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: Stanislaus Date: January 31, 2008

This County's Workforce Education and Training Component 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 actions of the proposed 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 proposed 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 Mental Health Services 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 stakeholder and public participation. All input has been considered and adjustments made, as appropriate.

Progress and outcomes of education and training programs and activities listed in this Workforce Education and Training Plan 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.

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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.

Stanislaus County Behavioral Health and Recovery Services has completed its planning process for the Workforce Education and Training component of Mental Health Services Act. The Plan that follows strongly utilizes recent stakeholder input and builds on the initial community planning process conducted in 2005. All required exhibits are included in the Plan and a brief description of the methodology we used for the Workforce Needs Assessment is included on page 11 in the Results Section of Exhibit 3. There are eight action plans and all funding categories include at least one action plan as follows; two Workforce Staffing Support, two Training and Technical Assistance, two Mental Health Career Pathways, one Residency, Internship Programs, and one Financial Incentives Programs. Each action in the Plan addresses one or more of the gaps identified in the Workforce Needs Assessment, however, some gaps identified are not addressed at this time due to limitations in the amount of funds available or because they will be addressed through State-funded programs (loan assumption). The overarching goal of this plan will be furthering MHSA essential elements throughout the existing workforce and expanding capacity to implement all other components of MHSA. We believe the Plan establishes a starting point as well as a structure that delivers us to a future with a public mental health workforce with expanded capacity to be an integrated service system that delivers recovery-oriented, culturally competent, consumer-driven and family member-driven services through collaboration with community partners.

Stanislaus County conducted an open stakeholder process with the support and partnership of the Stanislaus County Mental Health Board in 2005 that included approximately 1500 stakeholders who participated in various parts of the initial community planning process. Throughout 2006, as BHRS implemented its CSS plan, feedback from our stakeholder partners has informed the planning process for Workforce Development. More recently, a survey of training needs of consumers and family members was conducted in 2007, led by a small cohort of consumers/family members, and the BHRS Training Coordinator in collaboration with a researcher from CSU Stanislaus.

Stanislaus County again conducted an open stakeholder process with the support and partnership of the Stanislaus County Mental Health Board for this component that successfully engaged over 400 stakeholders including BHRS staff, community based organization staff, consumers, family members, diverse community groups, educational partners, law enforcement and other community partners. Methods used include stakeholder meetings, surveys, key informant interviews, regional partnership meetings and consultations with content experts. The content of stakeholder meetings included overview and background on MHSA, summary of workforce assessment tool results, training on state and local “Actions” and information regarding key points in the local planning process, e.g., public hearing date.

We conducted separate meetings with stakeholders in the following groupings: consumer/family member staff of BHRS and Community Based Organizations, consumer/family members at large, BHRS and CBO staff from all classifications (direct services, administrative and support) grouped by similar systems of care/divisions, regional partnership educators and other agency partners. In order to gain input from diverse communities, BHRS contracted with the following four community based organizations to conduct stakeholder meetings and provide a written report: El Concilio (Hispanic Communities), West Modesto King Kennedy Neighborhood Collaborative

(African American Communities), The Bridge - Sierra Vista (South East Asian Communities) and Stanislaus County Pride Center (LGBTQ Communities). Pride Center conducted an online survey and focus groups to achieve their results. Information was also used from the previously mentioned consumers and family member training needs survey. This training needs survey was conducted by a researcher at Cal State University Stanislaus who used surveys and focus groups to obtain input from 200 individuals; including Spanish-Speaking individuals.
Following completion of the broad general stakeholder process, the Representative Stakeholder Steering Committee was convened to assist with prioritizing the large amount of input gathered. The Representative Stakeholder Steering Committee is a forty-member committee with the core responsibility of providing guidance to Behavioral Health and Recovery Services in establishing initial priorities for the first three-year Workforce Plan. The Steering Committee has convened and served in this capacity each time there is a new MHSA component or Growth Funds available to the County. Membership of the Steering Committee consists of representatives of community stakeholder groups that have been involved in earlier phases of MHSA planning, all required stakeholders groups are included. The spirit of the Steering Committee from the start continues to be one of working together cooperatively with a purpose. As a result, the Steering Committee accomplished their mission in two meetings. On November 15, 2007, the Steering Committee participated in a voting process prioritizing the themes of the general stakeholder input. On December 4, 2007, the Steering Committee reviewed draft copies of Exhibit 4 and 5 and reached consensus on BHRS's proposed direction for final Workforce Plan development. To reach consensus on the prioritized recommendations, the Steering Committee used the Gradients of Agreement tool. The stakeholder process was a very focused process that has led us to develop a Plan that we believe is responsive to Workforce Education and Training Plan Requirements.

