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: Madera Date:

Madera County's Workforce Education and Training component of the Three-Year Program and Expenditure Plan addresses the shortage of qualified individuals who provide services within the Public Mental Health System. This includes community based organizations and individuals in solo or small group practices providing publicly-funded mental health services as network providers. 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 (CSS) 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 components 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. This includes individuals with client and family member experience capable of providing client and family driven services. Those services 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. Staff as well as clients, family members, various minority/ethnic groups, other agencies and the public have been consulted, participated in questionnaires, focus groups, stakeholder meetings, individual interviews and committees. All input has been considered. Adjustments were made, as appropriate.

Progress, 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. Adjustments will be made as appropriate. 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.

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TABLE OF CONTENTS

Page

EXHIBIT 1: WORKFORCE FACE SHEET 1

EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY 3

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT 7

EXHIBIT 4: WORK DETAIL 14

EXHIBIT 5: ACTION MATRIX 26

EXHIBIT 6: BUDGET SUMMARY 27

EXHIBIT 7: ANNUAL PROGRESS REPORT 28

EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY

The Madera County Department of Behavioral Health Services (BHS) conducted an extensive Mental Health Services Act (MHSA) Community Program Planning Process (CPPP) during 2005. It included the distribution of over 15,000 surveys throughout Madera, consumer and family member training, in-person surveying at multiple community sites, door-to-door outreach, community focus groups, targeted task groups, and the development of a community Leadership Steering Committee to guide the process. The areas of need for workforce education and training identified in this planning process are listed below.

Staff	Consumers and Family Members	Community
▪ Crisis response ▪ Consumer and family friendly (wellness, recovery and resiliency) ▪ Spanish language proficiency ▪ Suicide prevention and cultural competency (Latino, LGBT, and Native American)	▪ Peer support development, ▪ Vocational training and job preparation ▪ Parenting and anger management	▪ Identification and understanding of mental illness ▪ Available mental health services ▪ How to access mental health services

Providing specific training to law enforcement and K-12 schools regarding identification of mental illness and how to work with consumers and family members experiencing mental illness were identified as priorities in 2005. In addition, Transition Age Youth and Older Adults were identified as needing special attention, in the area of education and training.

The groups, organizations and individuals involved in the 2007-08 WET planning process included the following;

· Madera County Department of Social Services, · Madera County Department of Corrections, · Madera County Office of the District Attorney · Housing Authority of the City of Madera, · Homeless Helping the Community- community group of homeless	· Madera Community Action Partnership, · University of Phoenix, · Adult and older adult consumers and family members, · Family members of children, · Transition Age Youth receiving services through Madera County, · BHS clinical and administrative staff, · Yosemite High School (Oakhurst),	· South Madera High School, · Chowchilla High School and Special Education · Chowchilla Police Department · Madera Police Department · Madera First Five · Preschool Educators Committee · Radio Bilingue, · Farm workers, · Surveys conducted at health

individuals • Madera County Mental Health Board, • Fresno Madera Area Agency on Aging, • Madera County Office of Education (Special Education Local Plan Area), • Behavioral Health Services Cultural Competency Trainer, • Turning Point of Central California (contracted provider with Madera County), • Madera Community Hospital, • Chawanakee Unified School District, (North Fork) • First 5 Madera County	• North Fork Mono Rancheria Tribal TANF, • Darin M. Camarena Health Centers, • Heartland Opportunity Center, • Center for Independent Living, • Fresno City College including staff from the Madera Center, • California Department of Rehabilitation, • Chowchilla Special Education • Madera County Adult and Juvenile Probation • Centro Binacional Para El Desarrollo Indígena Oaxaqueño	fairs and the local Famer's Market, and • Latinas Unidas. • Valley West Christian Center, • California State University, Fresno, School of Social Work Education • Madera County Workforce Development Center (WIB) • Read, Set, Go Program – youth employment program • Picayune Rancheria of the Chukchansi Indians Tribal Council • Believers Church

The stakeholder involvement included standing committees, focus groups, community meetings, key informant interviews, and electronic surveys. The faith based community was a challenge to engage in the planning process. Initial input was gathered from a key informant interview with the head pastor of a local church and dialogue with the local Ministerial Association. Madera County Behavioral Health Services will continue to try outreach to and engage this important segment of our community.

There were three stakeholder committees. They reviewed documents, were trained regarding the Workforce Education and Training (WET) component, MHSA's desired outcomes and intended system changes. Each committee was trained in their role in planning and in the MHSA's Five Fundamental Concepts. They reviewed the program and services priorities identified in the 2005 CPPP, CSS services and their development, and the other upcoming MHSA components. They gave recommendations for the WET services needed for Madera County.

Stakeholder Steering Committee: This committee of 12 community stakeholders began meeting regularly on January 10, 2007. This committee was comprised of representatives from the 2005 CSS (Community Services and Supports) Community Program Planning Process Leadership Team and new community stakeholders. At their May 2007 meeting the committee recommended that WET program spending should be prioritized in the following order (from most important to least important):

1) Financial Incentive Programs,
2) Mental Health Career Pathway Programs,
3) Residency, Internship Programs,
4) Workforce Staffing Support Programs, and
5) Training and Technical Assistance Programs.

There were specific concerns expressed regarding services for “At Risk Youth” in the Child Welfare and the Juvenile Justice systems. Specifically those youth experiencing mental illness who need educational support to help them complete high school. Another area emphasized by the committee was helping clients/family members to share their stories for advocacy and public education to reduce the stigma and discrimination related to mental illness.

Workforce Education and Training Subcommittee: The WET Subcommittee began meeting regularly in October 24, 2007. The committee's 21 members included representative from education, vocational providers, health providers, consumers and family members.

