PART IV: REQUIRED EXHIBITS Enclosure 1B

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:	Date:

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

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

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

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

			3 - 1				
County Mental Health Director	Street Address (or,	Street Address (or, PO Box):					
Printed Name:	City, ZIP Code:						
	Phone #:	Fax #:					
Signature:	E-mail address:						
Contact Person' Name:	Phone #:	Fax #:	E-mail:				

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EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY Counties are to provide a short summary of their planning process, to include identifying stakeholder entities involved and the nature of the planning process; for example, description of the use of focus groups, planning meetings, teleconferences, electronic
communication, use of regional partnerships.

I. By Occupational Category - page 1		T	, e -			, ETE			, 0	1 (44)
	Esti-	Position	# FTE estimated to	Race	ethnicity/	of FIES	currently ii	n the work	rforce Co	ol. (11) # FTE
	mated	hard to	meet need in			African-				# F I E filled
	# FTE	fill?	addition to #	White/	His-	Ameri-	Asian/	Native	Multi	(5)+(6)+
	author-	1=Yes;	FTE	Cau-	panic/	can/	Pacific	Ameri-	Race or	(7)+(8)+
Major Group and Positions	ized	0=No	authorized	casian	Latino	Black	Islander	can	Other	(9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Unlicensed Mental Health Direct Service		-1-								
County (employees, independent contractors,	voiunteer	s):	I							
Mental Health Rehabilitation Specialist										
Case Manager/Service Coordinator										
Employment Services Staff										
Housing Services Staff										
Consumer Support Staff										
Family Member Support Staff										
Benefits/Eligibility Specialist				(1	Inlicensed	Mental He	alth Direct S	Service Sta	iff; Sub-Tota	ıls Onlv)
Other Unlicensed MH Direct Service Staff				(-			¥		, • • • • • • • • •	
Sub-total, A (County)										
All Other (CBOs, CBO sub-contractors, network	k provide	rs and vo	lunteers):							
Mental Health Rehabilitation Specialist										
Case Manager/Service Coordinator										
Employment Services Staff										
Housing Services Staff										
Consumer Support Staff										
Family Member Support Staff										
Benefits/Eligibility Specialist				(Unlied	ancod Mon	tal Haalth I	Diract Sarvi	oo Staff: Si	ıh Totala ar	nd Total Only)
Other Unlicensed MH Direct Service Staff				(Office	erisea ivieri	ıaı i icailii i		ce Stail, St	ub-i otais ai	id Total Offiy)
Sub-total, A (All Other)										
Total, A (County & All Other):										

I. By Occupational Category - page 2 Race/ethnicity of FTEs currently in the workforce -- Col. (11) # FTE Esti-Position estimated to # FTE mated hard to meet need in Africanfilled # FTE fill? addition to # White/ His-Ameri-Asian/ Native Multi (5)+(6)+FTF author-1=Yes: Pacific Race or Caupanic/ can/ Ameri-(7)+(8)+Major Group and Positions ized 0=No authorized casian Latino Black Islander Other (9)+(10)can (2) (3) (4)(6) (7) (10)(11)B. Licensed Mental Health Staff (direct service): County (employees, independent contractors, volunteers): Psychiatrist, general..... Psychiatrist, child/adolescent..... Psvchiatrist, geriatric..... Psychiatric or Family Nurse Practitioner Clinical Nurse Specialist Licensed Psychiatric Technician Licensed Clinical Psychologist..... Psychologist, registered intern (or waivered) Licensed Clinical Social Worker (LCSW)..... MSW, registered intern (or waivered) Marriage and Family Therapist (MFT)..... MFT registered intern (or waivered)..... (Licensed Mental Health Direct Service Staff; Sub-Totals Only) Other Licensed MH Staff (direct service) Sub-total, B (County) 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 waivered) Licensed Clinical Social Worker (LCSW)..... MSW. registered intern (or waivered) Marriage and Family Therapist (MFT)..... MFT registered intern (or waivered)..... (Licensed Mental Health Direct Service Staff; Sub-Totals and Total Only) Other Licensed MH Staff (direct service) Sub-total, B (All Other) Total, B (County & All Other):

