 1=Yes; 0=No	# additional consumer or family member FTEs estimated to meet need
(1)	(2)	(3)	(4)
<b>A. Unlicensed Mental Health Direct Service Staff:</b>			
Consumer Support Staff	1.6	2	3.7
Family Member Support Staff	6.5	0	0.0
Other <i>Unlicensed</i> MH Direct Service Staff	1.6	0	0.0
<b>Sub-total, A:</b>	9.7	2	3.7
<b>B. Licensed Mental Health Staff (direct service)</b>	0.0	2	0.0
<b>C. Other Health Care Staff (direct service)</b>	4.9	2	0.0
<b>D. Managerial and Supervisory</b>	16.2	2	0.0
<b>E. Support Staff (non-direct services)</b>	1.8	2	0.0
<b>GRAND TOTAL (A+B+C+E+E)</b>	32.7	9	3.7

**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 num- ber who need to be proficient	TOTAL (2)+(3)
(1)		(2)	(3)	(4)
1. Spanish	Direct Service Staff	65	15	80
	Others	23	0	23
2. Russian	Direct Service Staff	9	2	11
	Others	3	0	3
3. German	Direct Service Staff	7	0	7
	Others	3	0	3
4. Chinese	Direct Service Staff	13	0	13
	Others	0	0	0
5. Other	Direct Service Staff	2	0	2
	Others	0	0	0
<b>TOTAL, all languages other than English:</b>	Direct Service Staff	96	17	113
	Others	29	0	29

### EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

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

**A. Shortages by occupational category:** According to the Needs Assessment and past experience, Yolo County has had difficulty recruiting and retaining direct service providers such as Psychiatric Nurse Practitioners and a sufficient number of Licensed Clinicians. The current economy, the financial status of counties in general, and Yolo County specifically, in addition to our need to stay financially stable often preclude us from hiring individuals for some of these positions, even when deemed necessary. Due to economic short falls in the past fiscal year our workforce was reduced by 55 Full-Time Equivalent (FTE). In order to introduce and/or host interns and volunteers to provide necessary services in our county while enhancing our reduced workforce, additional Licensed Supervising Clinicians are desperately needed.

**B. Comparability of workforce, by race/ethnicity, to target population receiving public mental health services:** Using data from our Needs Assessment and other surveys compared to data from our automated Electronic Health Record, we found very few disparities in race/ethnicity in our workforce compared to our consumers. However, by city and clinical site additional Spanish-speaking, Latino-culture members and Russian-speaking, Russian/Ukrainian-culture members are needed in our workforce. This is particularly true of clinical, direct-service staff.

**C. Positions designated for individuals with consumer and/or family member experience:** (There were a number of respondents who had difficulty completing this portion of the survey—the results on some provider surveys included numbers that mimicked exactly the numbers in the previous portion of the survey. The totals in these areas may be skewed for this reason.) The current fiscal economy and recent workforce reduction via civil service rules resulted in the lay off several individuals holding positions that were filled by consumers and/or family members. Our priority, however, is to increase the number of staff members in our workforce to include more consumer and family members as soon as possible.

**D. Language proficiency:** Besides English, the two other prevalent languages spoken in our communities are Spanish and Russian. The percentages of our direct providers that speak these languages mirror our consumer percentages. These bilingual providers travel to various sites to provide their language skills to consumers. But travel is costly in both time and resources. We must have a large enough workforce, particularly direct service staff members, which speak Spanish and Russian to be assigned to our three (3) primary sites. Interpreters trained for psychotherapy appropriate interaction are rare and expensive if available; however, through cost analysis, we would like to research the feasibility of this service, as well.

**E. Other, miscellaneous:** According to a training survey of staff members and providers, many requested more training in promoting wellness, recovery and resiliency while allowing them to maintain their required Continuing Education Units. (See a summary of results under Exhibit 4, Action # 4, "Mental Health Professional Development.") When we are able to hire more consumer and family members, they, too, will need training regarding wellness, recovery and resiliency. All staff members need more training on cultural competence, especially relative to Latino and Russian cultures. Stakeholders shared concerns with the number of African American and Asian mental health service providers in our workforce, as well. Yolo County ADMH can use training for staff members who have had Alcohol and Drug experience to learn to be more wellness-focused. ADMH staff members also need training to become equipped with the tools necessary to provide services to the large community of consumers with co-occurring disorders.

