SANTA CLARA COUNTY MENTAL HEALTH DEPARTMENT

MENTAL HEALTH SERVICES ACT

Workforce Education and Training Component

Proposed

Program & Expenditure Plan

FY 2009-10

EXHIBIT 1. WORKFORCE FACE SHEET

MENTAL HEALTH SERVICES ACT (MHSA) WORKFORCE EDUCATION AND TRAINING COMPONENT PROGRAM AND EXPENDITURE PLAN, Fiscal Year 2009-10

County: Santa Clara Date: June 29, 2009

This County's Workforce Education and Training component of the Three – Year Program and Expenditure Plan addresses the shortage of qualified individuals who provide services in this County's Public Mental health System. This includes community based organizations who provide publicly-funded mental health services to the degree they comprise this county's public mental health system workforce. This Workforce Education and Training component is consistent with and supportive of the vision, values, mission, goals, objectives and proposed action 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 components. Actions to be funded in this Workforce Education and Training component supplement state administered workforce programs. The combined actions of California's Five-Year Plan and this County's Workforce Education and Training component together address this County's workforce needs as indicated in Exhibits 3 through 6.
Funds do not supplant existing workforce development and/or education and training activities. Funds will be used to modify and or /expand existing programs and services to fully meet the fundamental principles contained in the Act.
All proposed education, training and workforce development programs and activities contribute to developing and maintaining a culturally competent workforce, and to including individuals with client and family member experience that are capable of providing client- and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, value-driven outcomes. This Workforce Education and Training component has been developed with stakeholders and public participation. All input has been considered, with adjustments made, as appropriate.
Progress and outcomes of education and training programs and activities listed in this Workforce Education and Training component will be reported and shared on an annual basis, with appropriate adjustments made. An updated assessment of this county's workforce will be provided as part of the development of each subsequent Workforce Education and Training component.

County Mental Health Director: Nancy Pena, Ph.D.

Street Address: 828 South Bascom Avenue, Suite 200
San Jose, California 95128

Signature: _____

Phone: (408) 885-5770 FAX: (408) 885-5788

Contact: Jeannette Ferris, WET Coordinator

Email address: Jeannette.Ferris@hhs.sccgov.org

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EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY

Santa Clara County Mental Health Department (SCCMHD) has had a strong commitment to the involvement of a broad-based stakeholder and advisory participation in all of its MHSA planning processes. The Workforce Education and Training planning process, in particular, emphasized from the outset the goals of having consumers and family members comprise 50% of the team involved in all phases of the planning. Although this goal was not always achieved in number at all events, the values and principles that support the design of a workforce and education plan that helps transform the lives of consumers, family members, the underserved, and the un-served were consistent frontline elements to the entire process.

The goals of the Workforce Education and Training (WET) have been:

- To have a workforce that is fully integrated and reflective of the cultural and ethnic diversity of consumers and family members at all levels of the workforce, including employees, interns, and volunteers;
- To provide employment opportunities and integrated support mechanisms throughout the system to enhance employment and retention of consumers and family members;
- To enhance staff training and develop opportunities and career pathways for county and CBO staff, including management development opportunities;
- To provide training and educational opportunities in the mental health system, with local educational institutions and the community at large.

The planning process

MHSA Values and Principles

- Wellness, Recovery and Resiliency
- Cultural and Linguistic Competency
- Consumer and Family Member Employment Supports
- Integrated Mental Health Systems
- Community Collaboration

Throughout the stakeholder process over 350 individuals attended one or more planning meetings, focus group, and community Town Hall meetings. These included representatives from the Department of Rehabilitation, Human Services, Consumer Affairs, the Ethnic, Cultural and Community Advisory Committee, NAMI, Self Help Centers, mental health administration, multiple community-based organizations, staff, consumers, family members, diverse community groups, educational partners, and other community partners. In addition, a total of 1355 staff, consumers, family, and community members participated in individual surveys on training needs and interests. At each step of the process, and whenever appropriate, participants were reminded of the five MHSA values and principles and the broader goals of transformation of the mental health system.

A **WET Workgroup** composed of 25 individuals, diverse in experience, expertise, ethnicity and perspectives, met monthly to review and help guide the process. The meetings remained open to all stakeholders. SCCMHD contracted with VISIONS, Inc, a consulting group specializing in multiculturalism, to assist the WET workgroup, by helping to facilitate the stakeholder process; completing the needs assessment; conducting surveys, targeted focus groups, and interviews; and assisting with the presentation of the plan.

Workforce Education & Training (WET) Committee

- Asian Americans for Community Involvement
- Chamberlains
- Consumer Affairs MHD
- Cultural Competency-MHD
- De Anza College & Mission College
- EMQ FamiliesFirst
- Family & Children Division
- FIRST 5
- Focus for Work- Catholic Charities
- HOPE Services
- Inspired at Work
- Intern Collaborative
- Learning Partnership & MHD Administration
- Momentum for Mental Health
- NAMI
- Narvaez County MHD
- Older Adult MHD
- Refugees and Immigrant
- San Jose State University, Social Work
- Starlight Community Services
- Transitional Age Youth

FOUR PHASES OF THE PLANNING PROCESS

I. Engagement and Commitment: The Executive Leadership was informed of the WET planning process and introduced to VISIONS. A Kick-Off WET Event was held on August 19, 2008. Seventy-five individuals attended, of which 50% self-identified as consumers or family members. This was followed by a series of individual interviews and 13 focus groups targeted at age and service related groups and populations that were identified by the WET workgroup as underserved and un-served populations. In some cases, focus groups were conducted by request. Focus group participants were provided a review of the MHSA principles and values and asked questions about what they viewed as effective, challenging and for their "wish list" of items for a transformed mental health system. Interviews were also conducted with key informants identified as having specialized subject matter expertise in the areas of human resources, vocational rehabilitation, cultural competence and ethnic services, educational internships, consumer employment, incarcerated adults and youth.

Focus Groups

- Child and Youth
- Transitional Age Youth
- Adult
- Older Adults
- Family Advocate and Parent Partners
- Homeless
- Ethnic, Cultural and Community Advisory Committee (9 target populations)
- Consumer and Self-Help
- Psychiatrist and Pharmacists
- Direct Service staff
- Psychologists
- Educational Partners
- Refugees and Immigrants

II. Learning and Assessment: Data for the Needs Assessment was obtained and analyzed for County and Contract Agency staff. Twenty-two Contract Agencies returned their assessments, representing 95% of contract employees. Two Training Needs Survey were administered, one for County and Contract Agency staff and a second for Community members, that included consumers, family members and individuals who are not employed by the Mental Health Department and Contract Agencies. Both surveys were accessible online utilizing Survey Monkey, and by paper copy. The community survey was made available in the threshold languages of Spanish, Vietnamese, Tagalog and Chinese. Hard copies of the Community Survey were also distributed to all programs in order to reach as many consumers as possible. Near the end of October 2008, small bags of Halloween treats served as partial incentives for completing the Community Survey. The surveys provided significant information on the types of trainings needed and the preferred formats, approaches and methods. Consumers and family members were particularly queried on their interest in training and careers in public mental health.

Training Needs Surveys

- 578 Staff completed the Department and Contractor Survey
- 777 Consumer, family and community members completed the Community Survey
- Surveys were available in English, Spanish, Vietnamese, Tagalog & Chinese

Training Needs Survey Findings: Training needs surveys were conducted with community members and staff of SCMH Department and contractors. Community surveys were completed in the context of community meetings and through personal contact with Department or contract agency personnel. There were 777 completed community surveys, included 708 completed in English and 47 and 22 completed in Vietnamese and Spanish, respectively. No Tagalog or Chinese surveys were received. All surveys were prepared for analysis, and findings are reported in the context of Exhibit 3, Workforce Needs Assessment. The Department and Contractor surveys were distributed by e-mail and mail or through assessment focus group and individual meetings. 578 staff of the Department or contractors completed the surveys. All surveys were prepared for analysis, and findings are reported in the context of Exhibit 3. E, Workforce Needs Assessment, Other Miscellaneous. The major findings and themes as well as the action steps presented are based on integrating quantitative survey findings and qualitative focus group /individual interview workforce and training needs assessment findings.

III. Prioritization and Planning: Information gathered from the focus groups and interviews were then summarized. Seven major themes were generated through a grounded theory analysis. Stakeholders were then invited to a half-day Town Hall meeting on November 18, 2008. Participants discussed and prioritized the top themes aimed at addressing a workforce needed in a transformed SCCMHD system. A second Town Hall Meeting on December 5, 2008 brought stakeholders together to participate in a process of identifying existing resources that needed expansion, strategies for leveraging resources, and in put on what new projects needed to be created to support the development of a workforce that could respond to the identified themes. Both Town Hall meetings were preceded by an educational session on the Mental Health

Services Act and the intent of the Workforce Education and Training goals, to ensure that newcomers to the process were informed on those principles and legislative goals. Food provided by the County was clearly appreciated by the participants. The results of these stakeholder meetings have served as the primary basis for the development of the Final Draft of the 3-year WET Plan.

Seven Major Themes

1) **Staff Development and Support:** Develop and offer training on a wide range of subjects aimed at increasing staff competencies in a transformed system. Make trainings available to consumer and family providers
2) **Linking with Community Resources and Integrated Services**: Collaborate and partner with Vocational Rehabilitation, Social Services, Foster Care, Primary Care, and other community resources.
3) **Transitional Support to the Workforce**: Develop consumer career pathways, certification programs, and volunteer, stipend and internship opportunities.
4) **Cultural Competence**: Recruit and expand diverse ethnic, cultural and linguistic employees and supervisors; individuals knowledgeable about client and youth culture
5) **System-Wide Focus on Welcoming**: Address stigma and discrimination; conduct facilitated dialogues to improve the working relationships among clinicians, consumers, and peer support and family member providers
6) **Access and Community Outreach:** Develop a workforce that is able to outreach and network with diverse and hard to reach populations, TAY, consumers, and homeless.
7) **Specialized Staff for Un-served Populations:** Train, hire, and utilize consumers, peers, and community members as interpreters and outreach workers; address shortage of staff with special skills.

IV. Implementation and Evaluation: The Learning Partnership Steering Committee will provide oversight and leadership of the implementation of the WET plan. The Learning Partnership Steering Committee (LPSC) was created to provide a formal mechanism for stakeholders to influence the Departments ongoing learning initiatives through the oversight and annual implementation of action plans, research and recommendation of training content and methodology, support of collaborative training initiatives and monitoring of the Department's progress and updates to the MHSA Leadership committee. A broad based group of stakeholders were chosen to assist the LPSC with its functions representing the Mental Health Department, CBOs, consumers and family members and other community partners. The strategies of Learning Pathways encompass the following values of the MHSA:

- Consumer and Family Driven,
- Strengths and Resiliency Based,
- Cultural Competent,
- Strong System Partnerships

- Quality Practice and Accountability.

Now that the WET Plan is completed, the WET Workgroup will become an advisory committee to the Learning Partnership Steering Committee and be renamed as the Continuous Learning Advisory Committee (CLAC). CLAC will strive to maintain its representation from key stakeholder groups as well, (county and contract CBO managers and staff; Transitional Age Youth (TAY) clients; adults and older adult consumers and family members; educators; cultural and ethnic community representatives) and will advise on the implementation of the WET plan to ensure that the priority training needs and shortages identified in the County Provider Training Surveys, the Community and Contract Agency Surveys and the Workforce Needs Assessment be carried forth.

