

PART IV: REQUIRED EXHIBITS

EXHIBIT 1: WORKFORCE FACE SHEET

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

County: Santa Cruz

Date: January 11, 2008

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

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

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

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

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EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY

Counties are to provide a short summary of their planning process, to include identifying stakeholder entities involved and the nature of the planning process; for example, description of the use of focus groups, planning meetings, teleconferences, electronic communication, use of regional partnerships.

Santa Cruz County hired a consultant to work with the MHSA coordinator to facilitate the WET planning. Dr. Jerry Solomon is both a clinical psychologist and an organizational consultant. Santa Cruz developed a one page Workforce Education & Training Information sheet (see Appendix #1) as a means of educating stakeholders of the WET requirements in a concise manner; stakeholders were advised of the availability of the complete requirement, as well. The County held monthly meetings with stakeholders from August 2007 to December 2007. There were also three “sub groups” that focused on developing recommendations for the WET proposal. Group one focused on Staffing Support & Training and Technical Assistance, group two focused on Mental Health Career Pathways, and group three focused on Internship Programs & Financial Incentives. There were also monthly updates of the stakeholder/workgroup meetings provided to the Santa Cruz County Mental Health Services Act Steering Committee.

The County also conducted several focus groups. Dr. Solomon met with County Mental Health staff (in both North and South County), community-based organizations’ staff, consumer/client employee staff (in both North and South County), and with interns (both trainees and registered interns). Alicia Nájera conducted a Spanish-speaking parents focus group at the Mariposa Wellness Center.

Dr. Solomon and NAMI representatives developed a family questionnaire (see Appendix #2) and mailed to over 250 NAMI families in Santa Cruz County; approximately 47 were returned. The family questionnaire was translated into Spanish (see Appendix #3) and was disseminated to adult and children services staff, the Mariposa Wellness Center and to Family Partnership, but no surveys were received. The County plans on conducting additional focus groups with Spanish speaking families to gather their input. The Family Questionnaire results are summarized in Appendix #4. The County also supported a NAMI gathering focused on MHSA and encouraging families to get involved (see Appendix #5). Santa Cruz County also held two Town Hall meetings in Santa Cruz and Watsonville in October 2007. This was both an opportunity to provide MHSA information and update to the community at large, as well as to receive additional input.

The stakeholders were consumers, family members, representatives from County Mental Health (managers, supervisors and line staff), mental health contract agencies, Wellness centers, Department of Rehabilitation, First Five, Cabrillo College, Bethany College, child welfare, County Personnel, Workforce Investment Board, MHSA Steering Committee members, and Mental Health Board members.

The County also sought involvement with stakeholder representatives that did not participate (but remained on our mailing list and received meeting notices and meeting notes to keep them informed). These included representatives from the University of California at Santa Cruz, California State University at Monterey Bay, San José State University, Career Works, and ROP.

Note: This Plan is intended to benefit the Public Mental Health System employers and current and prospective employees, including individuals and entities that contract or volunteer with Santa Cruz County Mental Health & Substance Abuse Services. Consumers and Family members will be encouraged to participate as well.

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 1

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)							# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)		
A. Unlicensed Mental Health Direct Service Staff:											
County (employees, independent contractors, volunteers):											
Mental Health Rehabilitation Specialist	34	1	102	17.0	15.0	0.0	2.0	0.0	0.0	34.0	
Case Manager/Service Coordinator.....	19	0	10	8.0	8.0	0.0	1.0	0.0	2.0	19.0	
Employment Services Staff.....	0	0	8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Housing Services Staff.....	0	0	8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Consumer Support Staff.....	0	0	8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Family Member Support Staff.....	0	0	2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Benefits/Eligibility Specialist.....	5	0	1	1.0	3.0	0.0	0.0	0.0	1.0	5.0	
Other <i>Unlicensed</i> MH Direct Service Staff.....	2	0	0	0.0	1.0	0.0	0.0	0.0	1.0	2.0	
<i>Sub-total, A (County)</i>	60	1	139	26.0	27.0	0.0	3.0	0.0	4.0	60.0	
All Other (CBOs, CBO sub-contractors, network providers and volunteers):											
Mental Health Rehabilitation Specialist	38.1	1.0	62.0	16.3	21.8	0.0	0.0	0.0	0.0	38.1	
Case Manager/Service Coordinator.....	18.5	1.0	3.0	15.5	2.0	1.0	0.0	0.0	0.0	18.5	
Employment Services Staff.....	5.8	0.0	2.5	2.0	1.8	1.0	1.0	0.0	0.0	5.8	
Housing Services Staff.....	2	0.0	2.0	2.0	0.0	0.0	0.0	0.0	0.0	2.0	
Consumer Support Staff.....	12.8	1.0	24.0	9.7	1.7	0.9	0.0	0.5	0.0	12.8	
Family Member Support Staff.....	5.7	1.0	2.0	2.8	2.1	0.0	0.0	0.8	0.0	5.7	
Benefits/Eligibility Specialist.....	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Other <i>Unlicensed</i> MH Direct Service Staff.....	121.3	1.0	18.0	69.3	40.0	4.0	7.0	1.0	0.0	121.3	
<i>Sub-total, A (All Other)</i>	204.2	5.0	113.5	117.6	69.4	6.9	8.0	2.3	0.0	204.2	
Total, A (County & All Other):	264.2	6	252.5	143.6	96.4	6.9	11.0	2.3	4.0	264.2	