By Occupational Category - page 3										
			# FTE	Race	e/ethnicit	y of FTEs	currently ir	the work	force (
	Esti-	Position	estimated to							# FTE
	mated	hard to	meet need in			African-			Multi	filled
	# FTE	fill?	addition to #	White/	His-	Ameri-	Asian/	Native	Race	(5)+(6)+
Major Group and Positions	author- ized	1=Yes' 0=No	FTE authorized	Cau- casian	panic/ Latino	can/ Black	Pacific Islander	Ameri-	or Other	(7)+(8)+
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(9)+(10) (11)
C. Other Health Care Staff (direct service):		(3)	(4)	(3)	(0)	(1)	(0)	(3)	(10)	(11)
County (employees, independent contractors,										
Physician										
Registered Nurse										
Licensed Vocational Nurse										
Physician Assistant										
Occupational Therapist										
Other Therapist (e.g., physical, recreation, art,										
dance)					(Othor Hos	olth Caro St	aff, Direct So	orvico: Sub	Totals O	nlv)
Other Health Care Staff (direct service, to				'	Other nea	ailli Cale Si		ervice, Suc	o-Tolais O	iliy <i>)</i>
include traditional cultural healers)					ı	1	<u> </u>		1	
Sub-total, C (County)										
All Other (CBOs, CBO sub-contractors, networ	k providers	and volun	teers):							
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				(O+)	ar Haalth	Cara Staff	Direct Servi	ca: Sub _e To	tale and T	otal Only)
include traditional cultural healers)				(011	iei i ieailii	Care Stall,	\		nais and i	otal Offiy)
Sub-total, C (All Other)										
Total, C (County & All Other):										
.										

Esti- mated hard to meet need #FTE fill? in addition author- 1=Yes; to #FTE authorized 0=No authorized	By Occupational Category - page 4		1	·	1						1 (44)
mated #FFE authorized 2 = Vestions mated author meet need mated meet need meet n		F-4:	D :6: -	# FTE		Race/ethr	nicity of FT	Es currently	in the wo	rktorce Co	DI. (11)
# FTE author 1= / ves; ized 0=No authorized (5) (6) (7) (8) (9) (10) (9) (10) (9) (10) (10) (10) (10) (10) (10) (10) (10											
Major Group and Positions 1=Yes; 0 # FTE cau data thor casian data thor					NA/1 : /			,	NI C	8.4.10	# FTE filled
Maior Group and Positions ized 0=No authorized casian Latino Black Islander can Other (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (9) D. Managerial and Supervisory: County (employees, independent contractors, volunteers): CEO or manager above direct supervisor						l lienenie/					(5)+(6)+
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Major Group and Positions										(7)+(8)+ (9)+(10)
D. Managerial and Supervisory: County (employees, independent contractors, volunteers): CEO or manager above direct supervisors											(11)
County (employees, independent contractors, volunteers): CEO or manager above direct supervisor	D. Managerial and Supervisory:		1	, ,							, ,
Supervising psychiatrist (or other physician) Licensed supervising clinician	County (employees, independent contractors,	volunteers) <i>:</i>								
Licensed supervising clinician	CEO or manager above direct supervisor										
Licensed supervising clinician	Supervising psychiatrist (or other physician)				1	,				T O .	,
Sub-total, D (County, All Other (CBOs, CBO sub-contractors, network providers and volunteers): CEO or manager above direct supervisor	Licensed supervising clinician				1	(ıvıanageriai	and Super	/isory; Sub ⊾	o- i otais Oni	y)
All Other (CBOs, CBO sub-contractors, network providers and volunteers): CEO or manager above direct supervisor Supervising psychiatrist (or other physician) Licensed supervising clinician											
CEO or manager above direct supervisor	Sub-total, D (County)										
CEO or manager above direct supervisor	All Other (CBOs, CBO sub-contractors, network	k provider:	s and vol	unteers):							
Licensed supervising clinician	CEO or manager above direct supervisor										
Licensed supervising clinician	Supervising psychiatrist (or other physician)				1						
Sub-total, D (All Other) Total, D (County & All Other): E. Support Staff (non-direct service): County (employees, independent contractors, volunteers): Analysts, tech support, quality assurance					1	(Mana	agerial and	Supervisory	՛; Sub-Tota և	als and Tota	l Only)
Total, D (County & All Other): E. Support Staff (non-direct service): County (employees, independent contractors, volunteers): Analysts, tech support, quality assurance	Other managers and supervisors							•	,		
E. Support Staff (non-direct service): County (employees, independent contractors, volunteers): Analysts, tech support, quality assurance	Sub-total, D (All Other)										
E. Support Staff (non-direct service): County (employees, independent contractors, volunteers): Analysts, tech support, quality assurance	Total, D (County & All Other):										
County (employees, independent contractors, volunteers): Analysts, tech support, quality assurance Education, training, research	E. Support Staff (non-direct service):										
Education, training, research		volunteers)) <i>:</i>								
Education, training, research	Analysts, tech support, quality assurance										
Clerical, secretary, administrative assistants Other support staff (non-direct services)					1						
Other support staff (non-direct services)					1		(Sup	port Staff; S	ub-Totals	Only)	
Sub-total, E (County) All Other (CBOs, CBO sub-contractors, network providers and volunteers): Analysts, tech support, quality assurance Education, training, research					1			•			
All Other (CBOs, CBO sub-contractors, network providers and volunteers): Analysts, tech support, quality assurance Education, training, research	Sub-total, E (County)										
Analysts, tech support, quality assurance Education, training, research Clerical, secretary, administrative assistants (Support Staff; Sub-Totals and Total Only)		k providers	and volu	ınteers):		•		•	•	•	•
Education, training, research											
Clerical, secretary, administrative assistants (Support Staff; Sub-Totals and Total Only)					1						
					1		(Support S	Staff; Sub- <u>T</u>	otals and ⁻	Total Only)	
					1			V			
Sub-total, E (All Other)											
Total, E (County & All Other):	· · · · · ·										