Annual evaluations will be used to monitor the impact of the WET Plan on the employment of consumers, family members, and parent partners; cultural and language capacity to address the needs of the underserved or unserved populations; and recruitment and retention efforts of the hard to fill positions.

APPROVAL PROCESS

The WET Plan was first introduced to the Stakeholder Leadership Committee (SLC) in January 2009 and a formal presentation was provided on March 20, 2009. From that meeting, the SCCMHD received feedback from SLC members that was then incorporated in the final plan. On April 3, 2009 SCCMHD provided the SLC with the final plan to review before having it posted on the website for public review and comment. The MHD then posted the Initial and FY10 Workforce Education and Training (WET) Plan on its website for 30 days for public review and comment from April 6, 2009 – May 15, 2009. Instructions were provided on WET web page on how to submit comments and questions. However, no comments were received from the website posting. In order to solicit community comments, the SCCMHD also hosted three Town Hall Meetings on May 11th, 12th and 14th for community members to provide comments and feedback regarding the CSS, PEI, WET and CFTN work plans. The Town Hall Meetings were strategically located throughout Santa Clara County – North County (Mtn. View), Central (San Jose) and South County (Morgan Hill).

After careful consideration and review of the public's comments and questions regarding the WET plan, the MHD submitted the final WET Plan to the SLC on May 21, 2009. The Stakeholder Leadership Committee endorsed the FY09-10 Workforce Education and Training Plan for submission to the Board of Supervisors. After acquiring approval from the SLC, the WET Plan then went to the Mental Health Board on June 8, 2009. The Mental Health Board also endorsed and recommended that the Mental Health Department submit the Initial/FY09-10 Workforce Education and Training Plan to the Board of Supervisors. Subsequently, the Board of Supervisors reviewed and approved the WET plan at its meeting on June 24, 2009 for submission to the California Department of Mental Health.

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 ……..	32	0	128							
Case Manager/Service Coordinator.....	20	0	80							
Employment Services Staff.....	2	1	8							
Housing Services Staff.....	0	0	0							
Consumer Support Staff.....	32	1	128							
Family Member Support Staff	0	1	4							
Benefits/Eligibility Specialist.....	51	0	204							
Other *Unlicensed* MH Direct Service Staff.....	26	0	104	(*Unlicensed* Mental Health Direct Service Staff; Sub-Totals Only) ↓						
Sub-total, A (County)	**163**	**3**	**656**	**49**	**43**	**18**	**48**	**2**	**3**	**163**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Mental Health Rehabilitation Specialist……	250	1	1000							
Case Manager/Service Coordinator.....	144	1	576							
Employment Services Staff.....	20	1	80							
Housing Services Staff.....	15	1	60							
Consumer Support Staff.....	37	1	148							
Family Member Support Staff	35	1	140							
Benefits/Eligibility Specialist.....	3	0	12	(*Unlicensed* Mental Health Direct Service Staff; Sub-Totals and Total Only) ↓						
Other *Unlicensed* MH Direct Service Staff.....	111	0	444							
Sub-total, A (All Other)	**615**	**7**	**2460**	**184**	**162**	**69**	**181**	**8**	**11**	**615**
Total, A (County & All Other):	**778**	**9**	**3112**	**233**	**205**	**87**	**229**	**10**	**14**	**778**

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	45	1	100							
Psychiatrist, child/adolescent	0	1	15							
Psychiatrist, geriatric	0	0	15							
Psychiatric or Family Nurse Practitioner	0	0	0							
Clinical Nurse Specialist	68	1	197							
Licensed Psychiatric Technician	22	0	64							
Licensed Clinical Psychologist	1	1	3							
Psychologist, registered intern (or waivered)	0	0	0							
Licensed Clinical Social Worker (LCSW)	130	0	377							
MSW, registered intern (or waivered)	0	0	0							
Marriage and Family Therapist (MFT)	0	0	0							
MFT registered intern (or waivered)	0	0	0							
Other *Licensed* MH Staff (direct service)	0	0	0							
Sub-total, B (County)	**266**	**4**	**771**	**83**	**68**	**31**	**79**	**2**	**3**	**266**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Psychiatrist, general	81	1	204							
Psychiatrist, child/adolescent	8	1	33							
Psychiatrist, geriatric	.5	1	21							
Psychiatric or Family Nurse Practitioner	.0	0	0							
Clinical Nurse Specialist	.5	0	2							
Licensed Psychiatric Technician	3	1	9							
Licensed Clinical Psychologist	18	1	52							
Psychologist, registered intern (or waivered)	5	1	14							
Licensed Clinical Social Worker (LCSW)	54	1	157							
MSW, registered intern (or waivered)	57	1	165							
Marriage and Family Therapist (MFT)	61	1	176							

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

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

MFT registered intern (or waivered)	77	1	2223								
Other *Licensed* MH Staff (direct service)	9	1	26								
Sub-total, B (All Other)	**374**	**12**	**1085**	**173**	**42**	**66**	**51**	**13**	**29**	**374**	
Total, B (County & All Other):	**640**	**16**	**1856**	**256**	**110**	**97**	**130**	**15**	**32**	**640**	

I. By Occupational Category - page 3

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

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	1	0							
Registered Nurse	0	0	0							
Licensed Vocational Nurse	11	0	39							
Physician Assistant	0	0	0							
Occupational Therapist	7	0	25							
Other Therapist (e.g., physical, recreation, art, and	0	0	0							
Other Health Care Staff (direct service, to include traditional cultural healers)	0	1	0	(Other Health Care Staff, Direct Service; Sub-Totals Only) ⬇						
Sub-total, C (County)	**18**	**2**	**63**	**6**	**4**	**2**	**5**	**0**	**1**	**18**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Physician	0	0	0							
Registered Nurse	6	1	19							
Licensed Vocational Nurse	6	1	19							
Physician Assistant	0	0	0							
Occupational Therapist	1	1	4							
Other Therapist (e.g., physical, recreation, art, dance)...	1	0	4							
Other Health Care Staff (direct service, to include traditional cultural healers AND interns)	37	0	129	(Other Health Care Staff, Direct Service; Sub-Totals Only) ⬇						
Sub-total, C (All Other)	**51**	**3**	**175**	**20**	**17**	**4**	**3**	**1**	**2**	**48**
Total, C (County & All Other):	**69**	**5**	**238**	**26**	**21**	**6**	**8**	**1**	**3**	**66**

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	3	1	5							
Supervising psychiatrist (or other physician).....	1	1	2							
Licensed supervising clinician	15	0	25							
Other managers and supervisors	17	0	26							
				(Managerial and Supervisory; Sub-Totals Only) ↓						
Sub-total, D (County)	**35**	**2**	**58**	**13**	**9**	**2**	**8**	**1**	**2**	**35**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
CEO or manager above direct supervisor	74	1	129							
Supervising psychiatrist (or other physician)....	2.7	1	5							
Licensed supervising clinician	36	1	63							
Other managers and supervisors	99	0	173							
				(Managerial and Supervisory; Sub-Totals and Total Only) ↓						
Sub-total, D (All Other)	**213**	**3**	**370**	**121**	**36**	**16**	**24**	**3**	**10**	**210**
Total, D (County & All Other):	**247**	**5**	**428**	**136**	**45**	**18**	**32**	**4**	**12**	**245**
E. Support Staff (non-direct service):										
County (employees, independent contractors, volunteers):										
Analysts, tech support, quality assurance	44	0	76							
Education, training, research.....	5	1	9							
Clerical, secretary, administrative assistants.....	8	0	13							
Other support staff (non-direct services)	10	0	16							
				(Support Staff; Sub-Totals Only) ↓						
Sub-total, E (County)	**67**	**0**	**114**	**20**	**17**	**6**	**19**	**2**	**2O**	**66**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Analysts, tech support, quality assurance	24	1	40							
Education, training, research.....	23	1	40							
Clerical, secretary, administrative assistants.....	89	1	156							
Other support staff (non-direct services)	50	**1**	86							
				(Support Staff; Sub-Totals and Total Only) ↓						
Sub-total, E (All Other)	**186**	**4**	**322**	**80**	**53**	**7**	**35**	**0**	**3**	**179**

Total, E (County & All Other):	**253**	**4**	**436**	**100**	**70**	**13**	**54**	**2**	**5**	**244.2**

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).....**	**549**	**7**	**1658**	**161**	**132**	**56**	**149**	**6**	**9**	**512**
***All Other (CBOs, CBO sub-contractors, network providers and volunteers)* (A+B+C+D+E) .....**	**1439**	**31**	**4412**	**570**	**315**	**150**	**206**	**19**	**62**	**1321**
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	**1988**	**38**	**6070**	**731**	**447**	**206**	**355**	**24**	**70**	**1883**

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**			**7133**	**6756**	**1368**	**2991**	**216**	**2761**	**21,225**

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	69	1	220
Family Member Support Staff	35	1	35
Other *Unlicensed* MH Direct Service Staff.....	6	0	25
Sub-Total, A:	**110**	**2**	**280**
B. *Licensed* Mental Health Staff (direct service).....	**O**	**0**	**0**
C. Other Health Care Staff (direct service)	**0**	**0**	**0**
D. Managerial and Supervisory	**4**	**0**	**14**
E. Support Staff (non-direct services)	**0**	**0**	**0**
GRAND TOTAL (A+B+C+D+E)	**114**	**2**	**294**

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 333 Others 62	Direct Service Staff 507 Others 228	Direct Service Staff 840 Others 290
2. VIETNAMESE	Direct Service Staff 65 Others 32	Direct Service Staff 137 Others 38	Direct Service Staff 202 Others 70
3. CHINESE/MANDARIN	Direct Service Staff 27 Others 5	Direct Service Staff 31 Others 15	Direct Service Staff 58 Others 20
4. FILLIPINO/TAGALOG	Direct Service Staff 22 Others 9	Direct Service Staff 36 Others 11	Direct Service Staff 58 Others 20
5. OTHER	Direct Service Staff 53 Others 12	Direct Service Staff 22 Others 13	Direct Service Staff 75 Others 25

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.

Note throughout Exhibit 3, all estimates are expressed at whole numbers. When row or column totals do not add to 100, this reflects rounding.

A. Shortages by occupational category: Overall, there are shortages in positions that have been hard to fill, primarily psychiatrists, and particularly those with special skills working with children and older adults, positions with part-time status, and those requiring linguistic competencies. Contract/CBO providers generally report more difficulty than the County Department of Mental Health in filling most all positions, licensed and unlicensed. These include Mental Health Rehabilitation Specialist, Case Manager/Service Coordinator, Employment and Housing Service Staff, Consumer and Family Member Support Staff. This may in part be due to salary differentials in which County DMH salaries are generally higher. In both the County DMH and Contractor/CBO, there are shortages of non-White individuals in managerial and positions requiring licenses and advanced degrees.

To estimate workforce needs in addition to FTEs currently authorized for direct care workers in all functions, we first equated the current number of authorized FTEs (1,883) to number of unduplicated clients served in FY 08, which is 21,225.

