Mental Health Services Act
Workforce Education and Training Plan
FY 11-12 – FY 13-14
Posted: April 29 – May 30, 2011

A Tradition of Stewardship
A Commitment to Service

Mental Health Division
Napa County Health and Human Services Agency
2261 Elm Street, Building A
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This MHSA Workforce Education and Training Plan is available for public review and comment from April 29 – May 30, 2011.

Your feedback is welcome in writing by 5pm on Monday, May 30, 2011, or at the public hearing of the Mental Health Board on Monday, June 13, 2011.

For more information, please call the Napa County MHSA Office at (707) 299-2100.

EXHIBIT 1: WORKFORCE FACE SHEET

MENTAL HEALTH SERVICES ACT (MHSA) WORKFORCE EDUCATION AND TRAINING (WET) COMPONENT THREE-YEAR PROGRAM AND EXPENDITURE PLAN, Fiscal Years 2011-12, 2012-13, 2013-14

County: NAPA **Date: April 29, 2011**

This Workforce Education and Training (WET) Component Three-Year Program and Expenditure Plan addresses the shortage of qualified individuals who provide mental health services in Napa County's public mental health system. This includes community based organizations and individual providers who, together with County Mental Health Division (MHD) staff, collectively comprise Napa County's publicly funded mental health system workforce. This WET Plan is consistent with and supportive of the vision, values, mission, goals, objectives and proposed Actions of California's MHSA WET Five-Year Strategic Plan (Five-Year Plan), and Napa County's MHSA Annual Plan. Actions to be funded in this WET Plan complement state-administered workforce programs and address Napa County's mental health workforce needs as indicated in Exhibits 3 through 6.

The proposed Actions 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 MHSA.

All proposed education, training and workforce development programs and activities contribute to developing and maintaining a culturally competent workforce and to, among other things, include individuals with client and/or family member experience who are capable of providing client- and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes. This WET Plan has been developed with stakeholder and public participation. All input received to date has been taken into consideration in the development of this final WET Plan.

Progress and outcomes of education and training programs and activities listed in this WET component will be reported and shared on an annual basis, with appropriate adjustments made. An updated assessment of this Napa County's workforce needs will be provided as part of the development of any subsequent WET Plan Updates.

County Mental Health Director:

Printed Name: Jaye Vanderhurst

Signature:_____

Date:_____

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EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY

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

Napa County is a small county north of the San Francisco Bay Area and one hour from San Francisco, Oakland and Sacramento. World-renowned for its vineyards and wineries, Napa has maintained a strong rural character. About 60% of residents live in the City of Napa; 40% live in smaller cities with limited access to mental health services.

Napa County's population is 134,650. Hispanic/Latino Americans, Asian/Pacific Islanders, African Americans, and Native Americans comprise 40.4% of the population. The population grew by 8.3% from April 1, 2000 to July 1, 2009. Latinos comprise 30.8% of the population; Spanish is the only threshold language. Most Latinos are of Mexican descent and many are long-time citizens. The County has a significant number of migrant and undocumented workers.

The Napa County Workforce Education and Training (WET) planning process built upon the extensive planning efforts of previous Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) components of the MHSA. Feedback on the MHD's WET Plan was provided by consumers, family members, agency staff and community stakeholders, some of whom represented a variety of unserved/underserved populations including LGBTQ, Latinos, Older Adults, and Veterans. Stakeholders provided input through a variety of meetings including the WET Planning Workgroup, meetings with the MHD Leadership Team, the MHSA Stakeholders Advisory Committee, the Wellness and Recovery Advisory Committee, and the Mental Health Board. Staff attended regional WET trainings and Greater Bay Area Mental Health and Education Workforce Collaborative meetings. WET Conference Calls also provided valuable technical assistance.

The MHD's WET Planning Workgroup was initially convened in November of 2007 and was provided background information on the MHSA and the guidelines for the WET Component. The WET Planning Workgroup was charged with moving the planning efforts forward and every effort was made to bring key stakeholders to the table. Participating agencies and staff included the California State University of Sacramento Division of Social Work, Circle of Friends, Inc. (the contractor that operates the Division's Adult Self-Help Resource Center), Community Health Clinic Ole, Dreamcatchers (a consumer employment agency), MHD staff (including Quality Improvement Committee staff), HHS Training and Employment Center staff, County Mental Health Board, Mental Health Consumer Concerns (manages the MHD's Consumer Advocacy Program), MHSA Stakeholder Advisory Committee, Napa County Office of Education, Napa State Hospital, Napa Valley Adult School, Napa Valley Coalition of Non-Profit Agencies – Behavioral Health Subcommittee, Napa Valley College, Napa Valley Support Services (a consumer employment agency), Pacific Union College, Queen of the Valley Medical Center, Department of Rehabilitation - Napa Branch of Redwood Empire District, St. Helena Hospital Center for Behavioral Health, V.O.I.C.E.S. (a foster youth emancipation program), and HHS Human Resources staff. Information was conveyed to WET Planning Workgroup members through presentations, written handouts and email.

The WET Needs Assessment process of gathering data focused initially on public mental health providers in Napa County. Providers were interviewed and/or surveyed to understand and prioritize the current public mental health workforce needs and potential solutions.

Interviews were conducted with the Executive Directors of each of the community-based agencies that contract with Napa County to provide mental health services, and the HHS Human Resources Director. At the end of each interview, Directors were asked to complete an Excel spreadsheet to describe their current staffing and their projected staffing needs. These spreadsheets were compiled and are included in Exhibit 3. A survey was also created to assess the projected workforce needs and priorities from the perspective of the current providers. This survey was sent to directors of community-based contractors, private practitioners providing mental health counseling as part of the Individual Provider Network (IPN), and all MHD staff. The survey was made available online and in hard copy. After the interviews and surveys were completed, a summary was created to describe the current public mental health staff, the additional staff needed to meet the current demand and other parameters for workforce planning. The summary is contained in 'Exhibit 3: Workforce Needs Assessment'. The summary was presented to the WET Planning Workgroup for discussion and helped shape the development of the Actions.