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EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 2

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+(7)+(8)+(9)+(10) (11)
B. Licensed Mental Health Staff (direct service):										
County (employees, independent contractors, volunteers):										
Psychiatrist, general.....	9.6	0.0	0.0	5.6	3.0	0.0	1.0	0.0	0.0	9.6
Psychiatrist, child/adolescent.....	2.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	2.0
Psychiatrist, geriatric.....	0.2	0.0	1.0	0.2	0.0	0.0	0.0	0.0	0.0	0.2
Psychiatric or Family Nurse Practitioner	2.7	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.7	2.7
Clinical Nurse Specialist	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Licensed Psychiatric Technician	4.0	1.0	3.0	4.0	0.0	0.0	0.0	0.0	0.0	4.0
Licensed Clinical Psychologist.....	7.0	1.0	9.0	6.0	1.0	0.0	0.0	0.0	0.0	7.0
Psychologist, registered intern (or waived)	1.0	1.0	3.0	1.0	0.0	0.0	0.0	0.0	0.0	1.0
Licensed Clinical Social Worker (LCSW)	11.0	1.0	3.0	9.6	0.0	0.0	0.5	0.0	1.0	11.1
MSW, registered intern (or waived)	8.8	0.0	8.0	2.0	4.8	0.0	0.0	0.0	2.0	8.8
Marriage and Family Therapist (MFT).....	20.5	1.0	45.0	19.5	0.0	0.0	0.0	0.0	1.0	20.5
MFT registered intern (or waived).....	7.0	1.0	18.0	7.0	1.0	0.0	0.0	0.0	0.0	8.0
Other Licensed MH Staff (direct service)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Sub-total, B (County)</i>	73.9	6.0	90.0	56.9	9.8	0.0	2.5	0.0	5.7	74.9
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Psychiatrist, general.....	1.0	1.0	0.3	1.0	0.0	0.0	0.0	0.0	0.0	(
Psychiatrist, child/adolescent.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Psychiatrist, geriatric.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Psychiatric or Family Nurse Practitioner	0.0	1.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Clinical Nurse Specialist	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Licensed Psychiatric Technician	1.0	0.0	0.0	0.5	0.5	0.0	0.0	0.0	0.0	1.0
Licensed Clinical Psychologist.....	0.6	0.0	0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.6
Psychologist, registered intern (or waived)	1.2	0.0	0.0	0.2	0.8	0.2	0.0	0.0	0.0	1.2
Licensed Clinical Social Worker (LCSW)	9.0	1.0	8.9	7.6	0.9	0.0	0.0	0.0	0.0	8.5
MSW, registered intern (or waived)	3.8	1.0	11.4	1.4	2.4	0.0	0.0	0.0	0.0	3.8
Marriage and Family Therapist (MFT).....	16.9	1.0	5.5	16.9	0.0	0.0	0.0	0.0	0.0	16.9
MFT registered intern (or waived).....	36.8	1.0	27.0	24.3	7.0	2.0	1.5	0.0	2.0	36.8
Other Licensed MH Staff (direct service)	2.1	0.0	6.0	1.0	1.1	0.0	0.0	0.0	0.0	2.1
<i>Sub-total, B (All Other)</i>	72.3	6.0	59.3	53.4	12.7	2.2	1.5	0.0	2.0	71.8

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Total, B (County & All Other):	146.1	12	149.3	110.3	22.5	2.2	4.0	0.0	7.7	146.6
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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)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/ Cau- casian (5)	His- panic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	
C. Other Health Care Staff (direct service):										
County (employees, independent contractors, volunteers):										
Physician.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Registered Nurse.....	0.0	0.0	8.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Licensed Vocational Nurse.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Physician Assistant.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Occupational Therapist.....	0.0	0.0	8.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Therapist (e.g., physical, recreation, art, dance).....	0.8	0.0	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.8
Other Health Care Staff (direct service, to include traditional cultural healers).....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Sub-total, C (County)</i>	0.8	0.0	16.0	0.8	0.0	0.0	0.0	0.0	0.0	0.8
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Physician.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Registered Nurse.....	20.0	1.0	0.0	17.0	1.0	2.0	0.0	0.0	0.0	20.0
Licensed Vocational Nurse.....	5.0	1.0	0.0	4.0	0.0	1.0	0.0	0.0	0.0	5.0
Physician Assistant.....	1.0	1.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	1.0
Occupational Therapist.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Therapist (e.g., physical, recreation, art, dance).....	7.0	1.0	0.0	4.0	2.0	1.0	0.0	0.0	0.0	7.0
Other Health Care Staff (direct service, to include traditional cultural healers).....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Sub-total, C (All Other)</i>	38.0	5.0	0.3	30.0	3.0	4.0	0.0	0.0	0.0	37.0
Total, C (County & All Other):	38.8	5.0	16.3	30.8	3.0	4.0	0.0	0.0	0.0	37.8

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EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 4