Then we established the actual need by determining the number of SED/SMI who meets Medical Necessity for Public Mental Health Services population for Santa Clara County. There is considerable debate about how to estimate the unmet need for publicly financed mental health services and to derive estimates of occupational shortages from these estimates. [1] Based on

[1] Breslau, J., Aguilar-Gaxiola, S. Kendler, K.S., Maxwell, S., Williams, D. & Kessler, R.C. (2005). Specifying race-ethnic differences in risk for psychiatric disorder in a USA national sample. *Psychological Medicine, 35,* 1-12.

Cabassa, L. J., Zayas, L. H., & Hansen, M.C. (2006). Latino adults' access to mental health care: A review of epidemiological studies. *Administration and Policy in Mental Health Services Research, 33(3),* 316-330.

California Mental Health Planning Council, (2003). *California Mental Health Master Plan: A vision for California.* Retrieved December 2, 2006 from http://www.CDMH.ca.gov/mhsa/res_list.asp

California Health Interview Survey (2005). *AskCHIS*. UCLA Center for Health Policy Research, Retrieved on March 11, 2007 from http://www.chis.ucla.edu/main/default.asp

Eisenberg, D. & Scheffler, R. (n.d.). *Mental health financing in the United States: Assessing "the system".* www-personal.umich.edu/~daneis/papers/mentalhealthftm.pdf.

Epidemiologic Catchment Area (ECA) Survey Of Mental Disorders (1985), Wave I (Household), 1980-1985: [United States] (ICPSR 8993).

Grant, B. F., Stinson, F. S., Hasin, D. S., Dawson, D. A., Chou, S. P., & Anderson, K. (2004). Immigration and lifetime prevalence of DSM-IV psychiatric disorders among Mexican Americans and non-Hispanic Whites in the United States. *Archives of General Psychiatry, 61,* 1226-1233.

an extensive review of these debates, it was concluded that the most widely used method of estimating need for mental health services in a population was to assume that between 8-10% are at risk for severe emotional disturbance (SED) or serious mental illness (SMI) in the non-institutional population. Since some significant proportion of these persons may be able to use privately funded or informally provided mental health services, a population estimate of 6.5% was utilized in the determination of estimated need for mental health services and resulting workforce needs. Hence, the total need in the County was determined to be:

.065 (rate of need) X 1,682,585 (County population) = 109,368 (total need)

(Please note: The Mental Health Department is obligated to provide services to all individuals who are Medi-Cal recipients).

Since the total need in the County is 109,368, but the total capacity is 21,225, we determined that the system capacity is only meeting 19% of the need. In order to meet the full estimated need, the total system needs to increase roughly 5 times the current system capacity.

Harvard School of Medicine (2005). *National Comorbidity Survey (NCS) and National Comorbidity Survey Replication (NCS-R)*. Retrieved October 27, 2006 from http://www.hcp.med.harvard.edu/ncs/

Jans, L., Stoddard, S. & Kraus, L. (2004). *Chartbook on mental health and disability in the United States.* An InfoUse Report. Washington, D.C.: U.S. Department of Education, National Institute on Disability and Rehabilitation Research.

State of California Department of Mental Health (2003). *Children and family program policy (CFPP): Children's system of care (CSOC) initiative.* Retrieved on December 5, 2006 from http://www.dmh.ca.gov/CFPP/csoc_initiative.asp.

State of California Department of Mental Health Oversight and Accountability Commission (2003). *California mental health financing 101: The mental health services act in the context of overall county mental health financing pressures.* Retrieved December 5, 2006 from www.dmh.cahwnet.gov/MHSOAC/docs/CalifMHFinancing101.ppt.

State of California Department of Mental Health Statistics and Data Analysis (2003). Retrieved on March 30, 2007 from http://www.dmh.cahwnet.gov/SADA/SDA-Prevalence_Rates.asp.

Vega, W. A., Kolody, B., Aguilar-Gaxiola, Alderete, E., Catalano, R., & Caraveo-

Anduaga, J. (1998). Lifetime prevalence of DSM-III-R psychiatric disorders among urban and rural Mexican Americans in California. *Archives of General Psychiatry, 55,* 771-778.

Vega, W.A.& Lopez, S. (2001). Priority issues in Latino mental health services research. *Mental Health Services Research 3*: 189-200.

In addition, to reflect a service delivery philosophy and approach change that is consistent with the recommendations of the planning process participants, workforce projections reflect goals for mental health system change and transformation. This includes occupational need projections that reflect increased use of unlicensed direct service staff, consumers and family partners, and decreased use of licensed direct care staff as a more prevention and supportive maintenance model is adopted.

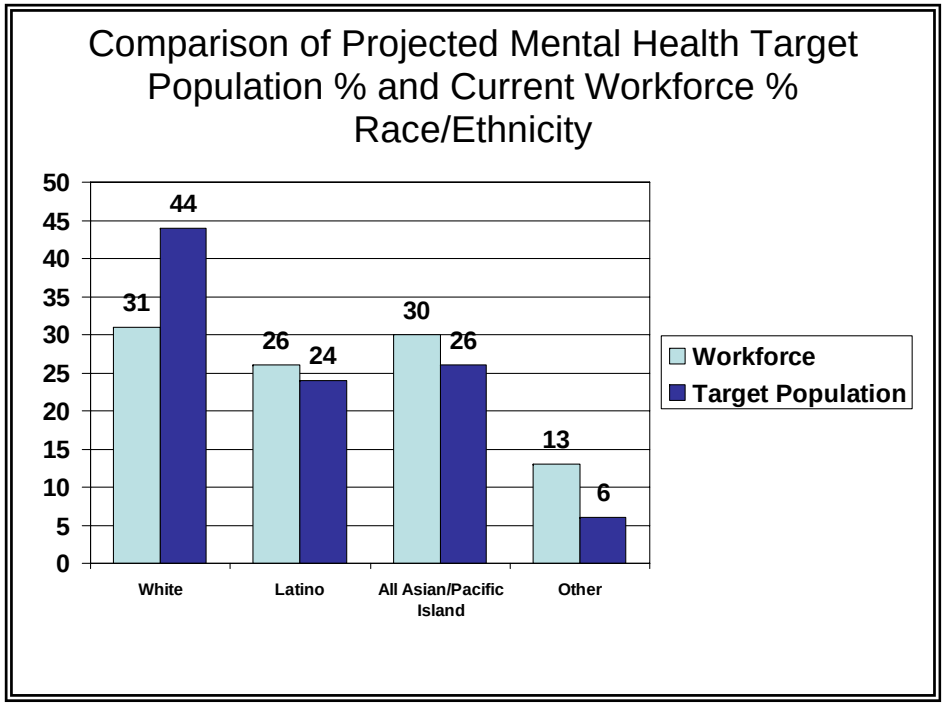
Unfortunately, neither Santa Clara County's allocation of WET funds nor all of its MHSA service funds combined can adequately address the severity of the shortage of mental health workers. Funding for the entire system must increase five-fold in order to meet the unmet need. Therefore, the WET Plan focuses on enhancing the skills of existing staff, changing the ethnic, cultural and linguistic makeup of the staff, establishing long-term infrastructure and partnerships and on developing a stronger pipeline for bringing more consumers and family members into the workforce to meet the needs of the Medi-Cal and uninsured populations.

The WET planning committee is deeply aware that the current economic state of affairs in both Santa Clara County and the State of California significantly limit the County's capability of meeting the unmet needs projected in this planning document. In fact, expressed concerns about impending cuts in mental health funding and the impact on future employment opportunities in the public mental health field might suggest that more modest and realistic estimates of workforce needs be projected. For these same reasons, however, the Committee believes that Santa Clara County is challenged to implement the critical elements of the MHSA workforce education and training goals that are intended to transform and change the way mental health services are delivered. Embedded in the seven actions of this WET Plan are the MHSA workforce elements that include 1) the integration of wellness, recovery and resiliency; 2) increased cultural and linguistic competency; 3) the provision of consumer and family member employment and supports; 4) addressing needs for an integrated mental health system and 5) establishing outreach strategies and career pathways and programs to recruit and retain individuals in the public mental health field.

Santa Clara county racial/ethnic distributions are from Department of Finance at http://www.dof.ca.gov/HTML/DEMOGRAP/SDC/Profiles/SF1/documents/Santa%20Clara.pdf.

B. Comparability of workforce, by race/ethnicity, to target population receiving public mental health services:
Santa Clara County in its SCCMHSA: CSS 3-year plan, 12/30/2005 estimates that among the 2003 Medi-Cal population, 58%, 14%, 4%, and 4% were of Latino, Vietnamese, Filipino, and Chinese race/ethnicities respectively. Less than 20% of this service population is White/non-Hispanic. Using Department of Finance population estimates and a projected 6.5% of the population who meet the SED/SMI and Medical Necessity for Public Mental Health Service criteria, the potential service population may be as much as 44% White/non-Hispanic and 24% and 26% are Latino and all Asian/Pacific Island groups combined, respectively. For 2003, Santa Clara County estimated that 31%, 26%, and 30% of its total county staff are

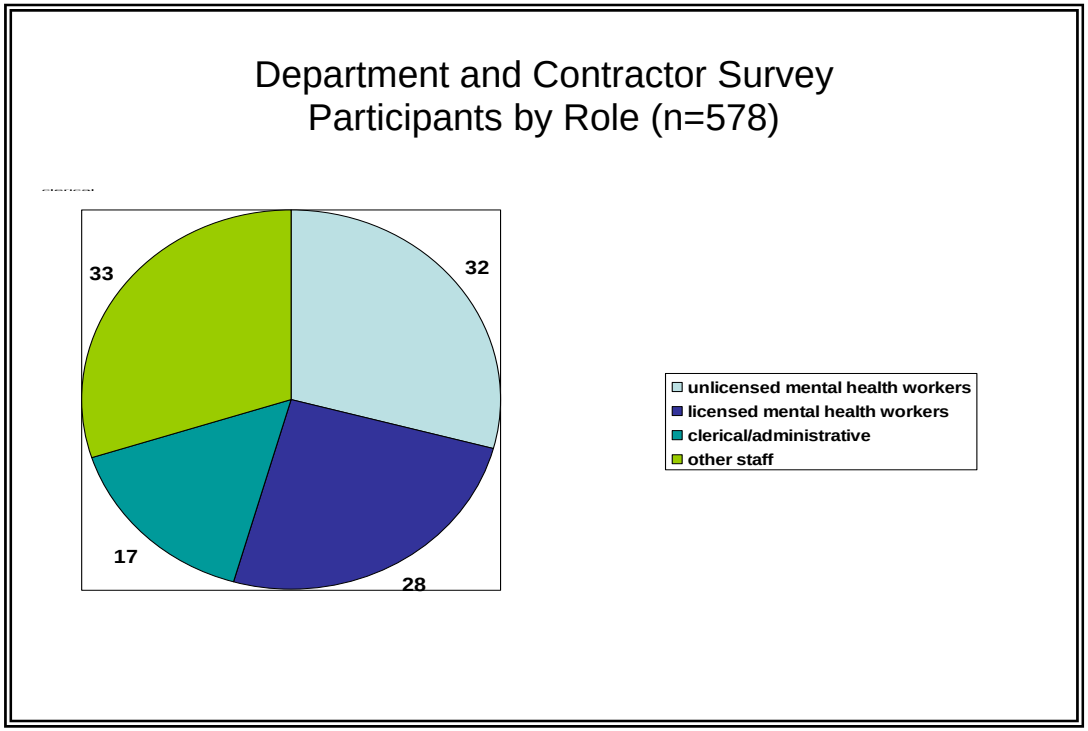
White/non-Hispanic, Latino, and all Asian/Pacific Island groups combined, respectively. It appears likely from these numbers that Whites are under-represented in the mental health work force. Further, although the total representation on all Asian/Pacific Island groups combined seems adequate compared to the total projected service population, focus group and individual interview participants noted the complex array of racial/ethnic groups included in the Asian/Pacific and "other" populations and were consistent in noting that there were shortages of direct care providers with cultural and linguistic competence for work with Hmong, Vietnamese, Somali and other immigrant and refugee groups, and Native Americans.