Through a series of meetings that were completed in the Fall of 2009, the WET Planning Workgroup reviewed the WET Component guidelines, the Needs Assessment Data, consulted with their various constituencies, and made their final recommendations. MHD and HHS Human Resources staff compiled all the information and recommendations from the WET Planning Workgroup into the following seven Actions that comprise the Napa County MHD's WET Plan. Despite a significant gap in time between the end of the planning process and submission of this plan, the WET Planning Workgroup's recommendations continue to accurately reflect the needs of the MHD's publicly funded mental health workforce. These Actions are as follows:

- Workforce Staffing Support with a focus on Consumer/Family Member Employment.
- Training and Staff Development including Spanish Language Training, E-Learning and a Train the Trainers Academy to increase local training capacity.
- Mental Health Career Pathways strategies to increase recruitment of consumers by providing them with sufficient training to enter the mental health workforce.
- Residency and Internship Program with appropriate culturally competent clinical supervision, temporary work/supported employment experiences for consumers, family members, students, etc.
- Financial Incentive Programs that would provide stipends across a wide range of diversity, education levels and lived experience to facilitate ongoing education opportunities for consumers, family members, para-professionals, students, and professionals that would better serve the needs of the community.

The MHD proposes to use the balance of the amount of Napa County's WET Planning Allocation of $577,950 ($618,200 allocation less $40,250 in early planning costs) in order to implement this WET Plan. A draft of the MHD's WET Plan was distributed to stakeholders and other members of the community for input and feedback during the Public Review and Comment Period which took place from April 29 – May 30, 2011. A public hearing was held on Monday, June 13 at a regular meeting of the Mental Health Board. A comment was said regarding the need for bilingual/bicultural staff. A Board member stated that at this point most people should or do speak English and selectively recruiting bilingual/bicultural staff was unecessary; the Board member was in agreement to try this plan for one year however. Another member had some concerns regarding the Mental Health Internship program stating that it is illegal to see patients without a supervising clinicial in the room. A mental health staff member clarified that the interns would actually be trainees and that those issues had already been looked into and researched. Another Board member wanted clarification as to the specific actions that supported consumer work.

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT – I. By Occupational Category

SUMMARY OF COMPLETE COUNT AND EXTRAPOLATED ESTIMATES: ALL SEGMENTS

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11) White/ Cau-casion	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islan-der	Native Ameri-can	Multi Race or Other	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. *Unlicensed* Mental Health Direct Service Staff:										
County (employees, independent contractors, volunteers)										
Mental Health Rehabilitation Specialist	4.5	0	2.7	2.7	1.8	0.0	0.0	0.0	0.0	4.5
Case Manager/Service Coordinators	5.5	0	7.0	3.1	2.4	0.0	0.0	0.0	0.0	5.5
Employment Services Staff	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Housing Services Staff	0.0	0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Consumer Support Staff	0.0	0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Family Member Support Staff	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Benefits/Eligibility Specialist	0.0	0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other *Unlicensed* MH Direct Service Staff	3.1	0	3.9	0.1	3.0	0.0	0.0	0.0	0.0	3.1
Sub-total, A (County)	13.1	0	16.6	5.9	7.2	0.0	0.0	0.0	0.0	13.1
All Other (CBOs, CBO sub-contractors, network providers, and volunteers)										
Mental Health Rehabilitation Specialist	59.4	1	4.1	36.3	5.1	14.3	2.0	0.0	1.5	59.4
Case Manager/Service Coordinators	5.1	1	1.0	3.1	2.0	0.0	0.0	0.0	0.0	5.1
Employment Services Staff	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Housing Services Staff	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Consumer Support Staff	1.9	1	1.0	0.9	1.0	0.0	0.0	0.0	0.0	1.9
Family Member Support Staff	5.6	1	2.0	3.1	2.6	0.0	0.0	0.0	0.0	5.6
Benefits/Eligibility Specialist	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other *Unlicensed* MH Direct Service Staff	8.2	1	0.0	5.1	2.0	0.0	1.0	0.0	0.0	8.2
Sub-total, A (All Other)	80.2	0	8.2	48.5	12.8	14.3	3.1	0.0	1.5	80.2
Total, A (County & All Other)	93.3	0	24.8	54.4	20.0	14.3	3.1	0.0	1.5	93.3

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT – I. By Occupational Category

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Cau-casion	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islan-der	Native Ameri-can	Multi Race or Other	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
B. *Licensed* Mental Health Staff (direct service):										
County (employees, independent contractors, volunteers)										
Psychiatrist, general	2.3	1.0	2.9	2.3	0.0	0.0	0.0	0.0	0.0	2.3
Psychiatrist, child/adolescent	1.0	1.0	1.3	1.0	0.0	0.0	0.0	0.0	0.0	1.0
Psychiatrist, geriatric	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Psychiatric or Family Nurse Practitioner	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Clinical Nurse Specialist	3.0	1.0	3.8	3.0	0.0	0.0	0.0	0.0	0.0	3.0
Licensed Psychiatric Technician	1.0	1.0	1.3	1.0	0.0	0.0	0.0	0.0	0.0	1.0
Licensed Clinical Psychologist	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Psychologist, registered intern (or waivered)	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Licensed Clinical Social Worker (LCSW)	4.0	1.0	5.1	4.0	0.0	0.0	0.0	0.0	0.0	4.0
MSW, registered intern (or waivered)	5.0	1.0	6.4	1.7	1.7	1.7	0.0	0.0	0.0	5.0
Marriage and Family Therapist (MFT)	18.4	1.0	23.4	15.5	1.4	0.0	0.0	0.0	1.4	18.4
MFT registered intern (or waivered)	6.2	1.0	7.9	4.7	0.0	0.0	1.6	0.0	0.0	6.2
Other *Licensed* MH Staff (direct service)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sub-total, B (County)	40.9	12.0	52.1	33.1	3.1	1.7	1.6	0.0	1.4	40.9
All Other (CBOs, CBO sub-contractors, network providers, and volunteers)										
Psychiatrist, general	1.9	0	0.0	1.9	0.0	0.0	0.0	0.0	0.0	1.9
Psychiatrist, child/adolescent	1.5	1	1.5	1.5	0.0	0.0	0.0	0.0	0.0	1.5
Psychiatrist, geriatric	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Psychiatric or Family Nurse Practitioner	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Clinical Nurse Specialist	0.2	0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.2
Licensed Psychiatric Technician	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Licensed Clinical Psychologist	4.7	1	0.0	2.7	1.0	0.0	1.0	0.0	0.0	4.7
Psychologist, registered intern (or waivered)	3.1	0	0.0	3.1	0.0	0.0	0.0	0.0	0.0	3.1
Licensed Clinical Social Worker (LCSW)	9.4	0	0.0	9.4	0.0	0.0	0.0	0.0	0.0	9.4
MSW, registered intern (or waivered)	12.8	1	0.0	6.1	6.7	0.0	0.0	0.0	0.0	12.8
Marriage and Family Therapist (MFT)	3.5	1	0.0	3.5	0.0	0.0	0.0	0.0	0.0	3.5
MFT registered intern (or waivered)	16.5	1	2.0	15.9	0.0	0.2	0.0	0.0	0.4	16.5
Other *Licensed* MH Staff (direct service)	0.5	0	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.5
Sub-total, B (All Other)	54.1	8	3.6	44.8	7.7	0.2	1.0	0.0	0.4	54.1
Total, B (County & All Other)	94.9	20	55.7	78.0	10.8	1.9	2.6	0.0	1.8	94.9