Consumer and Family Member Subcommittee: The Consumer and Family Member Subcommittee began meeting regularly in October 18, 2007. The 15 committee members included adult consumers and family members. The workforce education and training priorities identified by this group include:

1) Vocational training, 2) Workforce preparation 3) Financial aid to help them return to school (including help with defaulted loans)

MHSA Online Surveys: BHS staff was surveyed regarding their training needs. In addition, a general community survey of workforce education and training needs and incentives to enter the mental health field was conducted. Both of these surveys were conducted electronically. There were 97 surveys returned for the staff survey, which was a 56% response rate. The responses are included on the following page. There was an identified need for Spanish language training (65.5% of respondents said they were fluent in English only) and law and ethics. There were 24 community surveys returned.

Community Meetings: A series of five communities meeting were held in June 2008 in the cities of Chowchilla, Coarsegold, and Madera. These meetings provided additional opportunities for community members to participate in the CPPP at times outside of normal business hours and in cities outside of the City of Madera. The meetings were held in handicap accessible buildings. Interpreters (Spanish and Sign Language) were available as needed. The public notice for the meetings was submitted to five newspapers, one of which specifically targets the Spanish speaking community. The notice was in English and Spanish.

Focus Groups and Key Informant Interviews: Focus groups and key informant interviews were used to obtain information for the WET plan. The information learned from them complemented the information already received. The focus groups and key informant interviews engaged stakeholders and represented agencies, individuals, specialized groups; who did not attend MHSA meetings held by BHS.

The priorities for WET were identified for the current CPPP from the staff members, consumers, family members and community are listed on the following page and expand upon the needs and priorities identified in the 2005 CPPP.

Staff	Community	Consumer and Family Member
○ Cultural competency (LGBT and Latino) ○ Consumer friendly (Wellness/Recovery) ○ Crisis response ○ Suicide Prevention ○ Financial incentives for Psychiatrists, especially child Psychiatrists ○ Financial incentives for nurses and counselors ○ Computer skill development ○ Data reporting/interpreting reports ○ Diagnosis/level of care ○ Psychosocial rehabilitation ○ Cognitive Behavioral Therapy ○ Motivational Interviewing ○ Leadership skill development ○ Communication skill development ○ Spanish language training ○ Law and ethics	○ Education regarding identifying and recognizing mental illness ○ Education regarding available mental health services and accessing them ○ Training for law enforcement on mental health issues ○ Suicide prevention ○ Stigma reduction ○ Financial assistance for mental health career education (career pathways) ○ Assisting students with mental illness to complete school ○ Emphasis on education for youth in Child Welfare and Juvenile Justice systems ○ Training for school staff regarding recognizing and identifying mental illness ○ Education for parents of students seeking school counseling ○ High school student mentoring	○ Vocational training and job preparation for both mental health and non-mental health careers ○ Supported employment opportunities ○ Assistance with furthering education and training incrementally (career pathways) ○ School/assistance with completing education ○ Training for peer support services ○ Anger management classes (Adult and Children) ○ Independent living skills for successful employment ○ Training consumers to tell their Recovery story (stigma reduction and inspiration) ○ Loan assumption (defaulted loans) ○ Scholarships (Pre-Bachelors)

A completed draft of Madera's WET plan was posted for public review on [DATE]. An electronic copy was posted on the Madera BHS website at http://www.madera-county.com/mentalhealth/services.html. Paper copies were sent to [PUBLIC SITES]. Electronic notification was sent to all BHS services sites. The Stakeholder Steering Committee, WET Subcommittee and Local Mental Health Board Members received copies of the plan. A link was posted to BHS' website announcing the posting of the plan. It included a notice regarding the start of the 30-day plan review. The public notice for the meetings was posted in five newspapers throughout Madera County, including a newspaper serving the Latino community. The notice was in Spanish and English. It included reference to the BHS website and a phone number for requesting a copy of the WET plan. For ease of public review and comment, the last page of the notice was a feedback form in English and Spanish. Public review and comment closed with a public hearing at the Mental Health Board meeting on [DATE].

[ADD RESPONSES TO THE PUBLIC COMMENT PERIOD HERE, FOLLOWING THE 30 DAY REVIEW PERIOD]

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 1

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Cau-casian	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	# FTE filled **(5)+(6)+(7)+(8)+(9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. *Unlicensed* Mental Health Direct Service Staff:										
County (employees, independent contractors, volunteers):										
Mental Health Rehabilitation Specialist	0.0	0	0.0							
Case Manager/Service Coordinator	26.0	1	69.0							
Employment Services Staff	1.0	1	3.0							
Housing Services Staff	0.0	1	2.0							
Consumer Support Staff	11.0	0	29.0							
Family Member Support Staff	1.0	1	3.0							
Benefits/Eligibility Specialist	0.0	1	3.0	(*Unlicensed* Mental Health Direct Service Staff; Sub-Totals Only)						
Other *Unlicensed* MH Direct Service Staff	4.8	1	53.0							
Sub-total, A (County)	43.8	6	162.0	7.0	21.0	3.0	0.0	0.0	3.0	34.0
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Mental Health Rehabilitation Specialist	0.0	0	0.0							
Case Manager/Service Coordinator	0.0	0	0.0							
Employment Services Staff	0.0	0	0.0							
Housing Services Staff	0.0	0	0.0							
Consumer Support Staff	0.0	0	0.0							
Family Member Support Staff	0.0	0	0.0							
Benefits/Eligibility Specialist	0.0	0	0.0							
Other *Unlicensed* MH Direct Service Staff	0.0	0	0.0	(*Unlicensed* Mental Health Direct Service Staff; Sub-Totals and Total Only)						
Sub-total, A (All Other)	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total, A (County & All Other):	43.8	6	162.0	7.0	21.0	3.0	0.0	0.0	3.0	34.0

