

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: Tuolumne

Date: November 1, 2008

This County's Workforce Education and Training component of the Three-Year Program and Expenditure Plan addresses the shortage of qualified individuals who provide services in this County's Public Mental Health System. This Workforce Education and Training component is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of California's MHSA Workforce Education and Training Five-Year Strategic Plan (Five-Year Plan), and 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: Beatrice Readel

Signature:

Contact Person' Name: Ronald M Hamilton

2 South Green Street

Sonora, CA. 95370

Phone # (209) 533-6245 Fax #: (209) 588-9563

E-mail address: breadel@co.tuolumne.ca.us

Phone #: 209-532-6259 Fax #:

E-mail: rhamilton@co.tuolumne.ca.us

TABLE OF CONTENTS

	<i>Page</i>
EXHIBIT 1: WORKFORCE FACE SHEET	44
EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY	46
EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT	47
EXHIBIT 4: WORK DETAIL.....	54
EXHIBIT 5: ACTION MATRIX	62
EXHIBIT 6: BUDGET SUMMARY	63
EXHIBIT 7: ANNUAL PROGRESS REPORT.....	64

Tuolumne County has made extensive use of community, consumer/family member, and ethnic minority stakeholders throughout the planning process for all stages of Mental Health Services Act (MHSA), and the Workforce Education and Training Component is no exception. To identify workforce education and training needs, Tuolumne County initiated a planning process that included the convening of a Mental Health Services Act Leadership Council, several focus groups, planning meetings, and interviews with key Stakeholders (**See Attachment A**). The MHSA Leadership Council is comprised of Consumers, family members, and key community stakeholders. They are a sub-committee of the Behavioral Health Advisory Board, and meet monthly to review and advise on all aspects of the MSHA planning and programs.

The goal of the planning process was to encourage consumer and family member participation, to collaborate with community and regional stakeholders, and to identify specific projects that Tuolumne County Behavioral Health Department (TCBHD) could address to meet the needs of the mental health workforce, with emphasis on the inclusion of consumer/family members and underserved populations. This group continues to consider the workforce development needs of the behavioral health system throughout Tuolumne County and to develop strategies and educational programs that meet the needs of the community and support the key concepts of the MHSA.

In preparation of the Workforce Education and Training component, TCBHD attended several meetings held by the Central Region Workforce Collaborative. These meetings helped identify regional trends in workforce shortages, addressed the specific needs of consumers and family members, discussed the lack of parity amongst underserved ethnic minority populations receiving mental health services, and introduced educators who would later be key stakeholders in the planning process. Workshops sponsored by CiMH also provided opportunities for collaboration.

In July 2008, all public behavioral health services became County operated. Previously, all services were provided by a full county contract with Kingsview Corporation... The survey was completed twice by employees (once in February while Kingsview Corporation was still delivering services and once in August under the auspices of the County department), and was completed by 6 community and County agencies online, by the ongoing Leadership Council who has worked with us on all aspects of MHSA components, by Consumer and Family groups and Behavioral Health Board Members.

The next part of the planning process was to hold focus groups with all Behavioral Health Services Staff to obtain their input on the workforce needs, the direction of the Workforce Education and Training plan, and their personal educational and career goals. Staff was grouped by level of education to address their specific needs and pathways. Staff feedback was incorporated into meetings with colleges to address workforce needs and potential education program capacity.

Additional planning meetings were held with educational stakeholders including Modesto Junior College, Columbia Community College, CSU Stanislaus, and CSU Sacramento. These meetings were held in conjunction with other counties including Calaveras, Amador, El Dorado, and San Joaquin. Workforce needs and educational institution capacity was discussed, and as a result, at least four new career pathway programs have been added to benefit Tuolumne and surrounding counties. This required coordinating and convening several key decision makers and organizational leaders to make informed decisions without the delay of extensive preparatory or follow up meetings that their schedules did not allow. The results of these collaborations are not only strong regional partnerships, but two new certificate programs at Columbia College and a new Rural Mental Health MSW program at CSU Sacramento.

Additional focus groups, interviews, and/or information sessions were held with Tuolumne County Human Resources, local Spanish Speaking support groups and representatives of the Tuolumne Band of Me – Wuk Indians, The Cherokee Band of Indians, and an Online Community Survey from community agencies. Ideas and recommendations concerning workforce development received throughout this process have been included in this Workforce Education and Training component.

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 1

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	
A. Unlicensed Mental Health Direct Service Staff:										
County (employees, independent contractors, volunteers):										
Mental Health Rehabilitation Specialist	2	0	3							
Case Manager/Service Coordinator.....	8	0	2							
Employment Services Staff.....		1	1							
Housing Services Staff.....	5	1								
Consumer Support Staff	1	1								
Family Member Support Staff		1	1							
Benefits/Eligibility Specialist.....	1	1								
Other <i>Unlicensed</i> MH Direct Service Staff.....		1	3							
<i>Sub-total, A (County)</i>	17	6	10	12	1					
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Mental Health Rehabilitation Specialist	1	1								
Case Manager/Service Coordinator.....	1	1								
Employment Services Staff.....	0									
Housing Services Staff.....	0									
Consumer Support Staff	0									
Family Member Support Staff	0									
Benefits/Eligibility Specialist.....	0									
Other <i>Unlicensed</i> MH Direct Service Staff.....	0									
<i>Sub-total, A (All Other)</i>	2	2	0							
Total, A (County & All Other):	19	8	10	12	1					

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



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



I. By Occupational Category - page 2

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
B. Licensed Mental Health Staff (direct service):										
County (employees, independent contractors, volunteers):										
Psychiatrist, general	1	1	1							
Psychiatrist, child/adolescent	1	1								
Psychiatrist, geriatric	0	1								
Psychiatric or Family Nurse Practitioner.....	0	1	1							
Clinical Nurse Specialist.....	0	1	2							
Licensed Psychiatric Technician	2	1	1							
Licensed Clinical Psychologist	0	1								
Psychologist, registered intern (or waived)	0	?								
Licensed Clinical Social Worker (LCSW)	2	1	2							
MSW, registered intern (or waived).....	2	?								
Marriage and Family Therapist (MFT).....	7	1	2							
MFT registered intern (or waived).....	8	?								
Other Licensed MH Staff (direct service).....		?								
<i>Sub-total, B (County)</i>	23		9	19	1					
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Psychiatrist, general										
Psychiatrist, child/adolescent										
Psychiatrist, geriatric										
Psychiatric or Family Nurse Practitioner.....										
Clinical Nurse Specialist.....										
Licensed Psychiatric Technician										
Licensed Clinical Psychologist										
Psychologist, registered intern (or waived)										
Licensed Clinical Social Worker (LCSW)										
MSW, registered intern (or waived).....										
Marriage and Family Therapist (MFT).....										
MFT registered intern (or waived).....										
Other Licensed MH Staff (direct service).....										
<i>Sub-total, B (All Other)</i>	0		0							
Total, B (County & All Other):	23		9	19	1					

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



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



I. By Occupational Category - page 3

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

I. By Occupational Category - page 4

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
D. Managerial and Supervisory:				(Managerial and Supervisory; Sub-Totals Only) ↓						
County (employees, independent contractors, volunteers):										
CEO or manager above direct supervisor	3	0								
Supervising psychiatrist (or other physician).....	0									
Licensed supervising clinician	5	0								
Other managers and supervisors	1									
<i>Sub-total, D (County)</i>	9			4						
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Managerial and Supervisory; Sub-Totals and Total Only) ↓						
CEO or manager above direct supervisor										
Supervising psychiatrist (or other physician)....										
Licensed supervising clinician										
Other managers and supervisors										
<i>Sub-total, D (All Other)</i>										
Total, D (County & All Other):	9			4						
E. Support Staff (non-direct service):				(Support Staff; Sub-Totals Only) ↓						
County (employees, independent contractors, volunteers):										
Analysts, tech support, quality assurance	4	0	2							
Education, training, research.....	1	1								
Clerical, secretary, administrative assistants	4	0								
Other support staff (non-direct services)	5	0								
<i>Sub-total, E (County)</i>	14		2	12	2					
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Support Staff; Sub-Totals and Total Only) ↓						
Analysts, tech support, quality assurance										
Education, training, research.....										
Clerical, secretary, administrative assistants										
Other support staff (non-direct services)										
<i>Sub-total, E (All Other)</i>										
Total, E (County & All Other):	14		2	12	2					

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 5

GRAND TOTAL WORKFORCE

(A+B+C+D+E)

Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/ Cau- casian (5)	Hispanic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	
County (employees, independent contractors, volunteers) (A+B+C+D+E)	63	10	23							
All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E).....	2	2								
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	65	12	23	52	4					

F. TOTAL PUBLIC MENTAL HEALTH POPULATION

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

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

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

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

III. LANGUAGE PROFICIENCY

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

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

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

Tuolumne County conducted a Workforce Needs Assessment survey of all staff in February 2008 and August 2008. Through vigorous follow up Tuolumne was able to achieve a 100% response rate. The information was analyzed to prepare these remarks. The surveys used in this analysis are reflective of a point in time and are representative of the workforce needs of Tuolumne County when this analysis was completed.

A. Shortages by occupational category:

Rural, small counties face several occupational shortages due to geographic barriers and the lack of (or lack of awareness of) educational opportunities. Licensed or licensed-eligible clinical positions face the most chronic shortages in County, followed by consumers or family members with sufficient experience and/or education to provide direct services. When a position is posted requiring a Master's degree there are considerably fewer qualified applicants compared to positions requiring a Bachelor's degree or less. It is extremely challenging to hire a psychiatrist when competing with much higher paying correctional institutions. The County has had to rely on Locum Tenens psychiatrists, for several months or more at a time. Most difficult areas include Psychiatrist, Psychiatrically Trained, Registered Nurses, and Licensed Clinicians. Hiring qualified fiscal staff, leadership, and those with Mental Health Services Act experience is also difficult and can create a significant shortage when positions are vacant.

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

According to the Tuolumne County profile for 2007 the total population served by Tuolumne County Behavioral Health was comprised of 83% White, 10% Hispanic, 8% Black, .2% Native American, and 2% Multiracial. The Hispanic population continues to see a steady increase. The Latino population in Tuolumne County is still relatively small, but growing. Behavioral Health Services staff reflects this population to a limited degree through the hire of case management and outreach staff. Tuolumne County has a significant Native American population that is a challenge to reach, even through cultural brokers. The TCBHD has developed contracts with two Indian Health clinics to deliver outreach and engagement services, but even those representatives appointed by their respective Board of Elders have had a difficulty reaching out to their population for behavioral health services. Given the difficulty in hiring qualified licensed staff in rural areas, efforts to recruit staff of ethnic backgrounds is even more challenging, if not prohibitive. Without clinical staff that is culturally and linguistically competent, the dilemma of serving underserved ethnic minorities is compounded.

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

Tuolumne County has identified four Employee positions and three contracted positions.

D. Language proficiency:

Tuolumne does have a need for Spanish-speaking staff. Fortunately, Tuolumne has a full-time Assistant Director and a Pediatric Nurse that are fluent in Spanish. However, the County has no direct services clinical staff that are Spanish-speaking, which is a considerable disadvantage to consumers. The County would benefit greatly from additional clinical staff who are fluent Spanish Speakers, as well as clerical support staff.

E. Other, miscellaneous:

The geographic size and location of Tuolumne makes the provision of services to all those in need of mental health services a challenge. It is particularly challenging to interest professional staff into relocating to remote areas such as Tuolumne. The county has received federal designation as a Mental Health Professional Shortage Area (MHPSA). These are areas with a shortage of clinical psychologists, clinical social workers, psychiatric nurse specialists, marriage and family therapists, and/or psychiatrists. The purpose of the MHPSA is to assure that mental health services are available and accessible to underserved populations, to assist in the retention and recruitment of mental health providers in designated areas, and to assist in the determination of unusually high mental health needs. The designation as an MHPSA hopefully will help the County attract professionals to these underserved areas.

EXHIBIT 4: WORK DETAIL

A. WORKFORCE STAFFING SUPPORT

Action #1 – Title: Workforce Education and Training Coordinator & Fiscal Support

Description: A Workforce Education Coordinator was hired July 2007. This employee's salary will come from the Workforce Education and Training Planning funds. Responsibilities of the Workforce Education and Training Coordinator include overall facilitation of all aspects of the Workforce Education and Training Component as well as all Behavioral Health Departments training within Tuolumne. The Workforce Education and Training Coordinator will ensure that training exemplifies wellness, recovery and resilience; is culturally competent; ensures a consumer/family-driven mental health system; promotes an integrated services experience; and incorporates the community collaboration process.

Objectives:

The objectives for the Workforce Education and Training Coordinator include:

1. Complete and submit Workforce Education and Training Plan to the State of California.
2. Implement all actions funded by the Workforce Education and Training Plan.
3. Complete annual updates to the Workforce Education and Training programs.
4. Coordinate and evaluate all training activities for Behavioral Health Services.
5. Participate in regional partnership and collaborative meetings and activities.
6. Ensure that activities meet the fundamental concepts of MHSA.
7. Support consumer and family member transitions to employment in Behavioral Health Services.
8. Strengthen the mental health workforce by assisting the recruitment and retention of bilingual, multi-cultural employees.
9. Develop and Coordinator Student internships, and volunteer programs.

Budget justification:

The MHSA coordinator was hired in July 2008 with a salary of \$50,000.00. The position will become full time and include overseeing the Volunteer and internship program for a total salary including benefits of \$50,000.00 for fiscal year 2009-2010.

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ <u>25,000.00</u>	FY 2008-09: \$ <u>100,000.00</u>
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EXHIBIT 4: WORK DETAIL –

B. TRAINING AND TECHNICAL ASSISTANCE

Action #2 – Title: All-Staff Training on the Mental Health Services Act Essential Elements

Description: During the stakeholder process, Tuolumne County identified the need for training in several areas that will empower staff to provide services that are based in wellness, recovery, and resilience model, are culturally competent, support the philosophy of a client/family driven mental health system, and integrates services including community collaboration. The training subjects outlined below will be presented to Behavioral Health Department staff, and will be open to as many other community agencies and consumers/family members as possible to promote community collaboration.

Training for all Behavioral Health Department staff is key to bringing the organization in line with the essential elements of the Mental Health Services Act. Staff will receive at least four training sessions per year on subjects including:

1. **Cultural Competency.** Training will focus on identifying and developing culturally competent best practices as an integral part of ongoing culturally competent planning and implementation. Training goals will include the adoption of behaviors, attitudes, and policies that enable department staff, other agencies, and those in the community to work effectively in cross – cultural situations.

2. **Consumer and Family Members Inclusion.** Training will focus on the importance of consumer and family members in the mental health workforce and will identify the needs and preferences which lead to supports that will be most effective for them in a successful work environment. Training goals may also include stigma reduction in the workplace, successful supportive employment models, and community collaboration for job development.

3. **Wellness, Recovery, and Resiliency.** Training will focus on the recovery process in which people who are diagnosed with a mental illness are able to live, work, learn and participate fully in their communities. Resiliency will focus on the personal qualities of optimism and hope, and the personal traits of good problem solving skills that lead individuals to live, work, and learn with a sense of mastery and competence.

4. **Integrated Services.** Training will provide staff with a better understanding of a “seamless” service experience where clients do not have to negotiate multiple agencies and funding sources to get critical needs met and to move towards recovery and develop resiliency including other behavioral health services within the agency such as alcohol and drug services. This training will be consumer/family-centered and include multi-agency/joint planning best practices to address consumer/family’s needs using a full range of services.

Objectives:

1. Provide training on the essential elements of the MSHA to behavioral health staff and community members.
2. Provide multicultural education and training opportunities for staff, consumer/family members, and community stakeholders.
3. Evaluate the effectiveness and impact of the training on the department and other attendees.
4. Conduct an organizational cultural competency self-assessment.
5. Continue language testing for Tuolumne employees hired into bilingual positions.

Budget justification: An allotted amount of over \$1,000.00 per training for five all-staff training sessions per year is budgeted for a total of \$7,500.00 for the next three years.

Budgeted Amount:	FY 2006-07: \$ NA	FY 2007-08: \$ 2500.00	FY 2008-09: \$5,000.00
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B. TRAINING AND TECHNICAL ASSISTANCE -- *Continued*

EXHIBIT 4: WORK DETAIL –

Action #3 – Title: Individual Training on the Mental Health Services Act Essential Elements

Description: Training for the Behavioral Health Department staff and consumers is key to promoting the essential elements of the Mental Health Services Act. Individual staff and consumers/family members will receive training as needed on subjects including: cultural competency, wellness, recovery, and resiliency; service integration; consumer/family-driven services; and the inclusion of consumer/family members at every level. Training will cover topics including the MHSA essential elements:

1. **Community Collaboration.** Training sessions on this topic will focus on the processes by which various stakeholders work together to share information and resources in order to accomplish a shared vision. The goal of these training sessions are to bring members of the community together in an atmosphere of support to systematically solve existing and emerging problems that could not easily be solved by one group alone.
2. **Cultural Competency.** Training sessions in this area will identify and develop culturally competent best practices as an integral part of ongoing culturally competent planning and implementation, including the adoption of behaviors, attitudes, and policies that enable department staff, other agencies, and those in the community to work effectively in cross-cultural situations. Cultural competence in poverty and rural cultures will be included.
3. **Consumer and Family Member Driven Services.** These training sessions will include a discussion of consumer/family needs and preferences that lead to the services and supports that will be most effective for them. The following concepts will also be identified: client-centered adult services versus family-driven child and youth services; full service partnerships; individualized; comprehensive service plans; and more.
4. **Wellness, Recovery, and Resiliency.** Training sessions on this topic will focus on the recovery process in which people who are diagnosed with a mental illness are able to live, work, learn, and participate fully in their communities. Resiliency will focus on the personal qualities of optimism and hope, and the personal traits of good problem solving skills that lead individuals to live, work, and learn with a sense of mastery and competence.
5. **Integrated Services.** These training sessions will provide staff with a better understanding of a “seamless” service experience where clients do not have to negotiate multiple agencies and funding sources to get critical needs met including other behavioral health services within the agency such as alcohol and drug services, and to move towards recovery and develop resiliency. Integrated service training topics may include how to treat the whole person, the goals of self-sufficiency for older adults and adults, safe family living for who may have faced homelessness, avoidable emergency medical care or hospitalization, incarceration, and out-of-home placement, or dependence on the state. Individual staff and/or consumers may also receive additional, specialized training in addition to the MHSA topics above. These topics would include training on older adults, quality improvement as related to MHSA, Parent/Child Interaction Therapy (PCIT), or other job-specific subjects. Training will be obtained through the California Institute for Mental Health, the California Association of Social Rehabilitation Agencies, the Department of Rehabilitation, the National Alliance on Mental Illness, and/or others as developed or discovered.

Objectives:

Staff and consumer training objectives will vary based on the individual, his/her performance goals, and supervisor recommendations. However, overall individual staff and consumer training objectives include:

1. Provide training on the essential elements of the MHSA to behavioral health staff and consumers/family members
2. Provide multicultural education and training opportunities for staff, consumers, and family members
3. Promote personal and career growth for individuals through specialized training
4. Evaluate the effectiveness and impact of the training on individual attendees
5. May include future agreements with distance or electronic learning sites.

Budget justification:

An allotted amount of \$20,000 is budgeted for individual staff and consumer training over a three year period, roughly \$150 per individual per year. This budget assumes that not all staff or consumers will require individual training and that some training will be more or less than \$150. An amount of \$4,000 has been allocated to cover travel expenses for individual training needs.

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$20,000.00
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EXHIBIT 4: WORK DETAIL –

B. TRAINING AND TECHNICAL ASSISTANCE -- Continued

Action #4 – Title: Individual Training for Leaders of Public Mental Health

Description: According to the California Institute of Mental Health, the program provider, “The Mental Health Directors Institute is a leadership development program designed to help good leaders become great leaders and to face the challenges of leading mental health systems and services. The content is based on input from directors and others about the critical knowledge and skills needed in leading complex mental health organizations. The format will encourage the development of networks among participants to support their ongoing work.” This program meets the needs of the department to cultivate strong leaders amongst those currently in supervisory or managerial roles to support staff retention and organizational development.

Objectives:

The objectives of the leadership Institute for Behavioral Health Services includes:

1. Increase leadership effectiveness through influence, facilitating, and negotiating.
2. Improve leadership response to crisis and interaction with the media.
3. Develop consumer/family-centered leadership and cultural diversity/competency.
4. Understand best practices in fiscal, policy, and public program management.
5. Deepen understanding of legislative processes, county, and state politics.
6. Manage organizational networks, change, culture, and core processes.

Budget justification:

The Leadership Institute is approximately \$4500. Per person, including travel and lodging. An amount of \$4500.00 has been budgeted over a three year period.

Budgeted Amount:	FY 2006-07: \$ NA	FY 2007-08: \$ NA	FY 2008-09: \$ 4,500.00
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Action #5 – Title: Staff and Community Agency Training on Parenting and Family Engagement

Description:

A recent training needs assessment of the department and partner community agencies was completed in July 2008. Analysis of this assessment shows a lack of training for staff and partner community agencies in the area of parenting and family engagement. As such, workforce Educations and Training funds will be set aside to provide training on how to address behavioral problems, particularly in children age 0-6, where the greatest gap exists. This training will draw on social learning, cognitive behavioral and developmental theory, as well as research into risk and protective factors associated with the development of social and behavioral problems in children. The training program will foster positive parenting skills and activities to promote positive brain development in children birth to 6 years.

Training will be provided to applicable Behavioral Health Services staff and will be open to partner agencies and community professionals to promote community collaboration.

Objectives:

Staff and consumer training objectives will vary based on the individual, his/her performance goals, and supervisor recommendations, and include:

1. Provide training on parenting and family engagement to direct service staff and partner agencies
2. Provide multicultural training application for direct service staff and partner agencies
3. Promote community collaboration through outside agency partnerships

Budget justification:

An allotted amount of \$30,000.00 is budgeted for group training of staff and partner community agencies over a three year period.

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ <u>\$30,000.00</u>
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**EXHIBIT 4: WORK DETAIL –
MENTAL HEALTH CAREER PATHWAY PROGRAMS**

Action #6 – Action #6 – Title: Psychosocial Rehabilitation Training for Consumers Returning to School or Work

Description:

As consumers begin to develop their recovery goals, such as working in public mental health, basic skills training may be desired to prepare for student or career life within the community. The nine module course distributed by Psychiatric Rehabilitation Consultants teaches consumers the skills they need to achieve their recovery goals. These modules will assist consumers with: Basic Conversation Skills, Community Reentry, Workplace Fundamentals and more. This program is an ideal first step for a consumer seeking a mental health career pathway.

Objectives:

1. Assist consumers to complete nine modules each year to prepare to return to school, to start a community college mental health certification program, or if qualified, to begin volunteering or working for public mental health or other appropriate employer
2. Work with consumers to become peer mentors to other consumers completing the program
3. Provide a supportive model as consumers transition from education to employment

Budget justification:

Modules for the Psychosocial Rehabilitation Training course are \$350 each The total cost for nine modules, including tax is \$3,663. This is a one time cost as modules can be reused on an annual basis.

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ <u>3663.00</u>
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Action #7 – Title: GED Testing for Consumers Returning School or Work

Description: Some consumers may have discontinued their education prior to completing their high school diplomas or equivalency testing due to the negative effects of mental health illness. As they advance toward their recovery goals, consumers may consider returning to school or work- perhaps in the mental health field as a way of giving back. However, without the necessary prerequisite of a high school diploma or General Education Development (GED) Equivalency testing, those who are consumers ready for college will not be able to enroll. Setting aside funds to pay for the minimal cost of GED testing will eliminate this barrier. Preparation for testing is free via websites at www.ged.com. Testing is available at Columbia Community College and transportation can be provided for consumers if necessary by Behavioral Health Services.

Objectives:

1. Find two consumers per year to obtain their GED.
2. Assist consumers with enrolling in a mental health certification program at a local community college.
3. Provide a supportive model as consumer's transition from education to employment.

Budget justification:

There is no cost for the GED test preparation online at www.ged.com. The cost for each GED at Columbia Community College is \$150.00. This budget assumes 11 consumers will obtain their GED over a three year period; if not the funds will roll over and be available for GED test fees during the next fiscal year.

Budgeted Amount:	FY 2006-07: \$ NA	FY 2007-08: \$ NA	FY 2008-09: \$ 1750.00
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EXHIBIT 4: WORK DETAIL –

C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action #8 – Title: Peer Support Certification Program Sponsor

Description: To address a long standing educational gap in the mental health system and to ease entry into a certificate program. Tuolumne will partner up with Calaveras County to sponsor a 12 – unit Peer Support Certificate through Columbia Community College. This program is ideal for staff, consumers/family members, local Latino or Native American populations, or other community members wanting to provide peer support in mental health. The program consists of four 3 – unit courses: Introduction to Peer Support, Advanced Skills in Peer Support, Helping Skills and basic conflict management, and a Work Experience Internship at the county or other community based organizations.

(See Attachment B for Syllabi) Further, this program will provide consumers, who are in recovery but not ready for higher education, or advanced job placement, with skills and knowledge for entry – level employment in the behavioral health care system.

Objectives:

1. Enroll at least 8 students form Tuolumne County each semester.
2. Assist students with transition to an Associates Degree program that can be transferred to a university if desired.
3. Provide a supportive education model for consumers and staff attending the certificate program.
4. Work with Columbia College to provide internships when possible.
5. Increase consumer/family member participation in the mental health field through preparation for entry level positions in mental health.

Budget justification: The cost of this program per year is \$8000.00 to cover facility administration of each certificate. This cost will be shared by Calaveras County for a total amount of \$4000.00 per year. The total budget amount for Tuolumne County for a three year period is \$12,000.00

Budgeted Amount:	FY 2006-07: \$ <u>NA</u>	FY 2007-08: \$ <u>NA</u>	FY 2008-09: \$ <u>\$12,000.00</u>
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Action #9 – Title: Psychosocial Rehabilitation Certification Program Sponsorship

Description: To address a long standing educational gap in the mental health system and to ease entry into a certificate program. Tuolumne will partner with Calaveras County to sponsor a 12 unit California Associate of Social Rehabilitation Agencies (CASRA) – based Psychosocial Rehabilitation Certificate through Columbia Community College. This program is ideal for staff, consumers/family members, underserved ethnic populations, or other community members wanting to know more about mental health. This program is based on the CASRA curriculum and consists of four 3 unit classes: Introduction to Psychosocial Rehabilitation, Current Trends and issues in Psychosocial Rehabilitation, Case Management, and a Work Experience Internship at the county or other community based organizations (**See attachment B for Syllabi**).

Objectives:

1. Enroll at least 8 students from Tuolumne County each semester.
2. Assist students with transition to an Associate's Degree program that can be transferred to a university if desired.
3. Provide a supportive education model for consumers/family members and staff attending the certificate program.
4. Work with Columbia College to provide internships when possible.
5. Increase consumer/family member participation in the mental health field through preparation for entry level positions in mental health.

Budget justification: The cost of the program per year is \$8,000.00 to cover faculty administration of each certificate. This cost will be shared with Calaveras County for a total amount of \$4,000.00 each year. The total budget amount for Tuolumne County for three a year period is \$12,000.00.

Budgeted Amount:	FY 2006-07: \$ <u>NA</u>	FY 2007-08: \$ <u>NA</u>	FY 2008-09: \$ <u>12,000.00</u>
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EXHIBIT 4: WORK DETAIL –

C. MENTAL HEALTH CAREER PATHWAY PROGRAMS -- Continued

Action #10 – Title: Accessible Masters in Social Work (MSW) Program Scholarship

Description: To address a long standing shortage of much needed Masters – level clinicians, Tuolumne has identified a need to educate from within. In order to address the cause of an ongoing trend of chronically few qualified masters-level applicants compared to bachelor's and associate level applicants, the County interviewed the current staff and found that geography, accessibility, and late night class schedules were major barriers to higher education. Distance, however is not the only barrier facing rural counties; often education itself does not prepare a clinician for the unique challenges of providing competent services in a rural and increasingly diverse community. In order to address this staff shortage and better serve the community in line with the fundamental principles of the Act, Tuolumne has identified an opportunity to establish an accessible Masters in Social Work (MSW) Program in partnership with Calaveras, Amador, El Dorado, and California State University Sacramento Division of Social Work (CSU Sacramento). This program will be taught with a rural mental health emphasis, and will focus on the essential elements of the MHSA, including cultural competence, consumer/family member inclusion, wellness/recovery/resiliency, integrated service delivery, and community collaboration (**See attachment C for CSU Sacramento Letter of intent**).

In addition to providing an accessible program, creating county “cohorts” also contributes to the success. Research supports that students who work and study together throughout their educational journey are not only more likely to graduate, but are also more successful and confident along the way. County cohorts would also have the added benefit of clinicians available to act as mentors and to provide tutoring to staff as needed.

This three- year MSW program would be held one weekend per month, ten times per academic year. Classes would be held at CSU Sacramento. Transportation for staff would be provided via county vehicle to assist with the rising fuel costs. Classes would be taught by CSU Sacramento Faculty and would be delivered with a rural emphasis where appropriate.

A portion of the Mental Health Career Pathway fund will pay for the administration of the program by covering the annual salary for a program coordinator and ¼ of the salary for an administrative assistant at CSU Sacramento. This cost will be split between the four counties based by population size. The application would be similar to the standard CSU process and would require application for financial aid, or other federal and/or private student loans. Students who are not currently employed by public mental health but plan to work in Behavioral Health, Cal Works, or other qualifying agencies may qualify for CALSWEC stipends, in exchange for a commitment of service to public mental health. Student tuition will pay for faculty and other typical administrative costs.

Objectives:

1. Enroll a total of 30 – 40 Bachelors – level students from Tuolumne, Calaveras, Amador, and El Dorado Counties.
2. Allow interested persons to access a regional MSW program without minimal impact on work and personal schedules.
3. Provide a rural mental health emphasis to ensure local cultural competency in the workforce.
4. Assist students with education planning, support, and mental health career pathway direction.
5. Increase participation of consumers and family members in the mental health field through higher education.

Budget justification: As tuition will not cover program administration, Tuolumne, Calaveras, Amador, and El Dorado Counties have agrees to share the cost of the annual salary for a program coordinator & ¼ of the annual salary for an administrative assistant, which is estimated at \$100,000 per year. Split according to county size. Tuolumne's share comes to \$15,000.00 per year. This budget reflects the administration of this program at \$45,000.00 to cover the full three years of the MSW program.

Budgeted Amount:	FY 2006-07: \$ <u>NA</u>	FY 2007-08: \$ <u>NA</u>	FY 2008-09: \$ <u>\$53,000.00</u>
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D. RESIDENCY, INTERNSHIP PROGRAMS

Action #11 Title: Underserved Population Scholarships Internship and Supervision Program

Description: During the community planning process educational entities and staff at all levels identified the need for flexible and expanded internship opportunities at a variety of educational levels to begin to “grow our own”. The community planning process also identified challenges that need to be addressed by this action and acknowledged that the challenges are related to longstanding workforce shortages. A key barrier is the lack of additional staff time to provide adequate levels of supervision due to the constraints of federal reimbursement requirements and revenue generation. There are also few incentives for persons with interest and skill in clinical supervision to add this task to their workload.

The barriers identified to adequate staffing for internship programs were similarly identified as barriers to ongoing supervision for professional development of pre and post-licensed staff. During clinical supervision, concepts are transferred into skills that demonstrate real cultural competency, recovery and wellness orientation, ability to offer integrated service experience, community collaboration skills, and consumer and family driven services. Additional resources for clinical supervision that encourage the meaningful development of MHSA essential elements are central to transforming the Public Mental Health system.

This Action addresses both of these needs through the addition of resources dedicated to internship opportunities, supervision and consultation with expert cultural consultants, availability of clinical supervision of hours toward licensure of existing staff and increase of participation by individuals from underserved communities in internships.

Objectives:

1. Provide additional internship slots annually for master’s level MSW/MFT students.
2. supervise all levels of student field placements and post-masters’ licensing hours. Develop a plan for establishing internship/service learning slots annually for students pursuing undergraduate degrees.
3. Provide up to 1500 hours of clinical supervision to existing workforce focused on development of skills, emphasizing MHSA values and core areas.
4. Implement supervision structure to ensure supervision of interns, students and pre-licensed candidates.
5. Assist other community agencies with supervision of students and interns.

Budget justification: The clinical supervisor will be available up to half-time, (.5 FTE) \$50,000.00 per year.

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ 100,000.00
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E. FINANCIAL INCENTIVE PROGRAMS

Action #12 Title: Community College Education Reimbursement Program

Description: Community College is normally the first step for those returning to higher education. To ensure financial accessibility, this fund would provide reimbursement on a semester-by-semester basis for all educational expenses for staff and consumer/family members attending community college, including distance education courses, or the regionally sponsored mental health certificates at Columbia College. Courses would require pre-approval and must support employment in the mental health field. Upon successful completion of each semester with a passing grade, students could then submit for reimbursement from this fund.

Objectives:

1. Provide educational reimbursement for the equivalent of 8 students each year (12 units)
2. Develop process to ensure prior authorization and passing grades have been obtained for classes being reimbursed.
3. Assist students with educational planning, support, and mental health career pathway direction.
4. Enable staff to seek higher education to move forward on their career in the mental health field.
5. Increase consumer/family member participation in the mental health field through higher education.

Budget justification: The budget assumes one 3-term year of community college will cost \$1000.00 (one 3-unit class per term, at \$20/unit plus fee & books, averages \$250.00) At this rate, Tuolumne can provide full reimbursement for 8 students to receive a 12- unit certificate each year for three years.

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ 24,000.00 _____
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EXHIBIT 4: WORK DETAIL –

Action #13 – Title: Bachelor’s Loan Assistance Program

Description: To address recruitment and retention of mental health program staff, a loan assistance fund will be set aside for those who meet the criteria, to be determined by the MHSA Advocacy Committee. Although bachelor’s level staff have not created a departmental – shortage in the past, by assisting with a loan for a bachelor’s degree (including distance education programs), an applicant may be freed of financial burden and better able to apply for loans towards higher education. Selection criteria will be influenced by the applicant’s language proficiency and/or rural cultural competency. By assuming a student loan, an applicant would agree to a year to year commitment of services to public health (should the agreement be broken, staff would reassume the remainder of their loan).

Objectives:

1. Provide incentives to assist with the retention of bachelor’s level staff.
2. Develop staff retention via commitment of service, and loyalty to an organization that values education.
3. Assist students with education planning, support, and mental health career pathway direction.
4. Enable staff to seek higher education to move forward on their mental health career pathway.
5. Increase consumer/family member participation in the mental health field through higher education.

Budget justification: This budget allots up to \$20,000.00 over a three year period, which will be matched 1:1 with OSHPD funds to create a \$60,000.00 Loan assumption Program for those hired for open clinical positions with a needed language proficiency and/or rural cultural competency.