C. Positions designated for individuals with consumer and/or family member experience: Efforts over the past years have led to the hiring of consumers and family members to staff Self Help Centers and programs of the Ethnic, Cultural, and Community Advisory Committee and Community Based Contractor Agencies. While these efforts are part of SCCMHD's commitment to increase the number of consumer and family members in its workforce at all levels, and to recognize the value of their experiences, the Department has not yet reached its goal of having positions "designated" for a consumer or family member.

Institutional barriers to designate positions for consumers and family members are being worked through with Human Resources. Other factors, such as stigma and discrimination, may also affect the accuracy of self reported data. To estimate needed additional staff with consumer and family member experience, the 350% increase beyond current staffing for currently designated positions was used.

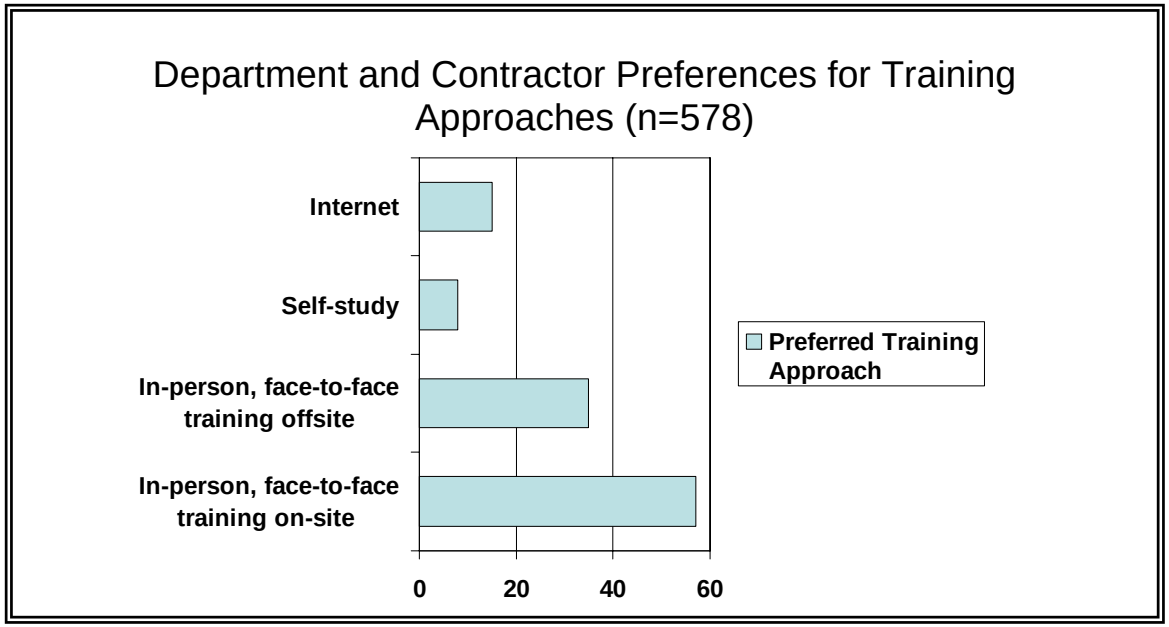
D. Language proficiency: To estimate the number of additional direct service staff needed to meet linguistic competency needs (within current staffing and proportion of population served), the proportion of persons proficient in languages other than English was compared with the proportion of the Santa Clara county projected MediCal population speaking "Threshold languages" designated by the State Department of Mental Health as reported in its SCCMHSA: CSS 3-year plan, 12/30/2005. The estimated number of additional individuals needed to be proficient is based on current staffing (1448 direct service and 500 other staff) and does not include increased total staffing needed to address unmeet needs.



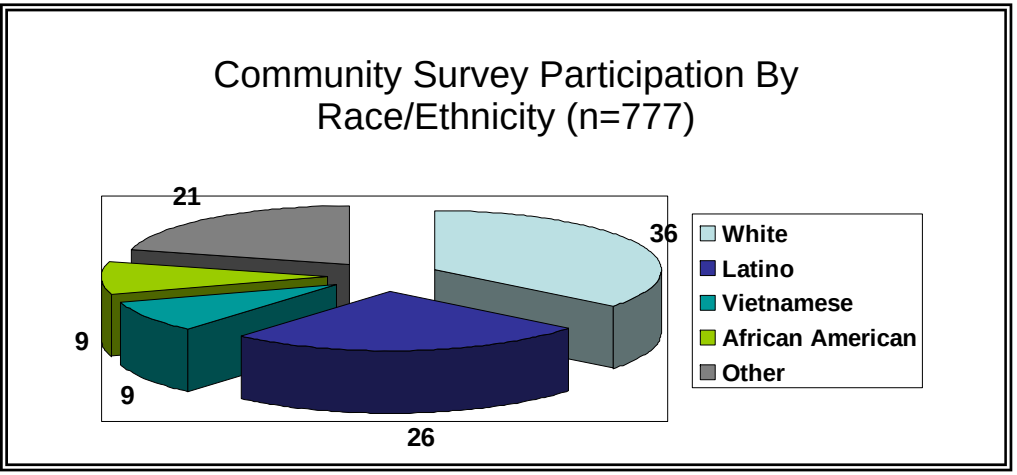
E. Other, miscellaneous: Department and Contractor Staff Survey Findings: Most of the 578 completed Department and Contractor Survey participants completed the questionnaire on-line, although some interviews were returned in hard copy.

The respondents reflected the full range of job classifications including unlicensed mental health (32%), licensed mental health (28%), clerical (17%) and others.

The majority of the respondents had a Master's degree or some other advanced training (57%) and 77% had worked in mental health for more than 5 years. Most respondents (58%) were not fluent in any languages beyond English. Respondents had diverse opinions about the areas/topics which they most wish to focus upon, and yet more than one quarter of respondents saw the following topics as among the most important: cultural competency, service excellences, crisis management and safety, computer and/or software skills, treatment for trauma, law and ethics, assessment diagnosis and level of care, cognitive behavior therapy, communication skills, dialectical behavioral therapy, and motivational interviewing. Respondents expressed a strong preference for in-person, face-to-face training on-site (57%) and offsite (35%) and strong disapproval for self-study (8%) and internet-based approaches (14%).

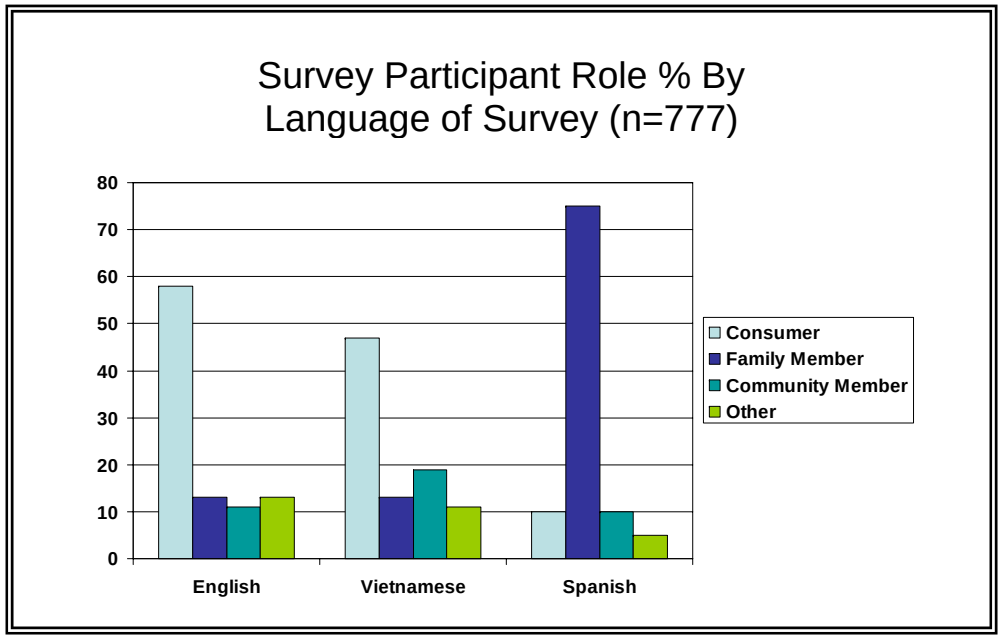


Among those respondents potentially eligible for a MH certificate program, most were very interested (53%). Among those eligible for a Bachelors' or Master's degree program in MH field, 28% and 38% respectively were very interested in participating in a program to leading to a degree. It is also noteworthy that the majority of respondents were very interested in continuing education courses (53%) and courses that increase skills and knowledge (58%). Eighty-four percent reported that assistance with educational costs would help motivate them to pursue a career or job in the public mental health system. Survey participants felt strongly that the Santa Clara County Mental Health Department could become a continuous learning and staff development organization by adopting "training that is a combination of a series of multiple classes/training that includes ongoing supervision" (68%), braided education (training and service delivery mixed serially) 53%, and staff mentoring (51%).



<u>Community Survey Findings:</u> While the vast majority of the community surveys were completed in English (90%), the respondents reflected the racial/ethnic diversity of the SCCMH clientele, with about 36% Caucasian, 25% Latino, 9% Vietnamese, and 9% African American. Respondents also included persons who self-described as Cambodian, Filipino, Laotian, Native American, East Indian, middle-eastern, multi-racial and other.