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 2

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Cau-casian	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	# FTE filled **(5)+(6)+(7)+(8)+(9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
B. *Licensed* Mental Health Staff (direct service):										
County (employees, independent contractors, volunteers):										
Psychiatrist, general	2.5	1	7.0							
Psychiatrist, child/adolescent	0.2	1	1.0							
Psychiatrist, geriatric	0.0	1	0.5							
Psychiatric or Family Nurse Practitioner	0.0	1	3.0							
Clinical Nurse Specialist	0.0	1	0.0							
Licensed Psychiatric Technician	0.0	1	7.0							
Licensed Clinical Psychologist	0.0	1	1.0							
Psychologist, registered intern (or waivered)	0.0	1	0.0							
Licensed Clinical Social Worker (LCSW)	7.0	1	19.0							
MSW, registered intern (or waivered)	9.0	1	24.0							
Marriage and Family Therapist (MFT)	10.0	1	27.0							
MFT registered intern (or waivered)	11.0	1	29.0	(*Licensed* Mental Health Direct Service Staff; Sub-Totals Only)						
Other *Licensed* MH Staff (direct service)	0.0	0	0.0							
Sub-total, B (County)	39.7	12	118.5	15.0	17.0	1.0	2.0	0.0	2.0	37.0
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Psychiatrist, general	26.0	1	69.0							
Psychiatrist, child/adolescent	1.0	1	3.0							
Psychiatrist, geriatric	0.0	1	1.0							
Psychiatric or Family Nurse Practitioner	0.0	1	2.0							
Clinical Nurse Specialist	0.0	0	0.0							
Licensed Psychiatric Technician	0.0	0	0.0							
Licensed Clinical Psychologist	0.0	0	0.0							
Psychologist, registered intern (or waivered)	8.0	0	21.0							
Licensed Clinical Social Worker (LCSW)	18.0	1	48.0							
MSW, registered intern (or waivered)	0.0	0	0.0							
Marriage and Family Therapist (MFT)	8.0	1	21.0							
MFT registered intern (or waivered)	0.0	0	0.0	(*Licensed* Mental Health Direct Service Staff; Sub-Totals and Total Only)						
Other *Licensed* MH Staff (direct service)	0.0	0	0.0							
Sub-total, B (All Other)	61.0	6	165.0	24.0	5.0	0.0	8.0	0.0	4.0	41.0
Total, B (County & All Other):	100.7	18	283.5	39.0	22.0	1.0	10.0	0.0	6.0	78.0

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT
I. By Occupational Category - page 3

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes' 0=No	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce -- Col. (11) White/ Cau-casian	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	# FTE filled (5)+(6)+(7)+(8)+(9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
C. Other Health Care Staff (direct service):										
County (employees, independent contractors, volunteers):										
Physician	0.0	0	0.0							
Registered Nurse	1.0	1	3.0							
Licensed Vocational Nurse	3.0	1	8.0							
Physician Assistant	0.0	0	0.0							
Occupational Therapist	0.0	1	0.0							
Other Therapist (e.g., physical, recreation, art, dance)	0.0	0	0.0							
Other Health Care Staff (direct service, to include traditional cultural healers)	1.0	1	5.0	(Other Health Care Staff, Direct Service; Sub-Totals Only)						
Sub-total, C (County)	5.0	4	16.0	1.0	0.0	1.0	2.0	0.0	0.0	4.0
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Physician	1.0	0	3.0							
Registered Nurse	0.0	1	0.0							
Licensed Vocational Nurse	0.0	1	0.0							
Physician Assistant	0.0	0	0.0							
Occupational Therapist	0.0	0	0.0							
Other Therapist (e.g., physical, recreation, art, dance)	0.0	0	0.0							
Other Health Care Staff (direct service, to include traditional cultural healers)	0.0	0	0.0	(Other Health Care Staff, Direct Service; Sub-Totals and Total Only)						
Sub-total, C (All Other)	1.0	2	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total, C (County & All Other):	6.0	6	19.0	1.0	0.0	1.0	2.0	0.0	0.0	4.0

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 4

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Cau-casian	Hispanic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	# FTE filled **(5)+(6)+ (7)+(8)+ (9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
D. Managerial and Supervisory:										
County (employees, independent contractors, volunteers):										
CEO or manager above direct supervisor..........	11.0	1	29.0	(Managerial and Supervisory; Sub-Totals Only)						
Supervising psychiatrist (or other physician)	0.2	1	1.0							
Licensed supervising clinician...........................	10.0	1	27.0							
Other managers and supervisors.......................	5.0	1	13.0							
Sub-total, D (County)	26.2	4	70.0	18.0	3.0	1.0	0.0	0.0	2.0	24.0
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
CEO or manager above direct supervisor.........	0.0	1	0.0	(Managerial and Supervisory; Sub-Totals and Total Only)						
Supervising psychiatrist (or other physician)	0.0	1	0.0							
Licensed supervising clinician..........................	0.0	1	0.0							
Other managers and supervisors......................	0.0	1	4.0							
Sub-total, D (All Other)	0.0	4	4.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total, D (County & All Other):	26.2	8	74.0	18.0	3.0	1.0	0.0	0.0	2.0	24.0
E. Support Staff (non-direct service):										
County (employees, independent contractors, volunteers):										
Analysts, tech support, quality assurance..........	6.0	1	16.0	(Support Staff; Sub-Totals Only)						
Education, training, research	0.0	0	0.0							
Clerical, secretary, administrative assistants	39.0	1	104.0							
Other support staff (non-direct services)...........	11.0	1	29.0							
Sub-total, E (County)	56.0	3	149.0	19.0	24.0	2.0	0.0	0.0	6.0	51.0
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Analysts, tech support, quality assurance..........	0.0	0	0.0	(Support Staff; Sub-Totals and Total Only)						
Education, training, research	0.0	0	0.0							
Clerical, secretary, administrative assistants	0.0	0	0.0							
Other support staff (non-direct services)...........	0.0	0	0.0							
Sub-total, E (All Other)	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total, E (County & All Other):	56.0	3	149.0	19.0	24.0	2.0	0.0	0.0	6.0	51.0

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 5

GRAND TOTAL WORKFORCE (A+B+C+D+E)

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Cau-casian	Hispanic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	# FTE filled **(5)+(6)+ (7)+(8)+ (9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
***County (employees, independent contractors, volunteers)* (A+B+C+D+E)......**	170.7	29	515.5	60.0	65.0	8.0	4.0	0.0	13.0	150.0
***All Other (CBOs, CBO sub-contractors, network providers and volunteers)* (A+B+C+D+E) ....**	62.0	12	172.0	24.0	5.0	0.0	8.0	0.0	4.0	41.0
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	232.7	41	687.5	84.0	70.0	8.0	12.0	0.0	17.0	191.0

F. TOTAL PUBLIC MENTAL HEALTH POPULATION

				Race/ethnicity of individuals planned 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**			47.4%	43.5%	5.4%	1.0%	1.5%	1.1%	99.9%

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

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

Major Group and Positions	Estimated # FTE authorized and to be filled by clients or family members	Position hard to fill with clients or family members? (1=Yes; 0=No)	# additional client or family member FTEs estimated to meet need
(1)	(2)	(3)	(4)
A. *Unlicensed* Mental Health Direct Service Staff:			
Consumer Support Staff..	10.0	1	8.0
Family Member Support Staff	1.0	1	4.0
Other *Unlicensed* MH Direct Service Staff	0.0	1	0.0
Sub-Total, A:	11.0	3	12.0
B. *Licensed* Mental Health Staff (direct service).............	0.0	1	0.0
C. Other Health Care Staff (direct service)	0.0	1	0.0
D. Managerial and Supervisory...	0.0	1	0.0
E. Support Staff (non-direct services)..............................	0.0	1	0.0
GRAND TOTAL (A+B+C+D+E)	11.0	7	12.0

III. LANGUAGE PROFICIENCY

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

Language, other than English	Number who are proficient	Additional number who need to be proficient	**TOTAL (2)+(3)**
(1)	(2)	(3)	(4)
1. Spanish	Direct Service Staff 42 Others 22	Direct Service Staff 20 Others 5	Direct Service Staff 62 Others 27
2.	Direct Service Staff 0 Others 0	Direct Service Staff 0 Others 0	Direct Service Staff 0 Others 0
3.	Direct Service Staff 0 Others 0	Direct Service Staff 0 Others 0	Direct Service Staff 0 Others 0
4.	Direct Service Staff 0 Others 0	Direct Service Staff 0 Others 0	Direct Service Staff 0 Others 0
5.	Direct Service Staff 0 Others 0	Direct Service Staff 0 Others 0	Direct Service Staff 0 Others 0

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:

Historically, Madera County Behavioral Health Services has experienced difficulties in recruiting and retaining the following job classifications:

- Case Managers
- Psychiatrists (child, adult)
- Licensed Psychiatric Technicians
- Licensed Clinical Social Workers
- Marriage Family Therapists
- Registered Nurses
- Licensed Vocational Nurses

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

- 47% of our client population and 38% of our staff is White/Caucasian
- 44% of our client population and 31% of our staff is Latino
- 5% of our client population and 3% of our staff is African-American
- We have 47 clients who identified themselves as Native American and 7 staff members who are of a mixed race with Native American as part of their ethnic background.

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

Madera County Behavioral Health Services contracts with Turning Point to operate a socialization drop-in center, also known as Hope House. Hope House is a client driven center and benefits from 10 consumer support staff positions.

D. Language proficiency:

Only 17% of our direct service staff is proficient in Spanish, a County threshold language. There is a great need for bilingual (English/Spanish) psychiatrists, nursing staff and clinicians, a classification the County struggles to recruit.

E. Other, miscellaneous:

There are a growing number of people from the Oaxacan area of Mexico moving to Madera. While it is not at threshold status, there is a need for bilingual/bicultural Mixteco staff either as a network or County provider. Madera County would like to be

proactive and have availability of bilingual/bicultural providers for this population. The ATT Language Line does not provide interpretation services in this language; however, our department has been able to contract for interpreter services, when serving this population.

Madera County needs bilingual/bicultural providers for the Hmong population that has moved into this county. There also is a growing East Indian population within Madera County. Madera County is anticipating services to these populations in the future and would like to prepare to serve this population now.

EXHIBIT 4: WORK DETAIL

A. WORKFORCE STAFFING SUPPORT

Action #1 – Title: WET Coordination and Oversight

Description:

Coordination: The Madera County Department of Behavioral Health Services (BHS) will hire a Workforce Education and Training (WET) Coordinator (0.5 FTE Administrative Analyst), 0.34 FTE MHSA Coordinator, 0.5 FTE Supervising Licensed Mental Health Clinician, 1.5 FTE Program Assistant II and 0.5 Health Education Coordinator to implement and coordinate WET services. The WET Coordinator will:

- Ensure BHS completes Cultural Competency Plan,
- Implement any internal training regarding the provision of services to ethnic minorities and other priority unserved or underserved populations,
- Mentor existing BHS staff and providers on providing culturally appropriate services, and using evidence based, best or promising practice modalities,
- Provide consultation with program staff: review of cases, documentation strategies and service monitoring,
- Manage the logistics of conducting training events and activities (Action 2),
- Create and maintain a web-site containing a current mental health resource directory (Action 3-Trilogy Network of Care and eLearning), training needs assessments, workshop evaluations and other relevant resources, and
- Ensure that the Five Fundamental Elements of MHSA (consumer and family driven, community collaboration, recovery/resiliency asset-based services, integrated services, and culturally competency) are embedded within all WET services.

Oversight: The MHSA Stakeholder Steering Committee (SSC) will community stakeholder oversight for all MHSA services and will coordinate oversight with the Local Mental Health Board (MHB), Cultural Competency Committee (CCC) and the Quality Improvement Committee (QIC). The MHSA Coordinator will provide administrative oversight and coordination of all MHSA components. The SSC will advise the WET Coordinator regarding assessment tools to be used to evaluate training needs, effectiveness of the trainings, and establishment of the Three-Year Training Plan. Priority will be given to training and education that clearly promotes the Five Fundamental MHSA concepts. The WET Coordinator will make operational, the WET elements and develop a method of measuring transformation of the mental health system. The WET goals and objectives would be used as outcome indicators.

Consumers and family members will be an integral part of WET services implementation as participants in trainings, members of the CCC, QIC and MHB, and as trainers and/or co-facilitators, whenever possible.

Goal # 1: Implement and coordinate the services in the BHS WET plan.

Objectives:

1. Implement the WET Plan by collaborating actively with the CCC, QIC, MHB other stakeholder groups as needed.
2. Coordinate and share information regarding WET efforts on the State and regional level and attend State and Regional WET related meetings as necessary.
3. Communicate regularly with various stakeholders and coordinate and provide training events for the public mental health system (consumers, families, County and mental health contract providers).
4. Establish and oversee WET program activities; including contracts with entities providing WET services.
5. Work with local high school to develop the Human Services Academy Regional Occupational Program (ROP) and the local community college to develop a psychosocial rehabilitation certificate program, resulting in a better-trained workforce applying for entry-level public mental health positions.
6. Regularly convene education providers (e.g. community colleges, high schools, adult schools, Workforce Investment Board and Center for Independent Living) to explore ways in which more cost effective in-service training can be provided to the county's mental health workforce by leveraging their programs and funding sources.
7. As needed, assist in course development with educational partners.
8. Provide annual updates to WET plan and evaluate effectiveness of WET services and training including: annual reports describing WET activities, evaluation of the program's efficacy, and other local and state reports as required.

Goal # 2: Create a training environment that is responsive to stakeholders' needs.

1. The WET Coordinator will include consumers, families and community-based organizations that contract with mental health and community members in this process.
2. The WET Coordinator will create a one-year and a three-year training plan, to include cultural competence, wellness/recovery/resilience, and consumer, family and community values, improve services to client/family members through evidence based or promising practices. This will be incorporated into BHS' Cultural Competency Plan.
3. The WET Coordinator will explore providing educational experiences for individuals who learn best in non-traditional settings or nonacademic formats.
4. Create a paradigm shift throughout public mental health that embraces the five fundamental elements of the MHSA model.

Goal # 3: The WET Coordinator will ensure involvement of consumers and families, as both participants and trainers at educational events.

Objectives:

1. Address the issues of stigma and discrimination faced by mental health consumers and by family members (of mental health consumers).

2. Ensure that staff is exposed to various client and family member viewpoints and to better understand the client and family experience and perspective.

Goal # 4 Embedding Cultural Competence in Service Delivery

Objectives:
1. The WET Coordinator will conduct a cultural competency assessment of BHS' capacity for cultural and linguistic services.
2. The WET Coordinator, QIC and CCC will develop strategies for embedding cultural competence in service delivery and design.
3. The WET Coordinator, QIC and CCC will develop a year round training plan.
4. The California Brief Multi-Cultural Competence Scale and Training Program will be integrated into the training curriculum for staff.
5. Cultural competency training will be part of ongoing staff development.

Budget justification: Workforce Education and Training (WET) Coordinator (0.5 FTE Administrative Analyst), 0.34 FTE MHSA Coordinator, 0.5 FTE Supervising Licensed Mental Health Clinician, 1.5 FTE Program Assistant II and 0.5 Health Education Coordinator. Costs will include benefits, work stations, computer and phone set up.

Budgeted Amount:	**FY 2006-07: $ 0**	**FY 2007-08: $ 0**	**FY 2008-09: $ 0**

EXHIBIT 4: WORK DETAIL

B. TRAINING AND TECHNICAL ASSISTANCE

Action #2 – Title: Training, Specialty Skill/Practice Development and System Transformation Support

Description: This action will directly reflect the training needs identified in program planning process and through ongoing needs assessments of paid public mental health (County and Contractor) staff, volunteers, consumers, family members and community members. All training will be made available to the BHS staff, contract providers, clients and family members and community partners. It will be the responsibility of the WET Coordinator (Action 1) to identify, organize, and evaluate the training. Training will be phased in over a two year period and will include ongoing consultation by the WET Coordinator to insure that training concepts are incorporated into practice. All training providers will be knowledgeable of the Five Fundamental Elements of MHSA and will integrate them throughout the training (compliance with the above will be specified in any contractual agreement entered into by BHS).

Initial training topics, identified though the stakeholder processes will include: 1) Crisis Response 2) Suicide Prevention and 3) Clinical Assessment -Diagnosis/Level of Care. Training curriculums will also include: 1) Mental Health First Aid, 2) CASRA and 3) WRAP. As funding allows, other areas of training will include 1) how to appropriately provide services to persons experiencing co-occurring disorders, 2) preparing clients/family members to be part of the general workforce, 3) working unserved and underserved cultural groups, 4) how to appropriately provide services to transition age youth, and 5) systems transformation/cultural competency training that promotes recovery and resiliency.

