

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: **ALAMEDA** Date: **7/9/2009**

This County's Workforce Education and Training (WE&T) Component of the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan addresses the shortage of qualified individuals who provide services in the Alameda County Behavioral Health Care Services (ACBHCS) workforce. **Please note that this WE&T Component defines the ACBHCS Workforce to include both the county and the community-based organization (CBO) contractors that provide mental health services.** This WE&T 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 and Prevention and Early Intervention components. Actions to be funded in this WE&T Component supplement state administered workforce programs. The combined Actions of California's Five-Year Plan and this County's WE&T 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 that are capable of providing client- and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes. This WE&T 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 WE&T 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 WE&T Component.

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Signature:

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TABLE OF CONTENTS

	<i>Page</i>
EXHIBIT 1: WORKFORCE FACE SHEET	1
EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY	3
EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT	11
EXHIBIT 4: WORK DETAIL	23
EXHIBIT 5: ACTION MATRIX	48
EXHIBIT 6: BUDGET SUMMARY	49
EXHIBIT 7: ANNUAL PROGRESS REPORT	50

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.

Alameda County’s Workforce, Education and Training Vision

Alameda County’s vision for the MHSA Workforce, Education and Training (WE&T) Plan is to ensure an Alameda County Behavioral Healthcare Services (ACBHCS) workforce that is sufficient in size, diversity and linguistic capacity to deliver services and supports to consumers and family members that are culturally competent and integrate the values of wellness, recovery and resiliency. The WE&T Plan defines the ACBHCS workforce to include both the county and community-based organization (CBO) contractors that provide mental health services.

Alameda County’s Workforce, Education and Training Goals

- Increasing consumer, family member and parent partner employment and retention rates within the ACBHCS workforce.
- Increasing overall and specific workforce competencies and skills throughout the ACBHCS workforce.
- Increasing workforce diversity, cultural competency and linguistic capacity to reflect Alameda County’s unserved, underserved and inappropriately served communities including consumer, family member, African American, Asian Pacific Islander, Latino, Native American and South Asian communities.
- Recruiting and retaining individuals in hard-to-fill positions, as identified by the Workforce Needs Assessment, through collaboration with Human Resources and the development of educational pipelines, financial incentives and internship opportunities.
- “Growing Our Own” - providing training, developing internal career pathways and offering financial incentives that will enable current staff to expand their roles within the ACBHCS workforce.
- Partnering with local and regional educational institutions, from high schools to graduate schools, to create articulated mental health educational pathways for Alameda County.

ACBHCS is committed to a long-term workforce development effort that will develop and sustain the workforce necessary to serve Alameda County’s clients and families. ACBHCS Administration recognizes that this effort requires a long-term investment and intends to provide ongoing support to the WE&T Component through the MHSA Integrated Plan in order to evaluate the success of the WE&T Plan initiatives over time.

The ACBHCS WE&T planning process was designed to support the vision and goals and to develop strategies that would meet specific workforce needs. The process consisted of four phases:

Phase I: WE&T Planning Process Development

In October 2007, ACBHCS recruited a Coordinating Team to set up a structure for the WE&T planning process. The Coordinating Team included representatives from mental health consumer groups and community organizations, a consumer, a family member, human resources staff, and ACBHCS staff from vocational education, information technology, human resources, ethnic services and MHSA planning. Meeting semi-monthly through February 2008, the team nominated members for a WE&T Planning Panel, created Work Groups to build on prior efforts in consumer employment and educational pathways, and partnered with consultants to conduct the WE&T Workforce Needs Assessment.

Phase II: WE&T Planning Panel and Work Groups

As a whole, the Planning Panel was responsible for developing the preliminary WE&T Actions. The Planning Panel was recruited by nomination from the Coordinating Team and from ACBHCS Administration. Great effort was taken to involve diverse stakeholders including: consumers and family members, educational representatives, mental health providers, economic and business partners, and representatives from unserved, underserved and inappropriately served age and ethnic groups. Planning Panel members were invited to participate in a total of eight meetings from December 2007 through September 2008, and to join work groups which met more frequently to create strategies for the larger Planning Panel's consideration. The three work groups were as follows:

- **Consumer Employment Work Group:** This work group hosted a series of consumer focus groups, developed and facilitated a written survey to identify consumer training needs, and held several working meetings to develop the Peer Employment Toolkit. The Toolkit's strategies were shared with the larger Planning Panel for review and consideration.
- **Career Pathways Work Group:** This work group also hosted a series of working meetings to identify strategies for a career pathway linking local peer training programs, the ACBHCS Vocational Services Program and community college Human Services Programs, which resulted in the Community College Career Pathway program. The work group's strategies were shared with the larger Planning Panel for review and consideration.
- **Family Employment Work Group:** This was a smaller work group which also hosted focus groups to identify family member education and training needs. This effort will be greatly expanded under the direction of the County's new Family Relations Manager.

The strategies developed through the Planning Panel were incorporated into a series of preliminary WE&T Actions. These Actions were further refined based on the results of the WE&T Workforce Needs Assessment and input from the County's Ongoing Planning Council, the primary local stakeholder group overseeing MHSA Planning. The Planning Panel membership totaled 45 people, over half of whom identified themselves as consumers, and/or as mental health services or social service providers. One third of the Planning Panel's members identified themselves as affiliated with unserved, underserved or inappropriately served communities, and over half were non-Caucasian in ethnicity.

WE&T Planning Panel Member Affiliation (s)	#	%
Consumer	26	58%
Family Member/Guardian of Consumer	12	27%
Mental Health Services Provider	20	44%
Underserved / Inappropriately Served	15	33%
Education Partner	9	20%
Employment Services	7	16%
Social Services Provider	6	13%
Economic/Business Partner	5	11%
Law Enforcement Partner	2	4%
Bay Area Mental Health and Education Workforce Collaborative Member	7	16%
Other	12	27%

Ethnicity	#	%
Asian	10	22%
African American	12	27%
Caucasian	17	38%
Latino	5	11%
Other	1	2%
Grand Total	45	100%

Gender	#	%
Female	32	71%
Male	13	29%
Grand Total	45	100%

PLANNING PANEL MEMBERS & AFFILIATION

Christine Acacio	Las Positas Community College Counselor
Khatera Aslami	PEERS Executive Director
Patricia Banchik, MFT	La Clinica Casa el Sol
Deborah Bremond, PhD	First 5 Alameda County Family Support Director
Ruby Cabuslay	Pool of Consumer Champions
Kenneth Joseph Cooper	Mental Health Advocates
Maria Corral	Pool of Consumer Champions
Gigi Crowder	ACBHCS Ethnic Services Manager
Betty Dahlquist, MSW	CA Assoc of Social Rehabilitation Agencies
ValJean Dale, LMFT	Chabot College Human Services Program Coordinator
Rick DeGette	ACBHCS Vocational Employment Director
Brian K. Garcia	Sausal Creek Outpatient Stabilization Clinic
Jonathan Griggs	Telecare Corporation
Teren Harris	STAY Program, Consumer
Bryan Jewell	Pool of Consumer Champions, Family Member
Maddlyn Johnson	Alameda County Network of Mental Health Clients
John R. Jones, Jr.	Consumer
Luvenia Jones	Pool of Consumer Champions
Katrina Killian	BestNow Director, ACBHCS
Sharon Kuehn	ACBHCS Consumer Employment Consultant
Jay Mahler	ACBHCS Consumer Relations Manager
Shirley Matthews	Pool of Consumer Champions
Michael Morin	Pool of Consumer Champions
Cathy Nielsen	OUSD Adult Education
Gigi Nordquist	Cal State East Bay Senior Director, Div. of Continuing & International Education
Marilyn Poor	Pool of Consumer Champions
Shirley A. Posey	Pool of Consumer Champions/PEERS
Rosa Quinonez	Pool of Consumer Champions, Best Now Graduate
Cynthia Ray-McWilliams	Consumer, Family Member
Eric A. Rieckborn	Pool of Consumer Champions
Phyllis Sakahara, LCSW	BOSS, c/o Oakland Homeless Project
Craig Schlarb, PhD	Cal State East Bay CalSWEC Coordinator
Ben Servino	Cal State East Bay CDC/WA-IV Coordinator
Joty Sikand, PhD	The Hume Center Executive Director
Lori Slominski	Seneca Center Human Resources Director
Tim Tarbill	Oakland Homeless Project; MSW Student
Christina Tissot	Merritt College Disabled Students Program
Maria Lourdes Pines Torres	Pool of Consumer Champions
Michelle Vieira	BHCS Eden Adult Community Support Center
Iris Wiangchanok	CA Department of Rehabilitation
Jaleah Winn	ACBHCS Wellness Recovery Resiliency Hub
Theresa Woo	CA Department of Rehabilitation Supervisor
Sara Wood-Kraft, PhD	ACBHCS Children's Intern Program Manager
Michael Yamagata, MFT	BOSS Service Team

Phase III: Workforce Needs Assessment

The required California Department of Mental Health Workforce Needs Assessment was administered from April through September 2008. To provide a comprehensive understanding of ACBHCS' entire workforce, the Workforce Needs Assessment collected and analyzed data from four distinct sources:

1. Workforce Staff Survey for CBOs contracting with ACBHCS – With an organizational response rate of over 82%, over 1,400 surveys were returned from 61 CBOs;
2. Workforce Executive Director Survey for CBOs contracting with ACBHCS – With an organizational response rate of 74%, surveys were returned from 55 CBOs;
3. ACBHCS Language Proficiency Survey – With a response rate of 73%, surveys were returned from 346 staff within ACBHCS;
4. Review of ACBHCS Human Resources data – This included a review of data on all 453 staff within ACBHCS.

When interpreting the Workforce Needs Assessment data, it is important to note a number of methodological challenges:

- i. As recommended by the State, a multiplier was used to extrapolate a description of the ACBHCS workforce based on the responses we received so that the results would provide a description of the entire ACBHCS workforce.
- ii. For County positions, ACBHCS Human Resources Data provided the number of positions that were authorized, yet unfilled. A multiplier was developed through a comparison of authorized versus filled positions within ACBHCS and this multiplier was used to determine the number of County positions that are difficult-to-fill. This multiplier, along with responses from the Executive Director Survey about positions they identified as difficult-to-fill, was used to extrapolate the number of authorized, yet unfilled positions for CBO Contractors. For CBO Contractors, difficult-to-fill positions were identified through responses from the Executive Director Survey. The number of positions that were authorized, yet unfilled, reflects current need and does not include positions that will be authorized in the future through the remaining MHSA funding.
- iii. The number of positions that still need to be authorized was determined differently for Column 4 under Items I and II of the Needs Assessment Template and, as a result, should NOT be compared. For Item I, the figures were estimated based on the number and type of positions that we expect to be authorized within the next few years through the remaining MHSA funding. For Item II, the figures are based on Executive Director Responses to the question “Number of additional consumer or family member FTEs estimated to fully meet this need.”
- iv. Under Item I, the race/ethnicity category ‘Multi Race or Other’ was also used for individuals whose race/ethnicity was unstated/unknown.
- v. CBO Contractors report that Native American ethnicity is not well captured in the serious mental illness/serious emotional disturbance (SMI/SED) data, and that there is a huge need for Native American mental health staff throughout the ACBHCS workforce, particularly within Native American-serving CBOs. The Native American SMI/SED data is calculated according to a standard State formula. Whereas the State formula estimates that there are only 267 Native Americans with SMI/SED in Alameda County, data from Native American Health Center suggests that their clinic sees nearly 650 unduplicated clients per year who could be classified under the Western definition of SMI/SED. Native American Health Center is working with ACBHCS and the State to try to find ways of better calculating the SMI/SED estimates for the Native American community. Exacerbating the data collection issues, the ACBHCS Human Resources Data does not include a category for persons to report themselves as Native American. As such, ACBHCS does not feel that the Needs Assessment data provides an accurate assessment of need within this community. The Native American Health Center’s December 2007 PEI Needs Assessment revealed that members of the Native American community overwhelmingly prefer to be seen by Native providers – a guarantee that not even Native

American Health Center is currently able to provide. A direct quote from that needs assessment is “we hold back when we have to see someone not Native”

- vi. The Needs Assessment does not include data about South Asian ethnicity which has been identified as another major and distinct ethnic group with culturally-specific needs within Alameda County.

Despite the challenges noted above, the WE&T Workforce Needs Assessment provides the most current and comprehensive data that has been collected to describe the ACBHCS workforce. The Needs Assessment has provided an additional layer of information for examining community needs and the completeness of the preliminary WE&T Actions.