Among those who completed the survey in English, about one-half of the respondents were consumers of mental health services and 18% were family members or significant others of mental health consumers. Those who completed the survey in Spanish, however were much more likely to be family members

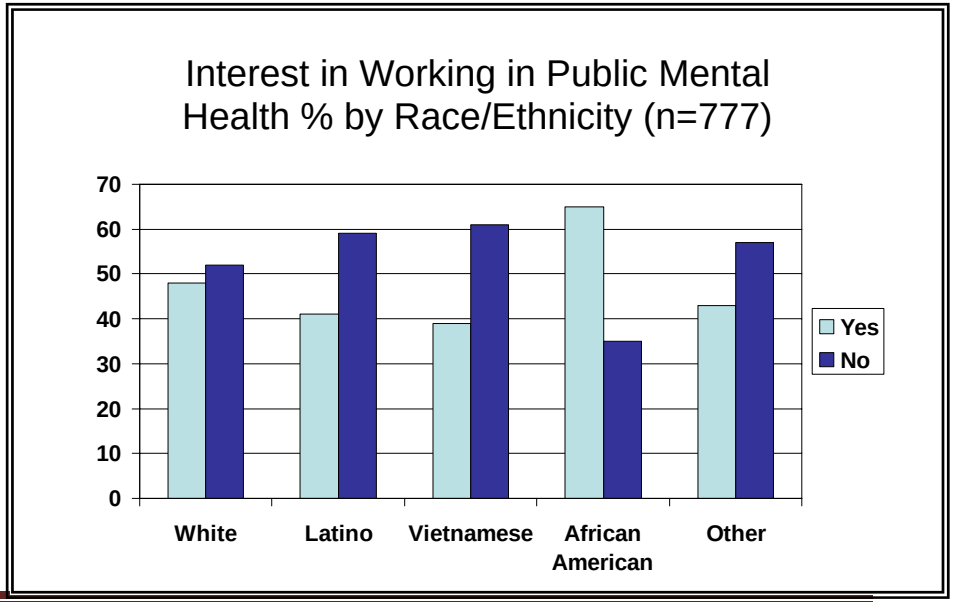


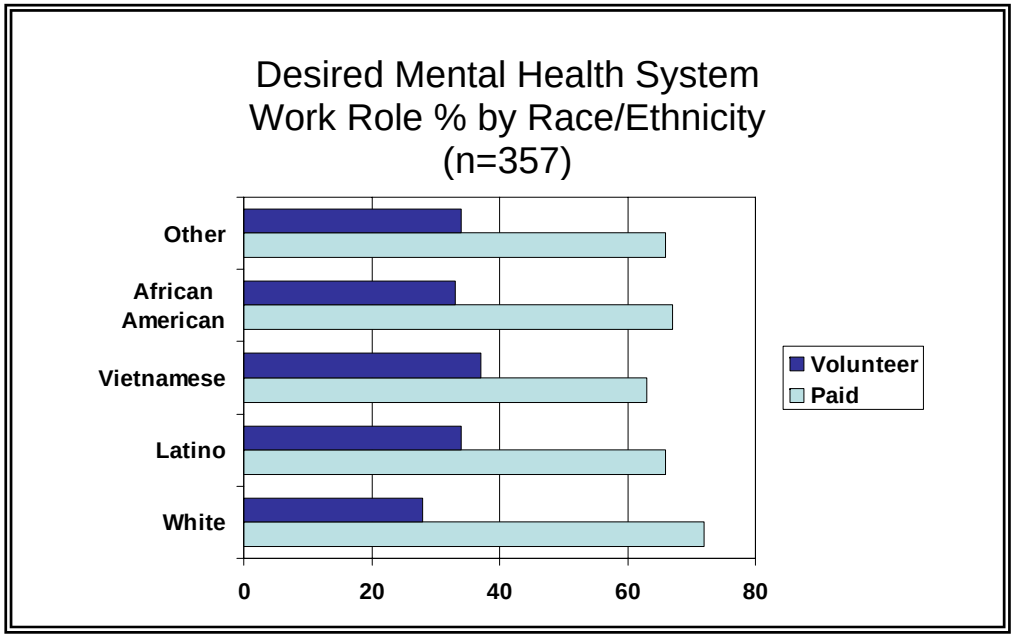
or significant others of consumers.
While about 72% of respondents were aged 25-59, respondents came from all SCCMH age-related target groups and included family members/significant others for all age-related groups. With respect to education, about 35% had attended or completed high-school, while about 25% had completed a BA or more advanced degree.

Respondents were generally familiar with public mental health services (88%), with services for adults (52%) and for children /infants age 5 and under (30%) being reported as most familiar. Most clients and their family members/significant others (54%) reported receiving mental health services for 6 years or more, but non-Caucasian respondents were much more likely to report less than 5 years of service use or no service use.

Overall, about less than one-half of the respondents reported some interest in working for a public mental health service/work provider, but interest in employment was higher among African American (65%) and Caucasian respondents (48%) and those with less than BA level educational attainment (61%). Those not interested in public mental health work cited a variety of reasons including concerns with the rigors of training, loss of public benefits, stress, timing and other employment interests/commitment to current career.

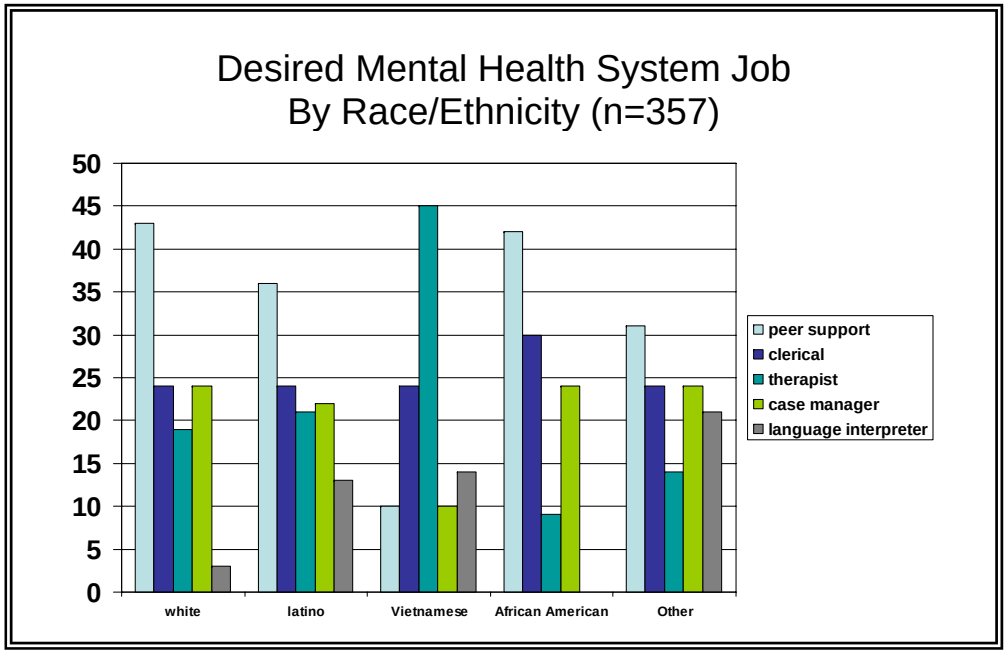
Among those interested in employment in public mental health, about one third were seeking work as a volunteer, although this was less true for whites than for members of other groups.



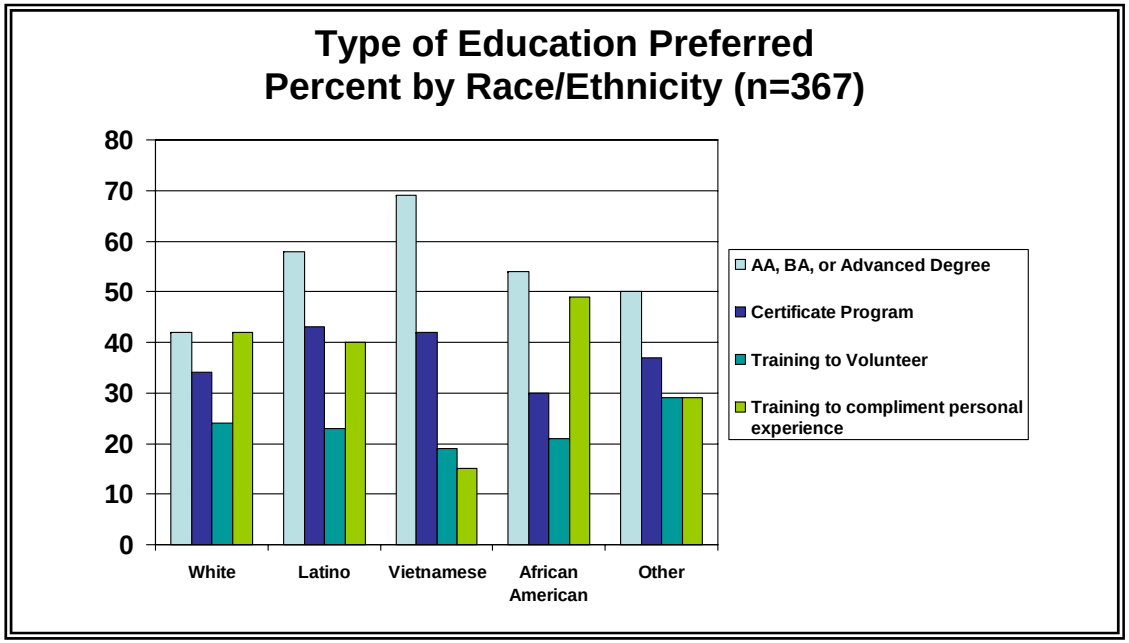


Further, among those interested in public mental health work, 36%, 28% and 25% were interested in work in peer support, clerical/administrative support, or case management respectively. Desired mental health system jobs types varied by race/ethnicity. While 13%, 14%, and 21% of the Latino, Vietnamese, and Other respondents expressed interest in interpreter roles, this was rarer in whites and African Americans. Vietnamese respondents were far less interested in peer support and case manager roles than respondents from other racial/ethnic groups.

Education goals varied among those respondents interested in public mental health work, with about one half seeking education towards an AA or higher degree and a similar proportion interested training to compliment personal experience. Training goals varied by race/ethnicity of respondent. Vietnamese and Other respondents were more concerned with training to achieve an AA degree or higher and less interested in training to compliment personal experiences. Certificate and volunteer training programs were sought by about 40% and 25% of the sample. Among those respondents interested in public mental health work, a number of areas of help were viewed as crucial, including: financial assistance for school (56%), assistance with living expenses (35%), and help understanding how employment might impact receipt of public benefits



(28%). Receipt of financial assistance for training was much more important for those seeking paid full-time or part-time work (70%) and for those interested in education towards an AA or higher degree (68%).



Overall, findings from the community surveys demonstrated some notable differences in opinions on mental health training desirability and goals across consumer and racial/ethnic/language groups. Around one half of persons in all racial/ethnic groups are interested in further opportunities to assume roles in the mental health system, and of these there are desires for both paid and volunteer roles. While role preferences and personal goals were diverse, significant shares are seeking either professional/career roles or self-development roles and this is also reflected in training preferences. Taking into account those respondents who were not seeking training or employment in mental health, about one quarter of all respondents were seeking higher education, full-time work, and service delivery roles, while another quarter were seeking volunteer and/or part-time work, and training to support these roles or to compliment personal experience

EXHIBIT 4: WORK DETAIL

A. WORKFORCE STAFFING SUPPORT

Action #1 – Title: Workforce Education and Training Coordination

Description:

Santa Clara County Mental Health Department (SCCMHD), in collaboration with various stakeholders including Mental Health staff (both County and contractors) consumers and family partners, has created a Workforce, Education and Training Plan. The County will hire Workforce, Education and Training (WET) staff to implement and coordinate the Plan. The WET staff, the Learning Partnership Steering Committee and the WET Workgroup will ensure that the Plan address already identified needs for additional consumers and family members in the public mental health workforce, particularly those with unique cultural and linguistic competencies and that the five fundamental elements of the MHSA are embedded within all training components..

The Learning Partnership Strategic plan (LPSP) is a key component that will drive Santa Clara County's transformation to a consumer-centered model of mental health recovery services. The Learning Partnership Steering Committee (LPSC) was created to provide a formal mechanism for stakeholders to influence the Departments ongoing learning initiatives through the oversight and annual implementation of action plans, research and recommendation of training content and methodology, support of collaborative training initiatives, monitoring of the Department's progress and updates to the MHSA Leadership committee. A broad based group of stakeholders were chosen to assist the LPSC with its functions representing the Mental Health Department, CBOs, consumers and family members and other community partners. The strategies of LPSP Learning Pathways encompass the following values of the MHSA:

- Consumer and Family Driven
- Strengths and Resiliency Based
- Cultural Competent
- Strong System Partnerships
- Quality Practice and Accountability.