These is a the high need for linguistically competent services provided in Spanish and Spanish language competency was repeatedly identified as a priority in the 2005 and 2007-08 CPPP. As funding allows, ongoing Spanish language development training will be developed with a local adult school.

This action will also purchase training for clients/family members and the community as they prepare to enter the workforce for the provision of mental health services. These programs will offer trainings to multiple audiences including populations unserved and underserved by mental health services.

There will be workshops and on-going classes which will vary size, area of focus and depth and support that will include active learning and application of knowledge gained**.** Training will also include family trainings, new hire orientation and classes to establish minimal competency regarding positive customer service attitudes, and specific skills needed for paid staff, interns, and volunteers to accomplish their jobs. In addition, training will provide education to community stakeholders regarding topics such as access to mental health care and identifying mental illness.

eLearning will be an invaluable resource to develop, deliver and manage educational opportunities and distance learning for staff, consumers, family members, community members and community based organizations. While no specific provider has been selected for eLearning, initial demonstrations with potential contractors are being conducted. Staff, consumers, family members, and community members will be involved in the selection process. Funding will be used for access to the course catalog and to customize courses to meet the specific, diverse needs of our community.

All training courses will include evaluation. Evaluation results will be used in the decision-making process regarding future trainings.

Goal # 1

Objectives: System Transformation

1. The WET Coordinator will identify effective, evidence based or best practice models for each topic area and determine trainers and most cost effective manner to provide these trainings (Action 1).
2. Provide annual training and ongoing consultation for develop staff competencies in effective models that will best meet consumer needs.
3. Incorporate into each of these training, specific cultural, gender, economic and spiritual elements that need to be addressed to better serve the diverse minority populations of Madera County.
4. Incorporate the client and family member voice into each of these trainings to expand beyond the clinical perspective of the trainee.
5. Provide translation and interpretation services for non-English speaking trainees who are direct service providers.
6. Spanish language development training will be an ongoing staff development component.

Goal #2: **Integrated Services**

Objectives:

1. Regularly offer orientations (or overviews) of the public mental health system to consumers, family members, new employees, potential employees, interns, and community members (e.g Promatores) (see PEI Plan).
2. Describe all the services and populations served in Madera County public mental health.
3. Increase stakeholders understanding of how to navigate within the Madera public mental health system.
4. Expose stakeholders to areas in the system that may be of interest for future employment.
5. Integrate in-service and pre-service training programs and strengthen their connections to each other.

6. Establish a flexible training management tool for the delivery of all training services, which will also act as a repository for all training materials

    a. Increase quality and availability of diverse training offerings while reducing cost
    b. Select and contract with an e-learning provider during FY 2009-10.
    c. Provide greater ease for staff, community providers, consumers and family members to access training and educational courses which meet license requirements and/or provide career path development, as well as rehabilitation and consumer employment courses.
    d. Provide compliance and quality control for legal requirements by linking to the County's existing education and licensing tracking system.

Goal #3: Consumer and Family Driven

Objectives:

1. Offer trainings regarding creating a respectful, welcoming, and "customer service" attitude towards consumers and families.
2. Share input from consumers and family members about what would help create a mental health system that is easier to navigate.
3. Employees will develop skills to reduce stigma and discrimination, such as actively listen to consumers' and family members' goals and choices, ensure their civil and human rights, and encourage independence.
4. Staff responding to community mental health needs will offer information and referrals whenever possible.
5. Create environments that value the client's and the family's perspective.
6. Foster supportive, solution-focused communication and collegiality between various program staff.
7. Ensure that all new employees and interns will develop skills such as respectful communication, "customer service", as well as documentation, clinical assessments, and treatment planning.

Goal # 4: Wellness, Recovery, and Resiliency

Objectives:

1. Develop the skill sets of consumers, family members and community members to participate more effectively in treatment and promote recovery.
2. Consumers and family members will learn concepts and terms used to describe mental illness and treatment interventions.
3. Consumers and family members will learn about their rights, the law, and their responsibilities within the mental health system.

4. Consumers and families will develop a better understanding of current treatments, medications, their intended and side effects and alternative treatments.
5. Underscore the importance of the concepts of recovery, wellness and resiliency to increase the skills of staff and to offer strength-based services that include the use of family and community supports.

Goal # 5: **Community Collaboration**

Objectives:

1. Offer training modules on mental health related topics as a broad overview to be accessible to a larger audience and to progress to more skilled, in-depth techniques.
2. The training modules will support prevention, identification and treatment of mental health conditions across the lifespan.
3. Develop staff clinical skills in areas identified as special need for consumers across the lifespan.
4. Identify public mental health staff that have special skill sets or assist them in developing special skill sets so they are able to train others.
5. Utilize local education providers to deliver in-service education where doing so will result in cost savings through leveraging existing public investments in education. To convene a regular and on-going dialog with education providers in order to continuously evolve relationships of productive and mutual value.
6. Provide a community access portal for consumers and family members and key stakeholders to meet their training and information needs.

Budget justification: Training costs include trainers, facility, copying of materials, and translation and interpretation services for non-English speaking trainees. Funding for this action item will pay for the on-going cost of course catalog use and required equipment needed to provide access to staff, consumers, family members and community members.

Budgeted Amount:	**FY 2006-07: $_____0_______**	**FY 2007-08: $______0______**	**FY 2008-09: $__0____**

EXHIBIT 4: WORK DETAIL

C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action #3 – Title: Workforce Development

Description: The Career Specialist position is designed to promote successful employment of clients, family members, and community members in entry level positions in the public mental health system in Madera County. The position will be staffed by a 1.0 FTE Case Worker II. Ideally, this position will be filled by someone with consumer and/or family member experience, at some point in the future. The program will support the workforce needs of clients, family members and community members in order to provide staffing for the public mental health system. It will develop staffing that is diverse, stable, and committed to the principles of MHSA. General functions include recruitment, job analysis, training, job coaching, mentors, benefits counseling, and negotiation of reasonable accommodations, as needed for person with disabilities. Functions may also include liaison with educational institutions that may provided training/education for employees.

The Career Specialist will conduct initial interviews to aid clients with mental disabilities (beneficiary) in assessing their individual circumstance, as they relate to their eligibility for various work incentive programs. He/she will assist the beneficiary in developing a long term benefits management plan to acquire and effectively monitor state and federal benefits work incentives. The plan will define desired benefits and work outcomes, detail related steps and activities necessary to achieve goals, designate dates and timelines for completions of such goals, and specify person(s) responsible for carrying out steps and activities. Data that will be collected for the case file will include beneficiary data, educational, training, and employment information, previous and current services and benefits received, and other information relevant to plan development and monitoring. Additionally, this staff will assist in the following areas: gather and analyze information pertinent to the benefits management plan; advise beneficiaries and their support teams regarding financial status before, during and at the conclusion of benefits; aid with application for, or preparation of, documentation for various work incentive benefits; advocate on behalf of clients with other agencies and programs; provide information, referrals, and problem-solving support. While assistance will be time-limited, duration will be based on the desired outcomes set forth in the benefits management plan for clients.

This Action will include an educational component for the purpose of informing SSI, SSDI, and Medicaid recipients, family members, payee, representatives, service providers, and disability professional of the different state and federal work incentive programs. Written materials distributed for distribution and presentations will be obtained though local Medicaid offices.

After year three of this plan, as funding permits, it is anticipated that at least two clients/family members would be trained to assist the Career Specialist and provide job coaching, benefit planning, etc., for clients and family members. They would be trained by the Career Specialist and their activities monitored by the Career Specialist and BHS and/or selected contractor.

The Career Specialist will conduct a psychosocial rehabilitation training program to address identified shortages in occupations, skill sets, and individuals with unique cultural and linguistic competence at BHS and organizations providing services in the Public Mental Health System. The program will lead to a certification as a psychosocial rehabilitation professional. It will be designed to market and outreach to consumers, family members, individuals from underrepresented racial/ethnic and cultural groups, community mental health providers, and mental health staff. The program will be a combination of curricula based on principles of psychosocial rehabilitation and work experience.

This Action will also develop a program that acquaints students in secondary education to a career in the mental health workforce. The Human Services Academy curriculum/program has been shown to help At Risk Youth stay in school and move onto higher education, as well as recruit entry level staff that is oriented and trained for work in public mental health. The Human Services Academy developed by Mental Health America of Great Los Angeles and Los Angeles Unified has been presented to South Madera High School staff and they are amenable to implementing this track in their existing Health Science Academy. Special effort will be made to involve youth from diverse ethnic communities, where access to knowledge about mental health careers is limited and stigma regarding mental illness is strong.

This Action would include a combination of curriculum developed in partnership with this high school and supervised field placements providing mental health supportive services. These would provide Public Mental Health occupation orientation to senior high school students.

There will also be a special focus on community outreach and promotion to students and their families in diverse communities. To achieve this goal people from diverse communities will be recruited to provide these outreach efforts ensuring credibility in the outreach as well as opportunity for modeling. Components of this action will include, funding for schools to develop mental health curriculum and mental health professions academy, paid internships, a speaker's bureau and outreach at community events. These funds will be braided with funding from education, such as Perkins funds, to maximize available resource for the development of this programming. Educational entities will be key partners in the development and implementation of this Action. This activity will be overseen by the WET Coordinator and coordinated by the Career Specialist.

Goal # 1 Establish Workforce Development Program

Objectives:

1. Provide individual job support for 30 clients/family members per year. Work with clients, family members, and providers working in public mental health system to enhance job retention.
2. Provide benefits counseling and negotiation of reasonable accommodations, and general employment counseling.

3. Assist in development of courses at the community college level that would be appropriate for skill development/education in support of the MHSA.
4. Provide quarterly training for up to 20 clients/family members for skill development in areas such as social rehabilitation/wellness and recovery, record keeping, data management and peer services.
5. Provide monthly vocational support groups for clients who are employed in the public mental health system. (projected average attendance 8 – 10)
6. Provide annual training for supervisors of client/family member employees that cover benefits counseling, and negotiation of reasonable accommodations, and supporting clients/family members (projected attendance 20).
7. Coach client providers in benefit counseling, job coaching activities, etc., for the on-going provision of vocational services to clients/family members.

Goal #2 Establish a Psychosocial Rehabilitation Certification Program

Objectives:

1. Purchase the CASRA Psychosocial Rehabilitation Practitioner Curriculum along with necessary class-specific resource materials to provide training for 12 students.
2. Provide academic and financial support for select students/clients and family members to obtain certification as a Certified Psychiatric Rehabilitation Practitioner through the United States Psychiatric Rehabilitation Association (USPRA). Financial support will cover the cost of the USPRA Certified Psychiatric Rehabilitation Practitioner application fee once the applicant passes his/her test.
3. Increase the number of BHS employees providing case management services with CASRA certification by 25% within five years.

Goal #3 Establish Human Services Academy Program

Objectives:

1. Develop an agreement with a school district to start a Human Services Academy or similar program.
2. Conduct a minimum of six speaking engagements annually to youth and their families from and within diverse communities.
3. Provide six volunteer and/or paid internships for high school students annually.
4. Provide opportunities for high school age volunteers in at least four sites within the public mental health system.

Budget justification: As funds permit, there will be a cost for the funding of a position to implement and supervise this action. As funds permit, the costs for the client/family member position(s) would hired through a contract with a nonprofit organization. Dollars used in this action item covers the cost of the CASRA Psychosocial Rehabilitation Practitioner Curriculum (estimated at $15,000), the

cost of class-specific resource materials, other training costs including trainer, facility, copying of materials, and translation and interpretation services for non-English speaking trainees, and costs for USPRA certification. As funds permit, the funds used in this Action item will also pay for costs associated with assisting school districts in developing a Human Services Academy, funds for internships for students, and staff costs for outreach activities.

Budgeted Amount:	**FY 2006-07: $__0________**	**FY 2007-08: $____0________**	**FY 2008-09: $____0_______**

EXHIBIT 4: WORK DETAIL

D. RESIDENCY, INTERNSHIP PROGRAMS

Action # – **Title:** **MADERA COUNTY WILL NOT BE APPLYING FOR FUNDING IN THIS CATEGORY AT THIS TIME**			
Budgeted Amount:	**FY 2006-07: $____________**	**FY 2007-08: $____________**	**FY 2008-09: $____________**

EXHIBIT 4: WORK DETAIL

E. FINANCIAL INCENTIVE PROGRAMS

Action #5 – Title: Targeted Financial Incentives to Increase Workforce Diversity

Description: Financial incentives related to workforce development were identified as strong themes through the community planning process. The MHSA Stakeholder Steering Committee recommended as top priority that financial incentives be linked with an ongoing assessment of 'hard to fill or retain' positions by language, cultural requirements, consumer and/or family member lived experience, special skills or classifications.

This Action proposes that educational scholarships, tuition and book reimbursement for BHS and organizational provider staff working on Associate or Baccalaureate Degrees or graduate level education. Scholarships or loan assistance with defaulted loans will also be provided for potential graduate level recruits who meet established criteria based on the assessment of 'hard to fill or retain' positions. Granting of scholarships will be conditioned on requirements to work within the public mental health system. This Action is central to building a longer-term strategy of a coordinated mental health career pipeline and engagement of educational entities in developing curriculum that matches with transformational goals of the public mental health system. There is a critical need for Psychiatric Nurse Practitioners, Psychiatric Nurses, Licensed Psychiatric Technicians, Mental Health Clinicians and Mental Health Workers who are bi-cultural and bilingual. These dollars would be braided with existing resources to insure maximization of funding opportunities. Funds would be used to obtain degrees, licenses, certification or language proficiencies that would address workforce shortages of critical skills and address under-representation of racial/ethnic, cultural or linguistic groups in the workforce and to address the principle of integrating clients and family members into all levels of public mental health employment.

Objectives:

1. Establish policies and processes for granting and payback of scholarships for current and potential staff.
2. Develop criteria for selection of persons for scholarships using needs assessment data.
3. Establish inclusive process with key stakeholder representation for reviewing applications and recommendations scholarships.
4. Grant a minimum of six educational scholarships annually to existing or potential employees.
5. Establish an application process that would determine eligible individuals for a scholarship.
6. Establish a process with key stakeholders for reviewing applications and recommendations for scholarships.
7. Provide accountability and support to the individuals approved to receive scholarships.
8. Allocate funds for consumers and family members to attend relevant trainings or conferences each year.

Budget justification: Funds will be set aside for scholarships, clients and family members to attend relevant trainings or conferences each year. WET allocations will be used to enhance this action item. This action will be pursed in the future as funding permits.

Budgeted Amount:	**FY 2006-07: $____________**	**FY 2007-08: $____________**	**FY 2008-09: $__0__________**

Madera County Behavioral Health Services
MHSA Workforce Education and Training (WET)
Fiscal Year 2009/2010, 2010/2011, and 2011/2012

	FTE WET	WET FY 2009 / 10	WET FY 2010 / 11	WET FY 2011 / 12	WET Total
Administrative Analyst II					
Contract Coordinator					
Health Education Coordinator					
Supervising Mental Health Clinician					
Mental Health Case Worker II					
Program Assistant II data entry					
Total Staffing	2.84	$213,662.00	$218,676.00	$221,872.00	$654,210.00
Community Education and Training		$95,000.00			$95,000.00
Administration Support		870.00	870.00	870.00	2,610.00
Supplies & Services		$95,870.00	$870.00	$870.00	$97,610.00
Total		$309,532.00	$219,546.00	$222,742.00	$751,820.00

EXHIBIT 5: ACTION MATRIX
Please list the titles of *ACTIONS* described in Exhibit 4, and check the appropriate boxes (✓) 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 # 1 : WET Coordination and Oversight	x	x	x	x	x	x	x					x	
Action # 2 : Training, Specialty Skill/Practice Development and System Transformation Support	x	x	x	x	x	x	x			x	x	x	x
Action # 3 : Workforce Development	x	x	x	x	x	x	x	x		x		x	x
Action # 4 : Targeted Financial Incentives to Increase Workforce Diversity	x	x					x	x	x	x		x	
Action # 5 :													
Action # 6 :													
Action # 7 :													
Action # 8 :													

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	0	0
B. Training and Technical Assistance	0	0	0
C. Mental Health Career Pathway Programs	0	0	0
D. Residency, Internship Programs	0	0	0
E. Financial Incentive Programs	0	0	0
		GRAND TOTAL FUNDS REQUESTED for FY 2006-07	**0**

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:	0	0	0
B. Training and Technical Assistance	0	0	0
C. Mental Health Career Pathway Programs	0	0	0
D. Residency, Internship Programs	0	0	0
E. Financial Incentive Programs	0	0	0
		GRAND TOTAL FUNDS REQUESTED for FY 2007-08	**0**

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
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 2008-09	**$0**

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:_______________________________________ Component: **Workforce Education and Training**	Fiscal Year: ________________ 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:__________________________	