

**Sierra County
Board of Supervisors'
Agenda Transmittal &
Record of Proceedings**

MEETING DATE: June 4, 2019	TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Timed <input type="checkbox"/> Consent
--------------------------------------	---

DEPARTMENT: Behavioral Health APPROVING PARTY: Lea Salas, Administrative Director PHONE NUMBER: (530) 993-6746

AGENDA ITEM: Permission to submit applications to take part in the University of Nevada Reno Field Education Program to take place at Sierra County Behavioral Health in Loyalton.

SUPPORTIVE DOCUMENTS ATTACHED: Memo Resolution Agreement Other
Applications

BACKGROUND INFORMATION: Please see attached memo

FUNDING SOURCE:
GENERAL FUND IMPACT: No General Fund Impact
OTHER FUND:
AMOUNT: \$ N/A

ARE ADDITIONAL PERSONNEL REQUIRED? <input type="checkbox"/> Yes, -- -- <input type="checkbox"/> No	IS THIS ITEM ALLOCATED IN THE BUDGET? <input type="checkbox"/> Yes <input type="checkbox"/> No IS A BUDGET TRANSFER REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

SPACE BELOW FOR CLERK'S USE

BOARD ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken	<input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____	Resolution 2019- _____ Agreement 2019- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus
---	---	--

COMMENTS:

CLERK TO THE BOARD _____	DATE _____
--------------------------	------------

Memorandum

To: Sierra County Board of Supervisors
From: Lea Salas, Administrative Director
Reference: Agenda Item
Date of memo: May 21, 2019
Date of Board Meeting: June 4, 2019

Requested Action: Permission to submit applications to take part in the University of Nevada Reno Field Education Program to take place at Sierra County Behavioral Health in Loyalton.

Mandated by:

Funding

Budgeted? Yes No

Revenue		Source(s)
Expenses		Budget attached
Difference		

Background Information: This would allow for an opportunity to create a legacy program to fill positions as attrition organically occurs in behavioral health. Sierra County is looking at innovative ways to create a sustainable Marriage and Family Therapist (MFT) program through University level agreements. The first 1,500 hours of supervision would be provided by Sierra County's Clinical Director.

Potential Issues to consider: None

Alternatives or Impacts of disapproval: Sierra County would have to create another way to fill the positions that are required.



Educate • Advocate • Empower

Selection Criteria

The selection of field instructors is based upon their ability to assist students with their learning experiences. Criteria for field instructors include:

1. Graduation from an accredited School of Social Work (MSW preferred for undergraduate supervision, required for graduate supervision).
2. Two or more years of professional practice experience.
3. Possession of a valid social work license (if field site is in Nevada), preferred.
4. Employment in your current position for at least 6 months prior to becoming a field instructor.
5. Agreement to participate in field instructor orientation, follow-up training, and other field meetings.

Applications are reviewed and approved by the Field Education Program Office. To assist us in evaluating your potential to be one of our field instructors, please complete and return this application at your earliest convenience.

Applicant Information

Date: 5-1-19	Last Name: Hill	First Name: Kathryn	
Organization: Sierra County Behavioral Health		Position: Clinical Director	
Date of Hire: 2-4-16	Status:	<input checked="" type="checkbox"/> On-Site	<input type="checkbox"/> On-Site
Email: khill@sierracounty.ca.gov	Phone: 530-993-6746	Cell: 530-562-7986	Fax: 530-993-6759
Work Address: P.O. Box 265	City: Loyalton	State: CA.	Zip Code: 96118

Education & Licensure

Degree	Institution	Year Earned
BA	Austin College	1975
MA	Sierra University	1986
License(s) Held	State	Expiration Date
Marriage & Family Therapist	CA	9-30-19

Practice Information

Please describe the department(s)/project(s) in which you will supervise a student:

Private Practice Setting: Santa Cruz CA. 1998-2000; Truckee CA. 2010-2013

Agency: Sierra Mental Wellness Group: Tahoe City CA. 2008-2012; Sierra County Behavioral Health: 2012-2015

Which of the following best characterizes the intervention approach(es) you use in your current role? Please check all items that apply:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Crisis Intervention | <input checked="" type="checkbox"/> Individual Counseling | <input checked="" type="checkbox"/> Family Counseling |
| <input checked="" type="checkbox"/> Group Work | <input type="checkbox"/> Direct Service with Communities | <input checked="" type="checkbox"/> Case Management |
| <input checked="" type="checkbox"/> Staff Supervision | <input checked="" type="checkbox"/> Practice Evaluation | <input checked="" type="checkbox"/> Program Development |
| <input type="checkbox"/> Grant Writing | <input checked="" type="checkbox"/> Policy Development | <input type="checkbox"/> Legislative Testimony |
| <input type="checkbox"/> Lobbying Research | <input checked="" type="checkbox"/> Professional Writing | <input checked="" type="checkbox"/> Management |
| <input checked="" type="checkbox"/> Facilitating Training | <input checked="" type="checkbox"/> Agency Administration | <input checked="" type="checkbox"/> Care Coordination |
| <input type="checkbox"/> Other Please describe: | | |

	Yes	No
For BSW level field instructor applicants, have you had 2 years post-BSW experience:	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For MSW level field instructor applicants, have you had 2 years post-MSW experience:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--	--------------------------	-------------------------------------

Have you worked in your current agency for at least 6 months:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---	-------------------------------------	--------------------------

Teaching Experience and Philosophy

Please describe how your practice experience and your teaching philosophy enable you to design appropriate learning opportunities for social work students: I have worked in Human Services related fields since 1980 and have been licensed as a Marriage & Family therapist in the state of California since 1990.