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT – I. By Occupational Category

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

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT - By Occupational Category

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Cau-casion	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islan-der	Native Ameri-can	Multi Race or Other	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
D. Managerial and Supervisory:										
County (employees, independent contractors, volunteers)										
CEO or manager above direct supervisor	3.0	1	3.8	3.0	0.0	0.0	0.0	0.0	0.0	3.0
Supervising psychiatrist (or other physician)	1.0	1	1.3	0.0	1.0	0.0	0.0	0.0	0.0	1.0
Licensed supervising clinician	5.0	1	6.4	5.0	0.0	0.0	0.0	0.0	0.0	5.0
Other managers and supervisors	2.0	1	2.5	1.0	1.0	0.0	0.0	0.0	0.0	2.0
Sub-total, D (County)	11.0	4	14.0	9.0	2.0	0.0	0.0	0.0	0.0	11.0
All Other (CBOs, CBO sub-contractors, network providers, and volunteers)										
CEO or manager above direct supervisor	6.2	1	0.0	6.2	0.0	0.0	0.0	0.0	0.0	6.2
Supervising psychiatrist (or other physician)	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Licensed supervising clinician	5.2	1	0.0	5.2	0.0	0.0	0.0	0.0	0.0	5.2
Other managers and supervisors	3.4	1	1.0	2.9	0.5	0.0	0.0	0.0	0.0	3.4
Sub-total, D (All Other)	14.8	4	1.0	14.3	0.5	0.0	0.0	0.0	0.0	14.8
Total, D (County & All Other)	25.8	8	15.0	23.3	2.5	0.0	0.0	0.0	0.0	25.8
E. Support Staff:										
County (employees, independent contractors, volunteers)										
Analysts, tech support, quality assurance	9.0	0	11.5	9.0	0.0	0.0	0.0	0.0	0.0	9.0
Education, training, research	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Clerical, secretary, administrative assistants	12.0	0	15.3	9.6	1.2	0.0	1.2	0.0	0.0	12.0
Other support staff (non-direct services)	4.1	0	5.2	1.4	1.4	0.0	1.4	0.0	0.0	4.1
Sub-total , E (County)	25.1	0	32.0	20.0	2.6	0.0	2.6	0.0	0.0	25.1
All Other (CBOs, CBO sub-contractors, network providers, and volunteers)										
Analysts, tech support, quality assurance	1.1	0	0.0	0.0	1.0	0.0	0.0	0.0	0.1	1.1
Education, training, research	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Clerical, secretary, administrative assistants	4.6	1	1.0	3.3	1.3	0.0	0.0	0.0	0.0	4.6
Other support staff (non-direct services)	1.0	0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	1.0
Sub-total , E (All Other)	6.7	1	1.0	4.3	2.3	0.0	0.0	0.0	0.1	6.7
Total, E (County & All Other)	31.8	1	33.0	24.3	4.9	0.0	2.6	0.0	0.1	31.8

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT - I. By Occupational Category

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

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Cau-casion	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islan-der	Native Ameri-can	Multi Race or Other	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
***County (employees, independent contractors, volunteers)* (A+B+C+D+E)**	90.1	16	114.7	68.0	14.9	1.7	4.1	0.0	1.4	90.1
***All Other (CBOs, CBO sub-contractors, network providers, and volunteers* (A+B+C+D+E)**	155.8	13	13.8	111.9	23.3	14.5	4.1	0.0	2.0	155.8
TOTAL COUNTY WORKFORCE (A+B+C+D+E)	245.8	29	128.5	179.9	38.2	16.2	8.2	0.0	3.4	245.8
F. TOTAL PUBLIC MH POPULATION	**Leave Col. 2, 3, & 4 blank**			0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NOTE: Detail may not add to total, due to rounding.										
County Medi-Cal Data (2007)				66%	19%	4%	3%	1%	7%	100%

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

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

Major Group and Positions	Estimated # FTE authorized and to be filled by consumers or family members	Position hard to fill with consumers or family members? 1=Yes; 0=No	# additional consumer or family member FTEs estimated to meet need
(1)	(2)	(3)	(4)
A. *Unlicensed* Mental Health Direct Service Staff:			
Consumer Support Staff	1.5	1	2.5
Family Member Support Staff	5.6	1	0.0
Other *Unlicensed* MH Direct Service Staff	0.0	0	2.0
Sub-total, A:	7.2	2	4.5
B. *Licensed* Mental Health Staff (direct service)	0.0	1	0.0
C. Other Health Care Staff (direct service)	0.0	1	0.0
D. Managerial and Supervisory	1.3	0	0.0
E. Support Staff (non-direct services)	1.2	0	2.0
GRAND TOTAL (A+B+C+E+E)	9.7	4	6.5

III. Language Proficiency

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

Language, other than English		Number who are proficient	Additional number who need to be proficient	**TOTAL (2)+(3)**
(1)		(2)	(3)	(4)
1. Spanish	Direct Service Staff	40	56	96
	Others	9	23	32
2. Vietnamese	Direct Service Staff	0	0	0
	Others	0	0	0
3. Cantonese	Direct Service Staff	0	0	0
	Others	0	0	0
4. Hmong	Direct Service Staff	1	0	1
	Others	0	0	0
5. Farsi	Direct Service Staff	0	0	0
	Others	0	0	0
TOTAL, all languages other than English:	Direct Service Staff	41	56	97
	Others	9	23	32

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:

Though the most frequently noted occupational category shortage was psychiatrists, providers reported a need for additional staff in all occupational categories. Providers indicated a need to expand the current workforce of 245.8 FTEs by 128.5 additional FTEs to meet the current needs. Napa County human resources personnel and non-profit providers were asked which types of positions in the public mental health workforce are "hard to fill". The results are shown in the table below:

Ratings of "Hard to Fill" Positions, by Occupational Category

	Napa County Mental Health Services		Non-Profit Providers		
Occupational Category	**Number of job classifications in category that are currently used**	**Percent of job classifications within category that are "hard to fill"**	**Number of job classifications in category that are currently used**	**Percent of job classifications within category that are "hard to fill"**	**Are positions in this category "hard to fill" with consumers and/or family members?**
Unlicensed Staff	3	0	5	100%	Yes
Licensed Staff	12	100%	10	50%	Yes
Managerial & Supervisory	4	100%	3	100%	No
Clerical & Support Staff	3	0	3	33%	No

Managerial and supervisory positions were rated "hard to fill" by both Napa County (100%) and the non-profit providers (100%). Napa County reported more difficulty filling licensed positions (100% vs. 50%), and the non-profit providers reported more difficulty filling unlicensed positions (100% vs. 0%). Clerical and support staff were the least difficult to fill for both types of providers. The non-profit providers reported both the unlicensed and licensed staff job classifications were difficult to fill with consumers and/or family members.

Surveys and Interviews

Providers were asked to prioritize current challenges in the public mental health workforce. When responses were averaged, both the Individual Provider Network (IPN) members and the Napa County public mental health staff identified "Sufficient Personnel: A lack of personnel resources to ensure consistent access to psychiatric services" as the top priority among the workforce challenges that emerged from the Community Services and Supports planning process. Non-profit providers indicated that "Sufficient Personnel" was the second priority following "Bilingual/Bicultural Professionals and Cultural Competence".

Key Points

- There are shortages in the public mental health workforce across all occupational categories.
- Providers identified the lack of psychiatrists as the top priority overall when asked to rank the eight workforce challenges that emerged from the CSS process.

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

All providers contributed race/ethnicity data to estimate the comparability of the current workforce to the individuals receiving public mental health services. In Exhibit Three, the current public mental health population is estimated using the Medi-Cal data from 2007[1]. For planning purposes, HHS Human Resources staff opted to use the estimated prevalence of serious mental illness in Napa County that was projected for July 2004 using census data from 2000[2]. The difference between the current and the ideal workforce is calculated using the estimated prevalence data.

Comparability of Current Public Mental Health Workforce (N=245.8 FTE) to Target Population Receiving Services

	Occupational Category					Public Mental Health Population		
	Unlicensed	Licensed	Managerial and Supervisory	Support Staff	Average Staff Ratios	Current Public Mental Health Population (2007)	Estimated Prevalence of Serious Mental Illness for those under 200% of Poverty (2004 Estimate)	Difference between Average staff ratio and Prevalence
Caucasian	58%	80%	83%	78%	75%	66%	51%	23%
Hispanic/ Latino	21%	11%	10%	15%	14%	19%	42%	-28%
African American/ Black	15%	2%	0%	0%	4%	4%	1%	3%
Asian/Pacific Islander	3%	3%	0%	8%	4%	3%	2%	1%
Native American	0%	0%	0%	0%	0%	1%	1%	-1%
Multi-Race or Other	2%	2%	0%	0%	1%	7%	2%	-1%

[1] Medi-Cal Approved Claims Data for NAPA County MHP Calendar Year 2007, APS Healthcare, Prepared June 18, 2008, Version 1.0, page 1.
[2] Prevalence Table 2 Prevalence Estimates for Persons in Households <200 Percent of Poverty For 2000 Census and Updated to July 2004, Estimates of Prevalence of Persons with Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI) Napa County projection.

Surveys and Interviews
Of the eight workforce challenges identified in the CSS process, the second priority overall chosen by providers was "Bilingual/Bi-cultural Professionals and Cultural Competence: lack of bilingual/bi-cultural professionals, services and supports that reflect cultural competence." This was rated as the top priority for non-profit providers and second priority for county staff and members of the IPN.

Cultural Competency[3]
In the survey distributed to county mental health staff, IPN members and non-profit providers, 30% of providers indicated they were culturally competent providers for the Latino/Hispanic population and 12% indicated cultural competency for the Asian/Pacific Islander population. Overall, 7% felt comfortable training others to be culturally competent for the Latino/Hispanic population and 3% for the Asian/Pacific Islander population.

Provider comments on the survey indicated a range of comfort with cultural competency:

- *"I do not speak Spanish, but have some experience with Hispanic clients and understand some of their unique challenges."*
- *"I try to provide culturally competent services, but whether I succeed or not is beyond my ability to say!"*
- *"[I am a culturally-competent provider]…but need much more training still"*
- *"[I am a culturally-competent provider] for specific groups from different regions of central and south Mexico."*

Further questions about specific expertise in the following categories were asked in the survey: women's issues, men's issues, LGBTQ, immigrants/acculturation issues and individuals with disabilities. Complete results can be found in Appendix One.

Recruiting
During the interviews, providers spoke about the difficulty of finding "qualified mental health professionals at the master's level" and within that limited group, finding "bilingual, bicultural professionals." Several providers agreed that "everyone is recruiting the same people." According to the providers interviewed, the current lack of bilingual/bicultural professionals in the workforce is due to a lack of supply. There is increasing demand for a limited group of people.