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/ Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	
D. Managerial and Supervisory:										
County (employees, independent contractors, volunteers):										
CEO or manager above direct supervisor	11.8	1.0	7.0	10.0	1.8	0.0	0.0	0.0	0.0	11.8
Supervising psychiatrist (or other physician)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Licensed supervising clinician.....	13.8	1.0	11.0	13.8	0.0	0.0	0.0	0.0	0.0	13.8
Other managers and supervisors	6.0	0.0	3.0	5.0	0.0	0.0	0.0	0.0	1.0	6.0
<i>Sub-total, D (County)</i>	31.6	2.0	21.0	29.8	0.8	0.0	0.0	0.0	1.0	31.6
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
CEO or manager above direct supervisor	8.3	1.0	4.5	7.3	1.0	0.0	0.0	0.0	0.0	8.3
Supervising psychiatrist (or other physician)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Licensed supervising clinician.....	16.6	1.0	16.5	16.6	0.0	0.0	0.0	0.0	0.0	16.6
Other managers and supervisors	43.4	1.0	15.0	17.1	22.5	3.8	0.0	0.0	0.0	43.4
<i>Sub-total, D (All Other)</i>	68.2	3.0	36.0	41.0	23.5	3.8	0.0	0.0	0.0	68.2
Total, D (County & All Other):	99.8	5	57.0	70.8	24.3	3.8	0.0	0.0	0.0	99.8
E. Support Staff (non-direct service):										
County (employees, independent contractors, volunteers):										
Analysts, tech support, quality assurance	14.0	1.0	3.0	10.0	2.0	0.0	0.0	0.0	2.0	14.0
Education, training, research	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Clerical, secretary, administrative assistants.....	16.3	1.0	4.0	8.3	5.0	0.0	0.0	1.0	2.0	16.3
Other support staff (non-direct services)	18.9	0.0	0.0	8.3	5.6	0.0	0.0	1.0	4.0	18.9
<i>Sub-total, E (County)</i>	49.1	2.0	7.0	26.5	12.6	0.0	0.0	2.0	8.0	49.1
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Analysts, tech support, quality assurance	6.5	1.0	9.0	5.0	1.5	0.0	0.0	0.0	0.0	6.5
Education, training, research	0.9	0.0	3.0	0.9	0.0	0.0	0.0	0.0	0.0	0.9
Clerical, secretary, administrative assistants.....	23.0	1.0	25.0	13.3	9.7	0.0	0.0	0.0	0.0	23.0
Other support staff (non-direct services)	30.0	0.0	4.0	6.8	21.3	0.0	2.0	0.0	0.0	30.0
<i>Sub-total, E (All Other)</i>	60.4	2.0	41.0	26.0	32.4	0.0	2.0	0.0	0.0	60.4

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Total, E (County & All Other):	109.5	4	48.0	52.5	45.0	0.0	2.0	2.0	8.0	109.5
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EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 5

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

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	
County (employees, independent contractors, volunteers) (A+B+C+D+E).....	215.3	11	273.0	139.9	50.2	0.0	5.5	2.0	18.7	216.3
All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E)	443.0	21	250.1	267.9	140.9	16.9	11.5	2.3	2.0	441.5
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	658.3	32	523.1	407.8	191.1	16.9	17.0	4.3	20.7	657.8

F. TOTAL PUBLIC MENTAL HEALTH POPULATION

(1)	(2)	(3)	(4)	Race/ethnicity of individuals planned to be served -- Col. (11)						All individuals (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	
F. TOTAL PUBLIC MH POPULATION	Leave Col. 2, 3, & 4 blank			3429	1631	154	83	55	127	5479

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

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

Major Group and Positions (1)	Estimated # FTE authorized and to be filled by clients or family members (2)	Position hard to fill with clients or family members? (1=Yes; 0=No) (3)	# additional client or family member FTEs estimated to meet need (4)
A. <i>Unlicensed</i> Mental Health Direct Service Staff:	14.7	2	13.0
Consumer Support Staff.....	5.7	2	1.0
Family Member Support Staff	22.1	1	2.0
Other <i>Unlicensed</i> MH Direct Service Staff			
Sub-Total, A:	42.5	5	19.0
B. <i>Licensed</i> Mental Health Staff (direct service)	25.1	1	0.0
C. Other Health Care Staff (direct service)	2.0	0	0.0
D. Managerial and Supervisory	6.5	0	0.0
E. Support Staff (non-direct services)	7.5	0	0.5
GRAND TOTAL (A+B+C+D+E)	83.6	6	19.5

III. LANGUAGE PROFICIENCY

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

Language, other than English (1)	Number who are proficient (2)	Additional number who need to be proficient (3)	TOTAL (2)+(3) (4)
1. <u> </u> Spanish	Direct Service Staff <u> 150 </u> Others <u> 39 </u>	Direct Service Staff <u> 181 </u> Others <u> 18 </u>	Direct Service Staff <u> 331 </u> Others <u> 57 </u>
2. <u> </u> Vietnamese	Direct Service Staff <u> 3 </u> Others <u> 1 </u>	Direct Service Staff <u> 0 </u> Others <u> 0 </u>	Direct Service Staff <u> 3 </u> Others <u> 1 </u>
3. <u> </u> Cantonese	Direct Service Staff <u> 0 </u> Others <u> 1 </u>	Direct Service Staff <u> 0 </u> Others <u> 0 </u>	Direct Service Staff <u> 0 </u> Others <u> 1 </u>
4. <u> </u> Hmong	Direct Service Staff <u> 0 </u> Others <u> 1 </u>	Direct Service Staff <u> 0 </u> Others <u> 0 </u>	Direct Service Staff <u> 0 </u> Others <u> 1 </u>

Santa Cruz County Mental Health Services Act: Workforce Education & Training Plan

5. _____ Farsi _____	Direct Service Staff <u> 0 </u> Others <u> 0 </u>	Direct Service Staff <u> 0 </u> Others <u> 0 </u>	Direct Service Staff <u> 0 </u> Others <u> 0 </u>
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EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

IV. REMARKS: Provide a brief listing of any significant shortfalls that have surfaced in the analysis of data provided in sections I, II, and/or III. Include any sub-sets of shortfalls or disparities that are not apparent in the categories listed, such as sub-sets within occupations, racial/ethnic groups, special populations, and unserved or underserved communities.

A. Shortages by occupational category:

The greatest shortfall throughout the public mental health system in Santa Cruz County is licensed clinicians, especially bilingual (Spanish) speaking clinicians. Also noted were shortages in LVN/licensed psychiatric technicians, occupational therapists, employment supports, and consumer and family supports.

NOTE: The WET workgroup noted that there is a shortage of clinicians with specialized skills in early intervention and prevention, particularly for services to young children.

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

The workforce does not reflect the ethnic diversity of the community: there is a serious shortage of Latino/a staff throughout the public mental health system.

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

There are no positions designated for consumer and family member experience at the County and only a few contract agencies. However, most of the contract mental health agencies do hire consumer employees, and at least one advertises all salaried positions as “family or consumer experience preferred”.

D. Language proficiency:

There is a severe shortage of Spanish speaking staff at almost all of the public mental health agencies. Some noted that there are vacant and/or unfilled positions due to the lack of candidates. Only two agencies stated they had adequate Spanish speaking capacity

E. Other, miscellaneous:

There is a need for more training and support in order to assist consumers and family members qualify for a variety of staff positions.

EXHIBIT 4: WORK DETAIL

A. WORKFORCE STAFFING SUPPORT

draft

Santa Cruz County Mental Health Services Act: Workforce Education & Training Plan

Action #1 – Title: Workforce Education and Training Coordination

Description: In collaboration with various stakeholders, including public mental health staff (both County and Contractors), consumers and family, family members, and local educational institutions, Santa Cruz County has created a Workforce Education and Training Plan. The County will hire a Workforce, Education and Training (“WET”) Coordinator to implement and coordinate the Plan. The WET Coordinator will ensure that the five fundamental elements of MHSA (consumer and family driven, community collaboration, recovery/resiliency strength-based services, integrated services, and culturally competency) are embedded within all events. Additionally, Santa Cruz County will hire a WET administrative assistant to help with the logistics in supporting training events and activities, create and maintain a web-site containing a current mental health resource directory, training needs assessments, workshop evaluations, etc. Staff in these positions will report to the MHSA Coordinator who is responsible for coordinating state and regional activities with local MHSA efforts.

Goal: To implement and coordinate the Santa Cruz County WET plan and to create a well-run welcoming environment for all training audiences.

Objectives:

1. To regularly assess the training and educational needs of paid staff, interns, consumers and their families, and volunteers.
2. To expand membership of the Training Task Force (TTF) to include consumers, families and community based organizations that contract with mental health. The WET Coordinator will work closely with the TTF. The WET Workgroup will determine the size and structure of the TTF.
3. To complete a three-year training plan, to include cultural competence and wellness/recovery/resilience.
4. To coordinate and provide training events for the public mental health system.
5. To encourage participation by consumers and their families in trainings and educational events.
6. To establish and oversee contracts with entities providing WET services.
7. To participate with Cabrillo College to develop the Human Services and Mental Health Track Programs, resulting in better-trained people applying for entry-level public mental health positions.
8. To regularly convene the education providers to explore ways in which more cost effective in-service training can be provided to the county’s mental health workforce by leveraging their programs and funding sources.
9. To prepare annual reports describing WET activities and an evaluation of the program’s efficacy, and other reports as required by the Santa Cruz County MHSA Steering Committee and/or the State Department of Mental Health.

Outcomes:

1. WET Coordinator and WET assistant will be hired within 3 months of being funded.
2. Full development and initial implementation of three year training plan within six months of being hired.

Budget justification: The WET Coordinator and Administrative Assistant will both be full time positions plus benefits, work stations, computer and phone set up. Administrative costs (at 15%).

Budgeted Amount:	FY 2006-07: \$ <u>0</u>	FY 2007-08: \$ <u>0</u>	FY 2008-09: \$ <u>307,478</u>
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A: WORKFORCE STAFFING SUPPORT

Santa Cruz County Mental Health Services Act: Workforce Education & Training Plan

Action #2 – Title: Professional Development for Clinical Supervisors

Description: The WET process revealed that an employee’s relationship with their supervisor significantly determined job satisfaction. The more skilled and engaged the supervisor the greater the job satisfaction reported by the employee. Staff supervisors will be offered on-going training to augment their clinical supervision skills. Emphasis will be placed upon exploring ways to create a supportive welcoming environment to all new hires, including consumers and families. Supervisors will participate in group consultation with a master clinician; attend required supervision training and specialized trainings, as needed and/or required. The MHSA Coordinator will hire master clinicians to provide these services.

Goal: Supervisors to be better equipped to provide supportive and constructive guidance to line staff, including consumer and family employees.