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ <u>20,000.00</u>
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EXHIBIT 4: WORK DETAIL –
E. FINANCIAL INCENTIVE PROGRAMS

Action #14 – Title: Clinician Loan Assumption Program

Description: To address the shortage of Master – Level clinicians and assist with the recruitment and retention, a loan assumption will be set aside for those who are hired for open clinical positions. Selection criteria will be established by the MHSA Advocacy Committee to fund applicants with needed language proficiency and/or rural cultural competency. By assuming a loan, a clinician would agree to a year-for-year commitment of service to public mental health (should the agreement be broken, the staff person would reassume the remainder of the loan).

Tuolumne county is designated as a Health Professional Shortage Area (HPSA), and because of this shortage designation there is additional funding available to assist with workforce capacity building. Consequently, funds from the budget can be matched with funds available through Office of Statewide Health Planning & Development (OSHPD) for qualified applicants with a Masters of Social Work (MSW), or applicants who are Licensed Clinical Social Workers (LCSWs), or Marriage and Family Therapists (MFTs).

Objectives:

1. Provide staff incentives to assist with recruitment of clinical staff.
2. Develop staff retention via commitment of service, and loyalty to an organization that values education.
3. Assist students with education planning, support, and mental health career pathway direction.
4. Enable staff to seek higher education to move forward on their mental health career pathway.
5. Increase consumer/family member participation in the mental health field through higher education.

Budget justification: This budget allots \$30,000.00 over a three year period, which will be matched 1:1 with OSHPD funds to create a \$60,000.00 Loan assumption Program for those hired for open clinical positions with a needed language proficiency and/or rural cultural competency.

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ 30,000.00
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Action #15 Title: Underserved Population Scholarships

Description: To address the shortage of culturally diverse staff in the mental health workforce, a scholarship fund will be set aside for those who are members of underserved ethnic minority populations within Tuolumne County, such as Latinos, and Native Americans. Selection criteria will be established by the MHSA Advocacy Committee to fund applicants based on the current targeted underserved minority populations noted above and will take into consideration needed language proficiency and/or cultural competency. Students must be seeking an education in mental health, such as the regionally – sponsored mental health certificates at Columbia College, and should have the goal of a career in public mental health. Effort will be made to assist with internships and/or entry level employment.

Objectives:

1. Provide six one - time scholarships for students of underserved populations towards mental health education.
2. Increase cultural diversity in the mental health workforce through educational funding and internships when possible.
3. Assist students with education planning, support, and mental health career pathway direction.

Budget justification: This budget allots \$3,000.00 over a three year period, to provide \$500.00 one time scholarship amounts to students who are members of an underserved population within Tuolumne County and are seeking an education in mental health.

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ <u>3,000.00</u>
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T 5: ACTION MATRIX

Actions (as numbered in Exhibit 4, above)	Promotes wellness, recovery, and resilience	Promotes culturally competent service delivery	Promotes meaningful inclusion of clients/family members	Promotes an integrated service experience for clients and their family members	Promotes community collaboration	Staff support (infrastructure for workforce development)	Resolves occupational shortages	Expands postsecondary education capacity	Loan forgiveness, scholarships, and stipends	Regional partnerships	Distance learning	Career pathway programs	Employment of clients and family members within MH system
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Action #1: Workforce Education and Training Coordinator & Fiscal Support	X	X	X	X	X	X	X			X			
Action #2: All - Staff Training on MHSA Essential Elements	X	X	X	X	X	X							
Action #3: Individual Training on MHSA Essential Elements	X	X	X	X	X	X							
Action #4: Individual Training for leaders Of Public Mental Health	X	X	X	X	X	X							
Action #5: Training on Parenting and Family Engagement	X	X	X	X	X	X							
Action #6: Psychosocial Rehabilitation Training for Consumers	X		X									X	X
Action #7: GED Testing for Consumers Returning to School or Work	X		X									X	X
Action #8: Peer Support Certificate	X	X	X	X	X	X	X	X		X		X	X
Action #9: Psychosocial Rehabilitation Certificate sponsorship	X	X	X	X	X	X	X	X		X		X	X
Action #10: Accessible Masters in Social Work Program Sponsorship	X	X	X	X	X	X	X	X		X		X	X
Action # 11 Internship Supervision	X	X	X	X	X	X	X	X				X	X
Action#12 Community College Education Reimbursement Plan	X		X			X	X	X	X	X	X	X	X
Action #13 Bachelor's Loan Assistance Program	X		X			X	X	X	X			X	X
Action #14 Clinician Loan Assumption Program	X		X			X	X	X	X			X	X
Action # 15 Underserved Population SCH.	X	X				X	X	X	X	X		X	X

EXHIBIT 6: BUDGET SUMMARY

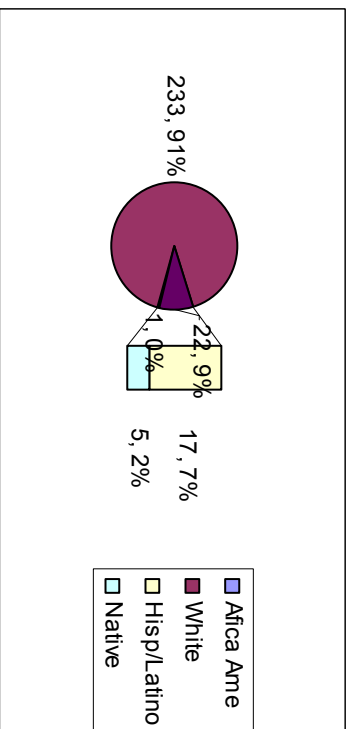
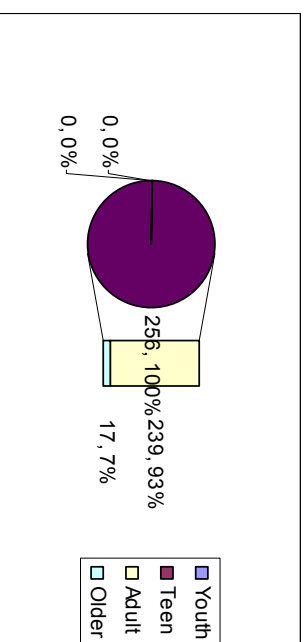
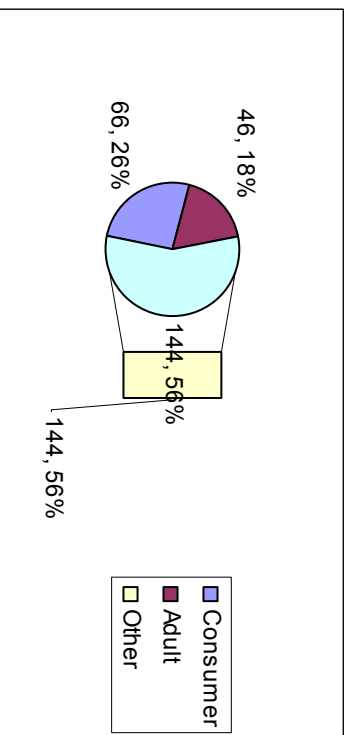
Fiscal Year: 2006-07			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:			0
B. Training and Technical Assistance			0
C. Mental Health Career Pathway Programs			0
D. Residency, Internship Programs			0
E. Financial Incentive Programs			0
GRAND TOTAL FUNDS REQUESTED for FY 2006-07			

Fiscal Year: 2007-08			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:	\$ 25,000.00		\$25,000.00
B. Training and Technical Assistance	\$2,500.00		\$2,500.00
C. Mental Health Career Pathway Programs	0		
D. Residency, Internship Programs	0		
E. Financial Incentive Programs	0		
GRAND TOTAL FUNDS REQUESTED for FY 2007-08			\$27,500.00

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:	0	\$100,000.00	\$100,000.00
B. Training and Technical Assistance	0	\$ 59,500.00	\$69,500.00
C. Mental Health Career Pathway Programs	0	\$82,413.00	\$82,413.00
D. Residency, Internship Programs	0	\$100,000.00	\$100,000.00
E. Financial Incentive Programs	0	\$77,000.00	\$77,000.00
GRAND TOTAL FUNDS REQUESTED for FY 2008-09			\$ 428,913.00