Verbal feedback at the end of each stakeholder meeting and focus group was very positive. Feedback from 105 written evaluations was also favorable (88% - 95% favorable responses) to five questions posed on the evaluation. Two of the highest rated responses were 95% favorable to the statement, "I plan to continue my participation in the Mental Health Services Act process" and 94% favorable to the statement, "I had the opportunity to provide input for the Mental Health Services Act planning process". A third statement that received a 92% favorable response was, "The data from the process was presented in a way I can understand." Favorable responses from the community planning process are an important ingredient of the integrity of the workplan that was developed for public review and comment.

A complete draft of the Workforce Education and Training Plan that included all exhibits was posted for public review and comment on December 26, 2007. An electronic copy was posted on the County's website: www.stanislausmhsa.com, paper copies were sent to thirteen Stanislaus County Public Library resource desks, electronic notification was sent to all BHRS service sites with a link to www.stanislausmhsa.com announcing the posting of the Plan, Representative Stakeholder Steering Committee members were sent notice informing them of the start of the 30-day review. The general public was notified by public notice posted in seven newspapers throughout Stanislaus County including a newspaper serving the Latino community. The notice included reference to www.stanislausmhsa.com and a phone number for requesting a copy of the Plan. For ease of public review and comment, the last page of the Request for Funding was a feedback form in English and Spanish. Public review and comment closed with a public hearing at the Mental Health Board meeting on January 24, 2008.

During the 30-day public review and comment period, feedback from stakeholders was received which included written and verbal comments. Some questions came up related to stakeholders' clarifying and understanding the Exhibit 3-Workforce Needs Assessment. Several verbal comments affirmed that BHRS had successfully addressed community stakeholder input in the plan. A suggestion emerged from the public comment period that resulted in a plan revision to the first objective listed in Action #8 - Targeted Financial Incentives to Increase Workforce Diversity. As a result of the comment, the objective was expanded to include a broader range of educational entities that may contract with BHRS in the effort to increase workforce diversity.

By using the full amount of Stanislaus County's planning estimate, BHRS is proposing to implement this Workforce Development Plan.

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 1

new 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	45.8	1	92.0							
Case Manager/Service Coordinator	0	0	0							
Employment Services Staff.....	0	0	0							
Housing Services Staff	8.0	0	16.0							
Consumer Support Staff	11.46	1	24.0							
Family Member Support Staff.....	8.56	1	17.0							
Benefits/Eligibility Specialist	0	0	0							
Other *Unlicensed* MH Direct Service Staff	90.4	1	39.0							
Sub-total, A (County)	**164.22**	**4**	**188.0**	**68.81**	**35.43**	**9.96**	**19**	**4.03**	**0**	**137.23**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Mental Health Rehabilitation Specialist	19.0	1	35.0							
Case Manager/Service Coordinator	44.74	1	86.0							
Employment Services Staff.....	4.6	1	12.2							
Housing Services Staff	1.0	1	3.0							
Consumer Support Staff	12.0	1	28.0							
Family Member Support Staff.....	4.35	1	13.2							
**Benefits/Eligibility Specialist.....	0	1	3.0							
Other *Unlicensed* MH Direct Service Staff	14.0	1	30.0							
Sub-total, A (All Other)	**99.69**	**8**	**210.4**	**41.8**	**25.45**	**4.0**	**2.5**	**2.6**	**6.4**	**82.75**
Total, A (County & All Other):	**263.91**	**12**	**398.4**	**110.61**	**60.88**	**13.96**	**21.5**	**6.63**	**6.4**	**219.98**

(*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	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	11.5	1	23.0							
Psychiatrist, child/adolescent	2.0	1	4.0							
Psychiatrist, geriatric	1.0	1	2.0							
Psychiatric or Family Nurse Practitioner	0	0	0							
Clinical Nurse Specialist	121.09	1	42.0							
Licensed Psychiatric Technician	17.0	0	34.0							
Licensed Clinical Psychologist	2.44	0	0							
Psychologist, registered intern (or waivered)	0	0	0							
Licensed Clinical Social Worker (LCSW)	32.69	1	65.0							
MSW, registered intern (or waivered)	28.23	0	56.0							
Marriage and Family Therapist (MFT)	17.92	1	36.0							
MFT registered intern (or waivered)	20.8	0	42.0	(*Licensed* Mental Health Direct Service Staff; Sub-Totals Only) ⬇						
Other *Licensed* MH Staff (direct service)	0.0	0	0							
Sub-total, B (County)	**254.67**	**6**	**304.0**	**131.12**	**32.26**	**17.8**	**33.1**	**0**	**0**	**214.28**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Psychiatrist, general	1.3	1	5.0							
Psychiatrist, child/adolescent	1.1	1	2.0							
Psychiatrist, geriatric	0	0	0							
Psychiatric or Family Nurse Practitioner	1.4	1	4.0							
Clinical Nurse Specialist	1.0	1	2.0							
Licensed Psychiatric Technician	1.8	1	3.6							
Licensed Clinical Psychologist	1.25	1	3.5							
Psychologist, registered intern (or waivered)	0	0	0							
Licensed Clinical Social Worker (LCSW)	3.43	1	8.0							
MSW, registered intern (or waivered)	14.4	1	24.0							
Marriage and Family Therapist (MFT)	20.07	1	34.0							
MFT registered intern (or waivered)	48.55	1	76.0	(*Licensed* Mental Health Direct Service Staff; Sub-Totals and Total Only) ⬇						
Other *Licensed* MH Staff (direct service)	0.87	1	0							
Sub-total, B (All Other)	**95.17**	**11**	**162.1**	**61.93**	**20.8**	**5.4**	**3.0**	**1.0**	**1.53**	**93.66**
Total, B (County & All Other):	**349.84**	**17**	**466.1**	**193.05**	**53.06**	**23.2**	**36.1**	**1.0**	**1.53**	**307.94**