I. By Occupational Category - page 5

GRAND TOTAL WORKFORCE

(A+B+C+D+E)

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

F. TOTAL PUBLIC MENTAL HEALTH POPULATION

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

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

iii i deliterie epecificany Beerghatea fer individuale	man concurred and carmy more	DOI EXPONDITION	
	Estimated	Position hard to fill with	# additional client or family
	# FTE authorized and to be filled by	clients or family members?	member FTEs estimated to
Major Group and Positions	clients or family members	(1=Yes; 0=No)	meet need
(1)	(2)	(3)	(4)
A. Unlicensed Mental Health Direct Service Staff:			
Consumer Support Staff			
Family Member Support Staff			
Other Unlicensed MH Direct Service Staff			
Sub-Total, A:			
B. Licensed Mental Health Staff (direct service)			
C. Other Health Care Staff (direct service)			
D. Managerial and Supervisory			
E. Support Staff (non-direct services)			
GRAND TOTAL (A+B+C+D+E)			

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	Direct Service Staff	Direct Service Staff	Direct Service Staff
	Others	Others	Others
2	Direct Service Staff	Direct Service Staff	Direct Service Staff
	Others	Others	Others
3	Direct Service Staff	Direct Service Staff	Direct Service Staff
	Others	Others	Others
4	Direct Service Staff	Direct Service Staff	Direct Service Staff
	Others	Others	Others
5	Direct Service Staff	Direct Service Staff	Direct Service Staff
	Others	Others	Others

E. Other, miscellaneous:

IV. REMARKS: Provide a brief listing of any significant shortfalls that have surfaced in the analysis of data provided in sections I, II, and/or III. Include any sub-sets of shortfalls or disparities that are not apparent in the categories listed, such as sub-sets within occupations, racial/ethnic groups, special populations, and unserved or underserved communities. A. Shortages by occupational category: B. Comparability of workforce, by race/ethnicity, to target population receiving public mental health services: C. Positions designated for individuals with consumer and/or family member experience: D. Language proficiency:

EXHIBIT 4: WORK DETAIL

Please provide a brief narrative of each proposed *Action*. Include a Title, short description, objectives on an annualized basis, a budget justification, and an amount budgeted for each of the fiscal years included in this Three-Year Plan. The amount budgeted is to include only those funds that are included as part of the County's Planning Estimate for the Workforce Education and Training component. The following is provided as a format to enable a description of proposed Action(s):

A. WORKFORCE ST	AFFING SUPPORT			
Action #1 – Title: Description:				
Objectives:				
Budget justification:				
Budgeted Amount:	FY 2006-07: \$	FY 2007-08: \$	FY 2008-09: \$	
Action #2 – Title: Description:				
Objectives:				
Budget justification:				
Budgeted Amount:	FY 2006-07: \$	FY 2007-08: \$	FY 2008-09: \$	

A. WORKFORCE STAFFING SUPPORT -- Continued

<u>Action #3</u> – Title: Description:				
Joseph Parom				
Objectives:				
Budget justification	ı:			
Budgeted Amount:	FY 2006-07: \$	FY 2007-08: \$	FY 2008-09: \$	
B. TRAINING AND	TECHNICAL ASSISTANCE			
	TECHNICAL ASSISTANCE			
B. TRAINING AND Action #4 – Title: Description:	TECHNICAL ASSISTANCE			
Action #4 – Title: Description:	TECHNICAL ASSISTANCE			