ATTACHMENT A: DEMOGRAPHICS MHSA 3-YR PLAN FOCUS GROUP & MEETING DEMOGRAPHICS

Date	Meeting Description	Cons	Fam	Other	Child/	Teen	Adult	Older Adult	Africa/ Amer	Asian/ PacIs	Cauc/White	Hisp/ Latino
					Youth							
4/10/2007	MHSA Leadership Council	3	13	10			25	1			24	1
5/14/2007	MHSA Leadership Council	5	7	12			24				24	
6/12/2007	MHSA Leadership Council	5	2	21			28				28	
8/27/2007	WE&T Meeting w/CSU Stanislaus		2	3			5				5	
9/11/2007	MHSA Leadership Council	2	2	21			20	5			24	1
11/9/2007	WE&T Conference Call w/CSU Stanislaus		2	3			5				5	
2/26/2008	MHSA Leadership Council	1	2	11			12	2			13	1
3/5/2008	MSW Discussions w/CSU Sacramento			8			8			1	7	
3/11/2008	WE&T Meeting Columbia College			5			5				5	
3/25/2008	MHSA Leadership Council	4	3	9			12	4			15	1
7/29/2008	MHSA Leadership Council	5	3	8			12	4			15	1
7/30/2008	WE&T Meeting w/ Columbia College			4			4				4	
8/15/2008	WE&T Survey Meeting Kings View			2			12				10	1
8/21/2008	WE&T Survey Meeting Drop In Center	23					23				23	
9/11/2008	WE&T Meeting Hispanic Community			11			11				2	9
9/23/2008	MHSA Leadership Council	3	3	8			14				13	1
10/6/2008	WE&T Meeting w/ Cherokee Nation			1			1					
10/19/2008	WE&T Meeting w/Tuolumne Band MeWuk		2	1			3				1	
10/29/08	MHSA Leadership Council	5	5	6			15	1			15	1
	TOTAL	66	46	144	0	0	239	17	1	0	233	17



Attachment B: Peer Support & Psychosocial Certificate Syllabi
PSYCH 52
Introduction to Peer Support for Psychosocial Rehabilitation Syllabus

DESCRIPTION AND OBJECTIVES:

This course provides an overview of the knowledge, skills and attitudes that are required for individuals entering the field of Peer Counseling. The individual role of peer counselor is defined as well as how the peer counselor integrates into a multidisciplinary team. The core values of psychosocial rehabilitation and recovery are reviewed and students will identify their strengths in relationship to these values. Core skills are defined and demonstrated, such as self-management (using Mary Ellen Copeland's Wellness Recovery Action Plan), advocacy, boundaries and working from a strengths perspective. In addition, the student learns basic documentation skills and reviews confidentiality regulations under HIPAA.

COURSE OBJECTIVES

The student will be able to:

1. Define the role and responsibilities of a peer counselor.
2. Articulate the basic recovery values underpinning the work done as a peer counselor.
3. Define the strengths perspective.
4. Define HIPAA and the confidentiality requirements of a peer counselor.
5. Draft a personal wellness recovery action plan.
6. Demonstrate the ability to write a progress note.
7. Identify the core principles of advocacy.
8. Define the role of culture in recovery.
9. Demonstrate enhanced self-management skills & boundaries.
10. Demonstrate knowledge about resources in the community.
11. Identify personal values as they relate to work as a peer counselor.
12. Identify key practices that assist consumers to develop social connections.

TEXT

A course packet of current articles on peer counseling will be provided.

REQUIREMENTS AND GRADING

You should expect to spend approximately 6 hours preparation time outside of class each week. The course grade will be based upon the following requirements:

Attendance: You are expected to be in attendance and on time for all class sessions. If you do miss class, *it is your responsibility to contact someone else in the class (not me) to find out what you've missed and what work is expected for the next class. If you show up unprepared, you won't get credit for the assignment.*

Homework: Homework assignments will require both writing and critical thinking skills. Homework assignments will be announced in class and are not included in the course calendar. Homework assignments are worth 20% of the course grade.

Papers: There will be 3 papers assigned during the course of the semester. All papers must be typed. Topics and specific criteria will be discussed in class. Papers are worth 50% of the course grade. The first paper is worth 10%, the second and third papers are each worth 20% of the overall grade.

Final Projects: The final two classes will be presentations from each group on their research and recommend plans for support groups and resources. The specific details for these presentations will be discussed in detail as the term progresses. These presentations, including a written report, will be worth 30% of the course grade.

Grading Scale

A total of 300 points is possible for the term. Grades are determined as follows:

250-300	A
200-249	B
150-199	C
100-149	D
below 100	F

CLASS SCHEDULE

Week	Class Topic	Reading	Assignment
1	Welcome Introductions		
	Overview of the Course		
2	Wellness, Recovery and Resiliency Values		
	Working from Strengths		
3	Confidentiality: HIPAA		
	Culture and Worldview		
4	The Role of the Community Worker and Family Partner		
	Taking Care of Yourself on the Job: The Wellness Recovery Action Plan, Part One		
5	The Wellness Recovery Action Plan, Part II		
	Documenting the Recovery Journey, Part I		
6	Documenting the Recovery Journey, Part II		
	Advocacy		
7	Boundaries and Ethics, Part I	USPRA Code of Ethics www.uspra.org	
	Boundaries and Ethics, Part II		
8	Assessing Risk and Personal Safety in		

	the Field		
	Listening Skills: Step One in Motivational Interviewing		
9	Communication Skills		My Cultural Identity Paper Due
	Using Supervision Well		
10	Assessment of Community Resources and Gaps		Final Project: Group Project - Support Groups and Resources
	Consumer Choice		
	Cultural Traditions		
11	Cultural Service Provision		
12	Class Presentations on Cultural Communities		
	Service Provision Panel		
	Personal Values 1		Newspaper Article and Response
13	Personal Values 2		
	Support Groups Panel		
14	Building Social Support Systems		Social Norms and Expectations
	Get a Life!		
15	Ethics of Social and Community Support Building		
	Final Project Presentations		
16	Final Project Presentations		

PSYCH 54
Advanced Skills in Peer Support for Psychosocial Rehabilitation Syllabus

DESCRIPTION AND OBJECTIVES:

This course provides an in-depth study of those aspects of psychosocial rehabilitation theory and practice that are applicable to peer counselors and requires advanced problem solving and intervention skills. This course includes a review of basic principles accompanied with experiential practice. Students will learn and practice active listening skills, engagement, basic interviewing and collaborative treatment planning. The student will also incorporate a solid understanding of the impact of culture on all aspects of the recovery process. The course also addresses the needs and issues of special populations pertinent to today's work: the homeless, transition age youth, and services dually diagnosed clients.

COURSE OBJECTIVES

The student will be able to:

1. Enhance personal understanding of roles and responsibilities of a peer mentor.
2. Articulate basic concepts related to the recovery process.
3. Learn basic interviewing techniques and demonstrate the ability to do an initial interview.
4. Demonstrate basic understanding of culture and its impact on recovery.
5. Articulate the primary elements of a psychosocial rehabilitation assessment.
6. Demonstrate the ability to do a PSR assessment.
7. Learn the core elements of a treatment plan.
8. Demonstrate ability to assist in the development of treatment plan goals and objectives.
9. Learn about the role of spirituality in the recovery process.
10. Articulate the key needs of special populations and best practices related to serving these groups.

TEXT

Psychological and Social Aspects of Psychiatric Disability

Spaniol, Gagne and Koehler
Center for Psychiatric Rehabilitation, Sargent College of Allied Health Professions
ISBN 1-878512-06-4
1997

REQUIREMENTS AND GRADING

The course grade will be based upon the following requirements:

Attendance: You are expected to be in attendance and on time for all class sessions. If you do miss class, *it is your responsibility to contact someone else in the class (not me) to find out what you've missed and what work is expected for the next class. If you show up unprepared, you won't get credit for the assignment.*

Tests: Tests may include material from reading assignments, lectures, videos, class activities, and outside assignments. Generally tests are not comprehensive and will focus on material covered since the previous test. Tests are worth 30% of the course grade.

Homework: Homework assignments will require both writing and critical thinking skills. Homework assignments will be announced in class and are not included in the course calendar. Homework assignments are worth 20% of the course grade.

Final Exam: There will be a comprehensive, 2 hour final exam during finals week. The exam will cover all material presented during the semester. The final exam is worth 50% of the course grade.