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							
Registered Nurse	0	0	0							
Licensed Vocational Nurse	2.37	0	0							
Physician Assistant	0	0	0							
Occupational Therapist	0	0	0							
Other Therapist (e.g., physical, recreation, art, dance)	2.0	0	4.0							
Other Health Care Staff (direct service, to include traditional cultural healers)	0	0	0	(Other Health Care Staff, Direct Service; Sub-Totals Only) ⬇						
Sub-total, C (County)	**4.37**	**0**	**4.0**	**2.37**	**0**	**0**	**0**	**0**	**0**	**2.37**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Physician	0	0	0							
Registered Nurse	0	0	0							
Licensed Vocational Nurse	0	0	0							
Physician Assistant	0	0	0							
Occupational Therapist	0	0	0							
Other Therapist (e.g., physical, recreation, art, dance)	0	0	0							
Other Health Care Staff (direct service, to include traditional cultural healers)	0	0	0	(Other Health Care Staff, Direct Service; Sub-Totals and Total Only) ⬇						
Sub-total, C (All Other)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total, C (County & All Other):	**4.37**	**0**	**4.0**	**2.37**	**0**	**0**	**0**	**0**	**0**	**2.37**

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/ Caucasian	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	14.0	1	28.0							
Supervising psychiatrist (or other physician)	0	0	0							
Licensed supervising clinician.....	15.26	1	32.0	(Managerial and Supervisory; Sub-Totals Only) ↓						
Other managers and supervisors.....	17.96	0	36.0							
Sub-total, D (County)	**47.22**	**2**	**96.0**	**30.22**	**5.0**	**3.0**	**1.0**	**0**	**0**	**39.22**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
CEO or manager above direct supervisor	7.04	1	11.51							
Supervising psychiatrist (or other physician)	0	0	0							
Licensed supervising clinician.....	7.53	1	13.5	(Managerial and Supervisory; Sub-Totals and Total Only) ↓						
Other managers and supervisors.....	10.4	1	12.5							
Sub-total, D (All Other)	**24.97**	**3**	**37.51**	**21.55**	**2.0**	**1.0**	**0**	**0**	**0.5**	**25.05**
Total, D (County & All Other):	**72.19**	**5**	**133.51**	**51.77**	**7.0**	**4.0**	**1.0**	**0**	**0.5**	**64.27**
E. Support Staff (non-direct service):										
County (employees, independent contractors, volunteers):										
Analysts, tech support, quality assurance	14.34	1	28.0							
Education, training, research	1	0	3							
Clerical, secretary, administrative assistants.....	58.59	0	118.0	(Support Staff; Sub-Totals Only) ↓						
Other support staff (non-direct services)	40.58	0	82.0							
Sub-total, E (County)	**114.51**	**1**	**231.0**	**64.55**	**27.62**	**1.98**	**7.8**	**1.0**	**1.0**	**103.95**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Analysts, tech support, quality assurance	6.75	1	13.0							
**Education, training, research	0	1	1.0							
Clerical, secretary, administrative assistants.....	24.96	1	45.5	(Support Staff; Sub-Totals and Total Only) ↓						
Other support staff (non-direct services)	10.25	1	14.0							
Sub-total, E (All Other)	**41.96**	**4**	**73.5**	**17.15**	**20.33**	**0**	**2.0**	**0**	**2.5**	**41.98**
Total, E (County & All Other):	**156.47**	**5**	**304.5**	**81.7**	**47.95**	**1.98**	**9.8**	**1.0**	**3.5**	**145.93**

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) .....**	**584.99**	**13.0**	**823.0**	**297.07**	**100.31**	**32.74**	**60.9**	**5.03**	**1.0**	**497.05**
***All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E).....**	**261.79**	**26.0**	**483.51**	**142.43**	**68.58**	**10.4**	**7.5**	**3.6**	**10.93**	**243.44**
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	**846.78**	**39.0**	**1306.54**	**439.5**	**168.89**	**43.14**	**68.4**	**8.63**	**11.93**	**740.49**

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**			**6,599**	**2,176**	**680**	**563**	**106**	**784**	**10,908**