B. TRAINING AND TECHNICAL ASSISTANCE -- Continued

Action #5 – Title:				
Action #5 – Title: Description:				
Objectives:				
Budget justification:				
Budgeted Amount:	FY 2006-07: \$	FY 2007-08: \$	FY 2008-09: \$	
Action #6 – Title:				
Description:				
Objectives:				
Budget justification:				
Budgeted Amount:	FY 2006-07: \$	FY 2007-08: \$	FY 2008-09: \$	

C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action #7 – Title: Description:				
Objectives:				
Budget justification:				
Budgeted Amount:	FY 2006-07: \$	FY 2007-08:	\$FY 2008	-09: \$
Action #8 – Title: Description:				
Objectives:				
Budget justification:				
Budgeted Amount:	FY 2006-07: \$	FY 2007-08:	\$ FY 2008	-09: \$

C. MENTAL HEALTH CAREER PATHWAY PROGRAMS -- Continued

Deceriation				
Action #9 – Title: Description:				
Objectives:				
Budget justification	ı:			
Budgeted Amount:	FY 2006-07: \$	FY 2007-08: \$	FY 2008-09: \$	
D. RESIDENCY, INT	TERNSHIP PROGRAMS			
	FERNSHIP PROGRAMS			
D. RESIDENCY, INT Action #10 – Title: Description:	TERNSHIP PROGRAMS			
	TERNSHIP PROGRAMS			
Action #10 – Title: Description:				

D. RESIDENCY, INTERNSHIP PROGRAMS -- Continued

Action #11 – Title: Description:				
bescription.				
Objectives:				
Budget justification:				
Budgeted Amount:	FY 2006-07:	\$ FY 2007-08: \$	FY 2008-0	9: \$
Action #12 – Title: Description:				
Objectives:				
Budget justification:				
Budgeted Amount:	FY 2006-07:	\$ FY 2007-08: \$	FY 2008-0	9: \$

E. FINANCIAL INCENTIVE PROGRAMS

Action #13 – Title: Description:				
Description:				
Objectives:				
Budget justification:				
Budgeted Amount:	FY 2006-07: \$	FY 2007-08: \$	FY 2008-09: \$	
Action #14 – Title: Description:				
Objectives:				
Budget justification:				
Budgeted Amount:	FY 2006-07: \$	FY 2007-08: \$	FY 2008-09: \$	

E. FINANCIAL INCENTIVE PROGRAMS -- Continued

<u> Action #15</u> – Title:			
Description:			
Objectives:			
Objectives.			
Budget justification:			
Budgeted Amount: FY 2006-07: \$	FY 2007-08: \$	FY 2008-09: \$	

EXHIBIT 5: ACTION MATRIX

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

Actions (as numbered in Exhibit 4, above)	Promotes wellness, recovery, and resilience	Promotes culturally competent service delivery	Promotes meaningful inclusion of clients/family members	Promotes an integrated service experience for clients and their family members	Promotes community collaboration	Staff support (infrastructure for workforce development)	Resolves occupational shortages	Expands postsecondary education capacity	Loan forgiveness, scholarships, and stipends	Regional partnerships	Distance learning	Career pathway programs	Employment of clients and family members within MH system
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Action #:													
Action #:													
Action #:													
Action #:													
Action #:													
Action #:													
Action #:													
Action #:													
Action #:													
Action #:													

EXHIBIT 6: BUDGET SUMMARY

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

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

Fiscal Year: 2008-09			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:			
B. Training and Technical Assistance			
C. Mental Health Career Pathway Programs			
D. Residency, Internship Programs			
E. Financial Incentive Programs			
	GRAND TOTAL FUND	S REQUESTED for FY 2008-09	

EXHIBIT 7: ANNUAL PROGRESS REPORT (NOTE: This exhibit is for information purposes only, and does not need to be submitted with the Plan.)

List any objectives from any of the Actions that have been met during the period being reported, any issues that significantly impact on the accomplishment of objectives, and any positive accomplishments. Events, milestones, products, or outcomes are to be reported as measurable activities that can be quantitatively compared for the duration of the contract period.

ANNUAL PROGRESS REPORT	
County:	Fiscal Year:
Component: Workforce Education and Training	Period Covered:
Progress on Objectives (short narrative	
Workforce Staffing Support:	
Training and Technical Assistance:	
Training and Technical Assistance.	
Mental Health Career Pathways Programs:	
Davidan va latemakin Davimana	
Residency, Internship Programs:	
Financial Incentive Programs:	
3	
Form completed by: Name:	Title or position:
Phone#: Email:	Date: