



# **Shasta County Department of Mental Health**

**Mental Health Services Act  
Workforce Education and Training  
3-Year Program and Expenditure Plan  
FY 2006-2007 through 2008-2009**

**EXHIBIT 1: WORKFORCE FACE SHEET**

**MENTAL HEALTH SERVICES ACT (MHSA) WORKFORCE EDUCATION AND TRAINING COMPONENT  
THREE-YEAR PROGRAM AND EXPENDITURE PLAN, Fiscal Years 2006-07, 2007-08, 2008-09**

County: Shasta

Date: October 16, 2009

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

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

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

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

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## **ABOUT SHASTA COUNTY**

Located in the northern Sacramento Valley, Shasta County's varied landscape provides numerous recreational areas, while also supporting an active agricultural community. Shasta County is surrounded by Siskiyou and Modoc counties to the north, Trinity to the west, Lassen to the east, and Tehama and Plumas to the south. With a total area of approximately 3,900 square miles, the county includes the cities of Anderson, Redding, and Shasta Lake, as well as several unincorporated towns. Residents of Shasta County are fortunate to enjoy rural, small-town living, while being located just a 2½-hour drive away from Sacramento to the south.

In July of 2008, the estimated population of Shasta County was 180,214. The county's vast open spaces result in a population density of only 46 persons per square mile, as compared to 217 for the state of California. The racial makeup of the county is 84 percent White Non-Hispanic, 8 percent Hispanic or Latino, 3 percent Native American Indian, and 2 percent Asian, Pacific Islander, 1 percent African American, and 2 percent of multi or other race. Over 62 percent of the population is between the ages of 18 and 64.

Shasta County's development as a service hub and recreational destination has had the effect of creating large unemployment gaps with seasonal and cyclical industries. The unemployment rate is currently at 15.6 percent and consistently remains well above the state and national averages. Estimates indicate that 44 percent of the population are members of the workforce.

Living in a rural area requires service providers to maximize available resources. Both financial and human capital is often spread thin. Overcoming the challenges presented by a smaller revenue base and the geographic isolation of small outlying communities requires creativity and collaboration within the service network to effectively address the area's needs. The past several years of MHSA networking and planning have forged an effective team of diverse agencies and individuals, working together to implement MHSA components, including Workforce Education and Training.

## **THE PLANNING PROCESS**

The planning process for Shasta County's Workforce Education and Training plan began in August of 2008 with the gathering of data within the public mental health system and its workforce in Shasta County for the completion of Exhibit 3. Data was gathered utilizing Survey Monkey technology, via e-mail and the internet, as well as hardcopy to those in the workforce without internet access.

In April of 2009, presentations which included Exhibit 3 results and an overview of the Workforce Education and Training component were made to the Mental Health Advisory Board, the Alcohol and Drug Advisory Board, and the Mental Health Services Act Advisory Committee.

## EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY - Page 2

During the 4 months that followed, twelve community meetings were held at several locations throughout Shasta County. The meetings were advertised on the Shasta County Mental Health website, by flyers throughout the community, e-mails, direct-mailings, invitations, and several press releases. The meetings included the following:

- Three informational presentations (kickoff meetings) were held with the goal of opening dialogue within the community, informing and educating the community regarding Workforce Education and Training guidelines, the stakeholder planning process, and identification of opportunities to participate.
- Seven stakeholder input meetings (focus groups) were held with the goal of providing an opportunity for stakeholders to voice their opinions and desires regarding the needs of the community and input on project selection and priorities for Shasta County's Workforce Education and Training plan. During these meetings, Exhibit 3 results were provided and discussed, Funding Categories explained, and project options reviewed. Turning Point Technology, a wireless audience response voting system, was utilized in all the meetings and was positively received by the participants and highly successful in assessing participant's understanding of the materials and increasing their attentiveness while gathering, ranking, and reporting critical information simultaneously in real-time. Not only were participants able to view the results of their input within minutes, the results of all stakeholder input meetings could be viewed by anyone within 24-hours of the conclusion of each meeting as results were posted on the Mental Health website.
- For those individuals who could not attend, a stakeholder input meeting, input surveys were made available on-line.
- A workgroup meeting was conducted upon completion of the stakeholder input meetings to review the process and input results and come to agreement on the plan projects.
- The Mental Health Services Act Advisory Committee also held a meeting to review the process and input results and come to agreement on the plan projects.

Of the 150-plus individuals who participated in the community planning process, 21 percent reported being a consumer, 27 percent reported being a family member, and 19 percent reported being both. Only 5 percent declined to state. In one particular community meeting attended by over 40 individuals, 72 percent of the participants reported being a consumer, family member, or both.

The following groups were represented in the planning process: consumers and/or family members, community-based organizations, ethnic coalitions, under-served cultural populations, healthcare providers, education, law enforcement, health and human services, and members of the public mental health workforce. The following agencies played a large role in the success of the stakeholder input meetings and were represented in the planning process: National Alliance on Mental Illness Shasta County, Northern Valley Catholic Social Service, Health Improvement Partnership, Tri-Counties Community Network, Circle of Friends Wellness Center, and Second Home Wellness Center.

## **EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY - Page 3**

Once the planning process was complete, the information gathered was compiled and written into the DRAFT Workforce Education and Training, Mental Health Services Act Three-Year Program and Expenditure Plan for Shasta County, in accordance with Department of Mental Health Information Notice 07-14.

Prior to the opening of public comment, the draft plan was submitted to Adrienne Shilton from the County Mental Health Director's Association (CMHDA) for review. Ms. Shilton provided invaluable guidance and was a great resource throughout the planning process. Also, a draft copy of Exhibit 3 was provided to John Shea of Allen, Shea & Associates for review. Suggestions from both Ms. Shilton and Mr. Shea were incorporated into the draft plan.

30-Day Public Comment Period on the final draft plan was opened by Shasta County Mental Health, Alcohol and Drug Department on Friday, September 4, 2009. On Friday, October 2, 2009, the final draft plan was presented to the Mental Health Services Act Advisory Committee who unanimously recommended the plan be approved by the Mental Health Advisory Board. On Wednesday, October 7, 2009, the Mental Health Advisory Board held a Public Hearing, closed the 30-Day Public Comment Period, and unanimously approved the plan for submission to the California Department of Mental Health.

### Public Comment:

During public comment on October 7, 2009, Diana Clayton, President of the National Alliance on Mental Illness (NAMI) Shasta County, stated that NAMI is in support of Shasta County's WET Plan and is especially pleased with the inclusion of a volunteer program with a transportation element.

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

**I. By Occupational Category - page 1**

Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/ Cau- casian (5)	His- panic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islan- der (8)	Native Ameri- can (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
<b>A. Unlicensed Mental Health Direct Service Staff:</b>										
<b>County (employees, independent contractors, volunteers)</b>										
Mental Health Rehabilitation Specialist	11.0	0	8.0							
Case Manager/Service Coordinators	10.0	0	6.0							
Employment Services Staff	0.0	0	1.0							
Housing Services Staff	1.0	0	1.0							
Consumer Support Staff	1.0	1	3.0							
Family Member Support Staff	1.5	1	1.5							
Benefits/Eligibility Specialist	0.0	0	1.0							
Other <i>Unlicensed</i> MH Direct Service Staff	7.0	0	0.0							
<i>Sub-total, A (County)</i>	31.5	2	21.5	22.0	1.0	0.0	1.0	1.0	3.0	28.0
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b>										
Mental Health Rehabilitation Specialist	11.8	1	5.0							
Case Manager/Service Coordinators	3.0	1	7.0							
Employment Services Staff	1.2	1	0.0							
Housing Services Staff	0.9	1	1.1							
Consumer Support Staff	2.0	0	1.0							
Family Member Support Staff	0.0	0	0.0							
Benefits/Eligibility Specialist	0.0	0	0.0							
Other <i>Unlicensed</i> MH Direct Service Staff	9.1	1	8.8							
<i>Sub-total, A (All Other)</i>	27.9	5	22.9	23.5	1.0	1.0	0.0	0.0	1.0	26.5
<b>Total, A (County &amp; All Other)</b>	59.4	7	44.4	45.5	2.0	1.0	1.0	1.0	4.0	54.5

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

**I. By Occupational Category - page 2**

Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/ Cau- casian (5)	His- panic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islan- der (8)	Native Ameri- can (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
<b>B. Licensed Mental Health Staff (direct service):</b>										
<b>County (employees, independent contractors, volunteers)</b>										
Psychiatrist, general	3.8	1	1.0							
Psychiatrist, child/adolescent	0.5	1	1.0							
Psychiatrist, geriatric	0.5	1	1.0							
Psychiatric or Family Nurse Practitioner	2.0	1	5.0							
Clinical Nurse Specialist	0.0	0	0.0							
Licensed Psychiatric Technician	1.0	1	2.0							
Licensed Clinical Psychologist	2.0	1	2.0							
Psychologist, registered intern (or waived)	0.0	0	0.0							
Licensed Clinical Social Worker (LCSW)	6.5	1	7.0							
MSW, registered intern (or waived)	3.0	1	2.0							
Marriage and Family Therapist (MFT)	3.0	1	4.0							
MFT registered intern (or waived)	4.0	0	2.0							
Other Licensed MH Staff (direct service)	0.0	0	0.0							
<i>Sub-total, B (County)</i>	26.3	9	27.0	19.0	2.0	0.0	1.0	0.0	0.0	22.0
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b>										
Psychiatrist, general	0.0	0	0.0							
Psychiatrist, child/adolescent	0.5	1	1.5							
Psychiatrist, geriatric	0.0	0	0.0							
Psychiatric or Family Nurse Practitioner	0.0	0	0.0							
Clinical Nurse Specialist	0.0	0	0.0							
Licensed Psychiatric Technician	0.0	0	0.0							
Licensed Clinical Psychologist	15.0	1	15.0							
Psychologist, registered intern (or waived)	0.0	0	0.0							
Licensed Clinical Social Worker (LCSW)	7.0	1	12.0							
MSW, registered intern (or waived)	0.0	0	0.0							
Marriage and Family Therapist (MFT)	23.2	1	9.0							
MFT registered intern (or waived)	0.0	0	0.0							
Other Licensed MH Staff (direct service)	0.0	0	0.0							
<i>Sub-total, B (All Other)</i>	45.7	4	37.5	42.0	0.0	0.0	0.0	2.0	1.0	45.0
<b>Total, B (County &amp; All Other)</b>	<b>72.0</b>	<b>13</b>	<b>64.5</b>	<b>61.0</b>	<b>2.0</b>	<b>0.0</b>	<b>1.0</b>	<b>2.0</b>	<b>1.0</b>	<b>67.0</b>

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

**I. By Occupational Category - page 3**

Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)							
				White/ Cau- casian (5)	His- panic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islan- der (8)	Native Ameri- can (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)	
<b>C. Other Health Care Staff (direct service):</b>											
<b>County (employees, independent contractors, volunteers)</b>											
Physician	0.0	1	0.0								
Registered Nurse	11.0	1	3.0								
Licensed Vocational Nurse	1.0	0	2.0								
Physician Assistant	0.0	1	0.0								
Occupational Therapist	0.0	1	0.0								
Other Therapist (e.g., physical, recreation, art, dance)	1.0	1	1.0								
Other Health Care Staff (direct service, to include traditional cultural healers)	0.0	0	0.0								
<i>Sub-total, C (County)</i>	13.0	5	6.0	11.0	0.0	0.0	0.0	0.0	0.0	11.0	
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b>											
Physician	0.0	0	0.0								
Registered Nurse	0.0	0	0.0								
Licensed Vocational Nurse	0.0	0	0.0								
Physician Assistant	0.0	0	0.0								
Occupational Therapist	0.0	0	0.0								
Other Therapist (e.g., physical, recreation, art, dance)	0.0	0	0.0								
Other Health Care Staff (direct service, to include traditional cultural healers)	0.0	0	0.0								
<i>Sub-total, C (All Other)</i>	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
<b>Total, C (County &amp; All Other)</b>	13.0	5	6.0	11.0	0.0	0.0	0.0	0.0	0.0	11.0	

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

**I. By Occupational Category - page 4**

Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/ Cau- casian (5)	His- panic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islan- der (8)	Native Ameri- can (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
<b>D. Managerial and Supervisory:</b>										
<b>County (employees, independent contractors, volunteers)</b>										
CEO or manager above direct supervisor	8.0	0	0.0							
Supervising psychiatrist (or other physician)	0.0	1	1.0							
Licensed supervising clinician	7.0	1	2.0							
Other managers and supervisors	4.1	0	0.0							
<i>Sub-total, D (County)</i>	19.1	2	3.0	14.4	0.0	0.0	1.0	1.0	1.0	17.4
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b>										
CEO or manager above direct supervisor	10.7	1	4.0							
Supervising psychiatrist (or other physician)	0.0	0	0.0							
Licensed supervising clinician	5.0	1	0.0							
Other managers and supervisors	8.0	1	0.0							
<i>Sub-total, D (All Other)</i>	23.7	3	4.0	17.5	0.8	0.0	0.0	0.0	0.0	18.3
<b>Total, D (County &amp; All Other)</b>	42.8	5	7.0	31.9	0.8	0.0	1.0	1.0	1.0	35.6
<b>E. Support Staff:</b>										
<b>County (employees, independent contractors, volunteers)</b>										
Analysts, tech support, quality assurance	7.7	0	3.0							
Education, training, research	2.1	0	0.0							
Clerical, secretary, administrative assistants	24.3	0	0.0							
Other support staff (non-direct services)	2.4	0	0.0							
<i>Sub-total, E (County)</i>	36.5	0	3.0	25.3	1.7	0.0	0.0	1.0	0.0	28.0
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b>										
Analysts, tech support, quality assurance	2.0	1	1.0							
Education, training, research	0.0	0	0.0							
Clerical, secretary, administrative assistants	8.5	1	4.0							
Other support staff (non-direct services)	5.7	1	8.5							
<i>Sub-total, E (All Other)</i>	16.2	3	13.5	13.0	1.0	0.0	0.0	0.0	1.0	15.0
<b>Total, E (County &amp; All Other)</b>	52.7	3	16.5	38.3	2.7	0.0	0.0	1.0	1.0	43.0

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 5

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

Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/ Cau- casian (5)	His- panic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islan- der (8)	Native Ameri- can (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
<b>County (employees, independent contractors, volunteers) (A+B+C+D+E)</b>	126.4	20	60.5	91.7	4.7	0.0	3.0	3.0	4.0	106.3
<i>All Other (CBOs, CBO sub-contractors, network providers, and volunteers) (A+B+C+D+E)</i>	113.5	16	77.8	96.0	2.8	1.0	0.0	2.0	3.0	104.8
<b>TOTAL COUNTY WORKFORCE (A+B+C+D+E)</b>	239.9	36	138.3	187.7	7.4	1.0	3.0	5.0	7.0	211.1

**F. TOTAL PUBLIC MENTAL HEALTH POPULATION**

Major Group and Positions (1)	(2)	(3)	(4)	Race/ethnicity of individuals planned to be served -- Col. (11)						
				White/ Cau- casian (5)	His- panic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islan- der (8)	Native Ameri- can (9)	Multi Race or Other (10)	All indivi- duals (5)+(6)+ (7)+(8)+ (9)+(10) (11)
<b>F. TOTAL PUBLIC MH POPULATION</b>	<b>Leave Col. 2, 3, &amp; 4 blank</b>			84.2%	6.4%	2.1%	4.7%	2.0%	0.6%	100.0%

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

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

Major Group and Positions (1)	Estimated # FTE authorized and to be filled by consumers or family members (2)	Position hard to fill with consumers or family members? 1=Yes; 0=No (3)	# additional consumer or family member FTEs estimated to meet need (4)
<b>A. <i>Unlicensed</i> Mental Health Direct Service Staff:</b>			
Consumer Support Staff	15	0	4.0
Family Member Support Staff	1.5	0	1.5
Other <i>Unlicensed</i> MH Direct Service Staff	3.5	1	3.5
<b>Sub-total, A:</b>	<b>8.0</b>	<b>1</b>	<b>9.0</b>
<b>B. <i>Licensed</i> Mental Health Staff (direct service)</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>
<b>C. Other Health Care Staff (direct service)</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>
<b>D. Managerial and Supervisory</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>
<b>E. Support Staff (non-direct services)</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>
<b>GRAND TOTAL (A+B+C+E+E)</b>	<b>8.0</b>	<b>1</b>	<b>9.0</b>

**III. LANGUAGE PROFICIENCY**

Language, other than English (1)		Number who are proficient (2)	Additional number who need to be proficient (3)	<b>TOTAL (2)+(3)</b> (4)
1. Spanish	Direct Service Staff	8	0	8
	Others	1	0	1
2. Vietnamese	Direct Service Staff	0	0	0
	Others	0	0	0
3. Cantonese	Direct Service Staff	0	0	0
	Others	1	0	1
4. Hmong	Direct Service Staff	0	0	0
	Others	0	0	0
5. Farsi	Direct Service Staff	0	0	0
	Others	0	0	0
<b>TOTAL, all languages other than English:</b>	Direct Service Staff	8	0	8
	Others	2	0	2

## EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

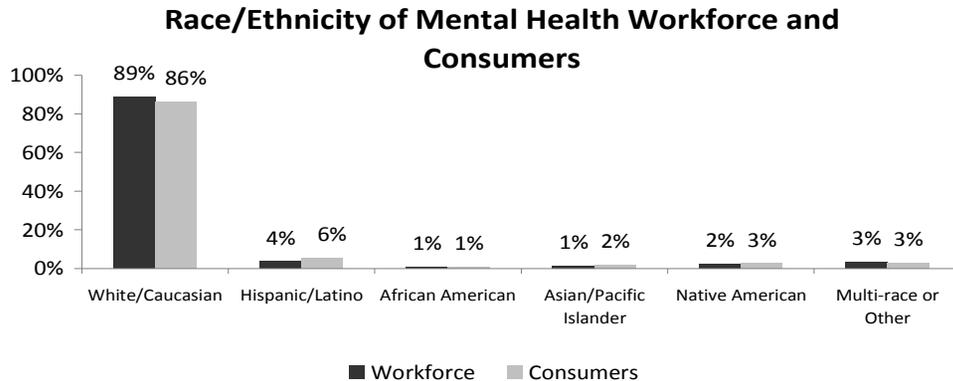
### IV. REMARKS - page 1

#### A. Shortages by occupational category:

Public mental health agencies in Shasta County historically have difficulty recruiting and retaining staff in 30 out of 36 (83 percent) workforce categories. Finding candidates that have the required education and mental health experience, with a focus on consumer and family member experience, is very difficult. The data gathered through the workforce assessment survey showed that within the next 5 years, Shasta County's public mental health workforce will lose approximately 23 percent of its overall workforce, with that number increasing to 48½ percent within the next 10 years. Due to the average age of the workforce, retirement is the leading factor. There is also a need to increase the number of funded public mental health positions by 58 percent in order to meet the current estimated need for services throughout Shasta County. Workforce Education and Training planning focuses on increasing the number of qualified applicants for "hard to fill" positions and increasing the capacity of the public mental health system to meet the community's service needs. Shortages by occupational category include the following: Licensed Clinical Social Worker, Licensed Clinical Psychologist, Psychiatric Nurse Practitioner, Mental Health Rehabilitation Specialist, Case Manager/Service Coordinator, Marriage and Family Therapist, unlicensed direct-service staff, consumer support staff, and other support staff.

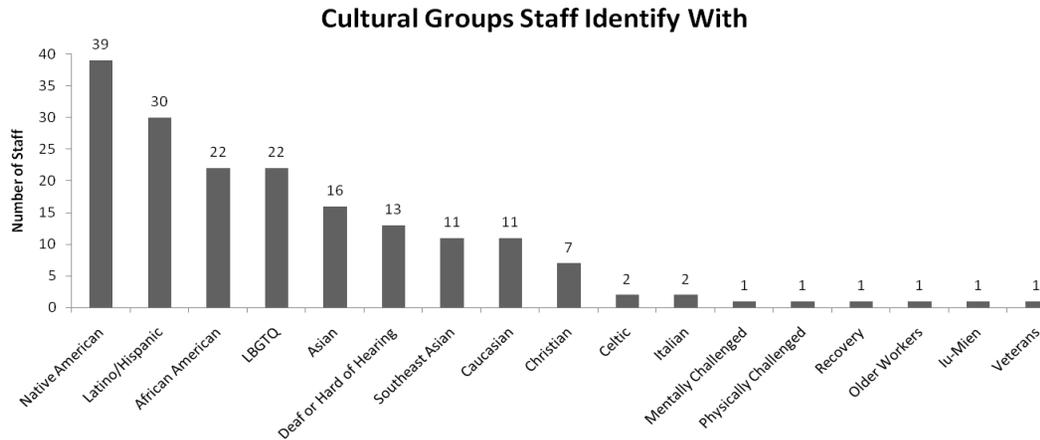
#### B. Comparability of workforce, by race/ethnicity, to target population receiving public mental health services:

The demographic profile of the public mental health workforce in Shasta County mirrors the demographic profile of the target population that receives public mental health services. However, efforts continue within the public mental health field to reach out to those isolated populations and under-represented groups within Shasta County who are not being served. Within the public mental health field in Shasta County, there are currently 2,537 open charts. The number of visits per month is approximately 8,000.



## EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

### IV. REMARKS - page 2



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

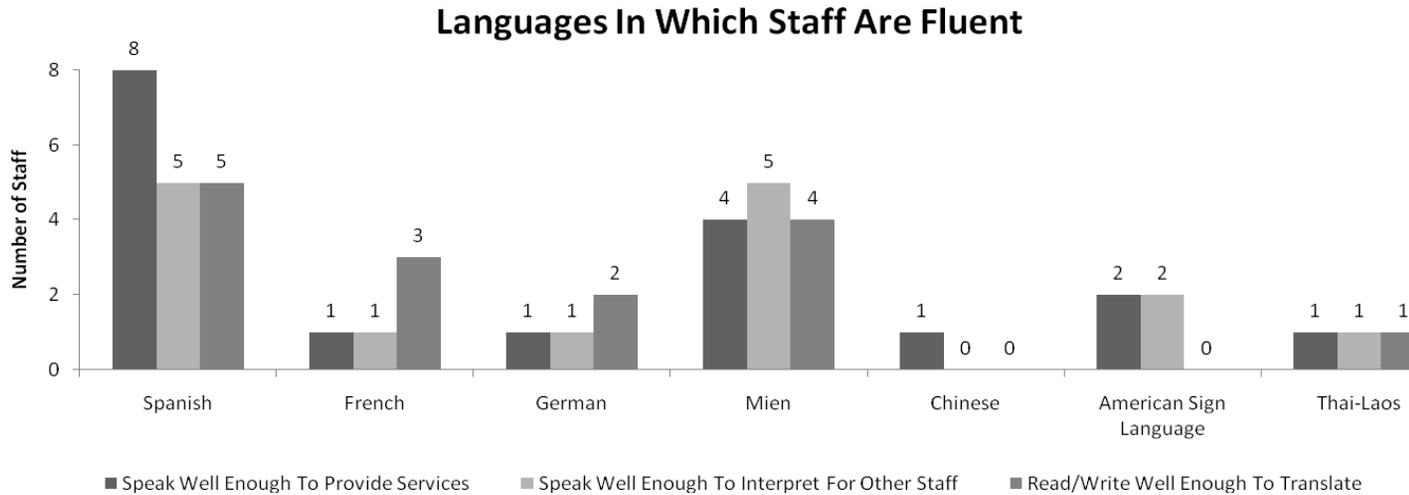
All public mental health agencies in Shasta County understand the value of having individuals on staff with consumer and/or family member experience and are dedicated to increasing that experience within the workforce. According to the results of the Workforce Needs Assessment survey, currently 13½ percent of all unlicensed direct-service staff positions are dedicated consumer and/or family member positions, and overall, 56 percent of the public mental health workforce report either being a consumer of mental health services and/or a family member when completing a workforce assessment survey. A career ladder for consumers and family members will be initiated through this plan.

#### D. Language proficiency:

As previously stated, the demographic profile of the public mental health workforce in Shasta County mirrors the demographic profile of the target population that receives public mental health services. Due to the comparable levels of diversity within the community and the public mental health workforce, we are currently able to meet the language requirements of those individuals and families we serve by providing comprehensive language-based one-on-one services. We have found that when non-English speaking individuals enter the mainstream mental health system, due in part to language and cultural barriers, there is a propensity for lack of follow-through of services on the consumer's part. Therefore, through our Community Services and Supports plan, we have created a non-English speaking clinic staffed with bicultural and bilingual individuals to provide culturally competent integrated services to the non-English speaking population.