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.....	23.46	1	29.75
Family Member Support Staff	12.91	1	16.37
Other *Unlicensed* MH Direct Service Staff.....	104.4	1	132.37
Sub-Total, A:	**140.77**		**178.49**
B. *Licensed* Mental Health Staff (direct service).....	**0**	**0**	**0**
C. Other Health Care Staff (direct service)	**0**	**0**	**0**
D. Managerial and Supervisory.....	**1.5**	**1**	**1.90**
E. Support Staff (non-direct services).....	**0**	**0**	**0**
GRAND TOTAL (A+B+C+D+E)	**142.27**	**4**	**180.39**

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: 110.45 Others: 44.92	Direct Service Staff: 162.25 Others: 112.32	Direct Service Staff: 272.70 Others: 157.24
2. CAMBODIAN	Direct Service Staff: 16.0 Others: 0	Direct Service Staff: 0 Others: 5.33	Direct Service Staff: 16.0 Others: 5.33
3. LAOTIAN	Direct Service Staff: 5.93 Others: 0	Direct Service Staff: 0 Others: 2.57	Direct Service Staff: 5.93 Others: 2.57
4. ASSYRIAN	Direct Service Staff: 3.0 Others: 1.01	Direct Service Staff: 6.0 Others: 2.0	Direct Service Staff: 9.0 Others: 3.01
5. TAGALOG	Direct Service Staff: 3.0 Others: 0	Direct Service Staff: .6 Other: 2.1	Direct Service Staff: 3.6 Others: 2.1
6. VIETNAMESE	Direct Service Staff: 3.0 Others: 0	Direct Service Staff: .7 Others: 2.13	Direct Service Staff: 3.70 Others: 2.13
7. HMONG	Direct Service Staff: 2.0 Others: 0	Direct Service Staff: .44 Others: 1.40	Direct Service Staff: 2.44 Others: 1.40

8. AMERICAN SIGN (ASL)	Direct Service Staff: 2.0 Others: 0	Direct Service Staff: 0 Others: 0	Direct Service Staff: 0 Others: 0
9. HINDI	Direct Service Staff: 1.06 Others: 0	Direct Service Staff: 0 Others: 0	Direct Service Staff: 0 Others: 0
10. PORTUGUESE	Direct Service Staff: 1.0 Others: 2.0	Direct Service Staff: 0 Others: 0	Direct Service Staff: 0 Others: 0
11. FARSI	Direct Service Staff: 1.0 Others: 0	Direct Service Staff: 0 Others: 0	Direct Service Staff: 0 Others: 0
12. FRENCH	Direct Service Staff: 1.0 Others: 0	Direct Service Staff: 0 Others: 0	Direct Service Staff: 0 Others: 0
13. GURATI	Direct Service Staff: 0.05 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/orr 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.

METHODOLOGY: The projections of estimated need for staff were based on a comparison of the overall prevalence of mental illness in Stanislaus County with the proportion of that prevalence need currently being met by existing providers. In general, Stanislaus County needs to increase its current providers by three times the current level. There were some modifications for specific classifications, e.g., the closure of the local inpatient unit has decreased the need for registered nurses in the County workforce and some CBO's projected needs on factors other than prevalence.

This Needs Assessment attempted to capture, with close to 100% accuracy, the current workforce within the Stanislaus County Public Mental Health Service System. Accurate data was obtained from the Stanislaus County Human Resources data system (from FY 2007-08) and directly from each CBO. Language proficiency data was obtained by survey of staff or from current, existing human resources data. Data was obtained from BHRS and all of it's organizational and network providers including those organizations serving diverse underserved and inappropriately served communities.

** One of our CBOs contracted to provide Outreach and Engagement to ethic communities does not yet have a funded position. They plan to have one in the future and are anticipating difficulty in recruiting (based on recent experiences with recruitments) and feel strongly that it should be noted in the needs assessment.

A. Shortages by occupational category:

- There is a need for additional bilingual/bicultural staff in all classifications, especially in our threshold language of Spanish, which we have found to be hard to recruit.
- There is a shortfall of licensed mental health clinicians.
- Psychiatrists are very hard to recruit when a vacancy occurs

- Finding candidates who have both employment development expertise and mental health expertise is nearly impossible.
- There is a shortage of Black/African American Direct Service Staff in some programs.
- There needs to be a more diverse pool of clinical supervisors, bicultural/bilingual licensed staff who are eligible and trained to be clinical supervisors.

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

- There is an overall shortfall in the mental health workforce in regard to meeting the prevalence needs within Stanislaus County.
- Direct service providers do not represent target population in race/ethnicity and there is a specific shortage in bilingual English/Spanish staff.
- It is hard to find, hire, recruit and train bilingual therapists skilled at dealing with children and families e.g. child sexual abuse treatment.
- Contracting CBO's tend to have diverse staff that is more reflective of the population served but still have a need to recruit bilingual (English/Spanish and English/Cambodian) staff.