#### EXHIBIT 4: WORK DETAIL

Please provide a brief narrative of each proposed *Action*. Include a Title, short descriptions, 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 Workforce Education and Training Personnel and Overhead**

**Description:** Early implementation dollars were used to partially fund a WET Coordinator in January of 2008. The WET Coordinator is responsible for coordinating the planning processes employed in developing and implementing the WET Plan. The WET Coordinator is expected to attend statewide and regional meetings, facilitate stakeholder meetings, collect and analyze data relative to the needs of the workforce and community, and submit the WET plan to the Department of Mental Health.

##### **Objectives:**

1. Complete a needs assessment for workforce and providers
2. Administer Needs Assessment and training surveys and analyze results
3. Attend Statewide and Regional WET Meetings and provide information to administration and stakeholders
4. Complete planning process for three year WET plan. Work with MHSA Coordinator to conduct public hearing
5. Deliver and/or coordinate and track trainings provided to workforce
6. Measure successes and deficiencies in regards to cultural competence
7. Enrich our clinical supervision schedule to ensure success for any and all consumers, volunteers and interns
8. Submit periodic progress reports to the Department of Mental Health (DMH)

##### **Budget justification:**

##### **Effective January 2008:**

**Partial salary, benefits and overhead of the Staff Development Manager/MHSA WET Coordinator**

**Note: \$50,442 in early implementation dollars were used in Fiscal Year 2007/2008 and \$22,158 in early implementation dollars were used in Fiscal Year 2008/2009.**

##### **Effective July 2009:**

**Partial salary, benefits and overhead of the MHSA Coordinator (.25 FTE)**

**\$19,450 Total Average Estimated Annual Cost including overhead**

**Note: Yolo County ADMH is requesting funding to support the development and operation of this Action through the end of Fiscal Year 2015/2016 (approximately 7 years- total budget \$136,150).**

**The budgeted amount below represents 7 times the estimated annual cost of this Action. Yolo County intends to provide ongoing support for the WET Component through the MHSA Integrated Plan beginning in Fiscal Year 2015/2016.**

**Note: A portion of CSS funds were used to supplement early implementation dollars for this action in FY 2008/2009.**

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$ 0</b>	<b>FY 2007-08: \$ 50,442</b>	<b>FY 2008-09: \$ 158,308</b>
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**EXHIBIT 4: WORK DETAIL – page 2**

**A. WORKFORCE STAFFING SUPPORT**

**Action #2 – Title: Participation in Central Regional WET Partnership**

**Description:** The Central Regional Partnership is a State administered program to create distance learning opportunities. The proposed state administered Central Regional WET Partnership will support the planning, development, and implementation of a distance learning system; encourage the strengthening of curricula in Central California to support wellness and recovery principles, and assure that mental health departments support and encourage career paths throughout the higher education system; identify on-line training resources and county needs for those resources; further develop and support an effective collaborative structure for the partnership.

The WET Coordinator will participate in the development and work of the proposed Central Regional WET Partnership.

**Objectives:**

1. Increase the availability of information on regional education and employment activities
2. Increase the coordination of education programs available for regional students to pursue mental health employment
3. Provide a forum for the exchange of strategies and best practices for training, encouragement of mental health career paths

**Budget justification:**

**No additional funding is required. This is a state-administered program. The MHSA WET Coordinator's time is covered in Action #1: MHSA Workforce Education and Training Personnel and Overhead.**

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$ 0</b>	<b>FY 2007-08: \$ 0</b>	<b>FY 2008-09: \$ 0</b>
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**EXHIBIT 4: WORK DETAIL – page 3**

**A. WORKFORCE STAFFING SUPPORT**

**Action #3 – Title: License Eligible Volunteer Interns**

**Description:** In partnership with our regional universities and community agencies, we will provide leadership in assisting MSW, MFT, and Psy D graduates in moving forward in their careers, and through providing opportunities to obtain hours towards licensure on a volunteer basis. This partnership serves both the county and region in the commitment toward developing new professionals for public mental health.