Phase IV: Plan Recommendation and Public Comment

Planning Panel recommendations and the Workforce Needs Assessment results provided complementary information about workforce needs and both were used to inform the development and refinement of the nine Actions within the County’s draft WE&T Plan. These Actions were then distributed for detailed review and comment among the Planning Panel, MHSA Ongoing Planning Council (OPC) and ACBHCS Administration. At that time; comments and recommendations were integrated into the final draft of the WE&T Plan. The OPC recommended the draft WE&T Plan for approval by ACBHCS Administration on October 21, 2008. The draft WE&T Plan was posted on the ACBHCS website at <http://www.acbhcs.org/MHSA/wet.htm> for 30-Day Public Comment on October 24, 2008. During the 30-Day Public Comment Period, the Executive Summary and WE&T Plan were available online, at libraries and CBOs throughout the community, and also distributed in seven Public Comment Meetings which were held throughout Alameda County during the review period. The Public Comment Meetings included a presentation of the WE&T Plan and provided an opportunity for community members to ask questions and comment on the plan. The WE&T Plan and Public Comment Meetings were advertised through postcards, extensive electronic distribution lists and newspaper ads that were run in ethnic papers Singtao Daily and El Mensajero, and in the Bay Area Newsgroup which includes the Oakland Tribune, the Alameda Times, and the Tri-Valley Herald. The Public Comment Period culminated in a final Public Hearing hosted by the Alameda County Mental Health Board on December 8, 2008. All public comments were reviewed and key themes were identified. Modifications were made to the final document to reflect substantive comments. A summary of the public comments and ACBHCS responses follows.

WE&T Public Comment

Theme	Public Comments	ACBHCS Response
Concerns about Native American Data	“I need to object to the graph in the Executive Summary that says that Native Americans are 3% of work force but only 1% showing in mental health needs, and this is false. The people who come to look for services, 80% are Native Americans and only 30% of the workforce is Native American because there are not many people with higher degrees.” – Theme expressed by one individual	ACBHCS has worked with the Native American Health Center to develop and incorporate language into the final WE&T Plan that will address this issue.
Family Member Involvement	“We need to talk about including families in being trained to serve in the workforce and we are not... What we want is a facilitated, professionally-facilitated meeting before the [comment] period is over.” – Theme expressed by one individual	On November 24, 2008 ACBHCS hosted a public comment session for family members. In January 2009, a Family Member WE&T Planning Group will be convened by the Family Relations Manager to discuss and identify WE&T needs and activities, as part of the larger family member strategic planning process. WE&T funding will be used for this planning effort, as well as to support family member trainings.
	“I would like to see equitable distribution between family members and consumers in the Peer Employment Toolkit. I would like to see specifically how this will break down.” –Theme expressed by two individuals	The WE&T Staff will work closely with the Consumer Relations and Family Relations Managers to develop the details of the Peer Employment Toolkit as part of the Request for Proposal implementation process.
Concerns on Funding Amounts	“I’m concerned with the budget of the Peer Employment Toolkit. There’s one salary for a county person and 6 FTEs for peer organizations. I think there needs to be more equity in the salary base or else a reduction in expectations.” – Theme expressed by two individuals	The staffing configuration and budget for all of the Actions were developed and reviewed by ACBHCS Administration and operational staff and deemed sufficient for accomplishing the described activities. ACBHCS understands the pay equity issue and its impact on staff retention, however the MHSA WE&T funding is not designed to address the pay equity issues within the public mental health marketplace.
	“I’m worried about the low allocation for [Action 4] and hope you’ll take that into consideration.” – Theme expressed by one individual	
	“There needs to be more dollars allocated for [the Workforce Diversity Action]... more than \$75,000 is necessary to get the appropriate people involved.” – Theme expressed by one individual	
Monitoring Success	“How will we monitor the success of the WE&T Plan?” – Theme expressed by one individual	Each WE&T Action includes measurable activities to monitor and evaluate outcomes.
Support for the Best Now Program	“I want to push for Best Now for getting them to get more funding to continue their programs for client and consumer readiness.” - Theme expressed by three individuals	Many training components of the Peer Employment Toolkit will be contracted out through a public bid process and programs such as Best Now are encouraged to submit proposals.

Theme	Public Comments	ACBHCS Response
Suggestion to Include Additional Sub-Contractors	“CBOs that are directly contracted with county are included [in the Plan]... We encourage you to go further and to make these resources available to any community-based organization that is working with the county, including organizations that are sub-contracting.” – Theme expressed by one individual	ACBHCS extended the WE&T Plan to include the CBO Contractors that provide mental health services, since 85% of all services are contracted out. Due to the limited WE&T funding and the large size of the ACBHCS workforce, the Plan’s focus is on the County and CBO Contractors that provide mental health services.
Implementation Suggestions for Training	“I perceive that there are challenges for staff within large bureaucracies to be compassionate.” – Theme expressed by three individuals	The Training Institute will address staff development needs including those related to treating consumers and families with compassion and respect.
	“Has anyone thought of training staff in social services or other departments like courts on the role of family members?” – Theme expressed by one individual	The Training Director will explore providing these types of trainings through other MHSA funding streams.
Implementation Suggestions for Peer Employment	“The word ‘peer’ is vague... we should be careful not to ‘lump’ consumers and family members together as both have specific differences and needs that must be addressed.” – Theme expressed by one individual	ACBHCS affirms this difference and the value of lived experience for both consumers and family members.
	“The Workforce Staff Support [and Training Institute], that's what we need at [peer-led organizations]. We have the consumers but we need the training, the help.” – Theme expressed by four individuals	The WE&T Plan has been designed to provide support to and training for contract community-based organizations, including peer-led organizations.
	“I am a perfect example of a consumer who got stuck in an entry level position, with no benefits and no room to grow. We need room to grow into positions with full benefits and support with benefits, and peer provided employment network.” – Theme expressed by three individuals	The Peer Employment Toolkit is designed to recruit, hire and support consumers in a variety of roles throughout the ACBHCS workforce.
	‘This feels heavy on the book experience, but we can’t expect it to transform at once. I hope lived experience is still looked at, and honored based on their time in the system, based on their work experience in terms of self-help.’ – Theme expressed by two individuals	The Peer Employment Toolkit is designed to promote the value of lived experience throughout the ACBHCS workforce and across the system.

Theme	Public Comments	ACBHCS Response
Specific Populations and Organizations to Consider for Implementation	“Part of the bigger plan is the 0-5 population, so think about the special needs of people who are serving infant mental health preschool programs.” – Theme expressed by four individuals	ACBHCS intends to offer clinical trainings across the lifespan through the Training Institute. The lifespan includes the 0-5 population.
	“There is such a focus on cultural competency and language capacity and I want to encourage that we look at native cultures as well as immigrant cultures when doing that.” – Theme expressed by two individuals	ACBHCS has identified specific cultural and ethnic communities, including Native Americans and African Americans, in the final WE&T Plan, to reflect our goal of diversifying the workforce to reflect the cultural and ethnic backgrounds of the clients we serve.
	“It’s been acknowledged that African Americans are inappropriately served, but there’s nothing in the content that addresses it, and in outreach to press there’s no mention of African American press.” – Theme expressed by two individuals	
	“I believe we must allow proposals which specify that there be some consumer run programs as part of the bidding process and RFP process.” – Theme expressed by four individuals	The majority of implementation activities within the Peer Employment Toolkit have been designed to be contracted-out to peer-run organizations.
	“In the Community College Gateway, you mentioned three community colleges, but I didn’t hear Ohlone and that’s our community college and I’m wondering if that’s going to be included and I’d like that answer to be yes.” – Theme expressed by two individuals	Currently, there are three Alameda County community college programs – Merritt College in Oakland, Chabot College in Hayward and Las Positas College in Livermore - that offer a Human Services Program, which is the primary focus at this academic level. Each individual college, within their community college district, decides which academic programs they will develop and offer to students.
Program Models to Consider for Implementation	“[Early childhood mental health consultation] has a good model to look at [for Actions 2 and 6]... Talk to us!” – Theme expressed by one individual	It is the intention of ACBHCS to ensure that the WE&T Actions are implemented in accordance with best practices and lessons learned from this and other programs.
	“For retention, [one] mental health center had weekly trainings for interns.” – Theme expressed by one individual	ACBHCS intends to partner with intern programs across the system and to offer joint internship trainings.

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	30.1	0.0	0.4								
Case Manager/Service Coordinator	0.0	0.0	1.4								
Employment Services Staff.....	6.1	0.0	0.0								
Housing Services Staff.....	2.0	1.0	2.8								
Consumer Support Staff.....	20.0	0.0	5.6								
Family Member Support Staff	1.0	0.0	1.8								
Benefits/Eligibility Specialist	15.3	1.0	0.3								
Other <i>Unlicensed</i> MH Direct Service Staff	2.0	1.0	0.0								
<i>Sub-total, A (County)</i>	76.5	3.0	12.2	26.5	11.0	12.0	5.0	0.0	2.0	56.5	
All Other (CBOs, CBO sub-contractors, network providers and volunteers):											
Mental Health Rehabilitation Specialist	78.1	0.0	2.9								
Case Manager/Service Coordinator	44.7	0.0	0.8								
Employment Services Staff.....	6.5	0.0	1.0								
Housing Services Staff.....	13.3	0.0	1.1								
Consumer Support Staff.....	77.5	0.0	8.5								
Family Member Support Staff	1.4	0.0	3.0								
Benefits/Eligibility Specialist	5.3	0.0	1.6								
Other <i>Unlicensed</i> MH Direct Service Staff	55.9	0.0	10.0								
<i>Sub-total, A (All Other)</i>	282.7	0.0	28.7	74.7	38.6	75.4	46.8	11.4	19.6	266.6	
Total, A (County & All Other):	359.2	3.0	40.9	101.2	49.6	87.4	51.8	11.4	21.6	323.1	

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	0.0	1.0	0.6							
Psychiatrist, child/adolescent.....	0.0	0.0	0.0							
Psychiatrist, geriatric	0.0	0.0	0.0							
Psychiatric or Family Nurse Practitioner	0.0	0.0	0.0							
Clinical Nurse Specialist.....	1.5	1.0	0.0							
Licensed Psychiatric Technician.....	0.0	0.0	0.0							
Licensed Clinical Psychologist.....	14.7	0.0	0.0							
Psychologist, registered intern (or waived).....	0.0	0.0	0.0							
Licensed Clinical Social Worker (LCSW).....	114.4	0.0	0.3							
MSW, registered intern (or waived)	0.0	0.0	0.0							
Marriage and Family Therapist (MFT)	8.5	0.0	2.5							
MFT registered intern (or waived).....	0.0	0.0	0.0							
Other Licensed MH Staff (direct service)	0.0	0.0	0.0							
<i>Sub-total, B (County)</i>	139.1	2.0	3.3	77.1	15.0	25.0	12.0	0.0	4.0	133.1
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Psychiatrist, general	5.8	1.0	1.1							
Psychiatrist, child/adolescent.....	9.2	1.0	0.0							
Psychiatrist, geriatric	2.0	1.0	0.5							
Psychiatric or Family Nurse Practitioner	8.5	1.0	0.0							
Clinical Nurse Specialist.....	6.3	1.0	0.2							
Licensed Psychiatric Technician.....	1.4	0.0	0.0							
Licensed Clinical Psychologist.....	63.4	1.0	0.0							
Psychologist, registered intern (or waived).....	41.2	0.0	0.0							
Licensed Clinical Social Worker (LCSW).....	75.8	1.0	13.9							
MSW, registered intern (or waived)	164.9	0.0	8.5							
Marriage and Family Therapist (MFT)	182.4	1.0	1.5							
MFT registered intern (or waived).....	178.4	0.0	0.0							
Other Licensed MH Staff (direct service)	26.0	0.0	0.8							
<i>Sub-total, B (All Other)</i>	765.3	8.0	26.5	314.1	62.9	76.7	83.0	23.9	26.4	587.0
Total, B (County & All Other):	904.4	10.0	29.8	391.2	77.9	101.7	95.0	23.9	30.4	720.1

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



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



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/ 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)
C. Other Health Care Staff (direct service):										
County (employees, independent contractors, volunteers):										
Physician	27.6	1.0	0.0							
Registered Nurse	6.0	1.0	0.8							
Licensed Vocational Nurse.....	0.0	0.0	0.0							
Physician Assistant.....	0.0	0.0	0.0							
Occupational Therapist.....	1.0	0.0	0.0							
Other Therapist (e.g., physical, recreation, art, dance)	0.0	0.0	0.0							
Other Health Care Staff (direct service, to include traditional cultural healers)	1.6	1.0	0.9							
<i>Sub-total, C (County)</i>	36.2	3.0	1.6	9.6	0.0	2.6	11.0	0.0	2.0	25.2
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Physician	4.2	1.0	0.8							
Registered Nurse	14.4	1.0	3.1							
Licensed Vocational Nurse.....	4.2	0.0	0.0							
Physician Assistant.....	0.0	0.0	0.0							
Occupational Therapist.....	3.2	0.0	0.0							
Other Therapist (e.g., physical, recreation, art, dance)	7.6	0.0	0.0							
Other Health Care Staff (direct service, to include traditional cultural healers)	20.8	0.0	2.0							
<i>Sub-total, C (All Other)</i>	54.4	2.0	5.9	21.7	0.0	10.6	3.0	0.4	3.4	39.1
Total, C (County & All Other):	90.7	5.0	7.5	31.3	0.0	13.2	14.0	0.4	5.4	64.3

(Other Health Care Staff, Direct Service; Sub-Totals Only)



EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT—Continued

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)							# 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.....	15.0	0.0	1.1	(Managerial and Supervisory; Sub-Totals Only) ↓							
Supervising psychiatrist (or other physician)	1.0	0.0	0.0								
Licensed supervising clinician.....	0.0	0.0	0.6								
Other managers and supervisors.....	78.2	1.0	6.4								
<i>Sub-total, D (County)</i>	94.2	1.0	8.2	35.0	8.0	15.5	9.0	0.0	0.0	67.5	
All Other (CBOs, CBO sub-contractors, network providers and volunteers):											
CEO or manager above direct supervisor.....	171.3	1.0	3.6	(Managerial and Supervisory; Sub-Totals and Total Only) ↓							
Supervising psychiatrist (or other physician)	0.7	1.0	0.0								
Licensed supervising clinician.....	102.6	1.0	2.8								
Other managers and supervisors.....	193.4	0.0	5.5								
<i>Sub-total, D (All Other)</i>	468.0	3.0	11.9	117.9	19.9	55.2	28.9	6.3	24.1	252.4	
Total, D (County & All Other):	562.2	4.0	20.0	152.9	27.9	70.7	37.9	6.3	24.1	319.9	
E. Support Staff (non-direct service):											
County (employees, independent contractors, volunteers):											
Analysts, tech support, quality assurance.....	22.4	1.0	2.9	(Support Staff; Sub-Totals Only) ↓							
Education, training, research	1.0	0.0	0.4								
Clerical, secretary, administrative assistants	119.0	0.0	6.0								
Other support staff (non-direct services)	79.5	0.0	3.4								
<i>Sub-total, E (County)</i>	221.9	1.0	12.6	72.1	20.5	43.0	51.0	0.0	6.0	192.6	
All Other (CBOs, CBO sub-contractors, network providers and volunteers):											
Analysts, tech support, quality assurance.....	28.0	0.0	1.4	(Support Staff; Sub-Totals and Total Only) ↓							
Education, training, research	7.3	0.0	3.0								
Clerical, secretary, administrative assistants	77.1	0.0	9.8								
Other support staff (non-direct services)	22.9	0.0	0.7								
<i>Sub-total, E (All Other)</i>	135.3	0.0	14.8	36.9	21.5	21.0	27.4	7.5	6.7	121.0	
Total, E (County & All Other):	2273.8	1.0	125.6	785.7	197.4	337.0	277.1	49.6	94.3	1741.1	

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)						# 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).....	568.0	10.0	37.9	220.3	54.5	98.1	88.0	0.0	14.0	474.9
All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E).....	1705.8	13.0	87.8	565.4	142.9	238.9	189.1	49.6	80.3	1266.1
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	2273.8	23.0	125.6	785.7	197.4	337.0	277.1	49.6	94.3	1741.1

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			5,995	9,284	6,914	8,450	267	1,033	31,943

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT—Continued

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. Unlicensed Mental Health Direct Service Staff:			
Consumer Support Staff.....	81.5	1	71.9
Family Member Support Staff	2.7	0	43.1
Other <i>Unlicensed</i> MH Direct Service Staff.....	14.4	0	67.9
Sub-Total, A:	98.6	1	182.9
B. Licensed Mental Health Staff (direct service)	40.7	1	71.9
C. Other Health Care Staff (direct service)	27.6	0	25.3
D. Managerial and Supervisory	28.3	1	52.3
E. Support Staff (non-direct services)	37.0	0	40.8
GRAND TOTAL (A+B+C+D+E)	232.2	3	373.2

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):

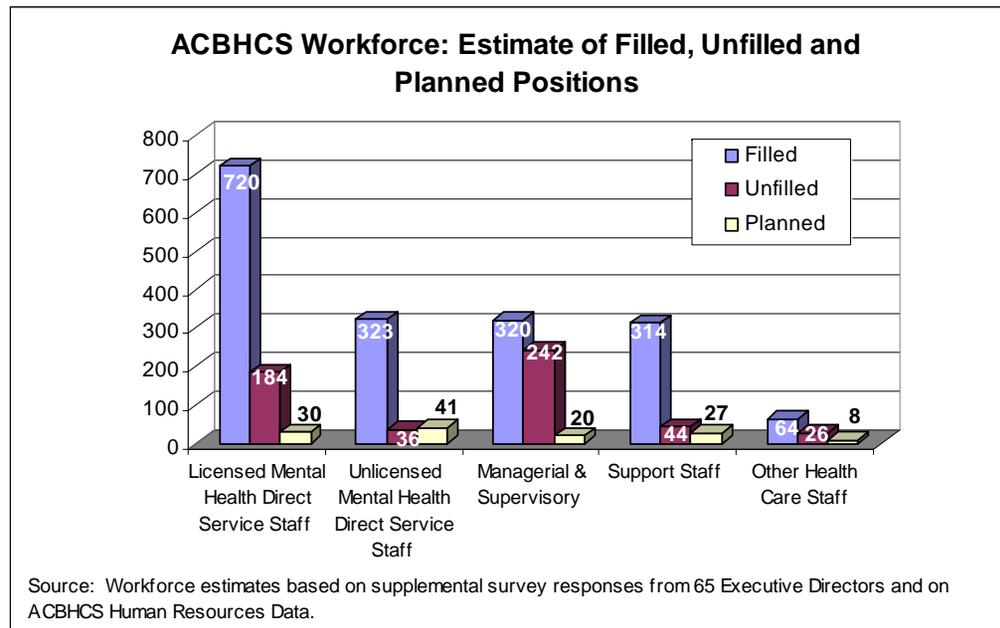
Language, other than English (1)	Number who are proficient (2)	Additional number who need to be proficient (3)	TOTAL (2)+(3) (4)
1. Spanish	Direct Service Staff 112.4 Others 59.4	Direct Service Staff 119.8 Others 0.0	Direct Service Staff 232.3 Others 59.4
2. Cantonese	Direct Service Staff 17.6 Others 28.3	Direct Service Staff 40.2 Others 0.0	Direct Service Staff 57.8 Others 28.3
3. Vietnamese	Direct Service Staff 11.2 Others 5.1	Direct Service Staff 22.4 Others 0.0	Direct Service Staff 33.7 Others 5.1
4. Farsi	Direct Service Staff 3.7 Others 3.7	Direct Service Staff 11.0 Others 0.0	Direct Service Staff 14.8 Others 3.7
5. Mandarin	Direct Service Staff 8.8 Others 19.4	Direct Service Staff 2.6 Others 0.0	Direct Service Staff 11.4 Others 19.4

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:

It is estimated that there are 2,273 positions currently authorized to be filled in the entire workforce, with 1,741 (77%) that are currently filled. We estimate that an additional 126 planned positions will be authorized through MHSA over the next five years. The Workforce Needs Assessment identified a number of occupational subcategories as being difficult to fill. Nearly all of the identified staffing needs are in direct service positions.



Difficult to fill positions within both ACBHCS and Contract CBOs include:

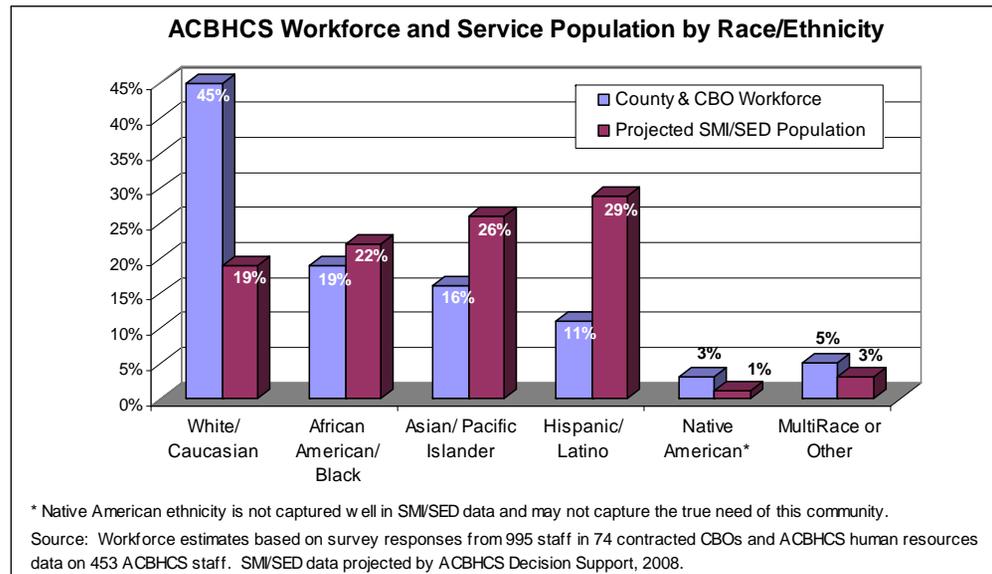
- Psychiatrists
- Clinical Nurse Specialists
- Physicians
- Registered Nurses
- Managers and Supervisors

ACBHCS Human Resources data indicate that the County also has difficulty filling positions for Housing Services Staff, Benefits/Eligibility Specialists and Analysts, Technical Support and Quality Assurance. Responses from Executive Directors with Contract CBOs indicate that CBOs also have difficulty filling positions for Psychiatric or Family Nurse Practitioners, Licensed Clinical Psychologists, Licensed Clinical Social Workers (LCSWs), and Marriage and Family Therapists (MFTs).

B. Comparability of Workforce, by Race/Ethnicity, to Target Population Receiving Public Mental Health Services:

As shown below, the Workforce Needs Assessment data illustrates that Hispanic/Latinos and Asian/Pacific Islanders are particularly under-represented in the ACBHCS workforce:

- Hispanic/Latinos comprise only 11% of the ACBHCS workforce compared to 29% of the projected low income individuals living with serious mental illness/serious emotional disturbance (SMI/SED) that ACBHCS is charged to serve.¹
- Asian/Pacific Islanders comprise only 16% of the ACBHCS workforce compared to 26% of the projected SMI/SED population that ACBHCS is charged to serve.
- The opposite is true for White/Caucasians who make up 45% of the ACBHCS workforce compared to only 19% of this projected population that ACBHCS is charged to serve.

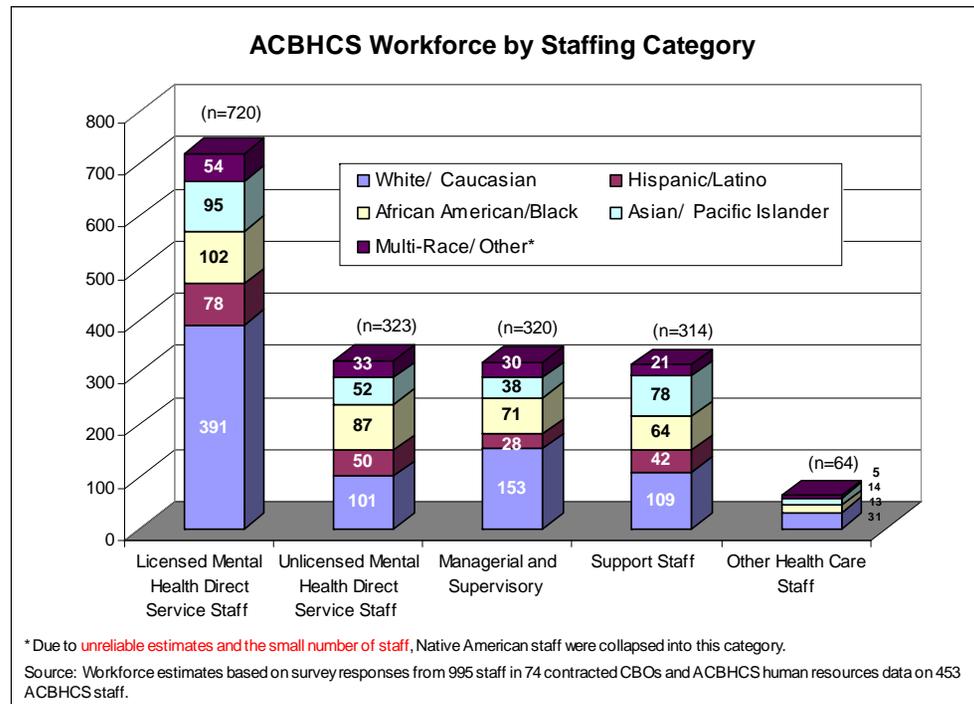


¹ The SMI/SED estimates were projected by multiplying the CA Department of Mental Health SMI/SED estimates by the 2000 Census population estimates for the number of residents living below 200% of the Federal Poverty Level.

ACBHCS staff is aware that Native American ethnicity is not captured well within the SMI/SED data and may not capture the true need of this community. The Native American Health Center’s December 2007 PEI Needs Assessment revealed that members of the Native American community overwhelmingly prefer to be seen by Native providers – a guarantee that not even the Native American Health Center is able to provide. A direct quote from that needs assessment is “we hold back when we have to see someone not Native.”

The Workforce Needs Assessment also covered race/ethnicity within five staffing categories:

- Licensed Mental Health Direct Service Staff
- Managerial and Supervisory
- Unlicensed Mental Health Direct Service Staff
- Support Staff
- Other Health Care Staff



While White/Caucasians represent the largest race/ethnic group in each of these staffing categories, they represent an especially large proportion of the staff working in licensed mental health direct service positions, managerial and supervisory positions and as other health care staff.

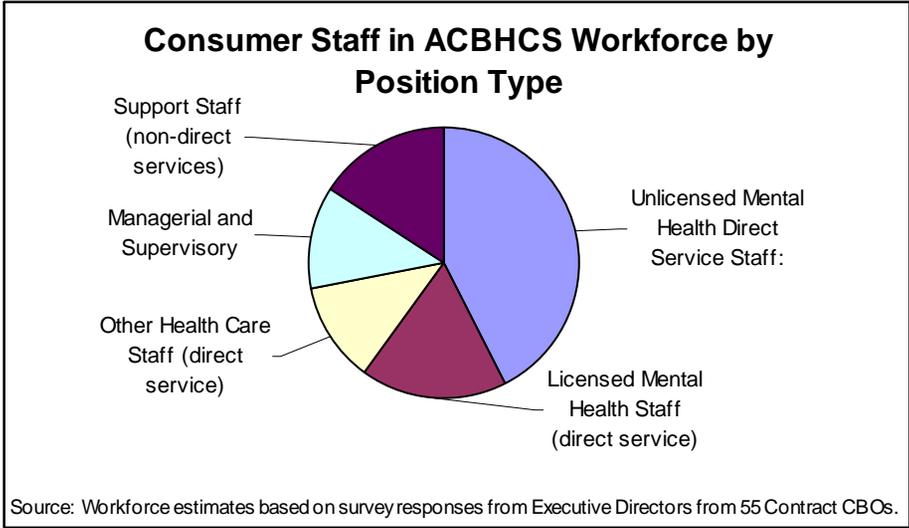
- In terms of licensed staff, 54% are White/Caucasian, 14% are African American/Black, 13% are Asian/Pacific Islander, 11% are Hispanic/Latino, and 8% are Multi Race or Other.
- In terms of staff in managerial and supervisory positions, 48% are White/Caucasian, 22% are African American/Black, 12% are Asian/Pacific Islander, 9% are Hispanic/Latino, and 9% are Multi Race or Other.
- In terms of other health care staff, 48% are White/Caucasian, 22% are Asian/Pacific Islander, 20% are African American and 8% are Multi Race or Other (including Hispanic/Latino).

The proposed WE&T Actions have been designed to increase diversity across the ACBHCS workforce. According to the May 2008 report, *Diversifying California's Healthcare Workforce: An Opportunity to Address California's Health Workforce Shortages*, increased workforce diversity contributes to a reduction in health disparities. The report, published by the Office of Statewide Health Planning and Development, states that "considerable research documents that underrepresented health professionals are more likely to serve in underserved communities and serve disadvantaged patients such as the uninsured and those insured by MediCal. Thus, diversifying California's workforce has profound implications for reducing racial and ethnic disparities in healthcare access and outcomes as well as addressing California's health care shortages."²

C. Positions Designated for Individuals with Consumer and/or Family Member Experience:

Executive Director Survey responses indicate that over 232 full time positions are currently authorized to be filled by consumers or family members within the system and suggest that an additional 373 FTEs may be needed in the workforce to fully meet the needs of Alameda County's mental health service population.

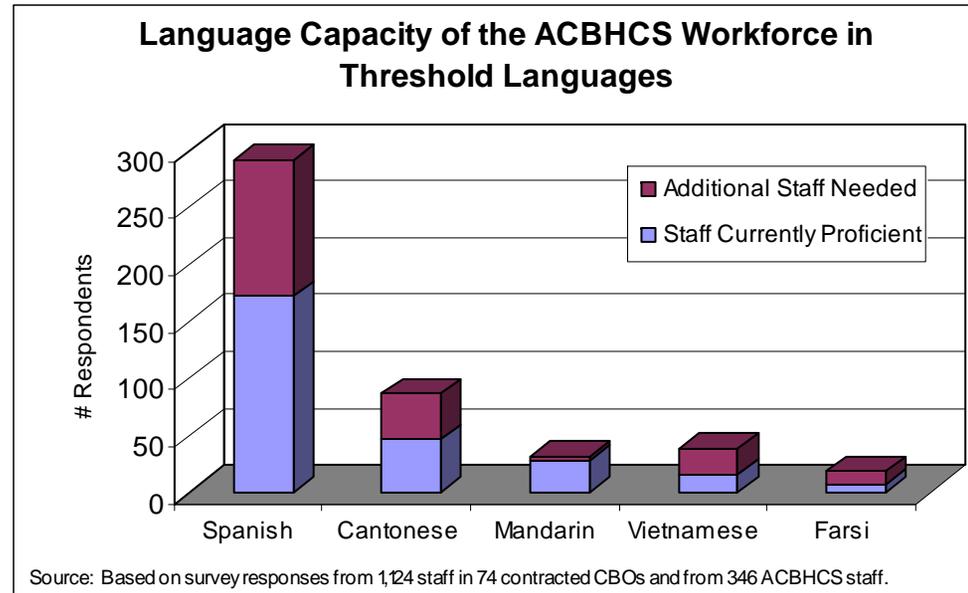
² Healthcare Workforce Diversity Advisory Council, *Diversifying California's Healthcare Workforce: An Opportunity to Address California's Health Workforce Shortages*; Healthcare Workforce Development Division, California Office of Statewide Health Planning and Development, May 2008.



The Workforce Needs Assessment indicates that there is a particular need for staff with lived experience as a consumer or family member in all five of the staffing categories previously mentioned and that the overall number of consumer and family member positions should increase over time. Executive Directors identified Consumer Support, Licensed Mental Health and Managerial and Supervisory positions as especially difficult to fill with consumers and family members.

D. Language Proficiency:

The Workforce Needs Assessment findings show that there are roughly 269 staff within the ACBHCS workforce that speak the local threshold languages: Spanish, Cantonese, Vietnamese, Farsi and Mandarin. The findings suggest that there is a need for 196 additional staff with proficiency within these threshold languages. As shown on the following page, there is a particular need for staff that are proficient in Spanish, Cantonese, Vietnamese and Farsi. The Workforce Needs Assessment also showed that the language capacity needs are greatest for direct service staff, such as psychiatrists, licensed clinical social workers, psychologists, benefits advocacy specialists and housing services staff.



In addition to capacity in the threshold languages (shown above), the Needs Assessment also found that there was very little or no local capacity in a number of other languages including, but not limited to: Arabic, Cambodian, Hmong, Lao, Mien, Russian and Thai.

E. Other, Miscellaneous: N/A

EXHIBIT 4: WORK DETAIL

Please provide a brief narrative of each proposed *Action*. Include a Title, short description, objectives on an annualized basis, a budget justification, and an amount budgeted for each of the fiscal years included in this Three-Year Plan. The amount budgeted is to include only those funds that are included as part of the County's Planning Estimate for the Workforce Education and Training component. The following is provided as a format to enable a description of proposed Action(s):

A. WORKFORCE STAFFING SUPPORT

Action #1 – Workforce, Education and Training Development, Support and Coordination

Description: Alameda County's MHSWA Workforce, Education and Training (WE&T) Plan is focused on creating a strategic, sustainable approach to workforce development that will respond to our current and future workforce needs. Our primary goal is to create the infrastructure necessary to plan, develop and implement a comprehensive program that meets Mental Health Service Act (MHSWA) requirements and drives the development of an integrated mental health workforce pipeline in Alameda County.

In May 2008, Alameda County Behavioral Health Care Services (ACBHCS) hired a Workforce Development Manager to finalize the development of the MHSWA WE&T Plan. This new position is also responsible for overseeing program design and implementation of the WE&T Plan, coordinating and evaluating all ACBHCS workforce and training activities and providing program updates. The Workforce Development Manager will work closely with ACBHCS Administration and Human Resources on all aspects of WE&T program development, including the development of core competencies for the spectrum of mental health occupations within the ACBHCS workforce. In addition, the Workforce Development Manager will partner with the Ethnic Services Manager; Consumer Relations and Family Relations Managers; Wellness, Recovery and Resiliency Hub Director; Co-Occurring Conditions Manager and other key stakeholders to ensure that cultural competency and wellness and recovery principles are incorporated into all workforce initiatives and training activities sponsored by ACBHCS.

The Workforce Development Manager is tasked with strengthening existing workforce partnerships and identifying opportunities to collaborate with contract community-based organizations (CBOs); consumer and family member organizations; educational and training institutions; the Mental Health Board; the Greater Bay Area Mental Health and Education Workforce Collaborative ('Collaborative'); cultural and ethnic community organizations and other state and local agencies. The Workforce Development Manager will develop a Workforce Advisory Committee with representatives from these key stakeholder groups to provide strategic direction and technical assistance for ACBHCS workforce initiatives. A key element of this effort will be working with the Collaborative and state educational associations, such as the California Social Work Education Center and the California Association of Marriage and Family Therapists, to identify changes to academic curriculum that reflect wellness and recovery principles and to support the integration of this new curriculum into local and regional educational programs.

The Workforce Development Manager supervises the Training Director who is responsible for planning, coordinating, providing and evaluating trainings across the system. The Training Director is developing an agency-wide Strategic Training Plan, which will align training content with the knowledge, skills and abilities needed to work effectively in a wellness and recovery oriented mental health system.

Action #1 – Workforce, Education and Training Development, Support and Coordination—Continued

Objectives:

- Manage the implementation of the WE&T Plan, including program design, development and evaluation as outlined in each Action.
- Ensure that all workforce and training efforts – across the system – promote the fundamental concepts of the MHSA.
- Develop a Workforce Advisory Committee with representatives from key stakeholder groups (county and contract CBO managers and staff; Transitional Age Youth (TAY) clients, adult and older adult consumers and family members; educators; cultural and ethnic community representatives and local and state agency staff) to provide strategic direction and technical assistance for workforce initiatives.
- Evaluate the impact of the WE&T Plan on consumer, family member and parent partner employment; workforce diversity, cultural competency and language capacity that reflect Alameda County’s unserved, underserved and inappropriately served communities including consumer, family member, African American, Asian Pacific Islander, Latino, Native American and South Asian communities; successful recruitment for hard-to-fill positions and retention rates of staff and managers throughout the system.
- Spearhead the development of core competencies for ACBHCS, working with the Training Director; Executive Administration; Human Resources; contract CBO Executive Directors and Training Directors; Consumer Relations and Family Relations Managers and other MHSA initiative leaders.
- Complete annual updates and reports on the WE&T Plan.
- Coordinate local workforce development with other county, regional and state workforce initiatives.
- Support the development and integration of wellness and recovery curriculum in local and regional academic programs.
- Participate on the Greater Bay Area Mental Health and Education Workforce Collaborative Steering Committee to provide strategic direction for regional workforce initiatives.

Action #1 – Workforce, Education and Training Development, Support and Coordination—Continued

Budget Justification:

The following positions are budgeted as Workforce, Education and Training infrastructure and are charged entirely to this budget:

- 1 FTE Workforce Development Manager
- 1 FTE Training Director
- 1 FTE Internship Coordinator position; anticipate filling this position following State approval of the Plan
- 1 FTE Administrative Assistant; anticipate filling this position following State approval of the Plan

\$508,328 Salaries & Benefits

\$ 76,250 15% Other Operating Expenses (supplies, communication, etc.)

\$ 27,720 Space for 4 FTEs

\$ 612,298 Total Estimated Annual Cost

FY 08/09 (Estimate for 6 months)	FY 09/10 (Estimate for 12 months)	Total Budget
\$ 306,149	\$ 612,298	\$930,693
	+12,246 2% COLA	
	\$ 624,544	

Note: ACBHCS is requesting funding to support the development and operation of this Action through the end of Fiscal Year 2009/2010. The budget request (\$930,693) represents the total estimated costs of this Action including a 2% cost of living adjustment (COLA) for Fiscal Year 2009/2010. Alameda County intends to provide ongoing support for the WE&T Component through the MHSA Integrated Plan beginning in Fiscal Year 2010/2011.

Budgeted Amount:	FY 2006-07: \$ <u>0</u>	FY 2007-08: \$ <u>0</u>	FY 2008-09 \$930,693
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B. TRAINING AND TECHNICAL ASSISTANCE

Action #2 –The ACBHCS Training Institute

Description: The Training Institute is designed to provide a coordinated, consistent approach to training and to enhance staff and management development through the integration of advancements in the field (e.g. evidence-based practices, best practices, leadership and management practices). The Training Director’s primary goal is to develop and implement a Strategic Training Plan that incorporates and promotes the fundamental concepts of the MHSA and embeds culturally competent approaches to mental health practice at all levels of service. The plan will address the priority training needs identified in the Provider Training Survey, included with the Workforce Needs Assessment, and the Consumer Training Survey. The plan will also focus on lifespan training needs, beginning with the Children’s System of Care, including early childhood, and continuing through the Transitional Age Youth, Adults and Older Adults Systems of Care. The Training Committee, composed of county managers and staff, contract community-based organization (CBO) training staff, consumers and family members, will make recommendations on the Strategic Training Plan, offer content knowledge and provide technical expertise.

Trainings will be offered to county and contract CBO management and staff, consumers and family members and other key stakeholders, as appropriate. Transitional Age Youth (TAY) clients, adult consumers and family members who have completed peer trainings will be recruited as co-trainers, facilitators and presenters to model wellness and recovery. Our goal is to develop and offer training modules that progress from broad topics to specific subjects and will provide in-depth and comprehensive knowledge and skill building. Training activities will incorporate best practice teaching methods that have demonstrated the capacity to increase skills and promote positive outcomes, with an emphasis on interdisciplinary, applied experiential and didactic teaching/learning methods. We will design and incorporate outcome measures to evaluate the effectiveness of each of our training programs. The Training Director intends to research clinical mentoring and technical assistance models in public mental health that support lasting changes in practice. These findings will be shared with the Bay Area MHSA Training Directors and the Greater Bay Area Mental Health and Education Workforce Collaborative members.

The Training Director is also working with the Ethnic Services Manager and Cultural Competency Committee to identify, incorporate and highlight cultural beliefs and approaches to mental health issues and services in trainings for the ACBHCS workforce. We plan to invite community representatives to participate and share their culture’s perspectives on mental health when appropriate to the training topic. We will also invite Training Directors from ethnically and culturally specific and other community-based organizations to serve as trainers. In addition, the Training Director will coordinate and promote trainings offered by the Wellness, Recovery and Resiliency Hub Director and staff; Co-Occurring Conditions Manager; Consumer Relations Team and Family Relations Manager.

A management training curriculum is currently under development and will serve as a critical component of the Strategic Training Plan. The Training Director will work with key staff including consumers and family members to develop curriculum that focuses on content areas that new managers need to be effective in their roles. The curriculum will include training for supervisors, with an emphasis on effective hiring and supervising of peer providers. An Orientation to Public Mental Health will be developed and offered on an ongoing basis to new employees; county and contract CBO staff; consumers; family members; Mental Health Board members; student interns; mental health audiences and community

Action #2 –The ACBHCS Training Institute—Continued

members. This orientation will focus on increasing understanding of the mental health field, as well as working within the ACBHCS system. Providing additional training for licensed clinical providers and increasing the number of trainings that offer continuing education units (CEUs) are also priorities.

Another major training focus will be identifying existing core competencies for mental health practice and developing core competencies for ACBHCS. The California Social Work Education Center has developed competencies for social work practice and the California Association of Social Rehabilitation Agencies has developed competencies for psycho-social rehabilitation specialist practice. Our goal is to develop a set of core competencies that will drive our training and staff development efforts and lead to increased overall and specific workforce competencies and skills throughout the ACBHCS workforce.

Objectives:

- Develop and implement the ACBHCS Strategic Training Plan by December 2008
- Ensure the inclusion of wellness, recovery and resiliency, cultural competency and consumer and family member voice in all trainings
- Research, develop and incorporate culturally appropriate approaches in training materials and presentations.
- Develop management training curriculum based upon best practices for managers and supervisors and offer the first session in 2009.
- Develop an Orientation to Public Mental Health for all audiences to be offered quarterly starting in 2009.
- Recruit TAY clients, consumers and family members to serve as trainers, facilitators and presenters for selected training activities in 2009.
- Increase the number of trainings that offer CEUs for licensed providers.
- Identify existing core competencies in mental health for use in the development of core competencies for ACBHCS.
- Develop an evaluation tool to measure the effectiveness and impact of training curriculum for future improvements of training activities.

Action #2 –The ACBHCS Training Institute—Continued

Budget Justification:

Staff time is budgeted under Workforce Staffing Support
 \$100,000 Training Costs (Consultants, Content Experts, Train the Trainer Events)
 \$60,000 Purchase of Training Curriculum
 \$25,000 Development and Purchase of Training Materials
 \$15,000 Training Site Costs
\$200,000 Total Estimated Annual Cost

FY 08/09 (Estimate for 6 months)	FY 09/10 (Estimate for 12 months)	Total Budget
\$100,000	\$200,000	\$304,000
	+4,000 2% COLA	
	\$204,000	

Note: ACBHCS is requesting funding to support the development and operation of this Action through the end of Fiscal Year 2009/2010 (approximately 1.5 years). The budget request (\$304,000) represents the total estimated annual cost of this Action including a 2% cost of living adjustment (COLA) for Fiscal Year 2009/2010. Alameda County intends to provide ongoing support for the WE&T Component through the MHSA Integrated Plan beginning in Fiscal Year 2010/2011.

Budgeted Amount:	FY 2006-07: \$ 0	FY 2007-08: \$ 0	FY 2008-09: \$304,000
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C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action #3 –Peer Employment Toolkit

Description: In 2007, ACBHCS hired a Consumer Relations Manager to serve on Executive Administration, provide consumer leadership and increase consumer voice and participation across the system. As a critical first step, the Consumer Relations Manager developed a Pool of Consumer Champions (POCC), to unite consumers and to increase their participation within ACBHCS. Today, there are over 200 members in the POCC, with approximately 75% of the members representing the County's diverse communities. POCC members serve on seven consumer-run committees, participate on numerous ACBHCS committees and work groups and play an active role in MHSA planning. Many POCC members served on the MHSA Consumer Employment Work Group, which was charged with the development of the consumer employment component of the MHSA Workforce, Education and Training (WE&T) Plan. The Peer Employment Toolkit is the result of that effort.

In September 2008, ACBHCS hired a Family Relations Manager to serve on Executive Administration, provide family member leadership and increase understanding and support of the family member experience and role throughout the system. The new Family Relations Manager plans to increase family member participation, develop family member policies and initiatives and create a Family Member Strategic Plan, which will include a workforce, education and training component. In January 2009, the Family Relations Manager will convene a work group to identify specific family member education and training needs and to develop strategies designed to increase awareness and understanding of the important role of family members in the system. ACBHCS is also in the process of staffing its new Family Education Resource Center (FERC) with the goal of increasing family to family support groups and helping family members navigate through the system. A key component of this effort will be developing family member training and employment opportunities that recognize the extensive experience family members have in caring for persons with mental health diagnoses/issues.

Throughout this Action and the WE&T Plan, peers are defined as consumers and family members with lived experience. The Consumer and Family Relations Managers recognize that there are many common themes in peer training and employment and plan to collaborate on workforce development activities. The Peer Employment Toolkit, designed by the Consumer Employment Work Group, represents a comprehensive, integrated set of ten strategies designed to address needs and issues that relate to both consumer and family member employment.

The Toolkit uses the following organizing framework to address these needs:

- 1) Preparing the existing workforce to welcome consumers and family members as colleagues
- 2) Training peer providers, both consumers and family members, for employment within ACBHCS
- 3) Developing hiring practices and opportunities for consumers and family members
- 4) Providing ongoing supports for consumer and family member employees to increase their job success and retention

The Toolkit reflects an integrated, coordinated approach to peer employment and supports peer employees at all stages of the employment process, from recruitment to retention. The range of strategies reflects significant stakeholder input and addresses the employment issues and barriers that have been identified by consumers, as well as providers. The Toolkit has been adapted to integrate the development of services and supports for family members that will integrate all peer providers whenever doing so is of benefit to all involved. Our vision for the proposed Peer Employment Liaison is leadership in and coordination of system-wide peer employment activities. The Toolkit's ultimate goal is to develop and retain authentic

Action #3 –Peer Employment Toolkit—Continued

consumer and family voices in leadership roles across ACBHCS as we develop new practices to infuse wellness, recovery, and resiliency and to incorporate the value of lived experience throughout behavioral healthcare services, programs and agencies in Alameda County.

The first strategy described in the Peer Employment Toolkit is the Consumer Employment Strategic Plan. The new Family Relations Manager will be developing a parallel Family Member Strategic Plan, which will support similar objectives and focus on training and employment. WE&T funding will be used to hire a consultant to assist with this planning process, which will include family member focus groups and planning sessions. As this plan develops and specific family member training and employment needs and strategies emerge, ACBHCS will update the WE&T Plan, describe these new initiatives and provide funding for their implementation.

Preparing the Existing Workforce

1. Consumer Employment Strategic Plan

The Consumer Employment Strategic Plan has been under development at the same time as the MHSA WE&T Plan and will serve as a critical foundation for the Peer Employment Toolkit. The Consumer Employment Strategic Plan will ensure a strategic, coordinated and wellness-oriented approach to multiple initiatives, trainings and supports, all designed to develop and retain a well-prepared, culturally, ethnically and linguistically diverse, integrated consumer workforce. Developed by consumer consultants, in partnership with the Consumer Relations Team and the Pool of Consumer Champions, both the Consumer Employment Strategic Plan and the Peer Employment Toolkit have been infused with consumer values and experience.

2. Peer Employment Liaison

This new, county-based position will provide leadership for consumer employment and will coordinate and advance the implementation of the Consumer Employment Strategic Plan as a member of the ACBHCS WE&T Team. The Peer Employment Liaison will enable a county-wide approach, linking all of Alameda County organizations and programs in their efforts to expand and support consumer employment.

3. Recovery Training and Dialogue for All Staff

This training represents a critical first step towards the integration of a wellness, recovery and resiliency orientation in our system. The training will be designed for all staff and management to promote and encourage the practice of recovery principles and to deepen understanding of the value of providing peer support and hiring staff with lived experience. The Dialogue Process will provide opportunities to address concerns and barriers to including consumers and family members as colleagues. Consumer Relations, Family Relations, Training and the Wellness, Recovery Resiliency Hub, an MHSA initiative designed to provide technical assistance on wellness principles and practices, will collaborate to identify existing training modules and facilitation processes and to organize and provide these trainings for the ACBHCS workforce.

4. Supervisor Training to Support Peer Employees

Training and support for supervisors is a training and workforce priority for the ACBHCS workforce. Consumer and family staff will partner with the Training Director and System of Care Directors, to research existing training modules and offer trainings that will provide strategies to effectively hire, integrate and support peer employees. The target audience will be supervisors in all programs that hire peers. The trainings will include content on how to effectively welcome and orient new staff; offer and determine reasonable accommodations; identify and utilize strengths-based approaches to employee skill development and clarify the supervisory role in providing vocational support.

