

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.

County Mental Health Director

Printed Name:

Signature:

Contact Person' Name:

Street Address (or, PO Box):

City, ZIP Code:

Phone #:

Fax #:

E-mail address:

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.



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										
Case Manager/Service Coordinator										
Employment Services Staff										
Housing Services Staff										
Consumer Support Staff										
Family Member Support Staff										
Benefits/Eligibility Specialist										
Other <i>Unlicensed</i> MH Direct Service Staff										
<i>Sub-total, A (County)</i>										
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Mental Health Rehabilitation Specialist										
Case Manager/Service Coordinator										
Employment Services Staff										
Housing Services Staff										
Consumer Support Staff										
Family Member Support Staff										
Benefits/Eligibility Specialist										
Other <i>Unlicensed</i> MH Direct Service Staff										
<i>Sub-total, A (All Other)</i>										
Total, A (County & All Other):										

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



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



EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 2

Major Group and Positions (1)	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):				(Licensed Mental Health Direct Service Staff; Sub-Totals Only) ↓						
County (employees, independent contractors, 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 (County)</i>										
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Licensed Mental Health Direct Service Staff; Sub-Totals and Total Only) ↓						
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>										
Total, B (County & All Other):										

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

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										
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 (County)</i>										
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>										
Total, C (County & All Other):										

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

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.....										
Supervising psychiatrist (or other physician)										
Licensed supervising clinician.....										
Other managers and supervisors.....										
<i>Sub-total, D (County)</i>										
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Managerial and Supervisory; Sub-Totals and Total Only) ↓						
County (employees, independent contractors, volunteers):										
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):										
E. Support Staff (non-direct service):				(Support Staff; Sub-Totals Only) ↓						
County (employees, independent contractors, volunteers):										
Analysts, tech support, quality assurance.....										
Education, training, research										
Clerical, secretary, administrative assistants										
Other support staff (non-direct services).....										
<i>Sub-total, E (County)</i>										
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Support Staff; Sub-Totals and Total Only) ↓						
County (employees, independent contractors, volunteers):										
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):										

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)										
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

(1)	(2)	(3)	(4)	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)	
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.....			
Family Member Support Staff			
Other <i>Unlicensed</i> MH Direct Service Staff			
Sub-Total, A:			
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)			

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 _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
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

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:

E. Other, miscellaneous:

C. MENTAL HEALTH CAREER PATHWAY PROGRAMS -- *Continued*

Action #9 – Title:			
Description:			
Objectives:			
Budget justification:			
Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ _____

D. RESIDENCY, INTERNSHIP PROGRAMS

Action #10 – Title:			
Description:			
Objectives:			
Budget justification:			
Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ _____

E. FINANCIAL INCENTIVE PROGRAMS

Action #13 – Title:

Description:

Objectives:

Budget justification:

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ _____
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Action #14 – Title:

Description:

Objectives:

Budget justification:

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ _____
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E. FINANCIAL INCENTIVE PROGRAMS -- *Continued*

Action #15 – Title:

Description:

Objectives:

Budget justification:

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ _____
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EXHIBIT 5: ACTION MATRIX

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

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

Fiscal Year: 2008-09			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:			
B. Training and Technical Assistance			
C. Mental Health Career Pathway Programs			
D. Residency, Internship Programs			
E. Financial Incentive Programs			
GRAND TOTAL FUNDS REQUESTED for FY 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 narratives, below)	
Workforce Staffing Support:	
Training and Technical Assistance:	
Mental Health Career Pathways Programs:	
Residency, Internship Programs:	
Financial Incentive Programs:	
Form completed by: Name: _____ Title or position: _____ Phone#: _____ Email: _____ Date: _____	