I have worked in private practice, group and agency settings. All of the agency settings were affiliated with direct care and required coordination with multiple service partners which have included: local public health and psychiatric hospitals, local schools and community colleges, law enforcement, community foundations, churches and community leaders. This work experience has generated in me a deep appreciation for the importance of developing and maintaining the social safety net through collaboration. I have been privileged to be mentored by some of the best teachers in the field of Marriage & Family Therapy. Their love, kindness and responsible oversight has installed in me a deep sense of inspiration for the science and art of the healing and social arts. The spirit of mentorship is one that continues in my professional life as I work with developing clinicians and social workers.

Please describe any experience you have had as a field instructor, levels and number of students (BSW/MSW) instructed, university affiliations, etc.:

I have worked with a handful of MSW associates in a public agency setting. Their primary duties were afflicted with Targeted Case Management Duties focused on providing services within the home of school-aged children and adolescents. I have taught masters level students in counseling and marriage and family therapy at City University. (approx. 36). I have taught somatic psychology for the Lomi School Foundation and Esalen Institute. (approx. 60 students over 20 years).

The School of Social Work strives to provide a learning environment in which respect for all persons and understanding of diversity and difference are practiced. Please describe how you individually can model/contribute to this effort from the perspective of the field learning environment:

Attestation

By signing below, the applicant attests that all information contained herein is true and correct. If approved, the applicant agrees to abide by all UNR School of Social Work Field Education Program policies, including, but not limited to completion of required Field Instructor training, and provision of learning opportunities and supervision to social work students.

Kathryn Hill, LMFT

Applicant Signature

Date

Submission Instructions

Please send the completed application via one of the methods below:

Mail	Fax	Email
University of Nevada, Reno School of Social Work/0090 Reno, NV 89557-0090 Attention: Field Education Program Office	775.784.4573	swfield@unr.edu

You will be notified in writing as soon as a decision is made regarding your application.

Review and Determination

For Field Education Program Office use only.

- Yes No
- Relevant practice experiences
- Able to provide appropriate supervision.



Educate - Advocate - Empower Able to provide appropriate learning opportunities.

Teaching philosophy consistent with School Mission and Learning Environment

License Verified Type: _____ State: _____ Expiration Date: _____

License Action Taken

If Yes, describe: _____

Approved

Supervision Type: BSW MSW

Not Approved

Reason: _____

Field Education Program Staff

Date



Educate • Advocate • Empower

Organization Demographics

Date:	Organization Name: Sierra County Behavioral Health		
Address: 704 Mill St. P.O. Box 265	City: Loyalton	State: CA.	Zip: 96118
Phone: 530-993-6746	Fax: 530-993-6759	Website: Sierracounty.ca.gov	
Director/CEO: Kathryn Hill, LMFT	Email: khill@sierracounty.ca.gov	Phone: 530-993-6746	
Primary Contact: same	Email:	Phone:	

Organization’s Mission: In partnership with our community members and their families, Sierra County Behavioral Health strives to promote the wellness of the whole-person by providing comprehensive and appropriate supports and services.

Organization’s Primary Practice Area(s):

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Addictions | <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Environmental | <input type="checkbox"/> Safety & Basic Needs |
| <input type="checkbox"/> Administration | <input checked="" type="checkbox"/> Forensic/Courts | <input type="checkbox"/> School Social Work |
| <input checked="" type="checkbox"/> Behavioral Health | <input checked="" type="checkbox"/> Health & Wellness | <input type="checkbox"/> Social Justice |
| <input checked="" type="checkbox"/> Children & Families | <input type="checkbox"/> International | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Community Organizing | <input checked="" type="checkbox"/> Policy Practice | <input type="checkbox"/> Utilization Management |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Program Evaluation | <input type="checkbox"/> Veterans & Military |
| <input checked="" type="checkbox"/> Other Please describe: Mental Health for the SMI population | | |

Student Learning Opportunities

Please indicate the number and type of students your organization can accept:

<u>2</u>	Generalist Practice (BSW and MSW first year practicum)
----------	--

Department/projects in which students will be placed:

The student is poised to perform a range of therapeutic assignments related to Behavioral Health services. These duties may include: intake and assessment of client's needs, assistance with the design and implementation of personalized treatment plans, provision of life-skills education, counseling and case management services, directs linkages to community supports and participation in Wellness Center activities. Services are provided to school age children, adolescents and transitional aged youth as well as adults and seniors suffering from emotional disturbances and/or mental and substance use conditions which severely impact functioning and the ability to obtain a healthy and satisfying quality of life.

Please describe how the agency's/setting's services, activities and teaching philosophy create appropriate learning opportunities for students:

As the sole provider of Mental Health and Substance Use Services, Sierra County Behavioral Health is an integral part of this community. We provide clinically sound, evidenced based services and supports which address the needs of the whole person. Our services include: Psychiatry, Outpatient Mental Health and Substance Use Disorders (SUD) counseling, Case Management, Peer Support, Crisis Management, Collaborative Courts and a Wellness Center. We maintain successful collegial relationships with our community stakeholders which including local Law Enforcement and Probation personnel, the Sierra-Plumas Unified School District, the Family Resource Center, residential treatment and transitional living for SUD services and support for victims of assault and violence through Sierra Safe. This connection to the community provides an ideal opportunity for those seeking to develop clinical and social services related skills while accruing hours for licensure.

Please choose specific competencies and practice behaviors that students may engage in within your organization:

- Demonstrate Ethical and Professional Behavior
- Engage Diversity and Difference in Practice
- Advance Human Rights and Social, Economic, and Environmental Justice
- Engage in Practice-informed Research and Research-informed Practice
- Engage in Policy Practice
- Engage with Individuals, Families, Groups, Organizations, and Communities
- Assess Individuals, Families, Groups, Organizations, and Communities
- Intervene with Individuals, Families, Groups, Organizations, and Communities
- Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

The School of Social Work strives to provide a learning environment in which respect for all persons and understanding of diversity and difference are practiced. Please describe how the agency/setting can contribute to this effort through representation and support of diversity.

As one of 15 Frontier Counties in the United States, Sierra County maintains a population which is underserved by professional supports and services and those services which sustain a healthy and satisfying quality of life. as evidenced by the fact that approximately 1/3 of our population is eligible for MediCal/Medicare related services. The primary area of practice which requires a cultural awareness is that of poverty and its impact on all areas of an individual's and family's life. The challenges that a culture of poverty generate requires service providers to be creative and steadfast in their ability to meet the needs of the clients and community they serve. As an agency, we are very responsive to the needs of our clients and will reveal those same skills to any member of the Behavioral Health team.

Social Work Supervision

Field Instructor(s)

Social work interns must be supervised on-site by a staff person who holds a social work degree commensurate with the degree that the student is seeking, and have at least two years post-degree professional experience. Please list the available Field Instructors within your organization.

Name	Phone Number	Email	On Site	Off Site*	BSW	MSW
Kathryn Hill	530-993-6746	khill@sierracounty.ca.gov	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note: This site is able to support those candidates who are pursuing licensure in California. Consistent with California regulations, a LMFT who has initially completed 15 hours of specialized training is permitted to supervise an ASW up to 1500 hours of field work. An additional 6 CEUs are required as updated certification every two years after initial training. Once the individual has completed his/her 1500 hours and chooses to continue field placement in Sierra County, the agency will contract with a Nevada LCSW to provide supervision. This supervisor will be approved by both Sierra County and UNR Field Placement Coordinator before the supervisorial relationship is implemented.

Task Supervisor(s)

*If agency/setting is utilizing off-site field supervision, please list the Task Supervisor(s) that will provide day-to-day supervision of the student.

Name	Phone Number	Email	Degree	Time with Agency
TBA				

Placement Requirements & Benefits

	Pre-Hire	Post-Hire	None	Paid by Agency	Paid by Student
Criminal History Background Check	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fingerprinting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Abuse Registry Background Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex Offender Registry Background Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DMV Background Check	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Credit History Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TB Testing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other Health Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccination(s) Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Agency/Program Orientation & Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe any barrier crime convictions or other background issues that would disqualify a student from an internship with your agency:

Live scan results will be reviewed and the county will respond accordingly.

Can your organization offer student’s non-traditional hours, outside of a typical Mon-Fri 8am – 5pm workweek? No Yes If yes, please describe:

Please describe any other characteristics unique to your organization that either we or students should be aware of? (i.e. frequent travel between sites/clients, locked-down facility, other training/background requirements not listed above): Responsibilities will include on-site and off-site activities. Travel may be required from Loyalton office to Downieville office. Travel is performed in county car.

Does your agency offer any of the following financial support?

- Paid internship/Stipend No Yes
- Travel Reimbursement No Yes
- Paid Training No Yes
- Other: No Yes
- Other: No Yes

If yes to any, please describe:

Attestation

By signing below, the Agency Representative attests that the information provided is true and correct.

Signature of Agency Representative

Date

Submission Instructions

Please send this completed application via one of the methods below:

Mail	Fax	Email
University of Nevada, Reno School of Social Work/0090 Reno, NV 89557-0090 Attn: Field Education Program Office	775.784.4573	swfield@unr.edu

Review & Determination

For Field Education Program Office use only.

Approved BSW MSW

Denied Denial Reason: _____

Field Education Program Staff

Date