Objectives:

1. To provide a welcoming and supportive environment for new employees.
2. To ensure line staff are providing effective services that embrace the five philosophical elements of the MHSA plan.
3. To amplify the view of family members as critical caregivers and essential in treatment planning.
4. To maximize supervisory performance in accordance with personnel policies and procedures in a manner that supports the five fundamental MHSA elements.
5. To offer opportunities for clinical supervisors to learn management skills for their own career pathway as a means of retention.
6. For supervisors to embrace the paradigm shift and to foster and nurture this shift in their supervisees.

Outcome:

1. Within 3 months of being funded the MHSA Coordinator will establish a contract with a Master Clinician to provide advanced supervision for clinical supervisors.
2. Increased job satisfaction and improved job performance for supervisors.
3. Increased job satisfaction and improved job performance for supervisees.
4. Improved performance regarding embracing the MHSA fundamental elements
5. Assessment improved performance regarding embracing the MHSA fundamental concepts.

Budget justification:

Consultant (master clinician) to offer supervision to children’s supervisors twice monthly for two hours each time, and adult program supervisors twice monthly for two hours each time for a total of 40 weeks @ \$175/hour (\$59,500) and costs for advanced trainings not offered at the academy (\$2,000).

Budgeted Amount:	FY 2006-07: \$ <u>0</u>	FY 2007-08: \$ <u>0</u>	FY 2008-09: \$61,500
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B. TRAINING AND TECHNICAL ASSISTANCE

Action #3 – Title: The Training Academy

Description: In order to increase the quality and success of educating and training the public mental health workforce we will offer trainings to multiple audiences. Trainings will reflect the needs identified in the assessment of paid public mental health staff, volunteers, consumers and family members. (See the Family Questionnaire Results Summary, Appendix #4, the NAMI Meeting Summary, Appendix #5, and the Focus Groups Summaries, Appendix #6.) The Academy will offer workshops and on-going classes of varying sizes and areas of focus and depth. Curriculum will be described in the Three Year Training Plan with priority placed upon the five fundamental MHSA concepts, family trainings, new hire orientation and classes to establish minimal competency regarding paperwork, billing requirements, and specific skills needed for paid staff to accomplish their jobs. Public mental health student interns that complete the minimum standards as established by the WET coordinator and the Training Task Force will receive a certificate of completion.

Goal: To increase the skills of staff in order to improve public mental health services.

Objectives:

1. To create a cultural shift throughout public mental health that embraces the five fundamental elements of the MHSA model.
2. To create environments that value the client and the family's perspective.
3. To foster supportive, solution-focused communication and collegiality between various program staff.
4. To underscore the importance of the concepts of recovery, wellness and resiliency by offering trainings to increase the skills of staff and to offer strength-based services that include the use of family supports.

Goal: To offer employees trainings on how to create a welcoming and customer service attitude towards families, especially “newcomers” to the system, and empower consumers and families to take charge of their recovery.

Objectives:

1. To create a mental health system that is easy to navigate.
2. To provide families increased skill sets to support their loved ones
3. To increase consumers and family member understanding of mental health.
4. To ensure ongoing participation of consumers and family members in public mental health “overview” trainings (orientations).

Goal: To offer new employees (including consumers and family members) and interns an opportunity to learn the “basics” of working in public mental health.

Objectives:

1. To provide trainings that all new employees and interns are required to attend (to include the “basics” such as documentation, clinical assessments, and treatment planning).
2. To regularly offer a Santa Cruz County Public Mental Health orientation that describes all the services and populations served for consumers and family members.
3. To expose interns to other areas in the system that may be of interest for future employment.

Santa Cruz County Mental Health Services Act: Workforce Education & Training Plan

Goal: To create a mental health system that supports prevention, identification and treatment of mental health issues across the lifespan.

Objectives:

1. Offer training modules on specialized topics (such as evidence-based practices) that initially can be offered as a broad overview (thus being accessible to a larger audience, including consumers and family members, and progress to more skilled, in-depth techniques for advanced clinicians).
2. To assess and access clinical skills in areas of special need (to include across the lifespan).
3. To foster long term leadership development in areas where specific skills are needed, to include “trained” public mental health staff “trainers”.

Goal: To utilize county education providers to deliver in-service education where doing so will result in cost savings through leveraging existing public investments in education.

Objectives:

1. To expand the range and depth of offerings available through the Training Academy by tapping into the resources of local education providers.
2. To fully utilize other public investments in education in order to stretch MHSA training investments.
3. To integrate in-service and pre-service training programs where doing so will generate cost savings and strengthen the connection between pre-service programs and the programs employing students from these programs.
4. To convene a regular and on-going dialog with education providers in order to continuously evolve relationships of productive and mutual value.

Outcomes:

1. Within 6 months of being hired the WET coordinator will identify the necessary trainers to provide orientation, documentation and the MHSA 5 essential elements “101” trainings.
2. Within 6 months of being hired the WET coordinator will establish the minimal training standards for new hires and interns.
3. Within 12 months the Academy will provide ongoing minimal competency workshops and begin offering advanced clinical track trainings.
4. At the end of the first year the persons trained will include consumers, family members, interns, county staff, contract (community based organizations) staff, and “other”.
5. A partnership will be formed with Public Mental Health and higher educational institutions to utilize their training capacity in the Training Academy where doing so will add value and reduce costs and to create curricula for advanced clinical skills.

Budget justification: Paid staff that are identified as Academy trainers must have supervisor approval to offer trainings, and supervisor may accommodate productivity expectations. Consultants/trainers at \$95,823 per year. Room/facility rental (10 times/year at \$100) \$1000; training equipment (lcd projector, laptop, and speakers) \$5,240; printing, duplication, and other associated costs: \$6,000.

Budgeted Amount:	FY 2006-07: \$ 0	FY 2007-08: \$ 0	FY 2008-09: \$ 108,063
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B. TRAINING AND TECHNICAL ASSISTANCE

Action #4– Title: Medical Staff (Psychiatrists and Nurse Practitioners) Training

Description: In recognition of the fact that medical staff have unique training needs and requirements, the MHSA and WET Coordinator in conjunction with the Mental Health Director will develop training guidelines for the physicians in public mental health. Required trainings will include the five fundamental elements of MHSA (consumer and family driven services, community collaboration, recovery/resiliency strength-based services, integrated services, and culturally competent services).

Goal: To ensure that public mental health psychiatrists and nurse practitioners are equipped with the education and training needed to help transform the public mental health service system towards the new MHSA paradigm.

Objectives:

1. To create a cultural shift throughout public mental health psychiatrists and nurse practitioners that embraces the five fundamental elements of the MHSA model.
2. To assess public mental health psychiatric and nurse practitioner staff for determination of training needs.
3. To provide training for psychiatrists and nurse practitioners that addresses the needs of families and consumers, as identified by the surveys and focus groups.

Outcome:

1. The training assessment of medical staff will be complete within 6 months of the program.
2. Each training plan for the psychiatrist and nurse practitioner staff will incorporate “out of Academy” training needs **and** Academy training to facilitate paradigm shift.

Budget justification:

\$1,000 per staff person for 20 persons (total \$20,000).

Budgeted Amount:	FY 2006-07: \$ 0	FY 2007-08: \$ 0	FY 2008-09: \$ 20,000
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B. TRAINING AND TECHNICAL ASSISTANCE

Action #5 – Title: Consumer “Culture” Training

Description: To support our commitment of creating a public mental health system that truly understands the consumer’s needs and perspectives, the MHSA Coordinator will contract and/or partner with persons and/or organizations to provide educational services to public mental health.

Goal: To educate providers about the important role that consumers play in their wellness and recovery, and to foster consumer involvement and participation in primary clinical decision-making.

Objectives:

1. To promote increased understanding and sensitivity of public mental health staff toward consumer perspectives.
2. To foster a culturally sensitive inclusive model where consumers are part of clinical decision-making and treatment planning.
3. To encourage providers to recognize consumers as an important and necessary part of the treatment team.

Outcomes:

1. Within the first three months of funding identify and issue contract(s) to and/or partner with persons/organizations to provide trainings.
2. By the end of the first year implement trainings that focus on consumer experiences, including cultural perspectives. These are to be included as part of the ongoing Training Academy.

Budget justification:

\$10,000 per year.

Budgeted Amount:	FY 2006-07: \$ <u> 0 </u>	FY 2007-08: \$ <u> 0 </u>	FY 2008-09: \$ <u>10,000</u>
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B. TRAINING AND TECHNICAL ASSISTANCE

Action #6 – Title: Family “Culture” Training

Description: To support our commitment of creating a public mental health system that truly understands the family’s needs and perspectives, the MHSA Coordinator will contract and/or partner with persons and/or organizations to provide educational services to public mental health.

Goal: To educate the providers about the important role that families can play in wellness and recovery, and to foster family involvement and participation in primary clinical decision-making.

Objectives:

1. To promote increased understanding and sensitivity of public mental health staff toward family perspectives.
2. To foster a culturally sensitive inclusive model where families are part of clinical decision-making and treatment planning.
3. To encourage providers to recognize families as an important and often necessary part of the treatment team.

Outcomes:

1. Within the first three months of funding identify and issue contracts to and/or partner with persons/organizations to provide trainings.
2. By the end of the first year implement trainings that focus on family member experiences, including cultural perspectives. These are to be included as part of the ongoing Training Academy.

Budget justification:

\$10,000 per year.

Budgeted Amount:	FY 2006-07: \$ <u>0</u>	FY 2007-08: \$ <u>0</u>	FY 2008-09: \$ <u>10,000</u>
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C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action #7 – Title: Santa Cruz County Career Pathways

Description: Current County personnel processes present challenges to attracting a diverse workforce in County mental health. Student interns that graduate and apply for paid positions are not credited for their experience by the Personnel Department. This makes it difficult for supervisors to hire qualified and trained interns. Additionally, if the MHSA model is to be implemented then a person’s life experience of successfully recovering from a serious mental illness as well as a family member’s experience providing care and hope to that individual should be honored and valued by the County civil service process. As a result of the WET process the MHSA Coordinator is in discussion with representatives from the Santa Cruz County Personnel Department to explore ways to value different aspects of a job candidate experience.

Goal: To create an application process and work experience that encourages all potential applicants, including consumers and family members, to work for public mental health.

Objectives:

1. To create a “user friendly” system when applying for public mental health positions.
2. To promote a process that allows for the creation of entry-level positions and mental health positions for consumers and family members, and encourages consumers and family members to apply.
3. To create half time and/or part time positions for consumers needing greater flexibility in their work schedules.
4. To change the training and experience rating form for Mental Health Client Specialists to give “credit” to interns for their experience working at County Mental Health when applying for paid positions.