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

- There is a shortfall in the mental health workforce in regard to the employment and retention of consumer and family staff throughout the system though some CBO contractors have been more successful than others in recruiting consumer staff.
- There is a need to employ consumer staff in regular benefited positions vs. relying on volunteers, stipends, personal service contracts, etc.
- There is a need for Parent Mentors in children's programs.
- We need more bilingual Spanish-speaking direct service consumer and family member staff in order to proficiently provide services.
- There are group co-facilitator aides to assist with children's groups, but it has been hard to get volunteers who can be there consistently for group without a compensation source, as many need paid employment.

D. Language proficiency:

- There is a great need for bilingual (English/Spanish &/or English/Cambodian) clinicians.
- Improve ability to identify and hire language proficient and bicultural individuals.
- There is a need for bilingual (English/Spanish, English/Assyrian) consumer and family member staff.

E. Other, miscellaneous:

- BHRS is a behavioral health provider that has attempted to integrate Alcohol and Other Drug (AOD) and Mental Health services in many of its programs. While AOD-funded provider staff were not included in the Workforce Needs Assessment, BHRS plans to frequently include AOD service experience in requirements for the recruitment of staff.
- Address the need for both male/female staff for Southeast Asian population due to cultural traditions (i.e., gender discrimination for traditional members of the community).

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 STAFFING SUPPORT

Action #1 – Title: Workforce Education & Training Plan (W.E.T.) Coordination and Implementation

Description: Request for Early Implementation was approved in May 2007 to fund the Workforce Education & Training (WET) Coordinator position and clerical support for the community planning process. The WET Coordinator has responsibility for coordinating all aspects of planning and implementation phases including supervision of other WET staff and monitoring of contracts funded within this proposal. Accountability for ongoing key processes includes attendance at local and statewide stakeholder processes, participation in regional meetings and statewide training, coordination of all tasks related to successful development of WET Three-year Plan and timely submission to DMH. An important leadership role for the WET Coordinator will lie in initiation and maintenance of significant outreach and collaboration to continue to engage diverse communities in planning, implementation and evaluation of the plan. (Note: Stanislaus BHRS has an existing Training Coordinator position partially funded with MHSA Community Services and Supports funds that will be responsible for the implementation of actual training activities. The WET Education & Training Plan Coordinator will be responsible for the overall WET Plan implementation including close collaboration with the BHRS Training Coordinator).

Objectives:

1. Establish W.E.T. Stakeholder Input Process
2. Submit Workforce Education & Training Three-Year Expenditure Plan
3. Implement W.E.T. Plan
4. Work in collaboration with BHRS Human Resources Manager to review and revise existing job descriptions including minimum qualifications to reduce barriers to hiring consumers, family members including those from diverse communities
5. Evaluate W.E.T. Plan Implementation and Effectiveness
6. Submit periodic progress reports, as required by California Department of Mental Health (DMH) and BHRS Director

Budget justification: (FY 06/07 - early implementation/planning, FY 08/09 - budgeted for a full year):

Salary and benefits for

- 1.0 Coordinator to oversee the Workforce Education and Training program at $113,000 per year,
- .5 FTE Administrative Clerk to provide support for the Coordinator at $27,000 per year,
- 1.0 FTE Staff Services Analyst to provide contract monitoring and performance outcomes at $80,000 per year
- 1.0 FTE Account Clerk III for payment of contract/trainer invoices and consumer stipends at $57,000

Travel and training, general office supplies and overhead at $75,000.

Budgeted Amount:	**FY 2006-07: $179,800.00**	**FY 2007-08: $0**	**FY 2008-09: $352,000.00**

A. WORKFORCE STAFFING SUPPORT - continued

Action #2 – Title: WET Plan Consultation

Description: BHRS contracted with a consultant with specialized knowledge in public mental health workforce development. The consultant will work with the MHSA Coordinator, BHRS staff, CBO staff and stakeholders to complete the Workforce Needs Assessment, the community planning process, develop stakeholder input into actions and early implementation of WET Plan.

Objectives:

1. Review and provide technical assistance regarding stakeholder input process.
2. Review and provide technical assistance regarding planning documents and processes.

Budget justification: Total contract amount is included in Early Implementation request and work will be completed in FY 2007-2008. Costs are based on an estimated number of 80 hours at $125 per hour.

Budgeted Amount:	**FY 2006-07: $00.00**	**FY 2007-08: $0**	**FY 2008-09: $00.00**

B. TRAINING AND TECHNICAL ASSISTANCE:

Action #3 – Title: Consumer and Family Member Training and Support

Description: The planning process and the needs assessment identified significant gaps and barriers in the employment of consumers and family members, despite a decade long history of recruiting and hiring consumers and family members. In the County workforce, such experience is included as a Desirable Qualification, and is not currently included in required Minimum Qualifications. As a result, consumers and family members have found it difficult to qualify for County jobs. The community planning process identified issues related to inadequate preparation and training for persons who have been and who could be hired into the publicly funded mental health workforce (BHRS and organizational provider agencies).