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

**IV. REMARKS - page 3**



**E. Other, miscellaneous:**

The rural geography and location of Shasta County makes the provision of services to all those in need of mental health services a challenge. It is particularly challenging to interest professional staff into relocating to remote areas such as those in Shasta County. The county has received federal designation as a Mental Health Professional Shortage Area (MHPSA). These are areas with a shortage of clinical psychologists, clinical social workers, psychiatric nurse specialists, marriage and family therapists, and/or psychiatrists. The purpose of the MHPSA is to assure that mental health services are available and accessible to underserved populations, to assist in the retention and recruitment of mental health providers in designated areas, and to assist in the determination of unusually high mental health needs. The designation as an MHPSA, in conjunction with the MHSA Workforce Training and Education plan, will hopefully help attract qualified professionals to rural Shasta County.

## **EXHIBIT 4: WORK DETAIL**

### **A. WORKFORCE STAFFING SUPPORT - Page 1**

#### **Action #1 - Title: WET Support Staff**

#### **WET COORDINATOR**

##### **Description:**

Funds from this Action will provide one 0.34 FTE WET Coordinator position dedicated to the coordination, implementation, and support of Shasta County's MHSa Workforce Education and Training plan. This position is responsible for the supervision of other Workforce Education and Training staff. This is an important leadership role that includes accountability for ongoing key processes including attendance at local and statewide stakeholder processes, participation in regional meetings and statewide trainings, oversight and coordination of all tasks related to the successful development of the Workforce Education and Training component of Shasta County's Three-Year Program and Expenditure Plan. In combination with the Training Coordinator and MFT/MSW Internship Supervisor positions, this creates one FTE position to be filled by a Clinical Program Coordinator.

##### **Objectives:**

1. Provide ongoing assessment of Workforce Education and Training activities and needs.
2. Assist with evaluation of activities and programs for annual updates to the three-year plan.
3. Coordination and supervision of county staff in the administration of Workforce Education and Training activities and programs.
4. Provide quarterly updates to the Shasta County MHSa Coordinator, the MHSa Advisory Committee, and the Mental Health Advisory Board.
5. Increase capability to meet special need of clients.
6. Continually enhance development of staff to integrate advancements in the field.
7. Promote the integration of wellness, recovery and resiliency concepts throughout the mental health delivery system.
8. Develop cultural competence of staff throughout the public mental health system.
9. Promote employment of consumers and family members.

#### **INTERNSHIP/RESIDENCY SUPERVISORS**

##### **Description:**

As described in Exhibit 3, clinical positions are hard to fill within the public mental health field in Shasta County. Providing internship and residency programs with the proper supervision and training will assist in recruitment and availability of professional candidates.

## **EXHIBIT 4: WORK DETAIL**

### **A. WORKFORCE STAFFING SUPPORT - Page 2**

#### **Action #1 - Title: WET Support Staff (continued)**

Funds from this Action will provide one 0.33 FTE Internship/Residency Supervisor to provide clinical supervision of MFT/MSW program graduates who are registered as interns or residents and who work in the public mental health system in Shasta County. In combination with the WET Coordinator and Training Coordinator positions, this creates one FTE position to be filled by a Clinical Program Coordinator.

Funds from this Action will also provide one 0.2 Internship/Residency Supervisor for Psychiatric Nurse Practitioner program graduates who are registered as interns or residents and who work in the public mental health system in Shasta County. This position is to be filled by a psychiatrist.

#### **Objectives:**

1. Coordinate and provide clinical supervision of ACSW, MFT, and PNP interns.
2. Promote and recruitment of hard-to-fill positions in Shasta County public mental health programs.

#### **TRAINING COORDINATOR**

#### **Description:**

Funds from this Action will provide one 0.33 FTE Training Coordinator position dedicated to the needs assessment, coordination, implementation, and support of Shasta County's Comprehensive Training Plan, as well as the delivery of training. In combination with the WET Coordinator and MFT/MSW Internship Supervisor positions, this creates one FTE position to be filled by a Clinical Program Coordinator.

#### **Objectives:**

1. Organize and facilitate a training workgroup made up of community members, consumers and family members, and members of the public mental health workforce to meet quarterly and develop a needs assessment and on-going training plan..
2. Provide research, data, and communication to the workgroup to assist in the facilitation of the training plan, including e-learning.
3. Coordinate with and supervise Volunteer Program Liaison regarding training of volunteers and the volunteer program.
4. Supervise volunteer program.
5. Develop a system for requesting trainings and consultation services and provide data on satisfaction and impact of training activities.
6. Prepare quarterly reports regarding the progress and implementation of the training plan.
7. Develop training resources to meet the needs of the training plan, including community resources to provide needed trainings.
8. Coordinate with Shasta County Human Resources regarding the training of all new employees and volunteers.
9. Provide evidence-based clinical trainings based on system transformation as envisioned by the Mental Health Services Act.

## **EXHIBIT 4: WORK DETAIL**

### **A. WORKFORCE STAFFING SUPPORT - Page 3**

#### **Action #1 - Title: WET Support Staff (continued)**

10. Ensure all trainings promote the fundamental concepts of the MHSA: are culturally competent; contribute to increased prevention, wellness, recovery, and resiliency; include community collaboration; are consumer and family driven; and are presented in an effort to improve service delivery to consumers and their family members.
11. Coordinate with the California Mental Health Directors Association Joint Powers Association (CHMDA JPA) and the Superior WET Regional Partnership.
12. Improve the retention of public mental health employees.
13. Coordinate with Internship/Residency Supervisors to implement both the MFT/MSW and PNP internship/residency programs.
14. Coordinate with Shasta Community College to implement the Psychosocial Rehabilitation program.
15. Coordinate with analyst regarding stipends/scholarships/incentives program.

#### **ADMINISTRATIVE SUPPORT**

##### **Description:**

Funds from this Action will provide one 0.5 FTE clerical position and one 0.5 FTE analyst position, both to support the coordination, planning, and implementation of all Workforce Education and Training activities and staff. The primary analyst function will be the gathering and analysis of data, as well as the development and implementation of evaluation plans for Actions Nos. 5 through 10.

##### **Objectives:**

1. Provide clerical support for all Workforce Education and Training staff.
2. Assist with maintenance of the MHSA Workforce Education and Training website.
3. Assist with required reporting and annual renewals.
4. Develop and implement evaluation plans for Workforce Education and Training activities.
5. Develop and maintain data tracking mechanisms for Workforce Education and Training activities.
6. Develop and support system of stipends/scholarships/incentives program.