Outcome:

1. Change in the application form (specifically for Mental Health Client Specialist and Mental Health Aide positions).

Budget justification:

MHSA and WET coordinators will provide the staffing for this action. Mileage and staff time already accounted for in staff positions.

Budgeted Amount:	FY 2006-07: \$ <u>0</u>	FY 2007-08: \$ <u>0</u>	FY 2008-09: \$ <u>0</u>
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C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action #8 – Title: High School Outreach

Description: The public mental health system needs to conduct targeted ‘outreach’ to high school students to provide information about mental illness, resources and to promote the idea of employment in public mental health. One way to accomplish this is by partnering with existing ROP programs currently in the local high schools. The Workforce Needs Assessment for Santa Cruz County reflects that there is a lack of sufficient mental health providers. Outreach will focus on Spanish speaking communities. Additionally, the local community colleges will be encouraged to target this same population in order to inform the students about the application process and supports available for students interested in pursuing higher education.

Goal: To foster knowledge and create interest in mental health as a career path amongst high school students, with a focus on bilingual (Spanish) and bicultural students.

Objectives:

1. Establish outreach strategies to recruit individuals from unserved or underserved communities for entry into mental health occupations by increasing the prevalence of mental health career development.
2. Presentations will include discussion of the need for persons to work in public mental health, dispelling the myths about mental illness, and provide information about community resources, including suicide hotline information.
3. Facilitate entrance to community college in order to produce better-prepared applicants for public mental health.

Outcome:

1. Identify and train four Pajaro Valley Unified School District personnel to set up ongoing in-school orientations regarding mental health career pathways. This will serve as a “demonstration project” for other geographical areas in the greater Santa Cruz area.
2. Conduct presentations in Santa Cruz County high schools (this may include ROP and/or adult education programs).

Budget justification:

Travel and materials \$500.

Budgeted Amount:	FY 2006-07: \$ <u>0</u>	FY 2007-08: \$ <u>0</u>	FY 2008-09: \$ <u>500.</u>
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C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action #9 – Title: Entry Level Employment Preparation

Description: Cabrillo College has a record of excellence at offering educational opportunities to students interested in working within the allied health fields. Those attending the focus groups repeatedly praised Cabrillo College’s success at working with mental health clients who are re-entering the educational system. Former clients reported excellent student support services.

Goal: To develop an entry-level preparation program (for consumers and family members and the general public) for services in the public mental health sector which incorporates the five fundamental elements of MHSA (consumer and family driven services, community collaboration, recovery/resiliency strength-based, integrated services, and culturally competent services) into the courses offered.

Objectives:

1. To expand Cabrillo’s certificate programs to include courses relevant to mental health, gerontology, and substance abuse.
2. To explore providing pre-employment preparation skills training and on-going post-employment support.
3. To work with County Personnel to accept the Human Services certificate as a recognized qualification for employment, and encourage public mental health contractors to also recognize this certificate.
4. To provide support to all new hires, including consumers and family members.

Outcome:

1. To establish at a minimum quarterly meetings between public mental health staff and Cabrillo college staff to continue to define and refine programs that support workforce needs.
2. Change in application form for Mental Health Aide position.
3. To expand Cabrillo “College Connection” to support “consumer” students expressing interest in work in public mental health.

Budget justification:

Part-time Education Specialist for Cabrillo “College Connection” Program salary plus benefits \$19,974.

Budgeted Amount:	FY 2006-07: \$ <u>0</u>	FY 2007-08: \$ <u>0</u>	FY 2008-09: \$ <u>19,974</u>
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D. RESIDENCY, INTERNSHIP PROGRAMS

Action #10 – Title: Public Mental Health Internship Program

Description: The internship program in Santa Cruz is not consolidated. Several supervisors do outreach with educational institutions and each trains their own trainee. Also at present, the registered interns have limited support in preparing for licensure.

Goal: To create a more cohesive internship program for trainees at county mental health, and to foster greater support for registered interns on licensure track.

Objectives:

1. To provide a single point of contact for educational institutions regarding internship placements within the County.
2. To provide and coordinate group supervision for all trainees placed within the public mental health sector.
3. To provide license track education & support to all public mental health registered interns for license examination preparation.
4. To offer funds for public mental health employees for purchase of license exam preparation materials and/or test fees.

Outcome:

1. Hire half-time clinical supervisor to provide clinical supervision to interns.
2. All public mental health interns will participate in group clinical supervision.
3. To increase the success rate of passing licensing exams for public mental health registered interns.
4. To create an application and a process to allocate for license preparation funds within 2 months of funding.

Budget justification:

Half-time clinical supervisor, plus benefits, workstation, computer, and phone.

\$1,000 per public mental health employee for reimbursement of registered license preparation materials and/or clinical license test fees for up to twenty employees. (\$20,000)

Budgeted Amount:	FY 2006-07: \$ <u>0</u>	FY 2007-08: \$ <u>0</u>	FY 2008-09: \$83,485 <u> </u>
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D. RESIDENCY, INTERNSHIP PROGRAMS

Action #11– Title: Local Graduate School Initiative: CSUMB MSW program

Description: There is a critical need for clinical social workers in the public mental health workforce, particularly bilingual (Spanish) and bicultural persons. The California State University at Monterey Bay (CSUMB) is currently conducting a feasibility study to assess the possibility of starting a master in social work program at their campus. Monterey County mental health has been instrumental in supporting this feasibility study, and has reached out to neighboring counties (Santa Cruz and San Benito) for additional support and input. Santa Cruz is also committed to collaborate with other institutions of higher learning in order to foster mutual support in the creation of a trained workforce for public mental health.