This Action is designed to develop employment preparation for consumer and family members, including those from diverse communities, focused on essential skill sets and supports to promote success in employment and academic environments. A dedicated position of Workforce Development Specialist is planned that would have accountability for all the activities designed to support this Action. This individual, in close collaboration with the Volunteer Coordinator (described in Action #5), would also be involved in creating/coordinating on-the-job training for volunteers for the publicly funded mental health workforce (BHRS and organizational provider agencies). In collaboration with partners (organizational providers) currently engaged in outreach and engagement to underserved, culturally diverse communities, this individual would promote career pathways, identify specific training needs, and promote "best practice" models, e.g., Promotores.

A variety of content areas and methods of training were suggested during the community planning process as being more effective and comprehensive. In particular it was emphasized that training should focus on meeting the needs of trainees and, whenever possible, "start where the trainee needs to start". The planning process also identified the need for a variety of supportive activities to enable consumers to successfully become and remain employed in the Public Mental Health workforce. These included the need for counseling on how to manage benefits, transportation and childcare assistance, counseling regarding career pathways, supportive counseling and assistance in preparing for interviews. Consumers and family members will be included in the needs assessment, planning and delivery of training and supports. Suggested training methods include shadowing, mentoring, direct instruction, study groups, role-playing and other practice techniques that support long-lasting skill development. Training will be aligned and linked with job requirements for specific positions to promote recruitment and retention. Supervision practices will also be aligned to reinforce and support training approaches that result in retention of consumers and family members who enter the workforce as described in Action #4 of this Plan.

Objectives:

1. Conduct a focused needs assessment of training and support needs necessary to increase the number of consumer and family members entering and remaining in the workforce.
2. Develop a training and technical assistance plan for consumers and family members that will prepare them for successful employment in the Public Mental Health system.
3. Implement training and technical assistance plan.

4. Participate in at least 6 community events annually (health fairs, cultural celebrations, community events) and provide information about mental health career pathways.
5. By September 2008, implement psychosocial rehabilitation curriculum in collaboration with the community college.

Budget justification: Salaries and benefits for 1FTE Workforce Development Specialist to be hired in FY 08-09 at $97,000, training and community events at $50,000, general office supplies and administrative overhead at $32,000.

Budgeted Amount:	**FY 2006-07: $00.00**	**FY 2007-08: $00.00**	**FY 2008-09: $179,000.00**

B. TRAINING AND TECHNICAL ASSISTANCE - continued

Action #4 – Title: Workforce Development

Description: The planning process described a need for training in a variety of skill sets necessary to address adapting the existing workforce to eventually match with a transformed mental health system. This action will directly reflect training needs identified by the stakeholder process in Behavioral Health and Recovery Services (BHRS) and organizational provider workforces. The overarching goal of training will be furthering MHSA essential elements throughout the existing workforce and expanding capacity to implement additional components of MHSA, primarily Information Technology and Prevention and Early Intervention.

Training will address a variety of key content areas that were identified during the planning process, including but not limited to community collaboration skills, resiliency and recovery, treatment of co-occurring disorders, how -to work with consumers and family members to ensure an integrated service experience, how to work with people from diverse to ensure a culturally competent service experience. Training will be designed with consumer and family member input and use consumer and family member trainers. Training would be offered to BHRS and organizational provider staff as well as allied professions (e.g., educators and primary care providers) to enhance knowledge and skills, especially in the areas of recovery and resilience. Training and Technical Assistance will be based on a training Needs Assessment and subsequent Training Plan that includes consumer and family member participation in the development and delivery of the Plan. An emphasis will be put on investing in training in the use of evidence-based practices where available. An additional emphasis will be using non-didactic teaching/learning methods that create enhanced learning and new skills. The BHRS Training Coordinator will be responsible for implementing this action in collaboration with BHRS and organizational provider leadership, the WET Coordinator and the Workforce Development Specialist.

Objectives:

1. Convene system-wide training committee (Mental Health Workforce Development Council) with broad representation inclusive of organizational providers, consumer and family members and culturally diverse members.
2. Conduct assessment and analysis of training and technical assistance necessary to transform system to MHSA goals.
3. Identify evidence-based curriculum and models to be considered by the Mental Health Workforce Development Council.
4. Develop a system-wide, comprehensive training plan based on MHSA transformation.