Action #3 –Peer Employment Toolkit—Continued

Training Peer Providers

5. Expansion of Consumer Operated Training Programs

This strategy is focused specifically on expanding consumer operated training programs that will increase the number of annual consumer-run peer provider trainings, enhance the wellness and empowerment approach and expand the range of services and supports for consumer employment and education. A consumer-run Wellness and Empowerment Peer Provider Training is now available in Spanish; the expansion will enable the development of these trainings in Cantonese and Vietnamese, helping to meet the needs of consumers within these communities. A key goal of the training program expansion is to increase the number of consumers who achieve employment and/or advance their education.

6. College Access Peer Support Program

The College Access Peer Support Program is designed to increase access, retention and support for persons in mental health recovery and family members enrolled in college courses leading to a certificate or degree. A pilot program will be initiated for students enrolled in the Human Services Program at Merritt College with the goal of expanding the program to serve additional community college Human Services programs in Alameda County. The proposed College Access Coordinator position (to be staffed by a person in mental health recovery who has completed or is completing their studies at the campus where they will serve as program staff) will develop and launch the pilot program. The Coordinator will work closely with the ACBHCS Workforce Development Manager and Director of Vocational Services to coordinate and align peer support efforts on the Merritt College campus. In addition, the Coordinator will work with the Transition Age Youth (TAY) System of Care Director to identify opportunities to recruit TAY clients into this program. The long range goal is to expand the program to support persons in recovery and family members enrolled in Social Work and Health and Human Services undergraduate programs, such as those offered by California State University East Bay.

Hiring Peer Providers

7. Peer Provider Orientation Plan

ACBHCS is developing a new orientation training program that will include an introduction and overview of public mental health practice and an introduction to working in the system. Consumer Relations and Family Relations staff will participate in the design and content of these orientations to ensure a wellness and recovery approach; they will also serve as presenters in the orientation sessions. In addition, our goal is to develop a specific orientation for peer providers, offering clear guidelines and identifying supports so that peer providers will be better prepared to acclimate to their new roles, integrate with their team, maintain their values and excel in their positions.

8. Mentorship Project

The Mentorship Project will provide ongoing support to consumer and family member employees within the ACBHCS workforce. Trained peer mentors, who have experience with recovery and employment, will help to address challenges, such as social inclusion and adaptation to the workplace for peer providers. The project's goals are to increase the clarity of roles for peer providers, improve the experience of teamwork and inclusion for peer providers and provide workplace support to ensure peer success.

9. Peer Provider Hiring Plan

The proposed Peer Employment Liaison will work closely with the Workforce Development Manager, Executive Leadership and Human Resources to develop specific hiring goals, job specifications and timelines for increasing and diversifying the peer provider workforce in the ACBHCS

Action #3 –Peer Employment Toolkit—Continued

workforce. Under the Peer Employment Liaison’s leadership, the Hiring Plan will guide the development of peer job descriptions and recruitment, hiring and retention practices.

Providing Ongoing Peer Supports

10. Peer Provider Employment Network

The Peer Provider Employment Network (‘Network’) is designed to empower Alameda County’s diverse consumer and family member community and to build their skills to become more effective employees as they enrich their personal and professional development. The Network will provide monthly training events to enhance professional skill development. In addition, the Network will facilitate team building and the exchange of peer recovery and employment supports, assess the training and support needs of peer providers in self help and ACBHCS settings and provide benefits coaching to teach persons in recovery how to transition off of benefits and maximize their financial independence. The Network’s goal is to increase consumer provider satisfaction and retention by providing training, as well as individual coaching, on managing the transition from receiving benefits to becoming employed. While the Network has been designed as a consumer effort, it will offer a range of activities, some focused specifically on consumer needs and others focused on the common interests and needs of consumers and family members.

Objectives:

- Increase the number and type of peer positions for consumers and family members throughout the ACBHCS workforce.
- Develop and implement the Workforce, Education and Training component of the Family Member Strategic Plan.
- Increase understanding of mental health recovery and the value of lived experience across the ACBHCS workforce and the system.
- Create a welcoming “wellness” workplace for all employees within the ACBHCS workforce.
- Develop outreach and recruitment strategies to increase the cultural and ethnic diversity and language capacity of consumer and family member employees to reflect Alameda County’s unserved, underserved and inappropriately served communities including African American, Asian Pacific Islander, Latino, Native American and South Asian communities.
- Increase the number of strategically trained and personally experienced family partners to assist and support families in unserved, underserved and inappropriately served communities in accessing services.
- Provide trainings and supports to prepare consumers and family members for employment within the ACBHCS workforce.
- Train Transition Age Youth (TAY) clients, adult consumers and family members to serve as trainers, facilitators and presenters to increase understanding of the value of lived experience and to model peer roles throughout ACBHCS.
- Collaborate on the development of a Peer Employment Hiring Plan that will identify specific peer recruitment and hiring goals.
- Increase the integration and recognized value of peer providers throughout ACBHCS.
- Develop a peer provider career ladder within the ACBHCS workforce and increase the number of peer employment opportunities and promotions.
- Increase peer employee job satisfaction and retention rates.

Action #3 –Peer Employment Toolkit—Continued

Budget Justification:

ACBHCS Operated Component

1 FTE Peer Employment Liaison

\$103,566	Salary & Benefits
\$ 15,535	15% Other Operating Expenses (supplies, communication, etc.)
<u>\$ 6,930</u>	Space for 1 FTE
\$126,031	Total Personnel and Operating Costs

\$ 75,000 NAMI trainings; UACF Educate, Equip and Support (EES) trainings; Family Member Train the Trainer trainings and curriculum development specific to family involvement with Transitional Age Youth and Older Adults

\$ 75,000 Consultant(s) to assist with the Family Member WE&T planning process and to facilitate family member focus groups

\$ 276,031 Total ACBHCS

Contracted Out to Consumer and Family Member Operated Organizations

1 FTE Multi-Lingual Trainer to develop Peer Provider Wellness and Empowerment Trainings in Cantonese and Vietnamese

1 FTE College Access Project Coordinator to develop a peer support pilot program on a community college campus

.5 FTE Mentorship Specialist to provide training for mentor candidates and coordinate mentorship activities for peer providers

1 FTE Peer Provider Network Coordinator to develop and coordinate the program and to offer 12 monthly training events

1 FTE Employment/Education Peer Specialist to provide training and employment supports and benefits coaching

.5 FTE Employment/Education Support Specialist to provide benefits coaching

1 FTE Administrative Assistant to provide administrative support

Consultants to offer peer trainings in Cantonese and Vietnamese

\$397,320	Estimated Salaries & Benefits
\$ 59,598	15% Other Operating Expenses (supplies, communication, etc.)
<u>\$ 41,580</u>	Space for 6 FTE's
\$498,498	Total Personnel and Operating Costs
<u>\$ 74,775</u>	Administrative Overhead
\$ 573,273	Total Services Contracted Out

\$849,304 Total Peer Employment Toolkit Estimated Annual Cost

Action #3 –Peer Employment Toolkit—Continued

FY 08/09 (Estimate for 6 months)	FY 08/09 (Estimate for 12 months)	Total Budget
\$424,652	\$849,304	\$1,290,942
	+16,986 2% COLA	
	\$866,290	

Note: ACBHCS is requesting funding to support the development and operation of this Action through the end of Fiscal Year 2009/2010 (approximately 1.5 years). The budget request (\$1,290,942) represents the total estimated annual cost of this Action including a 2% cost of living adjustment (COLA) in Fiscal Year 2009/2010. Alameda County intends to provide ongoing support for the WE&T Component through the MHSA Integrated Plan beginning in Fiscal Year 2010/2011.

Budgeted Amount	FY 2006-07: \$ 0	FY 2007-08: \$ 0	FY 2008-09 \$1,290,942
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C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action #4 – Develop a Coordinated Community College Career Pathway into Public Mental Health Careers

Description: Our long term goal is to develop a mental health educational pipeline in Alameda County with articulation agreements between ACBHCS and several local and regional educational institutions. We intend to develop formal linkages among high schools, community colleges, undergraduate programs and graduate programs, creating an educational pathway that will meet the system’s ongoing workforce needs. We will work closely with our educational partners to integrate wellness, recovery and resiliency concepts and practices into educational curriculum and to develop supportive education programs and agreements. In addition, we will ask Human Resources and hiring managers to review and match academic curriculum to job specifications to ensure that graduates are equipped with the knowledge, skills and abilities necessary for public mental health employment. Throughout this process, Workforce, Education and Training (WE&T) staff will work closely with college administrators, faculty and staff to ensure that our educational partnerships are meeting their academic and organizational needs and that we are building a sustainable academic pipeline for the system.

Our initial educational pipeline focus will be on strengthening relationships with the community colleges which serve as academic entry points for consumers and family members, as well as culturally and ethnically diverse students and individuals interested in human services coursework. The Career Pathways Work Group identified several important strategies to enhance and expand relationships between ACBHCS and our local community colleges and to develop and sustain effective peer supports on the college campuses. The Alameda County Vocational Services Program (ACVP) has established relationships with the Human Services Programs at Merritt College, Chabot College and Las Positas College, as well as the Health Worker Program at Berkeley City College. We plan to improve coordination among ACVP, local consumer operated programs and these community colleges to increase the number of consumers and family members entering Human Services Programs and pursuing employment in the ACBHCS workforce. In addition, our efforts in the community colleges will focus on attracting students interested in human services and the helping professions into the mental health field. ACBHCS will publicize our stipend program to attract, recruit and support individuals enrolled in consumer and family member training certificate programs, as well as students enrolled in the community college programs, to increase interest in and awareness of employment opportunities in the ACBHCS workforce.

A critical element of this Action will be to increase consumer peer programs and support services at the community colleges, with a focus on Transitional Age Youth (TAY) clients, as well as adult consumers and family members. We intend to offer peer support through the proposed College Access Program (described in Action #3 – The Peer Employment Toolkit) and to work closely with college Disabled Student Program Service offices to identify existing resources on each campus and within the community. We will also provide trainings on supportive education to community college faculty and staff, as well as managers and staff in the ACBHCS workforce, and request Department of Mental Health/Department of Rehabilitation Co-Operative technical assistance to organize supportive education agreements with the colleges. Working collaboratively, we will focus on strengthening communication between ACBHCS and the college Human Services Departments to keep them informed of the needs of and required competencies for the ACBHCS workforce.

Action #4 – Develop a Coordinated Community College Career Pathway into Public Mental Health Careers—Continued

In the future, we hope to integrate the California Association of Rehabilitation Agencies (CASRA) Psycho-Social Rehabilitation Curriculum into a community college program. The CASRA curriculum, which supports the principles of wellness and recovery, can be used in a community college certificate or academic program, and provides a strong foundation for working in public mental health. In addition, we plan to partner with County agencies and school-based initiatives to identify opportunities to work with Alameda County’s high school health academies. Our goal at the high school level is to integrate mental health curriculum and provide student fieldwork opportunities as an important step in our educational pipeline development.

Objectives:

- Increase the number of TAY clients and consumers referred from peer training programs into community colleges to pursue Human Services certificates or Associate in Arts (AA) degrees.
- Outreach and recruit culturally diverse and bilingual students, including consumers and family members, into Human Services programs.
- Increase the number of ACBHCS fieldwork placements for community college Human Services programs.
- Increase the number of referrals to ACVP for consumers pursuing employment in public mental health.
- Provide trainings on supportive education to community college faculty and staff and to management and staff in the ACBHCS workforce.
- Request Department of Mental Health/Department of Rehabilitation Co-Operative Technical Assistance to organize supportive education agreements with the community colleges.
- Evaluate existing AA programs in each community college to assure that they articulate to a Bachelor’s degree.
- Identify and partner with Alameda County high school health academy programs to explore the development of mental health curriculum.

Budget Justification:

Staff time is budgeted under Workforce Staffing Support
 \$32,000 for curriculum development and faculty release time
 \$15,000 for trainings on supportive education
\$47,000 Total Estimated Annual Cost

FY 08/09 (Estimate for 6 months)	FY 09/10 (Estimate for 12 months)	Total Budget
\$23,500	\$47,000	\$71,910
	+1,410 2% COLA	
	\$48,410	

Note: ACBHCS is requesting funding to support the development and operation of this Action through the end of Fiscal Year 2009/2010 (approximately 1.5 years). The budget request (\$71,910) represents the total estimated annual cost of this Action including a 2% cost of living adjustment (COLA) for Fiscal Year 2009/2010. Alameda County intends to provide ongoing support for the WE&T Component through the MHSA Integrated Plan beginning in Fiscal Year 2010/2011.

Budgeted Amount:	FY 2006-07: \$ 0	FY 2007-08: \$ 0	FY 2008-09: \$71,910
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C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action #5 – Educational Campaign to Increase the Diversity and Language Capacity of the ACBHCS Workforce

Description: Diversifying the ACBHCS workforce will increase the number of employees from unserved, underserved and inappropriately served communities including consumer, family member, African American, Asian Pacific Islander, Latino, Native American and South Asian communities; increase language capacity; increase cultural competency and enhance service provision and client outcomes. In this Action, Workforce, Education and Training (WE&T) staff will collaborate with the Ethnic Services Manager, the Cultural Competence Committee and the MHSa Prevention and Early Intervention Ethnic Outreach and Engagement Initiatives to learn about the cultural beliefs, practices and language needs related to mental health in Alameda County's diverse communities.

Our goal is to develop culturally appropriate educational campaigns that will enhance the image of mental health employment and recruit students and potential employees from diverse communities into the public mental health field. Our primary areas of focus will be Alameda County's unserved, underserved and inappropriately served communities. WE&T staff will develop a communication plan, targeted towards high schools located in diverse communities, as well as community colleges, to inform students about mental health careers. This effort will be coordinated with Human Resources and will include participation in career days, development of a mental health career Speaker's Bureau and participation in community-based events. We will also identify partnerships with county agencies, educational institutions and community organizations with a commitment to increasing diversity in health care services to assist in the Educational Campaign. All of the financial incentive programs will be publicized through the Educational Campaign as a means to attract and recruit diverse individuals into the ACBHCS workforce.

While we believe this effort will increase workforce diversity and language capacity in the long run, we face a pressing need for interpreters in Alameda County's threshold languages particularly in Spanish, Cantonese, Vietnamese and Farsi. To meet this immediate need, we plan to identify interpretation opportunities within local community-based organizations. WE&T staff have met with City College of San Francisco's Health Interpreter Program to discuss the possibility of developing mental health curriculum for health interpreters, which has the potential to become a regional MHSa workforce effort and to benefit all of the Bay Area counties. We would like to increase understanding of mental health terminology and the issues that might arise in the process of interpreting for clients and families experiencing mental health distress, and to help mental health professionals understand cultural issues that are relevant to the client and family in distress.

This Action supports our long term goal to develop a pipeline program that will mirror Alameda County's expanding cultural and ethnic communities and attract diverse individuals into the public mental health field. This Action will also develop a monitoring system to evaluate program outcomes over time.

Objectives:

- Identify the cultural beliefs, practices and language related to mental health in Alameda County's diverse communities.
- Develop culturally appropriate workforce campaigns to enhance the image of mental health employment and to recruit students and potential employees from unserved, underserved and inappropriately served communities into the public mental health field.

Action #5 – Educational Campaign to Increase the Diversity and Language Capacity of the ACBHCS Workforce—Continued

- Develop a communication plan targeted towards high schools, community colleges and ethnic and cultural community centers to educate, inform and engage students in mental health related academic programs.
- Publicize the ACBHCS stipend programs to attract and recruit individuals into academic programs leading to employment in the ACBHCS workforce.
- Identify and support interpreter programs that can meet the mental health needs of clients and families from unserved, underserved and inappropriately served communities.
- Develop a monitoring system to evaluate and track program outcomes over time.

Budget Justification:

Staff time is budgeted under Workforce Staffing Support
 \$30,000 Development, translation and design of educational materials
 \$20,000 Printing costs
 \$25,000 Interpretation services and development of mental health training into curriculum
\$75,000 Total Estimated Annual Cost

FY 08/09 (Estimate for 6 months)	FY 09/10 (Estimate for 12 months)	Total Budget
\$37,500	\$75,000	\$114,000
	+1,500 2% COLA	
	\$76,500	

Note: ACBHCS is requesting funding to support the development and operation of this Action through the end of Fiscal Year 2009/2010 (approximately 1.5 years). The budget request (\$114,000) represents the total estimated annual cost of this Action including a 2% cost of living adjustment (COLA) for Fiscal Year 2009/2010. Alameda County intends to provide ongoing support for the WE&T Component through the MHSA Integrated Plan beginning in Fiscal Year 2010/2011.

Budgeted Amount:	FY 2006-07: \$ <u>0</u>	FY 2007-08: \$ <u>0</u>	FY 2008-09: \$114,000
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D. RESIDENCY, INTERNSHIP PROGRAMS

Action #6 –Development of a Coordinated Internship Program

Description: Academic internships provide opportunities to engage, train and recruit potential employees. Internships also offer opportunities for trainees to learn about public mental health in a variety of settings and to increase their “real world” focus and understanding. This Action is designed to coordinate and expand internships in order to increase the number of students placed within ACBHCS settings, thereby increasing the possibility of recruiting these students for employment in the ACBHCS workforce.

The ACBHCS system currently provides numerous internships, largely through contract community-based organizations (CBOs). In March 2007, the Alameda County Council of Mental Health Agencies conducted a workforce survey to share with the Greater Bay Area Mental Health and Education Workforce Collaborative (Collaborative). The fourteen agencies that responded to the survey provide over 100 mental health internships for Bachelor’s, Master’s and Doctoral students. In addition, these agencies provide several consumer and volunteer internships. Alameda County’s Children’s System of Care has a longstanding internship program for graduate and doctoral level students from several Bay Area colleges and universities; approximately one dozen interns are placed in county clinics annually. ACBHCS also offers internships to UC Berkeley School of Social Welfare graduate students and provides placements for several California State University East Bay CalSWEC graduate social work interns each year. The Collaborative has identified collecting and summarizing information on two and four year internship programs, at the community college and undergraduate levels, as a priority project; Workforce, Education and Training (WE&T) staff will review this information as it becomes available.

Alameda County’s Workforce Needs Assessment identified recruiting licensed providers who are bi-lingual in Spanish, Cantonese and Vietnamese as the most critical workforce need. Increasing the number of graduate level internships, and designing internships to match these specific workforce needs, should help to alleviate this issue. In addition, given our new focus on Older Adults in the System of Care, WE&T staff plan to meet with local and regional Schools of Nursing to explore the possibility of nursing internships and fieldwork placements in community-based mental health for Bachelor’s level nursing students and Nurse Practitioners. We hope that these potential internships will increase the number of nurses interested in employment within the ACBHCS workforce. ACBHCS will publicize Action #7 - the Graduate Level Stipend Program - to educational institutions and potential student interns to increase their awareness of financial support and potential employment opportunities in the ACBHCS workforce.

The greatest challenge to increasing the number of internships is the staff supervision required for students to earn supervised clinical hours towards licensure. WE&T staff will convene an Internship Work Group to identify specific supervision and training needs related to expanding internship placements and to assist in the development of strategies that will support these needs. In meetings with CBO Training Directors, WE&T staff learned about the organizational and supervisory requirements for clinical internships and identified coordination activities that would support existing programs. The proposed Internship Coordinator position will coordinate non-clinical activities and serve as the single point of contact for educational institutions to publicize internship opportunities within ACBHCS. The CBO Training Directors recommended group orientations and trainings to maximize clinical training staff time. These trainings would be developed with the CBO Training Directors and organized by the Internship Coordinator.

Action #6 –Development of a Coordinated Internship Program--Continued

Objectives:

- Convene an Internship Work Group to develop an expanded and coordinated Internship Program and to identify orientation, training and clinical supervision needs to support internships, including trainings that can be offered in a group setting.
- Hire an Internship Coordinator to coordinate internship activities and serve as the single point of contact for educational institutions that are interested in internship opportunities in ACBHCS settings.
- Analyze existing and potential internships within ACBHCS settings and summarize each, including their community/educational affiliation and certificate/degree program; supervision requirements; intern responsibilities; field placement settings; training needs; number of required hours; application process and existing stipends.
- Develop new internship placements designed to address hard-to-fill licensed positions, increase diversity and language capacity to match threshold languages (i.e., Spanish, Cantonese, Vietnamese and Farsi), and support lifespan programs, such as Transitional Age Youth and Older Adults.
- Meet with local and regional Schools of Nursing to explore the possibility of nursing internships/fieldwork placements in community-based mental health for Bachelor's level nursing students and Nurse Practitioners.
- Publicize the Graduate Level Stipend Program to educational institutions and potential student interns.
- Develop and host group intern orientation and training programs through the ACBHCS Training Institute.
- Identify training practices and modules for clinical supervisors and provide these trainings through the ACBHCS Training Institute.
- Expand the ACBHCS website to include provider links and descriptions of internships and job listings.
- Create an evaluation and tracking methodology, to identify the number and type of interns who apply for and are hired for positions within the ACBHCS workforce and their retention rates.

Action #6 –Development of a Coordinated Internship Program--Continued

Budget Justification:

Internship Coordinator position is budgeted under Workforce Staffing Support
 \$ 5,000 Materials for college internship fairs
 \$30,000 Clinical supervisor orientations and trainings
 \$30,000 Group orientations and content trainings for student interns
 \$ 5,000 Training materials
\$ 5,000 Trainer fees
\$75,000 Total Estimated Annual Cost

FY 08/09 (Estimate for 6 months)	FY 09/10 (Estimate for 12 months)	Total Budget
\$37,500	\$75,000	\$114,000
	<u>+1,500</u> 2% COLA	
	\$76,500	

Note: ACBHCS is requesting funding to support the development and operation of this Action through the end of Fiscal Year 2009/2010 (approximately 1.5 years). The budget request (\$114,000) represents the total estimated annual cost of this Action including a 2% cost of living adjustment (COLA) for Fiscal Year 2009/2010. Alameda County intends to provide ongoing support for the WE&T Component through the MHSA Integrated Plan beginning in Fiscal Year 2010/2011.

Budgeted Amount:	FY 2006-07: \$ 0	FY 2007-08: \$ 0	FY 2008-09: \$114,000
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E. FINANCIAL INCENTIVE PROGRAMS

Action #7– Development of a Financial Incentives Program: Stipends for High School, Peer Certificate Training Programs, Community College and Undergraduate Students

Description: Both the Consumer Employment and Career Pathways Work Groups identified stipends as critical supports for consumers and family members enrolled in certificate and academic programs. ACBHCS recognizes that financial incentives are an effective means to develop, expand and diversify our workforce and that they can serve as both a recruiting tool and retention strategy. Financial incentives are central to building a longer-term strategy of a coordinated mental health career pipeline to support Alameda County’s workforce needs. Our goal is to develop a range of incentives for current and potential employees who plan to enroll in peer and family member certificate programs, community college programs, undergraduate programs and graduate degree programs in the behavioral sciences that will meet the system’s workforce needs. ACBHCS intends to offer three financial incentive programs that will encourage and support ACBHCS (defined as both the county and community-based organization contractors) managers and staff, consumers, family members and community members to pursue education leading to employment in our workforce. Stipends will be designed to match hard-to-fill positions as identified in the Workforce Needs Assessment, increase the number of consumers and family members in the ACBHCS workforce and increase workforce diversity and language capacity to match the system’s unserved, underserved and inappropriately served communities including African American, Asian Pacific Islander, Latino, Native American and South Asian communities.

Through this Action, stipends will be provided to consumers and family members participating in peer-led training programs and students enrolled in community college Human Services certificate and Associate in Arts programs and undergraduate programs in the behavioral health field, including consumers and family members. Stipends for high school students will be also be offered, as ACBHCS develops relationships with local high school health academy programs. Each of these stipends will be designed to increase workforce diversity and the number of consumers and family members in the ACBHCS workforce. These stipends will be publicized and linked to Action # 5 - the Educational Campaign to Increase Workforce Diversity.

ACBHCS will work with Executive Administration, Finance and Human Resources and other county agencies, such as Alameda County Counsel and County Auditor Controller’s Office to develop the stipend program. Workforce, Education and Training (WE&T) staff will convene a Financial Incentives Committee that will be charged with developing eligibility criteria to meet identified workforce needs, a selection process and policies and procedures for all financial awards. ACBHCS understands that the management of a financial incentive program requires knowledge and skills that are unique and anticipates contracting out with a local agency or organization with experience managing these types of funds.

ACBHCS is requesting a total of \$4.7 million from our state MHSA WE&T allocation to support the development of an MHSA Financial Incentives Fund which will support our three financial incentive programs over the next ten years. These programs include the stipends identified in this Action, as well as the Graduate Level Stipend Program to Increase Workforce Diversity and the Loan Assumption Program.