**EXHIBIT 4: WORK DETAIL**

**A. WORKFORCE STAFFING SUPPORT - Page 4**

**Action #1 - Title:** WET Staff Support (continued)

**Budget Justification:**

FY 09/10

1.0 FTE Clinical Program Coordinator position: salary \$75,579/ benefits \$34,011/indirect \$21,532 = \$131,122

0.2 FTE Psychiatrist position: salary \$42,527/benefits \$19,137/indirect \$3,606= \$65,270

0.5 FTE Administrative Secretary I position: salary \$14,878/benefits \$6,695/indirect \$9,217 = \$30,790

0.5 FTE Staff Services Analyst I position: salary \$18,443/benefits \$8,299/indirect \$9,217 = \$35,959

FY 10/11

1.0 FTE Clinical Program Coordinator position: salary \$79,358/ benefits \$35,708/indirect \$18,006 = \$133,072

0.2 FTE Psychiatrist position: salary \$44,654/benefits \$20,094/indirect \$3,600 = \$68,348

0.5 FTE Administrative Secretary I position: salary \$15,622/benefits \$7,030/indirect \$9,202 = \$31,854

0.5 FTE Staff Services Analyst I position: salary \$19,365/benefits \$8,718/indirect \$9,202 = \$37,285

FY 09/10 \$263,141

FY 10/11 270,559

**TOTAL \$533,700**

\*\*FY 06/07 WET Planning funds: \$64,700

<b>Budgeted Amount:</b>	<b>FY 2006-07:</b> \$64,700**	<b>FY 2007-08:</b> \$0	<b>FY 2008-09:</b> \$0
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**EXHIBIT 4: WORK DETAIL**

**B. TRAINING AND TECHNICAL ASSISTANCE**

**Action #2 - Title:** Comprehensive Training Plan

**Description:**

In 2008, Shasta County Mental Health, Alcohol and Drug Department conducted a public mental health workforce survey to assess training needs throughout the department and in the community. The majority of respondents indicated an understanding of and commitment to the values of cultural competence, recovery, and integrated services. They asked that more training be provided on specific strategies and skills to achieve those values. Because Shasta County does not have many local opportunities for mental health professionals to obtain CEUs required to maintain licensure received for work in public mental health, Shasta County Mental Health, Alcohol and Drug Department is committed to sponsoring educational opportunities that match the expressed interests of the public mental health workforce and allow professionals to obtain CEUs locally. Trainings provided through the training plan will be available to department staff, contract providers, private practice professionals, consumers, family members, and students, and will provide opportunities to increase competencies of the community workforce. Topics of interest expressed through the needs assessment survey will be reviewed by the training workgroup, as led by the Training Coordinator, who will ensure that any suggested training/trainers incorporate the concepts of cultural competence, recovery and integrated services in all materials.

**Objectives:**

1. To increase the knowledge and competency of the public mental health workforce and consumers and/or family members in Shasta County.
2. To increase opportunities to obtain CEUs for system staff and private practice mental health professionals.
3. To increase the knowledge of students interested in a career in mental health.
4. Recruit consumers and family members, including transitional age youth, to serve as trainers, facilitators, and presenters for selected trainings.
5. Create a career ladder for consumers and family members interested in gaining employment within the public mental health field.

**Budget Justification:**

FY 09/10

Professional services/\$25,000, consultants/\$10,000, trainers/\$15,000 = \$50,000

Costs associated with providing trainings: on-line training fees/\$4,000, training videos/\$1,600, venue and supplies/\$7,000 = \$12,600

FY 10/11

Professional services/\$25,000, consultants/\$10,000, trainers/\$15,000 = \$50,000

Costs associated with providing trainings: on-line training fees/\$4,000, training videos/\$1,600, venue and supplies/\$7,000 = \$12,600

FY 09/10    \$ 62,600

FY 10/11    62,600

**TOTAL    \$125,200**

<b>Budgeted Amount:</b>	<b>FY 2006-07:</b> \$0	<b>FY 2007-08:</b> \$0	<b>FY 2008-09:</b> \$0
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## **EXHIBIT 4: WORK DETAIL**

### **C. MENTAL HEALTH CAREER PATHWAY PROGRAMS - Page 1**

#### **Action #3 - Title: Consumer and Family Member Volunteer Program**

##### **Description:**

This program addresses the priority workforce education and training need to establish a career pathway and responds to the identified need to increase the public mental health workforce capacity while involving the community in a meaningful way in the delivery of services. The program seeks to both enhance the capacity of the public mental health system in Shasta County to provide services and support to individuals with serious mental illness while collaborating with and accessing the use of natural community supports – community members with an interest in volunteering to serve. This type of workforce development allows the Shasta County Mental Health, Alcohol and Drug Department to collaborate with community service providers to provide training and workforce involvement to those consumers and family members who may desire an entry-level introduction into the public mental health system and explore their interest and suitability for this type of work.

Included in this program is a Volunteer Program Liaison position to be filled by a consumer who will provide support for volunteers through a mentoring program and a peer-to-peer program. The liaison will also facilitate interaction between volunteer sites within the community and volunteers, as well as with the Training Coordinator and the WET Coordinator. This position will be supervised by the Training Coordinator and will assist with activities designed to support this Action. The Training Coordinator will provide oversight for this program, as well as supervision of staff and volunteers.

##### **Objectives:**

1. Expand existing service capacity and volunteer opportunities within Shasta County's public mental health workforce by establishing and coordinating a centralized Consumer and Family Member Volunteer Program.
2. Develop the necessary training programs, policies and processes to successfully implement the program.
3. Provide resources within the department and organizational providers for supervision and support of volunteers.
4. Provide training for supervisors of volunteers.
5. Establish and maintain volunteer records.
6. Specifically begin to address the workforce deficits identified in the workforce survey regarding the need to increase the capacity of the public mental health workforce with meaningful roles for consumer and family member employees with this pathway.
7. Build the capacity of the volunteer program to 25 individuals within 2 years.
8. Develop and coordinate a volunteer mentor/buddy system.
9. Develop and implement a system of benefits coordination services for volunteers.