Grading Scale

A total of 300 points is possible for the term. Grades are determined as follows:

250-300	A
200-249	B
150-199	C
100-149	D
below 100	F

CLASS SCHEDULE

	Class Topic	Reading	Assignment
1	Welcome Introductions	pp. 74-83 pp. 511-520	
	Overview of the Course		
2	Stages of Recovery and its Implications Trauma and Recovery	pp. 348-357	
	Self-awareness: What We Bring to the Helping Relationship	pp. 358-369	
3	The Helping Relationship as Partnership		
	The Role of Culture in Rehabilitation and Recovery	pp. 477-484	
4	The Role of Culture, Part II Cultural Heritage		
	Basic Interviewing Skills: Body Language		Test 1
5	Basic Interviewing: How We Use Words and Using Words to Explore		
	Basic Interviewing: Using Words to Summarize		
6	Basic Interviewing: Putting it All Together	pp. 84-111	
	Consumer Panel: What Helps and What Hurts		
7	Working as Part of a Treatment Team		

	Introduction to the Assessment Process		
8	Using Interpreters		
	Midterm Exam		Test 2 (midterm)
9	The Impact of Culture on the Assessment	Surgeon General's Report on Culture and MH http://www.mentalhealth.org/cre/ch2/asp	
	The Impact of Culture on the Assessment and Goal Setting Process		
10	Overview of PSR Assessments: The Person in Context		
	Overview of PSR Assessments: The Person in Context (Part 2)		
	Client-Directed Goal Setting	pp. 527-540	
11	Treatment Planning: Identifying Barriers and Strengths		
	Treatment Planning: Identifying Supports and Defining Next Steps	pp. 497-510	
12	Spirituality: Its Role in Recovery and Completing Spiritual Assessments		Test 3
	Panel Discussion: Culturally Competent Treatment Planning		
13	Evaluation and Discharge		
	Special Populations: The		
14	Special Populations: The		

	Person Dually Diagnosed with Mental Illness and Chemical Dependency		
	Special Populations: The Person Dually Diagnosed with Mental Illness and Chemical Dependency—Engagement		
15	Special Populations: The Person Dually Diagnosed with Mental Illness and Chemical Dependency—Assessment		
	Special Populations: Working with Homeless Persons	http://aspe.os.dhhs.gov/progsys/homeless/symposium/6-outreach.htm	
16	Special Populations: Transition Age Youth	http://www.nrchni.com/pdfs/publications/transition_to_adulthood.pdf	
	Final Exam		

PSYCH 56
Introduction to PSR Syllabus

DESCRIPTION AND OBJECTIVES:

The purpose of this course is to present the core values and principles of recovery-oriented, psychosocial rehabilitation practice. The course reviews the history of the treatment of persons with psychiatric disorders and shows the evolution of thinking and practice in the field. The course provides an overview of the fundamental theories, strategies, practice models and interventions commonly utilized in psychosocial rehabilitation. Also presented is basic information on psychiatric disorders, current research and how to work in an empowering way with consumers about medication.

Upon completion of this course, the student is expected to have achieved the following knowledge, value, and skill objectives:

Knowledge

1. The student will be able to define psychosocial rehabilitation.
2. The student will have an understanding of the role of stigma and discrimination in the recovery of persons who have a psychiatric disorder.
3. The student will be able to identify the key historical movements and significant advancements in the treatment of people who have psychiatric disorders, including the consumer and family movement.
4. The student will understand the importance of culture in assessment.
5. The student will be able to identify the primary symptoms of psychiatric disorders.
6. The student will understand how the psychosocial rehabilitation philosophy differs from the medical and empowerment models.
7. The student will be able to identify the various practice models in PSR.

Values

1. The student will demonstrate cultural competence in working with people who have psychiatric disorders.
2. The student will demonstrate a belief in recovery-oriented practice.
3. The student will identify the core values and principles of PSR in practice.
4. The student will understand the importance of a strengths-based, empowering approach in working with consumers.

Skills

1. The student will know how to develop a rehabilitation goal.
2. The student will demonstrate the ability to develop a positive working relationship with consumers.
3. The student will be able to develop an engagement strategy for working with an individual.

4. The student will demonstrate the ability to effectively form a partnership with family members.
5. The student will be able to utilize and support self-help strategies effectively in working with consumers.
6. The student will be able to identify the key factors for successful work on an interdisciplinary team.

TEXT

1. Pratt, Gill, Barrett and Roberts. (2007). Psychiatric Rehabilitation. 2nd edition. Elsevier Academic Press.

REQUIREMENTS AND GRADING

The course grade will be based upon the following requirements:

Attendance: You are expected to be in attendance and on time for all class sessions. If you do miss class, *it is your responsibility to contact someone else in the class (not me) to find out what you've missed and what work is expected for the next class. If you show up unprepared, you won't get credit for the assignment.*

Tests: Tests may include material from reading assignments, lectures, videos, class activities, and outside assignments. Generally tests are not comprehensive and will focus on material covered since the previous test. Tests are worth 20% of the course grade.

Homework: Homework assignments will require both writing and critical thinking skills. Homework assignments will be announced in class and are not included in the course calendar. Homework assignments are worth 20% of the course grade.

Papers: There will be 3 papers assigned during the course of the semester. All papers must be typed. Topics and specific criteria will be discussed in class. Papers are worth 60% of the course grade. The first paper is worth 10%, the second 20%. The final paper will also include an in-class presentation with visual aids and is worth 30% of the overall grade.

Grading Scale

A total of 300 points is possible for the term. Grades are determined as follows:

250-300	A
200-249	B
150-199	C
100-149	D
below 100	F

CLASS SCHEDULE

Week	Class Topic	Reading	Assignment
1	Welcome and Introductions		
	Stigma and the Myths of Mental Illness	Chapter 1	Thoughts and Impressions Paper
2	Overview of Diagnoses: DSM IV TR	Chapters 2-3	
	What Is Psychosocial Rehabilitation?		
	Cultural Competence and Worldview Assessment		
3	What is Psychosocial Rehabilitation?	Chapter 4	
	Philosophical Points of View		
4	Teamwork 101		
	Rehabilitation Goals	Chapter 5	
5	Engagement: Finding Strengths		
	Overview of the Mental Health System		
	The Consumer Movement		
6	Working with Families Speaker's Panel	Chapter 13	
	24-hour Treatment Services	Chapter 11	
7	Assessment of Community Resources and Gaps		
	Case Management	Chapter 7	Site Visit Assignment
8	Midterm Exam		
	Intensive Case Management: Working on a Team		
9			

	<p>Laws and Ethics in Psychosocial Rehabilitation</p>	<p>USPPRA Code of Ethics</p>	
10	<p>Psychiatric Medications</p>		
	<p>Report Back from Site Visits</p>		
11	<p>Self-Help Strategies and Advance Directives</p>	<p>Chapter 12</p>	<p>Final Paper Assignment</p>
	<p>Supported Education</p>	<p>Chapter 10</p>	
12	<p>The Road to Work: Supported Employment</p>	<p>Chapter 9</p>	
	<p>Work Incentives and Reasonable Accommodations</p>		
13	<p>Cultural Issues</p>		
	<p>Co-occurring Disorders</p>	<p>Chapter 8</p>	
14	<p>Consumers As Advocates and Service Providers</p>		
	<p>Documentation</p>		
15	<p>Staying Well on the Job</p>		
	<p>Final Project Presentations</p>		
16	<p>Final Project Presentations</p>		

PSYCH 58
Current Trends and Issues in Psychosocial Rehabilitation Syllabus

DESCRIPTION AND OBJECTIVES:

This course moves from theory to practice in psychosocial rehabilitation. The student will work with the principles of psychosocial rehabilitation and through individual and group work, put them into practice. The emphasis is on identifying how to put the core values of hope, choice, self-responsibility and meaningful role into practice. The course outlines appropriate boundaries and ethics in practice. It also covers humanizing the language of the medical model and ways to work with symptomatology successfully. In addition, elements of case management practice are covered, including resource identification, development, team practice, assessment, assessing risk, improving employment outcomes, housing and working with the judicial system.

Upon completion of this course, the student is expected to have achieved the following knowledge, value, and skill objectives:

Knowledge

1. The student will be able to define the central values of psychosocial rehabilitation.
2. The student will be able to identify strategies and techniques for working with psychiatric symptoms.
3. The student will be able to identify the key steps involved in assessing safety and risk situations.
4. The student will be able to outline the key ethical principles as defined by the USPPRA.
5. The student will be able to identify the key elements of effective teamwork.
6. The student will be able to outline the core components of the Americans with Disabilities Act, reasonable accommodations and the Fair Housing Act.
7. The student will understand the role of employment team members and how the Americans with Disabilities Act affects employment.
8. The student will be able to identify the key resources and procedures for working effectively with consumers in the judicial system.
9. The student will be able to identify effective strategies for community integration.

Values

1. The student will demonstrate a culture-based approach to working with people who have psychiatric disorders.
2. The student will demonstrate the ability to put a recovery-orientation into practice.
3. The student will be able to identify the core values and principles of PSR in practice.
4. The student will be able to work effectively in the consumer's community of choice.

Skills

1. The student will be able to identify strategies for putting the core values into practice: hope, choice, self-responsibility and meaningful role.
2. The student will be able to work with medical model labels and symptoms in a less stigmatizing and normalizing way.
3. The student will be able to demonstrate effective strategies for working with psychiatric symptoms.
4. The student will be able to perform a risk assessment.
5. The student will be able to identify community resources.
6. The student will be able to identify signals of boundary issues and how to resolve them.
7. The student will be able to identify core personal values and how these affect the relationship with consumers.
8. The student will be able to demonstrate the ability to work successfully on a team.
9. The student will be able to work effectively to promote and enhance employment outcomes for consumers.
10. The student will be able to assist consumers involved in the judicial system.

TEXT

Handbook of Psychosocial Rehabilitation, King, Lloyd, Meehan; Wiley-Blackwell, Copyright 2007.