The WET Workgroup with representation from key stakeholder groups as well, (county and contract CBO managers and staff; Transitional Age Youth (TAY) clients; adults and older adult consumers and family members; educators; cultural and ethnic community representatives) will continue its advisory and implementation functions to address the priority training needs and shortages identified in the County Provider Training Surveys, the Community and Contract Agency Surveys and the Workforce Needs Assessment.

Annual evaluations will be used to monitor the impact of the WET Plan on consumers, family members, parent partners employment; cultural and language capacity to address the needs of the under or unserved populations; recruitment and retention efforts of the hard to fill positions.

Objectives:

1. Manage and oversee WET Implementation.
2. Support the functions of WET Workgroup Advisory Committee
3. Evaluate and communicate the effectiveness and outcomes of WET activities.
4. Establish collaborative WET relationships throughout the County, regionally and statewide.
5. Develop ongoing leadership and mentoring opportunities across lifespan categories
6. Oversee ongoing stakeholder participation in the implementation and development of WET activities.

Budget Justification:

The following positions are budgeted as Workforce, Education and Training infrastructure and are charged entirely to this budget. The infrastructure is to support the education and training for underrepresented populations to enter the Mental Health Workforce and advance within the system as desired.

Fiscal Year 2009-10

1. 1.0 FTE WET Coordinator (Manager)	$152,904	(Salary & Benefits)
2. 1.0 FTE Office Specialist (OS III)	$77,472	(Salary & Benefits)
3. Operating Expenses @ 10% of Personnel	$23,038	
4. Overhead	$28,164	
Total Estimated Annual Cost	**$281,578**	

Fiscal Year 2010-11

1. 1.0 FTE WET Coordinator (Manager)	$157,491	(Salary, Benefits & 3% COLA)
2. 1.0 FTE Office Specialist (OS III)	$79,796	(Salary, Benefits & 3% COLA)
3. Operating Expenses @ 10% of Personnel	$23,729	
4. Overhead	$29,008	
Total Estimated Annual Cost	**$290,025**	

Total Estimated Annual Cost:	**FY 2007-08**	$0	**FY 2008-09**	$0	**FY 2009-10**	**$571,603**

Note: Santa Clara County is requesting funding to support the development and operation of this Action through the end of Fiscal Year 10/11 (approximately 2 years). The budget request ($571,603) represents the total estimated cost of this Action including a 3% cost of living adjustment (COLA) for Fiscal Year 2010/11 and overhead costs. The 3% COLA is based from FY 10 costs. Overhead costs are for Santa Clara County Health & Hospital System/Mental Health administration costs. The FY 09/10 budgeted amount represents 2 years of service FY 09/10 and FY 10/11. Santa Clara County intends to provide ongoing support of the WET Component through the MHSA Integrated Plan beginning in Fiscal Year 11/12.

TRAINING AND TECHNICAL ASSISTANCE

Action #2 - Promising Practice-Based Training in Adult Recovery Principles & Child, Adolescent & Family Service Models

Description: This action expands training for SCCMHD and contract CBO management and staff, consumers and family members and other key stakeholders. The training will promote and encourage the integration of Wellness and Recovery methods and the value of providing peer support and the use of staff with "lived experience" via a continuous learning model. This action will also provide training and learning opportunities that address child, adolescent and family treatment models. The training will be developed annually and will be open to the entire lifespan training needs. Training and other learning initiatives will be directed towards practice change and augmentation that supports and embraces the principles of strengths and resiliency based practice, cultural competence practice and quality practice and accountability.

Departmental and CBO staff, consumers and family members agreed that training is needed on a wide range of subjects aimed at increasing their competencies in a transformed recovery focused system. Most felt that SCCMHD could become a continuous learning organization by adopting a combination of training, supervision and mentoring that was braided with service delivery.

Based on FY 09 training schedule, SCCMHD anticipates that approximately 1,500 – 2,000 County and Contractor staff will attend 10 - 15 trainings for a total of approximately 100 training days.

Objectives:

1. Develop and implement integrated training programs to develop core competencies throughout the Workforce.
2. Develop and implement protocols for assessing education and training needs on an annual basis
3. Develop and implement protocols for evaluating the effectiveness of training programs.

Budget Justification:
The following position is budgeted as Workforce, Education and Training infrastructure and is charged entirely to this budget. Funds will be used for a Training Coordinator position and consultation and training that integrates prioritized topics from the Training Needs Surveys and to expand Evidence and Promising practice-based in Recovery Principles across the Public Mental Health System**.**

Fiscal Year 2009-10

1. .50 FTE Training Coordinator $68,706 (Salary & Benefits)
2. System wide Training Programs and Workshops $1,000,000

   Training Costs include the following: presenter fees, facility, travel, copying/printing, curricula, on-line training fees, and other related costs involved in providing trainings. Funds will also be allocated for staff to attend recommended relevant workshops and conferences.

   Below are list of tentative training topics.

   a. Consumer and Family Driven Trainings – Tentative Training Topics
      i. Working with Foster/Adopting Families; Working with people w/disabilities; Children Age 0-5; Children Age 6-15; T.A.Y. Age 16-24; Adults; Older Adults; PTSD – General; PTSD – Veterans; Treatment for Trauma/Torture Survivors; LGBTQQ; Multi-Generational; Gang Awareness; NAMI Provider Education Course

   b. Strengths and Resiliency Based Trainings – Tentative Training Topics
      i. Motivational Interviewing; Wellness Recovery Action Plan (WRAP); Dealing with Change; Denial Management; Communication skills; Computer and/or Software Training; Financial Skills/Budgets (Individual); Presentation Skills (PowerPoint); Public Speaking; Customer/Consumer Service

   c. Culturally Competent Trainings – Tentative Training Topics
      i. Assessment & Service Delivery; Bilingual/Interpreter Services; General Overview of Cultural Competency; Historical Trauma; Learning Different Cultures; Advanced Language Skills – Spanish, Mandarin, Tagalog, Vietnamese, or American Sign Language

   d. Strong System Partnerships – Tentative Training Topics
      i. Departmental Organizational Overview (DFCS, FIRST 5, Probation, Housing, Criminal Justice…)

   e. Quality Practice and Accountability – Tentative Training Topics

i. Dialectic Behavior Therapy, Drug Prevention/Treatment (Methamphetamine, Marijuana & Alcohol), Engaging Clients, Family Therapy, Group Therapy, Law and Ethics, Leadership Training- Manager, Supervisor, Lead; Nontraditional Modalities of Treatment Delivery; Project Management, Psychosocial Rehabilitation, Stages of Change, Assessment, Transition to Independence Process (TIP); Diagnosis and Level of Care, Basic Psychopharmacology, Clinical Documentation, Clinical Supervision, Cognitive Behavior Therapy, Co-Occurring Disorders, Crisis Management and Safety, Psychiatric Grand Rounds (Wellness Focused).

3. Operating Expenses @ 10% of Personnel $6,871
4. Overhead $119,536

Total Estimated Annual Cost **$1,195,113**

Fiscal Year 2010-11

1. .50 FTE Training Coordinator $70,767 (Salary, Benefits & 3% COLA)
2. System wide Training Programs and Workshops $1,030,000
    a. Please see FY 10 for Tentative Training Plan & associated training costs
3. Operating Expenses @ 10% of Personnel $7,077
4. Overhead $123,122

Total Estimated Annual Cost **$1,230,966**

Fiscal Year 2011-12

1. System wide Training Programs and Workshops $802,625
    a. Please see FY 10 for Tentative Training Plan & associated training costs
2. Overhead $89,199

Total Estimated Annual Cost **$891,805**

Budgeted Amount:	**FY 2007-08**	$0	**FY 2008-09**	$0	**FY 2009-10**	**$3,317,884**

Note: Santa Clara County is requesting funding to support the development and operation of this Action through the end of Fiscal Year 11/12 (approximately 3 years). The budget request ($3,317,884) represents the total estimated cost of this Action including a 3% cost of living adjustment (COLA) for Fiscal Year 2010/11 and overhead costs. The 3% COLA is based from FY 10 costs. Overhead costs are for Santa Clara County Health & Hospital System/Mental Health administration costs.

The FY 09/10 budgeted amount represents FY 09/10, FY 10/11 and FY 11/12. Santa Clara County intends to provide ongoing support of the WET Component through the MHSA Integrated Plan beginning in Fiscal Year 11/12.

B TRAINING AND TECHNICAL ASSISSTANCE

Action #3 – Title: Improved Services and Outreach to Unserved and Underserved Populations

Description: This action will expand specialized cultural competency training to all staff to improve services to ethnic and cultural populations. Ethnic and Cultural populations are broadly defined to include marginalized populations such as, People of Color, the Elderly, Youth, People with Disabilities, LBGTQ individuals, Immigrant and Refugee Populations. County staff shortages are primarily in positions requiring special skills to work with children, older adults and those requiring linguistic competencies. More than half of staff and community partners were interested in learning how to work better with people that were between the ages of 16-24 years of age. Forty seven percent rated cultural competence training as their most desired form of training and 82% wanted further training in speaking Spanish. The need for training on culturally appropriate programs for consumers and family members and strategies for effective engagement was also seen as a high priority.

This work plan includes training designed for service partners, consumers, cultural brokers, system navigators, interpreters and other appropriate community members interfacing with special populations identified as un-served and/or underserved, such as the incarcerated and homeless populations. Training Directors from ethnic and culturally specific and other community based organizations will be invited to collaborate on training for staff to effectively outreach to and engage unserved and underserved populations.

Based on FY 09 training schedule, SCCMHD anticipates that approximately 500 – 750 County and Contractor staff will attend 3 – 5 Cultural Competency trainings for a total of approximately 15 training days.

Objectives:

1. Develop and implement annual training plans to improve the effectiveness of staff in meeting the needs of unserved and underserved populations – including but not limited to: TAY, monolingual clients and the hearing impaired.
2. Develop and implement annual training plans that enable staff to effectively conduct outreach and engagement activities to unserved and underserved populations.

Budget Justification:

The following position is budgeted as Workforce, Education and Training infrastructure and is charged entirely to this budget.