Budgeted Amount:	**FY 2006-07: $00.00**	**FY 2007-08: $00.00**	**FY 2008-09: $50,000.00**

C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action #5 – Title: Consumer and Family Member Volunteer Program

Description: Consumers, family members and others prioritized the need to have a structure that supports and provides opportunities for volunteerism within the mental health system. This Action will be specific to the needs of consumers, family members, and diverse community members who wish to volunteer in the public mental health workforce. The overarching goal will be to creatively design a program that recruits, trains and supports volunteers of all ages. Individuals who wish to volunteer with no career pathway in mind, as well as individuals who desire entry into a career pathway resulting in employment in the Public Mental Health workforce will be served equally. This Action strongly addresses stakeholder input to increase volunteer opportunities as a way to build on individual preferences for preparation for future employment, the opportunity to "try out" volunteerism that leads to employment and opportunities to contribute as a volunteer without seeking employment. This program includes linking volunteers with training opportunities developed as part of Action #3.

A dedicated position of Workforce Volunteer Coordinator is planned that would have accountability for all the activities designed to support this Action. This individual, in close collaboration with the Workforce Development Specialist (Action #3), would also be involved in creating/coordinating on-the-job training for volunteers for the publicly funded mental health workforce in BHRS and in organizational provider agencies. Accountability includes ongoing programming to address the clear themes from the stakeholder process that will meet the need for support of volunteerism in the public mental health system, assist those who wish to make the transition from volunteer to worker in the public mental health system, address the need to recruit and retain volunteers of all ages from a variety of diverse communities, including consumers, family members, diverse and ethnic communities, retirees, and members of faith-based organizations.

Objectives:

1. Expand existing volunteer opportunities to establish a consumer- and family member-oriented volunteer program within the Public Mental Health system.
2. Develop the necessary policies and processes to successfully implement the volunteer program.
3. Provide resources within BHRS and organizational providers for supervision and support of volunteers.
4. Provide training for supervisors of volunteers.
5. Establish and maintain volunteer records.

Budget justification: Salaries and benefits for 1 FTE Volunteer Coordinator funded at a Behavioral Health Advocate level position to be hired or contracted in FY 2008-09 ($76,000). This budget also includes funds ($85,000) for cost of trainers, travel expense to attend training, child-care for County and organizational provider volunteers, as well as administrative overhead of $19,000.

Budgeted Amount:	**FY 2006-07: $00.00**	**FY 2007-08: $00.00**	**FY 2008-09: $180,000.00**

C. MENTAL HEALTH CAREER PATHWAY PROGRAMS - continued

Action #6 – Title: Outreach and Career Academies

Description: The community planning process identified a strong need to acquaint students in secondary education to the idea that a career in the mental health workforce is a possibility. A track or class in high school and junior high would offer an introduction to mental health careers to interested students. This action would begin by conducting a collaborative planning process between mental health providers and educational entities to develop curriculum that leads to entry into relevant post-secondary education. Special effort would 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 educational entities, and supervised exposure to Public Mental Health occupations offered to Junior and 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 school districts to develop mental health curriculum and mental health professions academy, paid internships, a speaker's bureau and outreach at community events. Educational entities will be key partners in the development and implementation of this Action. This activity will be overseen by the W.E.T. Coordinator (Action #1) and coordinated by the Workforce Development Specialist (Action #3).

Objectives:

1. Develop a contract with at least one school district with the outcome of starting a Mental Health Professions Academy or similar program by September 2008.
2. Conduct a minimum of 12 speaking engagements annually to youth and their families from and within diverse communities.
3. Provide 6 paid internships for high school students annually.
4. Provide opportunities for high school age volunteers in at least four agencies within the public mental health system.

Budget justification: Funds used in this Action item will pay for contract costs associated with assisting school districts to enroll teachers in a Mental Health Professions Academy, funds for internships for students, and staff costs for outreach activities.

Budgeted Amount:	**FY 2006-07: $00.00**	**FY 2007-08: $00.00**	**FY 2008-09: $50,000.00**

D. RESIDENCY, INTERNSHIP PROGRAMS

Action #7 – Title: Expanded Internship and Supervision Program

Description: During the community planning process educational entities and staff at all levels identified the need for flexible and expanded internship opportunities at a variety of educational levels to begin to "grow our own". The community planning process also identified challenges that need to be addressed by this action and acknowledged that the challenges are related to longstanding workforce shortages. A key barrier is the lack of additional staff time to provide adequate levels of supervision due to the constraints of federal reimbursement requirements and revenue generation. There are also few incentives for persons with interest and skill in clinical supervision to add this task to their workload. Organizational providers, especially non-traditional, small, community agencies serving diverse communities, lack the staffing to meet the requirement of educational entities for supervision even though the experience gained at such agencies would be valuable. Internships at all levels of educational experience are needed (high school, community college, baccalaureate and graduate levels). The barriers identified to adequate staffing for internship programs were similarly identified as barriers to ongoing supervision for professional development of pre and post-licensed staff. During clinical supervision, concepts are transferred into skills that demonstrate real cultural competency, recovery and wellness orientation, ability to offer integrated service experience, community collaboration skills, and consumer and family driven services. Additional resources for clinical supervision that encourage the meaningful development of MHSA essential elements are central to transforming the Public Mental Health system.