REQUIREMENTS AND GRADING

You should expect to spend approximately 6 hours preparation time outside of class each week. The course grade will be based upon the following requirements:

Attendance: You are expected to be in attendance and on time for all class sessions. If you do miss class, *it is your responsibility to contact someone else in the class (not me) to find out what you've missed and what work is expected for the next class. If you show up unprepared, you won't get credit for the assignment.*

Tests: Tests may include material from reading assignments, lectures, videos, class activities, and outside assignments. Generally tests are not comprehensive and will focus on material covered since the previous test. Tests are worth 20% of the course grade.

Homework: Homework assignments will require both writing and critical thinking skills. Homework assignments will be announced in class and are not included in the course calendar. Homework assignments are worth 20% of the course grade.

Journal: You will keep a journal reflecting upon the readings and class discussions each week. Analyze the material presented and critically think about how it affects psychosocial rehabilitation. You will submit your journal three times over the course of the semester. The journal is worth 40% of the course grade.

Final Presentations: The final two courses will present your group's findings on issues of housing, the ADA and housing, and finding/providing support information. The specific details for these presentations will be discussed in detail as the term progresses. These presentations will be worth 20% of the course grade.

Grading Scale

A total of 300 points is possible for the term. Grades are determined as follows:

250-300	A
200-249	B
150-199	C
100-149	D
below 100	F

CLASS SCHEDULE

Week	Topic	Reading	Assignment
1	Welcome and Introductions	<i>Recovery is a Journey of Hope</i> Pat Deegan, Ph.D.	
	Person-Driven Help: Review of Central PSR Themes	Poem: You and Me	
2	Instilling Hope	Chapters 2 and 3	
	Highlighting Choice	Chapter 4	Consumer Choice
3	Sharing Responsibility		
	Exploring and Defining Niche		
4	Speaker's Panel: The Face of Recovery		Submit Journal
	Experiences vs. Symptoms: The DSM and Beyond	Chapter 1	
5	Working with Thoughts and Voices: Delusions, Hallucinations and Psychosis	Amy Long's Eight Suggestions	
	Working with Disruptive Behavior Patterns: Obsessions and Compulsions, Addictions, and Impulses		
6	Working With Problems of Energy and Daily Activity: Mood Disorders		
	Working With Interpersonal Difficulties: Personality Disorders		
7	Prioritizing Presenting Issues: Assessing Health and Safety Concerns	CASRA Training Module for Safe Environment	

	Safety and Risk: Procedures, Protocol and Supervision (RR Class 15)		
	Boundaries in Professional Help: An Ethics Workshop for PSR Practitioners	USPRA Code of Ethics	Submit Journal
8	Service Provider Panel Supportive Resources for Consumers, Families and Service Providers		
	Midterm Exam		
9	Group Work/Leadership Styles		
	Personal Values I		
10	Personal Values II		Submit Journal
	Building Social Support Systems Get a Life!		
	Ethics of Social and Community Support		
11	Promoting and Supporting Employment Role Clarification and the Employment Team	Chapter 9	
	Employment and the ADA		
12	Mental Health Consumers and the Judicial System Panel Presentation		
	Mental Health Consumers and the Judicial System Role Plays		
13	House vs. Home Panel and Discussion	Chapter 10 and 11	Looking for a Home
	Housing and the ADA		ADA and Housing
14			

	Support Groups Panel Self-help Group Panel		Support Information
15	Final Presentations		
16	Final Presentations		

PSYCH 59
Case Management Syllabus

DESCRIPTION:

This course provides an overview of the philosophy, values and skills required to be a case manager. The course begins with a review of the different models of case management and the core skills of the case manager. Intake interviewing and assessment from a strengths-based and culturally competent perspective is covered, with time for demonstration of practical application of these skills. The student will learn how to write a client-centered service plan, collaborating with the client to create meaningful goals, objectives and interventions that assist the client in achieving his/her hopes and dreams. In addition, students will learn the skill of doing a case presentation. The course covers law and ethics, including confidentiality and HIPAA regulations. Working in an organizational structure, teamwork and professional self-care are also important topics covered in this overview.

OBJECTIVES:

1. The student will be able to define the principles and goals of case management.
2. The student will be able to demonstrate the ability to do a strengths-based assessment.
3. The student will be able to write a treatment goal and objectives to meet that goal.
4. The student will be able to identify key risk factors for working in the field.
5. The student will be able to articulate the key elements of a case presentation.
6. The student will be able to define the key ethical principles for work in the field.
7. The student will be able to define HIPAA regulations and core reporting mandates.

TEXT

Generalist Case Management: A Method of Human Service Delivery, Woodside and McClam, Wadsworth Publishing, 3rd Edition, 2005.

REQUIREMENTS AND GRADING

You should expect to spend approximately 6 hours preparation time outside of class each week. The course grade will be based upon the following requirements:

Attendance: You are expected to be in attendance and on time for all class sessions. If you do miss class, *it is your responsibility to contact someone else in the class (not me) to find out what you've missed and what work is expected for the next class. If you show up unprepared, you won't get credit for the assignment.*

Papers: There will be 4 papers assigned during the course of the semester. All papers must be typed. Topics and specific criteria will be discussed in class. Papers are worth 50% of the course grade. The first paper is worth 10%, the second and third papers are each worth 20% of the overall grade.

Client File: Throughout the semester, you will be acting in the role of a "case manager" for one another. You will document each of your sessions and include them in the client file. The file is worth 25% of the overall grade.

Final Examination: There will be a comprehensive exam given during finals week. The finale exam is worth 25% of the overall grade.

Grading Scale

A total of 300 points is possible for the term. Grades are determined as follows:

250-300	A
200-249	B
150-199	C
100-149	D
below 100	F

CLASS SCHEDULE

Week	Date	Topic	Reading Assignment	Homework
1		Welcome, Introductions and Overview Principles and Goals of CM	Chapter 1	
2		The History of Case Management and the Context of Today The Process of CM	Chapter 2	
3		Models of CM The Many Roles of the CM Introducing Assessment	Chapter 3	Self-assessment Due
4		Mentoring and Comprehensive Strength-Based Assessment <i>Creativity</i>	Chapter 4	Signature Strengths Due
5		Kristen Dempsey Supporting Client Motivation and Change Theory <i>Curiosity</i>		
6		Effective Interviewing <i>Open-mindedness</i>	Chapter 5	
7		Service Delivery Planning <i>Love of Learning</i>	Chapter 6	Interview Summary Due
8		Using Interpreters – Gloria Gutierrez Continued work on Goals, Objectives and Interventions <i>Perspective</i>		
		Holiday		
9		Cultural Competency <i>Bravery</i>		Cultural Symbol Due And two cultural resources
10		Greg Wild Support Groups <i>Persistence</i>	Chapter 7	
11		Laura Gomez Risk Assessment Case Presentations		

		<i>Integrity</i>		
12		Service Coordination and Interdisciplinary Case Management <i>Vitality</i>	Chapter 8	
13		Working within organizations SOS & Self-care Confidentiality, Ethics and Mandates	Chapter 9	
14		Confidentiality, Ethics and Mandates continued Supporting Colleagues	Chapter 10	Client File Due
15		Confidentiality, Ethics and Mandates continued Supporting Colleagues	Chapter 11	
16		Final Examination		



California State University, Sacramento
Division of Social Work
6000 J Street, Mariposa 4010 • Sacramento, CA 95819-6090
T (916) 278-6943 • F (916) 278-7167 • www.hhs.csus.edu/swrk

Attachment C: CSU Sacramento Letter of Intent

It is the intention of Sacramento State University, Division of Social Work to enter into a contractual agreement to provide a weekend intensive MSW program for four “Mountain Counties”: El Dorado, Tuolumne, Calaveras, and Amador. This letter of intent will serve as an agreement until such a time as an MOU is established. It is expected that the MOU will be in place by September 2009.

The agreement is for the Division of Social Work to offer a three year accredited MSW onsite weekend intensive program for employees of and other residents of the four counties. The interest in having a program of this type was generated through discussions evolving from the Division’s ongoing relationship with the California Mental Health Director’s Association, CalSWEC, and the Workforce, Education, and Training Division of the State Department of Mental Health.

It is anticipated that the academic program will begin in the Fall of 2009 and conclude in the Spring of 2012. A cohort of at least 30 will be needed for the program to be viable.

While fiscal arrangements will be fully clarified in the MOU, it is anticipated that the before mentioned counties will begin providing funds toward a 1FTE coordinator sometime in the fiscal year 2008/2009 for purposes of recruiting students and developing administrative and programming structure. Beginning in Fall 2009 and continuing through Spring 2012, the four counties will provide funds toward 1FTE who will serve as the program coordinator and one ¼ time clerical support. For the cohort to be feasible in the academic year 2009, from a timeline and planning prospective, an MOU need to be in place by September of 2008.

Cordially,

Robin Carter, DPA
Director, Division of Social Work
California State University, Sacramento