Key Points

- The public mental health workforce needs to increase the ratio of Hispanic/Latino staff by 28% to be comparable to the estimated population seeking services.
- There are varied levels of understanding about and experience with cultural competency among providers.
- Recruiting culturally competent staff is a challenge for all providers, particularly bilingual, bicultural staff at the master's level.

[3] Further detail about the cultural competency of the public mental health workforce can be found in Appendix One.

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

Currently, the positions in the public mental health workforce that are designated for consumer and family members are located in community-based organizations. The organizations indicated that unlicensed positions for consumer support staff and family member support staff as well as licensed mental health staff positions are all "hard to fill" with consumers or family members.

Surveys and Interviews
Of the eight items that emerged from the CSS process as workforce challenges, "Consumers and Family Members in the Workforce" emerged as the 7th item on the priority list for both the Napa County staff and the IPN providers, and 4th overall for non-profit providers. During the interviews, non-profit providers explained that they felt progress had been made on this particular challenge, and therefore ranked it lower than other concerns.

Support and Concerns
Non-profit providers were varied in their discussion of consumers and family members in the workforce. Two organizations noted it was the top priority, two organizations ranked it second, one organization ranked it as the fourth priority. Nine organizations did not include it on their top four priority list. Comments included:

- *"We need to legitimize the use of the [consumer model] in the county….and provide training. I expect this funding to increase consumer and family involvement."*
- *"Our organization doesn't have any current quotas [to hire consumers], but we have a representative group of consumers who work with us…We hire based on minimum qualifications, we do not designate positions…[Approximately 10%] of our staff that has told us they are also consumers, it is likely there are others."*

Several of the community-based organizations noted a need for honest discussion about their concerns in order to feel comfortable that designating positions for consumers or family members would be successful.

- *"We have had difficulties hiring/retaining [consumers] in the workforce. An Axis I diagnosis is described as a diagnosis that interferes with educational/vocational progress. We have also noticed a lot of bias when we hire parents or relatives of consumers. They are often working out a lot of feelings that affect their performance. If we can't say that we have these concerns, if it isn't safe, then bringing consumers and family members into the workforce won't be effective… How do we support consumers and family members while maintaining our role? This needs to be addressed. "*
- *"I have mixed feelings about consumers and family members in the workforce. [Family members] should have a role and influence in planning, but I worry about tight resources leading to a reversion to the friendly visitor model where we have more people with less training to carry out services…"*

Consumers currently providing public mental health services
The surveys distributed to HHS staff, members of the IPN and non-profit providers offered respondents the option to indicate if they were a consumer or family member using the following question:

"One of the goals of the MHSA planning processes is to involve people who use public mental health services and/or their families in the planning and in the workforce. Have you or one of your family members used public mental health services?"

Of the 106 respondents who opted to answer the question, 29% indicated "yes".

Key Points

- The current positions for consumer and family members are located within community-based organizations.
- Providers overall ranked "Consumer and Family Members in the Workforce" as the 7th priority of eight workforce challenges identified in the CSS process.
- Non-profit providers ranked "Consumer and Family Members in the Workforce" as the 4th priority. There were a range of opinions with some ranking it as a top priority (n=2) and others not including it in the top four priority areas (n=9).
- Providers requested more honest discussion about their concerns and the challenges of designating positions for consumers and family members.
- 29% of the current workforce surveyed (106 respondents), indicated they were either a consumer or a family member.

D. Language Proficiency:

According to Exhibit Three, 21% of the direct services staff and 16% of the indirect service staff are proficient in Spanish. When asked to project how many additional Spanish-speaking staff is needed to meet the current demand, providers indicated that an additional 30% of the public mental health workforce providing direct services and an additional 40% of the workforce providing indirect services need to be fluent in Spanish to address the demand for services.

Surveys and Interviews

As noted earlier, MHD staff ranked "bilingual/bi-cultural professionals" as the second highest priority. Members of the IPN rated it as the third priority and non-profit providers ranked it as the number one workforce challenge of the eight identified in the CSS process. In the interviews, many non-profit administrators talked about the difficulty hiring and retaining individuals who speak Spanish. Comments included:

- *"We are able to recruit diversity in other ways, age, ethnicity, education, but language is difficult. We are all competing with each other to recruit [bilingual staff].*
- *"We need more bilingual/bicultural staff AT ALL LEVELS. Spend time understanding where people are now and how to get them into the field."*
- *"[We have recruited] Spanish-speaking staff by tracking people in the community through college."*

Language Proficiency
Of the providers who responded to the survey, 16 of the 80 respondents (21%) indicated they are proficient in speaking, reading and writing in Spanish, and 13 are paid to be proficient. Two of the 80 providers reported they speak Tagalog with proficiency and three can read/write Tagalog proficiently. None of the providers are paid for their proficiency in Tagalog.

Willingness to Learn another Language
Survey respondents were also asked if they were willing to learn another language. The majority indicated they were interested in learning Spanish.

Providers' responses to the question, "Are you interested in learning another language?"

	County Mental Health Division Staff (n=69)	Individual Provider Network (n=29)	Non-Profit Employee Providing Mental Health Services (n=7)
Spanish	55%	62%	100%
Tagalog	12%	3%	0%
No	33%	34%	0%
Total	100%	100%	100%

Key Points
- Providers' projections indicate the need to increase the number of Spanish-speaking staff by an additional 30-40%.
- Providers reported competition to hire qualified bilingual staff.
- The few providers who are proficient in Tagalog are not paid for their proficiency.
- Over half of the providers indicated they are interested in learning Spanish or Tagalog.