**EXHIBIT 4: WORK DETAIL**

**C. MENTAL HEALTH CAREER PATHWAY PROGRAMS - Page 2**

**Action #3 - Title: Consumer and Family Member Volunteer Program (Continued)**

**Budget Justification:**

FY 09/10

Volunteer Program Liaison Stipend, 12 months at \$300/month = \$3600

Volunteer Transportation Expenses = \$4,800\*\*

FY 10/11

Volunteer Program Liaison Stipend, 12 months at \$300/month = \$3600

Volunteer Transportation Expenses = \$4,800\*\*

FY 09/10    \$ 8,400

FY 10/11    8,400

**TOTAL    \$16,800**

\*\*Based on much dialogue with NAMI Shasta County and our consumer and family member stakeholders, the largest barrier to participating in a volunteer program is transportation to the volunteer sites. Volunteer transportation expenses could include such things as fuel cards, bus passes, or mileage transportation.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$0</b>	<b>FY 2007-08: \$0</b>	<b>FY 2008-09: \$0</b>
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**EXHIBIT 4: WORK DETAIL**

**C. MENTAL HEALTH CAREER PATHWAY PROGRAMS - Page 3**

**Action #4 - Title:** Psychosocial Rehabilitation Program

**Description:**

In collaboration with the CMHDA JPA and the Superior WET Regional Partnership, the WET/Training Coordinator will work in partnership with the local community college to develop a psychosocial rehabilitation program that aligns with current Health and Human Services curriculum. The program will be a combination of curriculum based on principles of psychosocial rehabilitation and work experience and will meet criteria to be considered for certification as a psychosocial rehabilitation professional. The goal is to enhance the capacity and staffing of the public mental health system by addressing areas of need that include the shortage of case managers, mental health workers, and service coordinators.

Consumers and family members voiced the desire for increased training opportunities and a pathway to become "paraprofessionals" within the public mental health workforce. The psychosocial rehabilitation program will be marketed to consumers and family members and individuals from under-represented racial/ethnic and cultural groups as an entry-level program to provide support and education. Funds available through this Action will provide scholarships to pay for tuition, registration fees, and books, as well as stipends to help with supplies and provide relief from barriers to participation such as childcare and transportation.

**Objectives:**

1. Conduct outreach to attract individuals into mental health service careers.
2. Integrate wellness, recovery, and resiliency and cultural competency concepts and practices into education curriculum at the community college level.
3. Develop new and enhance existing education programs for specific entry-level positions within the public mental health system.
4. Develop 2 consumer and/or family member scholarship/stipend slots per year.

**Budget Justification:**

There are no costs associated with Action #4. Scholarships, supportive stipends, and incentives for this action are included in the budget justification for Action #7.

<b>Budgeted Amount:</b>	<b>FY 2006-07:</b> \$0	<b>FY 2007-08:</b> \$0	<b>FY 2008-09:</b> \$0
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**EXHIBIT 4: WORK DETAIL**

**D. RESIDENCY, INTERNSHIP PROGRAMS - Page 1**

**Action #5 - Title:** MFT/MSW Internship and Residency Program

**Description:**

In collaboration with the CMHDA JPA and the Superior WET Regional Partnership, this Action will support and provide supervision hours to MSW and MFT candidates to gain experience/knowledge in working in the public mental health field with a recovery approach. In August 2009, CSU Chico began providing a 3-year MSW program for the first time in Redding, California. Currently there are three mental health workforce members and five Shasta County Department of Social Services workforce members taking part in the program. Shasta County Health and Human Services Agency is currently working with CSU Chico on a Memorandum of Understanding to provide internship and residency supervision for their programs. It is anticipated that this collaboration will be ongoing into the foreseeable future.

The Training Coordinator would be responsible for establishing and maintaining relationships with CSU Chico, CSU Sacramento, and other educational institutions that provide MFT/MSW programs. Clinical supervision will be provided by an LCSW Clinical Program Coordinator.

**Objectives:**

1. Conduct outreach to attract individuals into mental health service careers.
2. Provide clinical supervision for MFT/MSW candidates.
3. Provide wellness, recovery, and resiliency oriented supervision.
4. Provide 6 MFT/MSW internship/residency slots per year.

**Budget Justification:**

Scholarships, supportive stipends, and incentives for this action are included in the budget justification for Action #7. Staffing costs associated with this action are included in the budget justification for Action #1.

FY 09/10

Office/training supplies/\$3,000, and one-time initial purchase of computer systems for interns and residents/\$8,400 = \$11,400

FY 10/11

Office/training supplies for interns/residents = \$3,000

FY 09/10	\$11,400
FY 10/11	<u>3,000</u>
<b>TOTAL</b>	<b>\$14,400</b>

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$0</b>	<b>FY 2007-08: \$0</b>	<b>FY 2008-09: \$0</b>
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**EXHIBIT 4: WORK DETAIL**

**D. RESIDENCY, INTERNSHIP PROGRAMS - Page 2**

**Action #6 - Title:** Psychiatric Nursing Practitioner Internship and Residency Program

**Description:**

Psychiatric Nurse Practitioner was identified as a hard-to-fill position in the public mental health workforce needs assessment process. This position was identified as one that could significantly improve the quality of care for consumers and their family members, ensure the early identification of medical needs, facilitate access to primary care to address those needs, and improve access to medication monitoring services. While it is extremely expensive to recruit and fund psychiatrists, stakeholders felt that the expansion of the number of Psychiatric Nurse Practitioners was a cost-effective means of extending the impact of psychiatrists.

The Training Coordinator would be responsible for establishing and maintaining relationships with UC San Francisco, UC Davis, UC Fresno, and other educational institutions that train Psychiatric Nurse Practitioners.

Supervision will be provided by a psychiatrist.

**Objectives:**

1. Expand number of Psychiatric Nurse Practitioners providing services in the public mental health system in Shasta County.
2. Improve quality of medication management and access to primary care services for consumers and their family members.
3. Provide wellness, recovery, and resiliency oriented supervision.
4. Provide 4 Psychiatric Nurse Practitioner internship/residency slots per year.

**Budget Justification:**

Scholarships, supportive stipends, and incentives for this action are included in the budget justification for Action #7. Staff costs associated with this action are included in the budget justification for Action #1.