This Action addresses both of these needs through the addition of resources dedicated to internship opportunities, supervision and consultation with expert cultural consultants, availability of clinical supervision of hours toward licensure of existing staff and increase of participation by individuals from underserved communities in internships. The BHRS Training Coordinator will be responsible for implementing this Action in collaboration with BHRS and organizational provider leadership, the WET Coordinator and the Workforce Development Specialist.

Objectives:

1. Provide at least 10 additional internship slots annually for master's level MSW/MFT students.
2. Develop a plan for establishing 10 internship/service learning slots annually for students pursuing undergraduate degrees.
3. Provide 1500 hours of clinical supervision and/or cultural consultation to existing workforce focused on development of skills.
4. Implement supervision structure to ensure supervision of interns, students and pre-licensed candidates.
5. Coordinate practicum opportunities within the public mental health system for undergraduate nursing and LVN students from Modesto Junior College and CSU Stanislaus.
6. Explore development of internships with educational entities (CSU Stanislaus, UCSF and UC Davis) for physician assistants and graduate nursing students including mental health nurse practitioners.

Budget justification: Funds will be set aside for internships, consultation, contracted supervision training and staff time through a local community based organization to do additional levels of supervision equivalent to 2000 hours.

Budgeted Amount:	**FY 2006-07: $00.00**	**FY 2007-08: $00.00**	**FY 2008-09: $150,000.00**

E. FINANCIAL INCENTIVE PROGRAMS

Action #8 – Title: Targeted Financial Incentives to Increase Workforce Diversity

Description: A variety of financial incentives related to workforce development were identified as strong themes through the community planning process. The MHSA Representative 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 financial incentives include educational scholarships and tuition and book reimbursement for BHRS and organizational provider staff working on Associate or Baccalaureate Degrees, as well as, educational stipends for graduate level education. Stipends 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 and stipends 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.

BHRS will also expand its existing Consumer and Family Member Stipend Program to consumers and family members and members of diverse communities who want to return to school and eventually work within the public mental health system. The program will include a variety of incentives based on criteria derived from the Workforce Needs Assessment and intention to increase diversity in the workforce. This activity will be overseen by the WET Coordinator (Action #1) and coordinated by the Workforce Development Specialist (Action #3).

Objectives:

1. Establish contracts with CSU Stanislaus and other educational entities who wish to enter into a contractual agreement with BHRS consistent with MHSA Essential Elements for graduate stipends for MSW and MFT students in FY2008-09 with a focus on hard-to-fill positions.
2. Establish policies and processes for granting and payback of stipends and scholarships for current and potential staff.
3. Develop criteria for selection of persons for stipends and scholarships using needs assessment data.
4. Establish inclusive process with key stakeholder representation for reviewing applications and recommendations for scholarships and stipends.
5. Grant a minimum of 3 educational stipends and/or scholarships annually to existing or potential employees.

Budget justification: Funds will be set aside for stipends and scholarships. Funds in this Action will support stakeholder meetings and ongoing collaboration with educational entities. Future workforce and education allocations will be used to enhance this action plan.

Budgeted Amount:	**FY 2006-07: $00.00**	**FY 2007-08: $00.00**	**FY 2008-09: $58,800**

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 Plan Coordination and Implementation	x	x	x	x	x	x	x	x	x	x	x	x	x
Action #2: WET Plan Consultation	x	x	x	x	x	x							
Action #3: Consumer and Family Member Training and Support	x	x	x	x	x	x	x					x	x
Action #4: Workforce Development	x	x	x	x	x	x		x				x	x
Action #5: Consumer and Family Member Volunteer Program	x	x	x	x	x		x					x	x
Action #6: Outreach and Career Academies	X	x	x	x	x		x					x	
Action #7: Expanded Internship and Supervision Program	x	x	x	x	x	x	x	x		x	x		
Action #8: Targeted Financial Incentives to Increase Workforce Diversity	X	x	x	x	x	x	x	x	x	x	x		x

EXHIBIT 6: BUDGET SUMMARY

Fiscal Year: 2006-07			
Activity	**Funds Approved Prior to Plan Approval (A)**	**Balance of Funds Requested (B)**	**Total Funds Requested (A + B)**
A. Workforce Staffing Support:	$179,800	$00.00	$179,800
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	**$179,800**

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:	$179,800	$00.00	$179,800
B. Training and Technical Assistance			
C. Mental Health Career Pathway Programs			
D. Residency, Internship Programs			
E. Financial Incentive Programs			
		GRAND TOTAL FUNDS REQUESTED for FY 2007-08	**$**179,800

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:	$179,800	$352,000	$531,800
B. Training and Technical Assistance		$229,000	$229,000
C. Mental Health Career Pathway Programs		$230,000	$230,000
D. Residency, Internship Programs		$150,000	$150,000
E. Financial Incentive Programs		$58,000	$58,000
		GRAND TOTAL FUNDS REQUESTED for FY 2008-09	**$1,198,800**