E. Other, miscellaneous:

Eight workforce challenges were identified in the Community Supports and Services planning process.
- **CONSUMERS and FAMILY MEMBERS in the WORKFORCE:** Changing the culture of the service system by bringing more mental health consumers and family members into the mental health services workforce. (Section C)
- **SERVICE LOCATION:** Insufficient resources to have a physical 'presence' throughout the County for all community mental health services.
- **BILINGUAL/BICULTURAL PROFESSIONALS AND CULTURAL COMPETENCE:** Lack of bilingual/bi cultural professionals, services and supports that reflect cultural competence. (Section B and D)
- **SUFFICIENT PERSONNEL:** A lack of personnel resources to ensure consistent access to psychiatric services. (Section A)

- **TRAINING IN BEST PRACTICES:** Training in best practice approaches to providing treatment services (e.g. in-home for seniors, wraparound services for individuals with co-occurring disorders.)
- **OLDER ADULTS:** A lack of professionals who specialize in the psychiatric issues of older adults.
- **SERVICES AND SUPPORTS FOR DUAL DIAGNOSIS:** Insufficient treatment, residential and other services and supports for individuals with dual diagnosis.
- **CHILDREN WITH SIGNIFICANT MENTAL ILLNESS:** A lack of trained mental health care professionals who specialize in treating children with significant mental illness and their families.

These challenges were prioritized by the providers who responded to the survey and those who participated in the interviews.

Surveys and Interviews

Workforce Challenges

Overall, the providers indicated priorities that are similar to the state guidelines, emphasizing the gap in psychiatric resources and a need for bilingual/bicultural staff and increased cultural competence. Both of these challenges were in the top three priorities for each of the provider groups.

Providers' Rankings of the Workforce Challenges Identified in the CSS Process

	Ranking of Workforce Challenges identified in the CSS process (1=Top Priority, 2=Second Priority, etc.)			
Workforce Challenges	**Overall**	**County (n=80)**	**IPN (n=31)**	**Non-Profit (n=13)**
Sufficient Personnel	1	1	1	2
Bilingual/Bicultural professionals and cultural competence	2	2	3	1
Children with Significant Mental Illness	3	3	2	6
Services and Supports for Dual Diagnosis	4	4	4	7
Service Location	5	6	8	3
Training in Best Practices	6	5	6	5
Consumers and family members in the workforce	7	7	7	4
Older Adults	8	8	5	8

Potential Strategies

In addition to asking about the current needs, providers were also asked to prioritize potential solutions. The MHSA WET guidelines describe five strategies that can be used to address the challenges that are identified. Providers were asked to rank the strategies.

- **MENTAL HEALTH CAREER PATHWAY PROGRAMS** are educational, training and counseling programs that are designed to recruit and prepare individuals for entry into a career in the public mental health system.

- **RESIDENCY INTERNSHIP PROGRAMS** lead to licensure of psychiatrists and advanced practice nurses as well as certification of physician assistant programs with a mental health specialty. Programs in this category are designed to supplement existing programs to increase the number of licensed professionals within a program who will practice in the public mental health system.
- **FINANCIAL INCENTIVES** include stipend, scholarships, and loan assumption programs to recruit and retain both prospective and current public mental health employees who can address workforce shortages of critical skills and underrepresentation of racial/ethnic, cultural or linguistic groups in the workforce. Financial incentives also promote employment and career advancement opportunities for individuals with client and family member experience in the public mental health system.
- **TRAINING AND TECHNICAL ASSISTANCE** is defined as events and activities in which individuals and/or organizations are paid with MHSA funds to assist all individuals who provide or support the public mental health system in better delivering services consistent with the fundamental principles intended by MHSA (e.g. consumer and family driven, wellness, recovery, and resiliency.)
- **WORKFORCE STAFFING SUPPORT** includes funds to plan, administer, support or evaluate the workforce programs and trainings in the four potential strategies: Mental Health Career Pathways Programs, Residency Internship Programs, Financial Incentives, and Training and Technical Assistance.

Public mental health providers included three strategies as their top priorities: Financial Incentives, Training and Technical Assistance and Mental Health Career Pathway Programs.

Providers' Ranking of Potential Workforce Strategies

	Ranking of Potential Workforce Strategies (1=Top Priority, 2=Second Priority, etc.)			
Potential Workforce Strategies	**Overall**	**County (n=80)**	**IPN (n=31)**	**Non-Profit (n=13)**
Financial Incentives	1	1	1	2
Training and Technical Assistance	2	2	2	3
Mental Health Career Pathway Programs	3	3	3	1
Workforce Staffing Support	4	4	5	5
Residency Internship Programs	5	5	4	4

Though this may seem like a contradiction to the previous table showing the lack of psychiatrists as the top priority, many providers indicated that the funds available for this component of MHSA were not sufficient to resolve the psychiatrist issue. During the interviews several Directors stated they wanted the best "bang for the buck" and thought retaining the current workforce (through financial incentives and training) and encouraging entrance to the field (through the pathway programs) would be a better use of the limited funds.

Comments from the surveys and interviews included:

Financial Incentives

- *"Most providers don't make $50,000 per year. They leave school with $80-100,000 in loans and wind up in poverty, just like their clients."*
- *"Though non-profits can offer more flexibility, we can't compete with the county's compensation package…the salary, the PERS; medical… it is so rich."*
- *"Pay them enough to stay there."*
- *"People don't need incentives to work for public sector; they need them for the non-profit sector. We lose staff to the county. For example, the cost of county staff benefits is 35% of their salary, but when they contract with outside agencies, they allow 15% benefits. This should be evened out."*
- *"Financial incentives should include loan assumptions, scholarships, etc. so people can afford to choose public mental health work."*
- *"We compete for staff with the county, probation and the Bay Area. Someone who is bilingual at the master's level can earn $60,000/year in the Bay Area. It is very competitive to hire staff."*

Training and Technical Assistance

Napa County staff and IPN members were asked a myriad of training questions to understand the types of trainings that were preferred. This information is included in Appendix Two.