Action #7– Development of a Financial Incentives Program – Continued

Objectives:

- Develop a Financial Incentives Program working with ACBHCS Executive Administration, Finance, Human Resources and other county-wide agencies.
- Develop eligibility criteria that will increase the number of individuals who represent Alameda County’s diverse communities and speak threshold languages (Spanish, Cantonese, Vietnamese and Farsi) and the number of consumers and family members in the system.
- Convene an MHSA Financial Incentives Committee composed of ACBHCS Administration and Human Resources and Executive Directors and Training Directors representing contracted community-based organizations, as well as other key stakeholders identified by ACBHCS Administration, to assist in the development of eligibility criteria, a selection process and policies and procedures for stipend awards and employment payback. This Committee will review student applications and make decisions on financial awards.
- Identify and contract with a vendor to manage this program.
- Support access to a range of certificate and academic programs for consumers and family members.
- Provide outreach and information on the Financial Incentives Program to unserved, underserved and inappropriately served communities including consumer, family member, African American, Asian Pacific Islander, Latino, Native American and South Asian communities through school and community sites as a means to recruit students into mental health programs.
- Support existing ACBHCS managers and staff who want to pursue further education and achieve career advancement in the ACBHCS system.
- Attract, support and potentially recruit students at different academic levels who are interested in pursuing careers in public mental health.
- Document the number, type and retention rates of program participants who are employed in ACBHCS.
- Document the career progress of program participants.

Budget Justification:

\$ 6,250 High School stipends for students enrolled in Health Academy programs (25 stipends at \$250)

\$25,000 Consumer and Family Member Training Certificates (50 stipends at \$500)

\$30,000 Community College Human Services Certificate or Associate in Arts Degree (25 stipends at \$1200/year)

\$40,000 Undergraduate Degrees in Human Services, Social Work or Psychology (20 stipends at \$2000/year)

\$20,250 20% Management Fee

\$121,500 Total Estimated Annual Cost

Note: ACBHCS intends to create an MHSA Financial Incentives Fund to support the stipends identified in this Action over the next 10 years. We anticipate providing approximately \$100,000 annually for this program. ACBHCS understands that the management of a Financial Incentives Stipend Program requires knowledge and skills that are unique and anticipates contracting this program out to a local agency or organization with experience managing these types of funds. We estimate a 20% management fee to cover the costs for these services on an annual basis. We are requesting \$1.36 million to cover the costs of this specific Action, as a component of our Financial Incentives Program, over the next 10 years. Since this Action will be offered over a 10 year timeframe, we have included additional funding (\$145,000) in our budget request to cover any inflationary cost increases over this time period.

Budgeted Amount:	FY 2006-07: \$ <u>0</u>	FY 2007-08: \$ <u>0</u>	FY 2008-09: \$1,360,000
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E. FINANCIAL INCENTIVE PROGRAMS

Action #8 – Graduate Level Stipend Program to Increase Workforce Diversity

Description: Alameda County’s Workforce Needs Assessment identified the most pressing workforce need to be licensed, direct service, bi-lingual staff. In this Action, we will establish a stipend program for students pursuing graduate degrees in programs such as Social Work, Marriage and Family Therapy, Psychology and Psychiatric Nursing. Special focus will be placed on bicultural and/or bilingual students (Spanish, Cantonese, Vietnamese and Farsi) and consumers and family members who can meet the needs of our unserved, underserved and inappropriately served clients and families including those from African American, Asian Pacific Islander, Latino, Native American and South Asian communities. The graduate stipends will be publicized and linked to Action #5 - the Educational Campaign to Increase Workforce Diversity.

California Social Work Education Center (CalSWEC) stipends are available for second year graduate students; ACBHCS provides internship opportunities for several of these interns each year. State-administered MHSA stipend programs for Marriage and Family Therapy, Psychiatric Nursing and Psychology should be available to counties in 2009/2010. While these programs will support our workforce efforts, our system requires a greater number of licensed providers to meet our current and future workforce needs. This graduate level stipend program will enable ACBHCS managers and staff to pursue graduate degrees and expand their roles within our workforce. In addition, ACBHCS can recruit students from Alameda County’s diverse communities, as well as Transitional Age Youth (TAY) clients, consumers and family members who are seeking graduate degrees leading to employment or promotion in the mental health system.

ACBHCS staff that receives a graduate student stipend will be expected to continue in their county or contract CBO positions for one year for every year of support while in school. Community members who receive a graduate stipend will be expected to work within ACBHCS, in a county or contract CBO setting, after completion of their academic program. WE&T staff will develop outcome measures, based upon the Department of Mental Health Five Year Workforce, Education and Training Plan, to evaluate this program’s impact on the ACBHCS workforce.

Objectives:

- Develop eligibility criteria, a selection process and policies and procedures for stipend awards and employment payback through the MHSA Financial Incentives Committee. This Committee will review student applications and make decisions on financial awards.
- Increase the number of licensed providers working in ACBHCS.
- Increase the ethnic and cultural diversity and language capacity (Spanish, Cantonese, Vietnamese and Farsi) of these licensed providers.
- Increase the number of consumers and family members employed as licensed providers.
- Identify and contract with a vendor to manage this program.
- Document the number, type and retention rates of program participants who are employed in ACBHCS.
- Document the career progress of program participants.

Action #8 – Graduate Level Stipend Program to Increase Workforce Diversity- Continued

Budget Justification:

\$100,000 20 graduate stipends (MSW, MFT, Psychology and Psychiatric Nursing) at \$5,000 per year

\$ 20,000 20% Management Fee

\$120,000 Total Estimated Annual Cost

Note: ACBHCS intends to create an MHSA Financial Incentives Fund to support the stipends identified in this Action over the next 10 years. We anticipate providing approximately \$100,000 annually for this program. ACBHCS understands that the management of a Graduate Level Stipend Program requires knowledge and skills that are unique and anticipates contracting this program out to a local agency or organization with experience managing these types of funds. We estimate a 20% management fee to cover the costs for these services on an annual basis. We are requesting \$1.345 million to cover the costs of this specific Action, as a component of our Financial Incentives Program, over the next 10 years. Since this Action will be offered over a 10 year timeframe, we have included additional funding (\$145,000) in our budget request to cover any inflationary cost increases over this time period.

Budgeted Amount:	FY 2006-07: \$ <u>0</u>	FY 2007-08: \$ <u>0</u>	FY 2008-09: \$1,345,000
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E. FINANCIAL INCENTIVE PROGRAMS

Action #9– Loan Assumption Program

Description: Throughout Alameda County’s Workforce, Education and Training (WE&T) Planning Process, contract community-based organizations (CBOs) have identified loan forgiveness as a critical staff retention strategy. CBO Executive Directors, many of them leading ethnically specific organizations, have commented that licensed, direct service staff identify their high cost student loans as a primary reason for leaving CBO employment and securing higher paying positions in the county or private organizations. In addition, Alameda County has a shortage of child psychiatrists and loan forgiveness can serve as a hiring incentive for these positions.

Loan Assumption Programs, also known as loan forgiveness or repayment programs, pay either part or all of a current or prospective employee’s educational loan debt in exchange for working in a position deemed hard-to-fill and/or retain by the employer. This financial incentive strategy is an effective means to recruit and retain individuals for the public mental health system workforce and to promote diversity in the workplace. The State’s Department of Mental Health (DMH) has developed a Loan Assumption Program which will be available to Alameda County applicants in early 2009. Counties can also utilize their WE&T funds to enable individuals to participate in a local Loan Assumption Program that follows DMH guidelines.

ACBHCS plans to develop a local Loan Assumption Program as a workforce recruitment and retention strategy that will begin with a pilot program in 2009/2010. ACBHCS will develop eligibility criteria, identify loan amounts and create a selection process for participation in this program. The proposed MHSAs Financial Incentives Committee will identify the positions which are deemed hard-to-fill or retain, based upon the Workforce Needs Assessment, develop the program and select the loan recipients. ACBHCS will provide outreach to consumers, family members and individuals from unserved, underserved and inappropriately served communities including African American, Asian Pacific Islander, Latino, Native American and South Asian communities to make them aware of the Loan Assumption Program, as well as the Stipend Programs, in an effort to recruit them into hard-to-fill positions.

Applicants will submit an application to ACBHCS that includes documentation of existing educational loans from lending institutions, which includes loan balances. An application may include more than one educational loan. The MHSAs Financial Incentives Committee will review each application and decide which applicants should receive funding. Applicants who are selected for participation will sign a loan assumption agreement that states that the applicant’s loans will be assumed, or repaid, only after he/she has maintained full- or part-time employment for twelve consecutive months in a county or contract CBO position that has been deemed hard-to-fill or retain.

According to the DMH guidelines, a single payment of up to \$10,000 per year can be made on the participant’s behalf after 12 consecutive months of employment in an eligible position. No individual should participate in a loan assumption program for more than 72 consecutive months, and no more than a total of \$60,000 of any participant’s educational loan liability should be assumed, or repaid. Loan payments will be made directly to the lending institution and will be applied to the principle balance. Participants remain responsible for their loan obligations, and for making payments as per their contract with their lending institution.

Action #9– Loan Assumption Program-Continued

Objectives:

- Develop eligibility criteria, a selection process and policies and procedures for loan amounts and employment payback through the MHSA Financial Incentives Committee. This Committee will review applications and make decisions on loan awards.
- Identify and contract with a vendor to manage the Loan Assumption Program.
- Document the number and type of program participants.
- Document the career progress of program participants.
- Evaluate program effectiveness in recruiting and retaining consumers, family members and bi-lingual and bi-cultural staff in hard-to-fill positions.
- Develop outcome measures to evaluate staff retention rates in county and contract CBO positions over time.

Budget Justification:

\$150,000 Direct Loan Assumption

\$ 30,000 20% Management Fee

\$180,000 Total Estimated Annual Cost

Note: ACBHCS intends to create an MHSA Financial Incentives Fund which will support the Loan Assumption Program over the next 10 years. We anticipate providing approximately \$150,000 annually for this program. ACBHCS understands that the management of a Loan Assumption Program requires knowledge and skills that are unique and anticipates contracting this program out to a local agency or organization with experience managing these types of funds. We estimate a 20% management fee to cover the costs for these services on an annual basis. We are requesting \$2,026,155 to cover the costs of this specific Action, as a component of our Financial Incentives Program, over the next 10 years. Since this Action will be offered over a 10 year timeframe, we have included additional funding (\$226,155) in our budget request to cover any inflationary cost increases over this time period.

Budgeted Amount:	FY 2006-07: \$ <u> 0 </u>	FY 2007-08: \$ <u> 0 </u>	FY 2008-09: \$2,026,155 <u> </u>
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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: <i>Workforce, Education and Training Coordination</i>	X	X	X	X	X	X	X		X	X		X	X
Action # 2: <i>The ACBHCS Training Institute</i>	X	X	X	X	X	X	X			X	X	X	X
Action # 3 : <i>Peer Employment Toolkit</i>	X	X	X	X	X		X					X	X
Action # 4: <i>Coordinated Community College Career Pathway into Public Mental Health Careers</i>	X	X	X	X	X		X	X		X		X	X
Action # 5: <i>Educational Campaign to Increase the Diversity and Language Capacity of the ACBHCS Workforce</i>	X	X	X	X	X	X	X			X		X	X
Action # 6: <i>Development of a Coordinated Internship Program</i>	X	X	X	X	X	X	X			X		X	X
Action # 7: <i>Development of a Financial Incentives Stipend Program</i>	X	X	X	X	X		X		X			X	X
Action # 8: <i>Graduate Level Stipend Program to Increase Workforce Diversity</i>	X	X	X	X	X		X		X			X	X
Action # 9: <i>Loan Assumption Program</i>	X	X	X	X	X		X		X			X	X

EXHIBIT 6: BUDGET SUMMARY

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

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

Fiscal Year: 2008-09			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:	0	\$930,693	\$930,693
B. Training and Technical Assistance	0	\$304,000	\$304,000
C. Mental Health Career Pathway Programs	0	\$1,476,852	\$1,476,852
D. Residency, Internship Programs	0	\$114,000	\$114,000
E. Financial Incentive Programs	0	\$4,731,155	\$4,731,155
GRAND TOTAL FUNDS REQUESTED for FY 2008-09			\$7,556,700

EXHIBIT 7: ANNUAL PROGRESS REPORT (NOTE: This exhibit is for information purposes only, and does not need to be submitted with the Plan.)

List any objectives from any of the Actions that have been met during the period being reported, any issues that significantly impact on the accomplishment of objectives, and any positive accomplishments. Events, milestones, products, or outcomes are to be reported as measurable activities that can be quantitatively compared for the duration of the contract period.

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