FY 09/10

Office/training supplies/\$2,000, and one-time initial purchase of computer systems for interns and residents/\$5,600 = \$7,600

FY 10/11

Office/training supplies for interns/residents = \$2,000

FY 09/10	\$ 7,600
FY 10/11	<u>2,000</u>
<b>TOTAL</b>	<b>\$ 9,600</b>

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$0</b>	<b>FY 2007-08: \$0</b>	<b>FY 2008-09: \$0</b>
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## **EXHIBIT 4: WORK DETAIL**

### **E. FINANCIAL INCENTIVE PROGRAMS - Page 1**

#### **Action #7 - Title: Scholarships and Supportive Stipends**

##### **Description:**

The Scholarships and Supportive Stipends Program will provide funds to support participants in Action Nos. 7 through 9.

Scholarships for Action No. 7, Psychosocial Rehabilitation Program, will provide funds for tuition, registration fees, books, and supplies. Supportive stipends will be provided to participants for qualifying costs related to providing relief from barriers to participation such as childcare and transportation. Each scholarship will be paid on a semester basis for qualifying costs related to participating in the Shasta College program. Stipends will be paid on a monthly basis for each month individuals are participating in the Shasta College program. Supportive stipends will be provided for MFT/MSW and Psychosocial Nurse Practitioner interns and residents receiving supervision hours through Action Nos. 8 and 9.

The program will be supervised by the Training Coordinator in collaboration with the internship/residency supervisors.

##### **Objectives:**

1. Provide stipends for participants who qualify for advanced degree training.
2. Provide scholarships and stipends for participants who enter the psychosocial rehabilitation program.
3. Address occupational shortages in the public mental health system in Shasta County.
4. Build a workforce related to critical skills needed in the public mental health system in Shasta County.
5. Incentive for retention of staff in the public mental health system in Shasta County.
6. Develop and implement tracking and fiscal system for providing financial assistance in collaboration with HHSa fiscal staff.
7. Provide 2 scholarships/stipends per year for Shasta college students to be coordinated with community college scholarship system of benefits.
8. Provide 6 stipends per year for MFT/MSW interns/residents.
9. Provide 4 stipends per year for Psychiatric Nurse Practitioner interns/residents.

**EXHIBIT 4: WORK DETAIL**

**E. FINANCIAL INCENTIVE PROGRAMS - Page 2**

**Action #7 - Title:** Scholarships and Supportive Stipends Program (Continued)

**Budget Justification:**

FY 09/10

Two Psychosocial Rehabilitation Program scholarships, \$200/month each for 12 months = \$4,800

Two Psychosocial Rehabilitation Program stipends, \$200/month each for 12 months = \$4,800

Four Psychiatric Nurse Practitioner stipends, \$500/month each for 12 months = \$24,000

Six MFT/MSW stipends, \$500/month each for 12 months = \$36,000

FY 10/11

Two Psychosocial Rehabilitation Program scholarships, \$200/month each for 12 months = \$4,800

Two Psychosocial Rehabilitation Program stipends, \$200/month each for 12 months = \$4,800

Four Psychiatric Nurse Practitioner stipends, \$500/month each for 12 months = \$24,000

Six MFT/MSW stipends, \$500/month each for 12 months = \$36,000

FY 09/10   \$ 69,600

FY 10/11    69,600

**TOTAL    \$139,200**

NOTE: Stipends are to be used towards covering the recipient's costs associated with their education and the learning process.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$0</b>	<b>FY 2007-08: \$0</b>	<b>FY 2008-09: \$0</b>
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**EXHIBIT 5: ACTION MATRIX**

<p><b>Actions</b> (as numbered in Exhibit 4, above)</p>	<p>Promotes wellness, recovery, and resilience</p>	<p>Promotes culturally competent service delivery</p>	<p>Promotes meaningful inclusion of clients and family members</p>	<p>Promotes an integrated service experience for clients and their family members</p>	<p>Promotes community collaboration</p>	<p>Staff support (infrastructure for workforce development)</p>	<p>Resolves occupational shortages</p>	<p>Expands postsecondary education capacity</p>	<p>Loan forgiveness, scholarships, and stipends</p>	<p>Regional partnerships</p>	<p>Distance learning</p>	<p>Career pathway programs</p>	<p>Employment of clients and family members with MH system</p>
<p><b>Action #1</b> WET Support Staff</p>	X	X	X	X	X	X	X	X					X
<p><b>Action #2</b> Comprehensive Training Program</p>	X	X	X	X	X	X	X			X		X	X
<p><b>Action #3</b> Consumer and Family Member Volunteer Program</p>	X	X	X	X	X	X	X					X	X
<p><b>Action #4</b> Psychosocial Rehabilitation Program</p>	X	X	X	X	X		X	X		X		X	X
<p><b>Action #5</b> MFT/MSW Internship/Residency Program</p>	X	X	X	X	X		X	X		X			X
<p><b>Action #6</b> Psychiatric Nursing Practitioner Internship/Residency Program</p>	X	X	X	X	X		X	X		X			X
<p><b>Action #7</b> Scholarship and, Supportive Stipend Program</p>	X	X	X	X	X		X	X	X	X			X

**EXHIBIT 6: BUDGET SUMMARY**

<b>Fiscal Year: 2006/2007</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A+B)</b>
A. WET Planning	64,700	0	64,700
Total Funds Requested for FY 06/07			\$ 64,700

<b>Fiscal Year: 2009/2010</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A+B)</b>
A. Workforce Staffing Support			263,141
B. Training and Technical Assistance			62,600
C. Mental Health Career Pathway Programs			8,400
D. Residency, Internship Programs			19,000
E. Financial Incentive Programs			69,600
Total Funds Requested for FY 09/10			\$ 422,741

<b>Fiscal Year: 2010/2011</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A+B)</b>
A. Workforce Staffing Support			270,559
B. Training and Technical Assistance			62,600
C. Mental Health Career Pathway Programs			8,400
D. Residency, Internship Programs			5,000
E. Financial Incentive Programs			69,600
Total Funds Requested for FY 10/11			\$ 416,159

<b>Total Funds Requested</b>			<b>\$ 903,600</b>
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**EXHIBIT 7: ANNUAL PROGRESS REPORT**

<b>ANNUAL PROGRESS REPORT</b>	
County: _____	Fiscal Year: _____
Component: <b>Workforce Education and Training</b>	Period Covered: _____
<b>Progress on Objectives (short narratives, below)</b>	
Workforce Staffing Support:	
Training and Technical Assistance:	
Mental Health Career Pathways Programs:	
Residency, Internship Programs:	
Financial Incentive Programs:	
<b>Form completed by:</b> Name: _____ Title or position: _____ Phone#: _____ Email: _____ Date: _____	