Fiscal Year 2009-10

1. .50 FTE Training Coordinator $68,706 (Salary & Benefits)
2. Cultural Competency Training Programs and Workshops $330,000
    a. Training Costs include the following: presenter fees, facility, travel, copying/printing, curricula, on-line training fees, and other related costs involved in providing trainings. Funds will also be allocated for staff to attend relevant workshops and conferences, such as the Cultural Competency Summit.
    b. These trainings will enhance participants ability in working with Ethnic and Cultural populations that include marginalized populations such as, People of different race/ethnicity, the Elderly, Youth, People with Disabilities, LBGTQ individuals, Immigrant and Refugee Populations.
3. Programs, workshops and Training for outreach workers $200,000
    a. Training Costs include the following: presenter fees, facility, travel, copying/printing, curricula, on-line training fees, and other related costs involved in providing trainings. Funds will also be allocated for staff to attend relevant workshops and conferences.
    b. These workshops will focus on providing training to service partners, consumers, cultural brokers, system navigators, interpreters and other appropriate community members interfacing with special populations identified as un-served and/or underserved, such as the incarcerated and homeless populations. Trainings will concentrate on how to effectively outreach and engage unserved and underserved populations.
4. Operating Expenses @ 10% of Personnel $6,871
5. Overhead $67,302

Total Estimated Annual Cost **$672,879**

Fiscal Year 2010-11

1. .50 FTE Training Coordinator $70,767 (Salary, Benefits & 3% COLA)
2. Cultural Competency Training Programs and Workshops $339,900
    a. Please see FY 10 Training Plan
3. Programs, workshops and Training for outreach workers $206,000
    a. Please see FY 10 Training Plan & associated training costs
4. Operating Expenses @ 10% of Personnel $7,077
5. Overhead $69,321

Total Estimated Annual Cost **$693,065**

Budgeted Amount:	**FY 2007-08**	$0	**FY 2008-09**	$0	**FY 2009-10**	**$1,365,944**

Note: Santa Clara County is requesting funding to support the development and operation of this Action through the end of Fiscal Year 10/11 (approximately 2 years). The budget request ($1,365,944) represents the total estimated cost of this Action including a 3% cost of living adjustment (COLA) for Fiscal Year 2010/11 and overhead costs. The 3% COLA is based from FY 10 costs. Overhead costs are for Santa Clara County Health & Hospital System/Mental Health administration costs. The FY 09/10 budgeted amount represents FY 09/10 and FY 10/11. Santa Clara County intends to provide ongoing support of the WET Component through the MHSA Integrated Plan beginning in Fiscal Year 11/12.

B TRAINING AND TECHNICAL ASSISSTANCE

Action #4 – Title: Welcoming Consumers and Family Members

Description: County staff, contractor providers, consumers, family and community partners identified stigma and discrimination as underlying barriers to accepting and welcoming consumers into the workforce. The hiring, retention and successful integration of consumers and family partners into the workforce requires attention to developing a shared understanding of hiring standards, protocols and criteria for consumer and family partner employees, including job specifications and descriptions. It also requires building relationships that are based on a sharing of how to operationalize practices that are based on wellness and recovery principles. This action will develop and implement training, workshops and consultations that create an environment that welcomes consumers and family members as contributing members of the public mental health system. It creates a Consumer/Family Member Training Coordinator whose focus will be to advance the educational, employment, and leadership opportunities for consumers and family members public mental health.

This Action will also expand training and skill development needed to work with Limited English Proficient (LEP) populations, the hearing impaired, culturally sensitive methods of engaging monolingual, immigrant and refugee populations, and how to use interpreters effectively.

SCCMHD anticipates that approximately 300-500 County and Contractor staff will attend 3 – 5 trainings for a total of approximately 15 training days.

Objectives:

1. Design dialogues to improve working relationship among clinicians, consumers/peer support and family member providers.
2. Provide education and training for providers on how to work effectively with consumers & family partners as providers.

3. Provide consumer and family member staff ongoing support and training to help them transition into the public mental health workforce.
4. Provide existing staff and managers with ongoing support and training to help them effectively integrate consumers and family members into the public mental health workforce.
5. Expand the utilization of peer-, client-, and family member-driven / directed training throughout the system.

Budget Justification: The following position is budgeted as Workforce, Education and Training infrastructure and is charged entirely to this budget. Funds will be used to hire a Consumer/Family Member Training Coordinator and for training programs, outreach and workshops.

Fiscal Year 2009-10

1. 1.0 FTE Consumer/Family Member Training Coordinator $137,412 (Salary & Benefits)
2. Training Programs, outreach and workshops $385,000
    a. Training Costs include the following: presenter fees, facility, travel, copying/printing, curricula, on-line training fees, and other related costs involved in providing trainings. Funds will also be allocated for staff to attend relevant workshops and conferences.
    b. Consultant to provide training to consumers/family members on the following:
        i. Facilitation skills, advocacy, presentation skills, preparation for CPRP, Peer counseling…
        ii. Continue to work on Supported Education program
    c. Consultant/Coordinator to train workplace staff on wellness and recovery principles and values
    d. Coordinator to provide trainings that will focus on creating a work environment that welcomes consumers and family members as contributing members of the public mental health system – i.e. Communication training (verbal and nonverbal).
3. Operating Expenses @ 10% of Personnel $13,741
4. Overhead $59,586

Total Estimated Annual Cost **$595,739**

Fiscal Year 2010-11

1. 1.0 FTE Consumer/Family Member Training Coordinator	$141,534	(Salary, Benefits & 3% COLA)
2. Training Programs, outreach and workshops	$396,550	
a. Please see FY 10 training plan & associated training costs		
3. Operating Expenses @ 10% of Personnel	$14,153	
4. Overhead	$61,374	
Total Estimated Annual Cost	**$613,611**	

Budgeted Amount:	**FY 2007-08**	$0	**FY 2008-09**	$0	**FY 2009-10**	**$1,209,350**

Note: Santa Clara County is requesting funding to support the development and operation of this Action through the end of Fiscal Year 10/11 (approximately 2 years). The budget request ($1,209,350) represents the total estimated cost of this Action including a 3% cost of living adjustment (COLA) for Fiscal Year 2010/11 and overhead costs. The 3% COLA is based from FY 10 costs. Overhead costs are for Santa Clara County Health & Hospital System/Mental Health administration costs. The FY 09/10 budgeted amount represents FY 09/10 and FY 10/11. Santa Clara County intends to provide ongoing support of the WET Component through the MHSA Integrated Plan beginning in Fiscal Year 11/12.

B TRAINING AND TECHNICAL ASSISSTANCE

Action #5 - Title: WET Collaboration with Key System Partners

Description: This action will build on the collaboration between the Mental Health Department and key system partners to develop and share training and education programs so that consumers and family members receive more effective integrated services.

CBOs' Training Directors will be invited to collaborate on specific training needs, especially those of ethnically and culturally specific communities. Curriculum will focus on how to work with consumers and family members living with mental illness and compassion fatigue.

This action will support all system providers to access statewide and regional training opportunities, as well as, training opportunities for consumer providers and family partners to serve as facilitators and/or panelists.

Objectives:

1. Determine the training needs of system partners that are strategically aligned with those of the public mental health system.
2 Develop and implement a training plan that brings Mental Health training to system partners and vice versa, emphasizing system wide collaboration with law enforcement, probation department, child protective services department, and community agencies (e.g., schools, foster care networks, homeless shelters, faith-based organizations, LBGTQ focused organizations health and community centers).

SCCMHD anticipates that approximately 100-200 County, Contractor and Community members will attend 3 – 5 trainings for a total of approximately 15 training days.

Budget Justification:

Funds will be used to develop and implement a Consultation and Training Plan and to support collaboration with Community Partners

Fiscal Year 2009-10

1. Training programs workshops and events $100,000

    a. Training Costs will include the following: presenter fees, facility, travel, copying/printing, on-line training fees, and other related costs involved in providing trainings. Funds will also be allocated for staff to attend relevant workshops and conferences. These funds will be used to implement the Crisis Intervention Team (CIT) Police Academy. The goal of the CIT training is to create and sustain more effective interactions among law enforcement, mental health care providers, individuals with mental illness, their families and communities and reduce the stigma of mental illness. Included in the CIT training are consumers and family members that educate and provide their respective perspective to training participants.
    b. Provide informational network meetings to increase collaboration and sharing of resources.

2. Overhead $11,114

Total Estimated Annual Cost **$111,114**

Fiscal Year 2010-11

1. Training programs workshops and events $103,000
    a. Please see FY 10 training plan & associated training costs
2. Overhead $11,447

Total Estimated Annual Cost **$114,447**

Budgeted Amount:	**FY 2007-08** $0	**FY 2008-09** $0	**FY 2009-10 $225,561**

Note: Santa Clara County is requesting funding to support the development and operation of this Action through the end of Fiscal Year 10/11 (approximately 2 years). The budget request ($225,561) represents the total estimated cost of this Action including a 3% cost of living adjustment (COLA) for Fiscal Year 2010/11 plus overhead costs. The 3% COLA is based from FY 10 costs. Overhead costs are for Santa Clara County Health & Hospital System/Mental Health administration costs. The FY 09/10 budgeted amount represents FY 09/10 and FY 10/11. Santa Clara County intends to provide ongoing support of the WET Component through the MHSA Integrated Plan beginning in Fiscal Year 11/12.

EXHIBIT 4: WORK DETAIL

C. MENTAL HEALTH CAREER PATHWAYS

Action # 6 – Title: A Comprehensive Mental Health Career Pathway Model

Description: The employment and retention of consumers and family partners is one of four over-arching goals of SCCMHD's WET Plan. SCCMHD is committed to developing a workforce that can meet the needs of its diverse population and is trained in the principles of recovery and strength-based approaches and culturally competent interventions. The needed "cultural change" in the transformation process is expected to occur as the workforce's composition changes to include more individuals who have "lived experiences" as consumers and family partners, and who come from the diverse cultural, ethnic and linguistic underserved and unserved communities that SCCMHD seeks to serve.

There is a need to develop a comprehensive Mental Health Career Pathway Model for consumers, family partners and individuals from served and underserved communities in Santa Clara County, interested in careers in SCCMHD. Consumers and family partners currently participating in SCCMHD as either volunteers or as paid "dependent contractors" in

Self Help Centers, Family Education and Support program and in the Ethnic Cultural and Community family projects, representing nine target populations, viewed their experiences and involvement as "empowering" and "satisfying." Their stated interest in employment varied significantly from wanting to volunteer or work a few hours a week helping other consumers, to a desire to work fulltime as a mental health professional. A Career Pathway model will graphically describe and outline a career progression that leads to participants becoming eligible for part and full-time permanent positions with benefits for those interested in working in SCCMHD and CBO's. The Model will clarify the different levels of employment opportunities, training requirements, competencies and skills required and resources available.

The Mental Health Department will develop a Field Placement Liaison program to support a consumers and family members program. The Mental Health Field Placement Liaison will provide the following:

- Individual support and coaching
- Career path guidance
- Group support
- Advocate with community colleges, universities and other education settings.

Objectives:

1. Establish a Career Pathways Workgroup that is representative of the stakeholder groups being served and with adequate Departmental representation for implementing change.
2. Review the various models of career pathways that are designed for consumers, family partners and individuals from unserved and underserved communities.
3. Develop and establish a career pathways ladder that is tailored to Santa Clara County's existing structures.
4. Collaborate with community partners in education, rehabilitation, social services and benefit entitlements.
5. Partner with the Office of Consumer Affairs to insure the integration of its peer-to-peer programs and other consumer employment opportunities.
6. Collaborate with its Ethnic Services Manager to insure cultural and linguistic competency is embedded in the career pathways model;
7. Partner with the Family Support and Education Program Manager(s) to insure the integration of its Family Advocate/Parent Partner programs and other family member employment opportunities.
8. Integrate the new opportunities and resources that result from WET initiatives into a Career Pathway model.
9. Work with Human Resources to establish County "coded" positions, that could include in its minimum requirements experience as a mental health consumer or family member

Budget justification:

The following position is budgeted as Workforce, Education and Training infrastructure and is charged entirely to this budget. This action will also fund a mental health careers pathways consultant or consultant group to work with SCCMHD's WET Coordinator, staff and WET Workgroup to design and adopt a Career Pathway Model that is tailored for Santa Clara County.