**Objectives:**

1. Provide opportunities for graduates to obtain clinical hours towards licensure on a volunteer basis
2. Decrease the wait periods for our seriously mentally ill clients to be seen
3. Improve the efficiency of our programs despite our inability to hire in this economy
4. Provide clinical supervision for these volunteers
5. Provide and opportunity for volunteers to work in a county environment
6. Build relationships with volunteers who may be able to be hired in the future

**Budget justification:**

**Effective FY 2009/2010:**

**\$27,000 Total Estimated Annual Cost**

**Including partial salary, benefits and overhead for the supervising clinicians providing supervision to these interns (assumes 0.25 FTE)**

**Note: Yolo County ADMH is requesting funding to support the development and operation of this Action through the end of Fiscal Year 2015/2016 (approximately 7 years - total \$189,000 plus administrative costs = \$217,350).**

**The budgeted amount on the below represents 7 times the estimated annual cost of this Action. Yolo County intends to provide ongoing support for the WET Component through the MHSA Integrated Plan beginning in Fiscal Year 2015/2016.**

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$ 0</b>	<b>FY 2007-08: \$ 0</b>	<b>FY 2008-09: \$ 217,350</b>
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**EXHIBIT 4: WORK DETAIL – page 4**

**B. TRAINING AND TECHNICAL ASSISTANCE**

**Action #4 – Title: Mental Health Professional Development**

**Description: Training:** This action will address the training needs identified through the survey of staff and providers, including evidence-based practices, co-occurring disorders, e-Learning and cultural competence. Trainings will be provided to direct service providers, consumers, family members and the public. Those that ranked highest were training topics that promote the essential elements of the MHSA, including evidence-based trainings, as well as trainings focused on wellness, recovery and cultural competence. The WET coordinator, with stakeholder input, will be responsible to determine the best trainer(s) for the desired topic(s).

The training survey was administered during and around the time that layoffs occurred, which may have affected the number of ADMH staff members who completed and returned the survey. Roughly 22% of ADMH's staff members completed the survey. Twelve providers completed and returned the survey. Staff members and providers indicated the following desirable training topics:

- Suicide self-harm risk assessment and interventions
- Violence/Trauma assessment and interventions
- Abused children and Reactive Attachment Disorder (RAD)
- Post Traumatic Stress Disorder (PTSD)
- Eating disorders
- Substance use/abuse by age group
- Working with complicated families/Working with reluctant clients
- Culture and/or values of specific ethnic/cultural groups by age
- Personality disorders

**E-Learning:** E-Learning will allow Yolo County the opportunity to provide distance learning opportunities and training in numerous topics to direct service providers, consumers and family members. E-Learning will allow the development, delivery and management of training(s) to our workforce and consumers and family members. CEU's, which are necessary for many direct service providers to obtain annually, will also be accessible through many of the training topics provided through an E-Learning vendor.

Although a specific vendor has not yet been chosen, each of the vendors (including Trilogy, maker of Network of Care) promises a Learning Management System, access to hundreds of evidence-based trainings and cost savings compared to hiring trainers and consultants. This mode of training is attractive to many of our direct service providers and allows for savings in travel time and reimbursement. This will not be the primary manner in which our workforce receives training; however, it will enhance our training plan significantly. Trainings will be tracked and courses with a wellness-focus will be a priority.

**Cultural Competence:** Yolo County ADMH will seek out training guides and educational resources to provide ongoing competence-based cultural competence training sessions for all direct service providers. As determined in the Yolo County's CSS component, we have a relatively high number of consumers that are Hispanic/Latino, Russian, and Ukrainian. All direct service providers need cultural competence training regarding these cultures and the traditionally un- and under-served consumers of mental health services. These trainings will be provided periodically over time to ensure that direct service providers are sensitive to the cultural needs of our consumers.

**EXHIBIT 4: WORK DETAIL – page 5**

**B. TRAINING AND TECHNICAL ASSISTANCE**

**Action #4 – Title: Mental Health Professional Development, continued...**

During some stakeholder meetings, we were reminded us of the need to understand cultural competency in both broader and more specific terms. Stakeholders pointed out the need to recognize diversity within ethnic groups, as well as the need to incorporate LGBT, deaf and hard of hearing, and faith-based communities. Working with our cultural competency officer we will enhance and renovate the trainings over the years to be an inclusive program used to expand and enhance our workforce's cultural knowledge.

Additionally, our stakeholders identified the need to reach out to members of cultural communities in their own language and from their unique perspectives. Capitalizing on the linguistic skills of our bilingual direct service providers, who often serve as the primary interpreters for our linguistically diverse consumers and their families, we will research Interpreter's Training in order to enhance providers' interpretation and translation skills. We have a central, accessible list of bi-lingual and multi-lingual ADMH staff providing easier access for non-English speaking consumers.

Other clinical, wellness-focused, recovery- and resiliency-based training topics, including evidence-based training topics, will be offered and provided to consumers and family members, and the public, as well.