Goal: To support the creation of a masters of social work program at CSUMB and continue to collaborate with other local institutions of higher learning (such as Bethany, JFK, Santa Clara University, and San Jose State University).

Objectives:

1. Participate in stakeholder meetings to help determine the need for a School of Social Work program at CSUMB.
2. Collaborate with local colleges and universities.

Outcome:

1. Creation of masters in social work program at CSUMB.
2. Establish bi-annual (at a minimum) meetings with local colleges and universities to foster on-going collaboration.

Budget justification:

Mileage and staff time already accounted for in staff positions.

Budgeted Amount:	FY 2006-07: \$ <u>0</u>	FY 2007-08: \$ <u>0</u>	FY 2008-09: \$ <u>0</u>
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E. FINANCIAL INCENTIVE PROGRAMS

Action #12 – Title: Stipends for Clinical Psychologist, Social Worker and Marriage & Family Therapist Graduate Student Trainees

Description: In order to address workforce shortage of critical skills (including under representation of racial/ethnic, cultural and/or bilingual (Spanish) groups Santa Cruz County will provide financial incentives for student interns at public mental health. Stipends will be for interns to complete their education. This will allow public mental health and student interns to determine if future employment in public mental health will be a good match. The student interns are not considered employees and will not be receiving a salary or benefits.

Goal: To address workforce shortages of critical skills and address diversity and language proficiency shortfalls.

Objectives:

1. To encourage bilingual (Spanish) and bicultural interns to participate in our internship program.
2. To create standard contract for stipend program

Outcome:

1. To create an application and a process to allocate for stipend funds within 2 months of funding.
2. Standard contract will be developed and will include payment mechanism.
3. Up to 10 stipends will be available for interns that meet criteria.

Budget justification:

Up to 10 stipends of \$1,500 per year for a total of \$15,000. Will also seek matching funds to leverage from colleges/universities.

Budgeted Amount:	FY 2006-07: \$ 0	FY 2007-08: \$ 0	FY 2008-09: \$15,000
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EXHIBIT 5: ACTION MATRIX

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

Actions (as numbered in Exhibit 4, above)	Promotes wellness, recovery, and resilience	Promotes culturally competent service delivery	Promotes meaningful inclusion of clients/family members	Promotes an integrated service experience for clients and their family members	Promotes community collaboration	Staff support (infrastructure for workforce development)	Resolves occupational shortages	Expands postsecondary education capacity	Loan forgiveness, scholarships, and stipends	Regional partnerships	Distance learning	Career pathway programs	Employment of clients and family members within MH system
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Action #_1_: Workforce Education and Training Coordination	X	X	X	X	X	X				X		X	X
Action #_2_: Professional Development for Clinical Supervisors	X	X	X	X	X	X							
Action #_3_: The Training Academy	X	X	X	X	X	X						X	X
Action #_4_: Medical Staff (Psychiatrists and Nurse Practitioners) Training	X	X	X	X	X	X							
Action #_5_: Consumer “Culture” Training	X	X	X	X	X	X							
Action #_6_: Family “Culture” Training	X	X	X	X	X	X							
Action #_7_: Santa Cruz County Career Pathways	X	X	X	X	X	X	X					X	X
Action #_8_: High School Outreach	X	X	X	X	X		X					X	
Action #_9_: Entry Level Employment Preparation	X	X	X	X	X		X	X				X	

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Action #_10_: Public Mental Health Internship Program	X	X	X	X	X	X	X					X	
Action #_11_: Local Graduate School Initiative: CSUMB MSW program								X		X		X	
Action #_12_: Stipends for Clinical Psychologist, Social Worker and Marriage & Family Therapist Student Trainees	X	X	X	X	X				X			X	

EXHIBIT 6: BUDGET SUMMARY

Fiscal Year: 2006-07			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:	0	0	0
B. Training and Technical Assistance	0	0	0
C. Mental Health Career Pathway Programs	0	0	0
D. Residency, Internship Programs	0	0	0
E. Financial Incentive Programs	0	0	0
GRAND TOTAL FUNDS REQUESTED for FY 2006-07			0

Fiscal Year: 2007-08			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:	50,000	0	50,000
B. Training and Technical Assistance	40,000	0	40,000
C. Mental Health Career Pathway Programs	0	0	0
D. Residency, Internship Programs	0	0	0
E. Financial Incentive Programs	0	0	0
GRAND TOTAL FUNDS REQUESTED for FY 2007-08			90,000

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	368,978	368,978
B. Training and Technical Assistance	0	148,063	148,063
C. Mental Health Career Pathway Programs	0	20,474	20,474

Santa Cruz County Mental Health Services Act: Workforce Education & Training Plan

D. Residency, Internship Programs	0	83,485	83,485
E. Financial Incentive Programs	0	15,000	15,000
GRAND TOTAL FUNDS REQUESTED for FY 2008-09			636,000

draft