Fiscal Year 2009-10

1. 1.0 FTE Mental Health Career Pathways and Internship Coordinator $137,412 (Salary & Benefits)
2. Community Education and Marketing $30,000
   (Hire consultant to establish effective relationships with community agencies and institutions to develop a Career Pathway Model. Printing costs for marketing materials – brochures, flyers, posters for conducting outreach to individuals interested in the career pathway model).
3. Operating Expenses @ 10% of Personnel $13,741
4. Overhead $20,133

Total Estimated Annual Cost **$201,286**

Fiscal Year 2010-11

1. 1.0 FTE Mental Health Career Pathways and Internship Coordinator $141,534 (Salary, Benefits & 3% COLA)
2. Community Education and Marketing $30,900
   (The consultant will continue to establish effective relationships with community agencies and institutions developing a Career Pathway Model. Printing costs for marketing materials – brochures, flyers, posters for conducting outreach to individuals interested in the career pathway model).
3. Operating Expenses @ 10% of Personnel $14,153
4. Overhead $20,737

Total Estimated Annual Cost **$207,324**

Budgeted Amount:	**FY 2007-08** $0	**FY 2008-09** $0	**FY 2009-10 $408,610**

Note: Santa Clara County is requesting funding to support the development and operation of this Action through the end of Fiscal Year 10/11 (approximately 2 years). The budget request ($408,610) represents the total estimated cost of this Action including a 3% cost of living adjustment (COLA) for Fiscal Year 2010/11 and overhead costs. The 3% COLA is based from FY 10 costs. Overhead costs are for Santa Clara County Health & Hospital System/Mental Health administration costs. The FY 09/10 budgeted amount represents FY 09/10 and FY 10/11. Santa Clara County intends to provide ongoing support of the WET Component through the MHSA Integrated Plan beginning in Fiscal Year 11/12.

EXHIBIT # 4: WORK DETAIL

E. Financial Incentive Programs

Action # 7 - Title: Stipends and Incentives to Support Mental Health Career Pathway

Description: SCCMHD has a significant need to increase the number of its direct service staff if it is to adequately respond to the service needs of the identified disparities in the current system; and to serve the broader populations that it intends to serve under the MHSA. In particular, there is a need to expand the number of eligible consumers, family partners and individuals from unserved, underserved, cultural, and linguistic communities in Santa Clara County to work in public mental health. Identified shortages and hard to fill positions require that there be extra attention given to finding ways to develop and grow an eligible pool of individuals interested in pursuing careers in public mental health.

This action is intended to provide financial support through stipends and other financial incentives to attract and enable consumers, family and community partners to enroll in a full range of educational programs that are prerequisites to employment and advancement in public mental health. These include programs that offer Certificates, Associate's degrees, and Bachelor's degrees. For consumers, family, and community partners who may not yet be ready to enroll in formal educational programs, but are interested in improving their skills in volunteering and exploring further mental health career opportunities, stipends shall be made available. Graduate education level support shall be provided through funding internships with supervision that prepare students to work in a recovery oriented mental health system.

This action advances the implementation of the broader Career Pathways by providing the needed financial support for new and existing staff who are interested, but do not have the resources to advance their careers in mental health. As described in Exhibit 2, Stakeholder Participation Summary, when consumers, family and community members, responding to a training needs survey were asked, "If you were to pursue education/ training to be a mental health service provider, what type would you prefer?" 60 % indicated an education towards an AA or higher degree and 37% sought to complete a certificate program. In addition, 85% of Department and Contractor staff responding to a parallel training needs survey indicated that financial assistance would motivate them to advance their career in mental health.

The County acknowledges that the development of a new and "transformed" workforce requires aggressive recruitment from and outreach to individuals from Santa Clara's very diverse ethnic, cultural, linguistic and emerging communities identified as underserved and unserved. It is expected that 50% participating in this initiative shall self-identify as having had "lived experience" as a consumer and/or family partner. Some will have had experience volunteering and or working limited hours in County or Contract programs, as a consumer or family partner provider. Outreach will also be made to recruit interested individuals from immigrant and refugee communities, who themselves, or their families, have dealt with significant trauma including problems related to culture conflict, war, trauma, separation from family members and psycho-social problems. While the term of "consumer" may not be familiar to some in this latter group, it is expected that these individuals bring with them significant experience as well as strengths for addressing recovery. In addition, the County will include this career opportunity in its educational outreach efforts to high school students.
Financial incentives shall be provided in the following ways:

- Certificate Programs, Associate Degree, Bachelor Degree ($ 288,000)

  For each of the three years, funding will be provided to support up to 64 individuals to enroll in educational programs that lead to a certificate or Associate's or Bachelor's degree in fields related to mental health or behavioral health. This includes a projected enrollment of 40 individuals in Certificate programs, 20 in programs offering Associate's degree and 4 in Bachelor's degree. Certificate programs include but are not limited to programs such as Family Partner Certificate, Psycho-social Rehabilitation Certificate, CADACC, CASRA/USPRA, Early Childhood Mental Health Program and other Bay Area community college programs that offer curriculums for Mental Health Specialist, Community Health Worker, and Interpreting and Translating.

- Consumer, family and community member stipends ($40,000)

  Stipends will be provided for a minimal of 40 individuals with consumer and family member "lived experiences", and to community members of unserved and underserved groups for their participation on educational and training activities that improve their ability to work or volunteer within the Santa Clara mental health system.

- Internships and supervision support ($ 626,000)

  On the graduate (i.e. Social Worker, Marriage & Family Therapists, and Rehabilitation Counselors) and professional education (e.g. Psychologists, Psychiatrists, and Pharmacists) level, funding will be provided for 80 internships related to increasing skills and competencies needed in SCCMHD. These include cultural and linguistic competencies, wellness and recovery, strength based models and addressing the needs of identified disparities across the age groups ($

480,000). Funding is also provided for additional supervision costs based on 4 hours a month for 80 students ($ 146,000)

Objectives:

1. Survey and inventory local and Bay Area undergraduate programs, adult education, community colleges and four year programs that provide for mental health training;
2. Survey and inventory local and Bay Area undergraduate programs, adult education, community colleges and four year programs that provide for mental health training.
3. Develop liaison relationships between SCCMHD, Dept. of Rehabilitation, Community Colleges, and four year Colleges and Universities to increase the opportunities and resources for assisting mental health consumers, family and community partners with enrolling in education programs
4. Network with local high schools, adult education and community colleges to ensure that mental health as a training topic as well as a profession is included in their health curriculums; SCCMHD will work with the high schools to develop methods to introduce careers in public mental health.
5. Interface with SCCMHD to support adequate and effective field placements at level of education and training.
6. Work with local educational institutions to coordinate outreach, recruitment, and admission of individuals that have interest and potential to work with groups identified as "Critical Disparities in Un-served and Underserved"
7. Establish protocols, procedures and guidelines for the selection and awarding of educational stipends
8. Integrate internship opportunities into SCCMHD's Internship Program, with special recruitment of students with cultural and linguistic competencies. Collaborate with Contractor Agencies in the community.
9. Develop internship opportunities for consumers and high school students interested in careers in mental health.
10. Upon completion of educational programs and internships, provide resources and support to student regarding available positions.

Budget Justification:

Fiscal Year 2009-10

1. Financial incentives for up to 64 students (certificate programs through bachelor degrees) (40 Certificate x $2,000 = $80,000) (20 AA x $4,000 = $80,000) (4 BA x $32,000 = 128,000)	$288,000
2. Stipends for 40 consumer, family and community members (40 x $1,000)	$40,000
3. Stipends for 80 Graduate level interns (80 x $6,000)	$480,000
4. Funds to support supervision costs (Supervision reimbursement rate is $38 per hour – 4 hrs per month X 80 interns = 3,840 hrs).	$146,000

5. Overhead	$106,024
Total Estimated Annual Cost	**$1,060,024**

Fiscal Year 2010-11

1. Financial incentives for up to 64 students (certificate programs through bachelor degrees) (40 Certificate x $2,060 = $82,400) (20 AA x $4,120 = $82,400) (4 BA x $32,960 = $131,840)	$296,640
2. Stipends for 40 consumer, family and community members (40 x $1,030)	$41,200
3. Stipends for 80 Graduate level interns (80 x $6,180)	$494,400
4. Funds to support supervision costs (3% increase) (Supervision reimbursement rate is $38 per hour – 4 hrs per month X 80 interns = 3,840 hrs)	$150,379
5. Overhead	$109,205
Total Estimated Annual Cost	**$1,091,824**

Budgeted Amount:	**FY 2007-08** $0	**FY 2008-09** $0	**FY 2009-10** **$2,151,848**

Note: Santa Clara County is requesting funding to support the development and operation of this Action through the end of Fiscal Year 10/11 (approximately 2 years). The FY 09-10 budget request ($2,151,848) represents the total estimated cost of this Action for FY 09-10 and FY 10-11 that includes overhead costs. The 3% COLA is based from FY 10 costs. Overhead costs are for Santa Clara County Health & Hospital System/Mental Health administration costs. Santa Clara County intends to provide ongoing support of the WET Component through the MHSA Integrated Plan beginning in Fiscal Year 11/12.

EXHIBIT 5: ACTION MATRIX

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: Workforce Education and Training in Adult Recovery Principles & Child, Adolescence and Family Models	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**		**X**
Action #2:Promising Practice Based Training in Recovery Principles	**X**	**X**	**X**	**X**	**X**	**X**				**X**			
Action #3**:** Improved Services and Outreach to Unserved and Underserved Populations and Cultural Competence Training	**X**	**X**	**X**	**X**	**X**		**X**	**X**				**X**	**X**
Action #4: Welcoming Consumers and Family Members	**X**	**X**	**X**	**X**	**X**	**X**							**X**
Action #5: WET Collaboration with Key System Partners	**X**	**X**	**X**	**X**	**X**					**X**			
Action #6: A Comprehensive Mental Health Career Pathway Model	**X**	**X**	**X**	**X**	**X**		**X**					**X**	**X**
Action #7: Stipends and Incentives to Support Mental Health Career Pathways	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**		**X**	**X**	**X**

EXHIBIT 6: BUDGET SUMMARY

Fiscal Year: 2007-08 – Community Program Planning			
Activity	**Funds Approved Prior to Plan Approval (A)**	**Balance of Funds Requested (B)**	**Total Funds Requested (A + B)**
A. Workforce Staffing Support:	$719,900	$0	$719,900
B. Training and Technical Assistance	$0	$0	
C. Mental Health Career Pathway Programs	$0	$0	
D. Residency, Internship Programs	$0	$0	
E. Financial Incentive Programs	$0	$0	
		GRAND TOTAL FUNDS REQUESTED for FY 2007-08	**$719,900**

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	$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 2008-09	**$0**

Fiscal Year: 2009-10			
Activity	**Funds Approved Prior to Plan Approval (A)**	**Balance of Funds Requested (B)**	**Total Funds Requested (A + B)**
A. Workforce Staffing Support:	$571,603	$0	$571,603
B. Training and Technical Assistance	$6,118,739	$0	$6,118,739
C. Mental Health Career Pathway Programs	$408,610	$0	$408,610
D. Residency, Internship Programs	$0	$0	$0
E. Financial Incentive Programs	$2,151,848	$0	$2,151,848
		GRAND TOTAL FUNDS REQUESTED for FY 2009-10	**$9,250,800**

Note: The FY 09/10 budgeted amount represents FY 09/10, FY 10/11, and FY 11/12.

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:_____