- *"Training and Technical Assistance should be focused on providing services in a relevant way."*
- *"There are a lot of staff development and training needs in the school system at the same time they are trying to do the work. Be thoughtful about how to put it into a workday. We need creative ways of thinking about it."*
- *"We need to bring the DD, AOD and MH together and mesh the systems."*
- *"For the clinical and bureaucratic side of the field, [we need training about] managing the job to avoid burnout and retain staff."*

Mental Health Career Pathways Program

- *"Consistent and strategic recruiting is so important"*
- *"This program should be partnering with high school guidance counselors. We have [schools] filled with bilingual kids. There should be a serious focus on juniors and seniors in high school."*
- *"[We need to] back way up and start recruiting at the BSW level to encourage people to choose public mental health"*
- *"Public mental health service is not an attractive field to young people who want to be a therapist or a mental health provider."*
- *"Recruit males for gender equality. Men need to be seen as nurturers, facilitators, etc. [Less than 10%] of the staff is male."*
- *"People are more likely to stay when they feel like their employer is making an investment in them."*

Workforce Staffing Support

- "*We will need a system to sustain the services, otherwise things don't get done."*

Residency Internship Programs

- *"Don't stick to old paradigms that psychiatrists are the answer. They are not there, not available. There is too much work and not enough pay."*
- *"[The shortage of] child psychiatrists is nation-wide, not just in Napa. The AMA needs to open up doors to medical schools to let more people come in."*
- *"There are not enough psychiatrists at the county level. It is difficult to find a psychiatrist if the client is English-speaking and impossible if they are Spanish-speaking."*
- *"There is a lack of [psychiatrists] who can work with the dual diagnosis DD population. There are more with AOD experience"*
- "*Currently Napa County has a psychiatrist ISSUE. The consumer, provider and psychiatrist are all on a conference call discussing personal issues over the phone with someone who is unknown."*
- *"We have clients who need their meds changed. When they get in to see the psychiatrist, they won't change their medication because they don't know the client."*

Key Points

- Providers agree that the need for psychiatrists and the need for bilingual/bicultural professionals and cultural competency are top priorities.
- Given the limited funds available to MHSA WET, providers recommend focusing on recruiting, training and retaining the workforce through financial incentives, training and technical assistance and mental health career pathway programs.

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 WET component. The following is provided as a format to enable a description of proposed Action(s):

A. WORKFORCE STAFFING SUPPORT

Action #1 – Consumer Trainer/Work Experience Program Coordinator

Description:

Action #1 will establish a new Consumer Training and Work Experience Program that may be implemented by the MHD or a community-based organization (CBO) with experience providing support to consumers in the workforce. This new program could potentially be located at the existing CSS-funded Adult Resource Center with potential placements throughout the MHD and its contract agencies. This Action will specifically fund a .5 FTE position that will provide support and training to consumers and family members entering the mental health workforce. Training to be provided to consumers will include introductory Wellness and Recovery courses developed in consultation and, with support from, experts in the Consumer Employment field and/or organizations such as the California Association of Social Rehabilitation Agencies (CASRA). Pre-employment skills training will also be offered. Training and consultation will be purchased through Action #5.

Stipends for consumer and family members who are placed into consumer work experience programs throughout the mental health workforce system will be provided through Action #7 and will be small enough to not directly impact SSI entitlements (e.g. $1,000 maximum per year), yet demonstrate a financial reward for taking a first step toward employment. Career pathways will be developed across all levels of learning. The Consumer Training/Work Experience program will also provide an opportunity for sharing success stories, learning new strategies to approach employment, gaining confidence in exploring work related endeavors, and researching career and employment options. As part of its system transformation efforts, the MHD has created consumer positions in its TAY FSP, Adult FSP, and planned Treatment Team FSP as well as a Peer Support/Transportation Assistance program and has proposed to fund these positions through the CSS component.

Objectives

1. Increase opportunities for consumers of Napa County mental health services to consider employment as a viable option
2. Offer Consumer Training/Work Experience opportunities at the Adult Resource Center.
3. Provide a supportive work environment to consumers

Budget justification: MHSA WET funds will be used to support a part-time Consumer Trainer/Work Experience Program Coordinator position that may be a MHD staff member or a position with a local community-based organization that is contracted to implement this Action. Through the training and coordination efforts of the Consumer Trainer/Work Experience Coordinator, consumers and family members will have an opportunity to participate in meaningful work experiences in community mental health settings. Other anticipated program expenses include program supplies/materials, costs to administer the program, and other costs related to implementation of this program as described above.

Budgeted Amount	Fiscal Year 2006-2007: $ 0	Fiscal Year 2007-2008: $ 0	Fiscal Year 2008-2009: $ 0

Action 1 - Consumer Trainer/Work Experience Program Coordinator		
Peer Support Training/Work Experience Program Coordinator		**Amount**
	.5 FTE (1040 hrs/yr @ $17 per hour)	$17,680
	Benefits @ 25%	$4,420
	Operating expenses/program supplies (10%)	$2,210
		$24,310
FY 11-12 (estimated at 8 months of implementation)		**Amount**
1.	Consumer Trainer/Work Experience Program Coordinator	$16,045
2.	Contractor Administration (10%)	$1,604
3.	MH Division Administration (15%)	$2,647
		$20,296
FY 12-13		**Amount**
1.	Consumer Trainer/Work Experience Program Coordinator	$24,310
2.	Contractor Administration (10%)	$2,431
3.	MH Division Administration (15%)	$4,011
		$30,752
FY 13-14		**Amount**
1.	Consumer Trainer/Work Experience Program Coordinator	$24,310
2.	Contractor Administration (10%)	$2,431
3.	MH Division Administration (15%	$4,011
		$30,752

EXHIBIT 4: WORK DETAIL

B. TRAINING AND TECHNICAL ASSISTANCE

Action #2 – Title: Staff Development/Training of Trainers Academy

Description:
Action #2 will address the education and training needs of providers in Napa County's publicly-funded mental health system that were identified through an extensive survey process and included input from the MHD's WET Planning Workgroup as part of our stakeholder process. MHD staff will work with HHS staff to develop the MHD's Workforce Training Program which will provide local trainings for providers as well as interns, consumers and family members placed in work experience positions throughout the mental health service system. Trainings funded by this Action will contribute to developing and maintaining a culturally competent workforce that includes consumer and family-driven services that promote wellness, recovery and resilience and lead to measurable, values-driven outcomes. All training providers will be knowledgeable of the fundamental principles of MHSA and will integrate them throughout trainings as specified through any contractual agreements entered into by Napa County. An additional feature of this Action will be the development of a Training of Trainers Academy which over time will help create a local resource pool of professional Trainers who will have designated subject matter expertise and serve as trainers for the Napa County mental health workforce. Providers with appropriate credentials for specific training topics will be identified through a competitive application process. Over the course of the three years of this WET Plan, a Master Trainer will work with a selected cohort of trainees to build their presentation skills through skill-building, practice sessions, role-playing, and ongoing coaching. By developing a qualified pool of local trainers, the MHD also hopes to reduce training costs by reducing out of county travel time, mileage, and overall training costs. Training topics identified by survey respondents as priority items include Cultural Competency, Motivational Interviewing, Wraparound, Wellness and Recovery, Cognitive Behavioral Therapy, Co-Occurring Disorders, Gero-psychology, and trainings to work with specific target populations including Veterans, LGBTQ, Older Adults, etc.