**Training Objectives:**

1. Improve the skill set of our direct service providers in regards to the essential elements of the MHSA
2. Provide cultural competence training to increase sensitivity and provide tools to serve our unserved and underserved populations
3. Provide training to consumers and family members to enhance employment skills and increase effectiveness
4. Provide training to enhance the ability of direct service providers to effectively treat consumers with co-occurring disorders
5. Research existing training modules that offer established credibility (California Association of Social Rehabilitation Agencies [CASRA], NAMI, Substance Abuse Mental Health Services Administration [SAMHSA], etc.)
6. Evaluate internal and external resources as resources to provide training(s)
7. Determine appropriate trainers and cost effective methods/measures to provide trainings to direct service providers, consumers and family members.
8. Evaluate effectiveness of training sessions and analyze results to determine effectiveness of ongoing training efforts by topic/trainer

**E-Learning Objectives:**

1. Research existing training modules that offer established credibility
2. Simplify access to training for direct service providers, consumers and family members
3. Increase the quantity and availability of training offers while reducing cost
4. Research incorporation of existing training logs into Learning Management System provided by vendor
5. Develop an evaluation tool to measure the effectiveness and impact of training curriculum for future improvements of training activities

**Cultural Competence Objectives:**

1. Research training models with established credibility (California Brief Multicultural Competency Scale [CBMCS] Training Program, etc.)
2. Increase the number of consumers served from underserved populations
3. Improve the cultural competency of public mental health workforce

**B. TRAINING AND TECHNICAL ASSISTANCE**

**Action #4 – Title: Mental Health Professional Development, continued...**

4. Improve collaboration between our workforce and underserved communities to advance understanding of mental illness and related treatment resources while increasing cultural competence of the workforce
5. Reduce stigma about mental illness in underrepresented communities by providing training for consumers and family members who model wellness and recovery
6. Develop an evaluation tool to measure the effectiveness and impact of training curriculum for future improvements of training activities

**Budget justification:**

Effective FY 2009/2010:

**\$4000 Total Estimated Annual Cost for e-Learning**

**Staff time is budgeted under Workforce Staffing Support**

**\$10,000 Training Costs (Consultants, Content Experts, Train-the-Trainer Events)**

- Bilingual Interpreters Training
- Latino and Russian/Ukrainian Culture Training
- African American, Asian and Other Un- and Underserved Cultures Training
- Lesbian, Gay, Bisexual, Transgender (LGBT) Culture Training
- Deaf/Hard of Hearing and Physically Disabled Culture Training

**\$ 1000 Purchase of Training Curriculum**

**\$ 500 Development and Purchase of Training Materials**

**\$ 500 Training Site Costs**

**\$12,000 Total Estimated Annual Cost for Cultural Competence Training**

**Other Training dollars \$40,000 per year—Note that direct service providers, consumers, family members and the public will be invited to these trainings as well. \$40,000 Estimated Annual Cost to include costs of consultants, content experts, train-the-trainer events, purchase of training curriculum, development and purchase of training materials and training site costs.**

**\$56,000 Total Estimated Annual Cost for All Mental Health Professional Development Training**

**Note: Yolo County ADMH is requesting funding to support the development and operation of this Action through the end of Fiscal Year 2015/2016 (approximately 7 years total \$392,000 plus administrative costs = \$450,800).**

**The budgeted amount below represents 7 times the estimated annual cost of this Action. Yolo County intends to provide ongoing support for the WET Component through the MHS Integrated Plan beginning in Fiscal Year 2015/2016.**

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$ 0</b>	<b>FY 2007-08: \$ 0</b>	<b>FY 2008-09: \$ 450,800</b>
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EXHIBIT 4: WORK DETAIL – page 7

**C. MENTAL HEALTH CAREER PATHWAY PROGRAMS**

**Action -** *Yolo County does not intend to pursue an action in this category at this time.*

<b>Budgeted Amount:</b>	FY 2006-07: \$ <u>0</u>	FY 2007-08: \$ <u>0</u>	FY 2008-09: \$ <u>0</u>
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EXHIBIT 4: WORK DETAIL

**D. RESIDENCY, INTERNSHIP PROGRAMS**

**Action -** *Yolo County does not intend to pursue an action in this category at this time.*

<b>Budgeted Amount:</b>	FY 2006-07: \$ <u>0</u>	FY 2007-08: \$ <u>0</u>	FY 2008-09: \$ <u>0</u>
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**E. FINANCIAL INCENTIVE PROGRAMS**

**Action # 5 – Title: Student Loan Repayment Program for Direct Service Providers**

**Description:** This action provides that during the time an incumbent is employed by Yolo County ADMH, he or she may be eligible to have Yolo County make student loan payments on his or her behalf directly to the lending institution, so long as the student loan was for the purpose of obtaining a degree that would make the individual license-eligible for work in the County Mental Health Service System per Title 9, Chapter 11. For those obtaining Alcohol and Drug certification for the purpose of becoming a provider capable of serving our clients with co-occurring disorders, student loan repayment may also be available. Any loan amounts paid on the providers' behalf will be noted on their annual IRS wage and earnings statement and will be subject to taxation.

Also under consideration is the implementation of a student loan repayment program for staff interested in applying for a program like the Psychiatric Nurse Practitioner Program provided by California State University at Fresno (CSUF). CSUF is creating a program that will include distance learning that will educate certain clinical staff members to become Psychiatric Nurse Practitioners with a heavy focus on recovery and resiliency. Yolo County has had difficulty in recruiting or retaining Nurse Practitioners, who play a vital role in our system, especially when providing timely services to our severely mentally ill consumers. Our stakeholders have consistently raised concerns regarding the services we provide to our most vulnerable consumers. Implementation of a program like this may help to alleviate long waiting periods for our target population to be served while allowing opportunities for us to provide other recovery- and wellness-focused services before more intense services are needed.

**Objectives:**

1. Help to retain professional direct service providers by providing needed financial support
2. Build morale of professional direct service providers by offering this "reward"
3. Promote continuing education to our workforce
4. Research and develop a program that will enable direct service providers to apply for Student Loan Repayment
5. Give preference to consumers and family members
6. Give preference to those who are license eligible, to encourage more providers to become licensed to provide clinical supervision
7. Evaluate effectiveness of this program after 2010/2011

**EXHIBIT 4: WORK DETAIL – page 8**

**E. FINANCIAL INCENTIVE PROGRAMS**

**Action #5 – Title: Student Loan Repayment Program, continued...**

**Student Loan Budget justification:**

Requested budget presumes four to eight direct service providers with student loan amounts not in excess of \$1,000 per month for two years. As former program participants graduate, they would be replaced with others.

**Effective FY 2009/2010:**

\$12,000 average per year for the first and seventh years, and \$24,000 average per year for the second through sixth years.

The actual annual cost may change greatly depending on the number or participants and the monthly cost of their respective student loans. The number of students supported may also change annually due to the cost of the loans.

*Note: Yolo County ADMH is requesting funding to support the development and operation of this Action through the end of Fiscal Year 2015/2016 (approximately 7 years- total \$144,000 plus administrative costs = \$165,600).*

*The budgeted amount below represents 7 times the estimated annual cost of this Action. Yolo County intends to provide ongoing support for the WET Component through the MHSA Integrated Plan beginning in Fiscal Year 2015/2016.*

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$</b> <u>  0  </u>	<b>FY 2007-08: \$</b> <u>  0  </u>	<b>FY 2008-09: \$</b> <u> 165,600 </u>
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**EXHIBIT 5: ACTION MATRIX**

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

<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 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)
<b>Action # 1: MHSA Workforce Personnel and Overhead</b>	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>Action # 2: Participation in Central Regional WET</b>	X	X	X	X	X		X	X	X	X	X	X	
<b>Action # 3: License Eligible Volunteer Interns</b>	X	X	X	X	X	X						X	X
<b>Action # 4: Mental Health Professional Development</b>	X	X	X	X	X	X		X		X	X	X	X
<b>Action # 5: Student Loan Repayment Program</b>	X	X	X	X	X	X	X	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	0	0	0
B. Training and Technical Assistance	0	0	0
C. Mental Health Career Pathway Programs	0	0	0
D. Residency, Internship Programs	0	0	0
E. Financial Incentive Programs	0	0	0
<b>GRAND TOTAL FUNDS REQUESTED for FY 2006-07</b>			<b>0</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	50,442	0	50,442
B. Training and Technical Assistance	0	0	0
C. Mental Health Career Pathway Programs	0	0	0
D. Residency, Internship Programs	0	0	0
E. Financial Incentive Programs	0	0	0
<b>GRAND TOTAL FUNDS REQUESTED for FY 2007-08</b>			<b>50,442</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 (plus administrative costs)	22,158	353,500	375,658
B. Training and Technical Assistance (plus admin.)	0	450,800	450,800
C. Mental Health Career Pathway Programs	0	0	0
D. Residency, Internship Programs	0	0	0
E. Financial Incentive Programs (plus admin.)	0	165,600	165,600
<b>GRAND TOTAL FUNDS REQUESTED for FY 2008-09</b>			<b>992,058</b>

**ATTACHMENT 1**

Yolo County  
Department of Alcohol, Drug and Mental Health  
Mental Health Services Act / Prop 63

**MHSA WORKFORCE EDUCATION AND TRAINING COMPONENT  
(WET) Three Year Program and Expenditure Plan  
30-Day Public Comment Form**

<b>PERSONAL INFORMATION</b>	
Name:	
Agency/organization:	
Telephone number:	E-mail:
Mailing address:	
<b>MY ROLL IN THE MENTAL HEALTH SYSTEM</b>	
<input type="checkbox"/> Client Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Service Provider (not ADMH) <input type="checkbox"/> ADMH Staff <input type="checkbox"/> Law enforcement/justice system	<input type="checkbox"/> Education <input type="checkbox"/> Social Services <input type="checkbox"/> Faith-based community leader <input type="checkbox"/> Other
<b>Please write your comments below:</b>	

If you need more space for your response, please feel free to submit additional information. After you complete the questionnaire, you may return it in three ways:

- Print and fax to (530) 669-1408 Attention: MHSA WET Coordinator
- Mail to ADMH/MHSA 137 N. Cottonwood St, Suite 2500, Woodland, CA 95695
- E-mail this completed form as an attachment to: [Gina.Ehlert@yolocounty.org](mailto:Gina.Ehlert@yolocounty.org)



ATTACHMENT 2

(2015.5 C.C.P.)

Filing Stamp

STATE OF CALIFORNIA  
County of Yolo

I am a citizen of the United States and a resident of the county aforesaid. I am over the age of eighteen years and not a party to or interested in the above-entitled matter. I am the principal clerk of the printer of

THE DAVIS ENTERPRISE  
315 G STREET

Proof of Publication  
202494  
Public notice

printed and published Sunday through Friday in the city of Davis, county of Yolo, and which newspaper has been adjudged a newspaper of general circulation by the Superior Court of the County of Yolo, State of California, under the date of July 14, 1952, Case Number 12680. That the notice, of which the annexed is a printed copy (set in type not smaller than non-pareil), has been issue of said newspaper and not in any supplement thereof on the following dates to-wit:

March 22  
All in the year(s) 2009

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Dated at Davis, California,  
This 22nd day of March, 2009

  
Chris Erickson  
Legal Advertising Clerk

Public Notice	Public Notice
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**MENTAL HEALTH SERVICES ACT (MHSA) - WORKFORCE EDUCATION AND TRAINING COMPONENT:** The public review and comment period for the Workforce Education and Training Component of the Three-Year Program and Expenditure Plan began Tuesday, February 24, 2009 and will end Thursday, March 26, 2009 at 5:00 p.m.

Through 3/26/09, stakeholders may submit written comments or questions to Kim Suderman, Director, of Gina Ehler, WET Coordinator, 137 N. Cottonwood Street, Suite 2500, Woodland, CA 95695.

Members of the Yolo County Mental Health Board will conduct a public hearing on the Workforce Education and Training Component of the MHSA plan at the close of the 30-day public comment period. The original public hearing date, time and place has been changed. The public hearing on this matter will take place on Thursday, March 26, 2009, at 5:00 p.m., at the Thomson Room of the Bauer Building, 137 N. Cottonwood Street, Woodland, California.

If you would like to review the Workforce Education and Training (WET) Component of the MHSA Three-Year Program and Expenditure Plan on the Internet, follow this link at the Yolo County website: <http://www.yolocounty.org/Index.aspx?page=993>. A link to the document is also posted at [www.namityolo.org](http://www.namityolo.org). This document is available at the reference desk of all public libraries in Yolo County and in the public waiting areas of the offices of Yolo Co. Dept. of Alcohol, Drug, and Mental Health. To ask for a printed copy, or to request accommodation or translation of this document or notice into other languages or formats, contact Violet Menendez, (530) 666-8547. Par asistencia en Español, llame a Carmela Luna al (530) 666-8632 or 916-375-6350.

DE202494 Mar. 22, 2009