Objectives:
1. Conduct annual needs assessment of training needs of the publicly-funded mental health system providers.
2. Identify providers with appropriate credentials for specific training topics identified through the stakeholder process.
3. Develop Training of Trainers Academy to expand local training capacity and develop trainer competencies
4. Provide trainings in Cultural Competency to better serve the diverse population of Napa County.
5. Explore opportunities to generate additional revenue by charging for Continuing Education (CE) credits for non-county staff.
6. Explore program sustainability by utilizing existing travel and training budget to align with ongoing goals of WET Plan.

Budget justification: Initial WET planning funds in the amount of $44,000 were requested and expenditures totaling $40,250 are reflected in FY 07-08, FY 08-09, and FY 09-10. The balance of $3,750 in unexpended WET funds is included in these budget summaries which are totaled at the end of the WET Budget Summary on page 39. WET Funds in this Action will be used to pay for

training contracts, training materials, facility rental, copies, equipment, registration, license fees, program supplies/materials, costs to administer and implement the program.

Budgeted Amount	FY 06-07: $ 0	FY 07-08: $15,030	FY08-09: $24,806	FY09-10: $ 414

Action 2 - Staff Development/Training Academy		
		Amount
Annual Training Budget		$15,000
Training of Trainers Academy		
	a. Master trainer @ $2,000/day x 5 days	$10,000
	b. Lodging and meals @ $250/day x 5 days	$1,250
	c. Travel/mileage ($125 per day x 5 days)	$625
	d. Training costs (supplies/materials, etc.)	$1,078
		$12,953
FY 11-12		**Amount**
1.	Annual Training Budget	$15,000
2.	Training of Trainers Academy	$12,953
	Subtotal	$27,953
3.	Administration (15%)	$4,193
		$32,146
FY 12-13		**Amount**
1.	Annual Training Budget	$15,000
2.	Training of Trainers Academy	$12,953
	Subtotal	$27,953
3.	Administration (15%)	$4,193
		$32,146
FY 13-14		**Amount**
1.	Annual Training Budget	$15,000
2.	Training of Trainers Academy	$12,952
	Subtotal	$27,952
3.	Administration (15%)	$4,193
		$32,148

EXHIBIT 4: WORK DETAIL

B. TRAINING AND TECHNICAL ASSISTANCE - continued

Action #3 – Title: e-Learning Contract

Description:
As a complement to trainings offered by individual expert trainers in Action #2, an e-Learning system will be an invaluable resource that will allow the MHD to develop, deliver and manage educational opportunities and distance learning for staff, consumers and family members, individual providers, and community based organizations while helping to reduce out of county travel time, mileage, and overall training costs.

The budget is based on projected costs from Trilogy, Inc., which was awarded an e-Learning contract through an RFP process by the HHS Quality Management Division to provide the agency's compliance training. The MHD's e-Learning system will build on this contract which will be expanded to include access to behavioral health course catalogs and to purchase additional courses to meet the specific, diverse needs of our community.

Objectives:
1. Provide greater ease for staff, community providers, consumers and family members to access training and educational courses which meet license requirements and/or provide career path development, as well as rehabilitation and consumer employment courses.
2. Provide a community access portal for consumers and family members and key stakeholders to meet their training and information needs.
3. Increase quality and availability of diverse training offerings.
4. Provide compliance and quality control for legal requirements by linking to the County's existing education and licensing tracking system.
5. Explore opportunities to generate additional revenue by charging for Continuing Education (CE) credits for non-county staff.
6. Explore program sustainability by utilizing existing travel and training budget to align with ongoing goals of WET Plan.

Budget justification:
WET Funds will pay for the on-going cost of the CIMH e-Learning behavioral health course catalog, equipment needed to provide access to consumers and family members, program supplies/materials, costs to administer the program, and other costs related to implementation of this program.

Budgeted Amount	**Fiscal Year 2006-2007: $ 0**	**Fiscal Year 2007-2008: $ 0**	**Fiscal Year 2008-2009: $ 0**

Action 3 - Mental Health Division's e-Learning Budget

	# of empl's	LMS USER Fee	Unlimited Catalog	Monthly Cost	Annual Cost
Mental Health Division Staff	100	$1.50	$1.75	$325.00	$ 3,900.00
Providers	110	$1.50	$1.75	$357.50	$ 4,290.00
Consumers	10	$1.50	$1.75	$32.50	$ 390.00
Total	220		**Total Annual License Fee**		**$ 8,580.00**
			One Time Setup Fee		**$ 2,000.00**
			Total Cost Year One		**$ 10,580.00**

FY 11-12		**Amount**
1.	LMS One-time Set-up Fee	$2,000
2.	Annual E-Learning Costs	$8,580
3.	One-time purchase of laptops/peripherals to facilitate consumer access ($1,000/system x 5 systems)	$5,000
	Subtotal	$15,580
4.	Administration (15%)	$2,337
		$17,917
FY 12-13		
1.	Annual E-Learning Costs	$8,580
2.	Administration (15%)	$1,287
		$9,867
FY 13-14		
1.	Annual E-Learning Costs	$8,580
2.	Administration (15%)	$1,287
		$9,867

EXHIBIT 4: WORK DETAIL

B. TRAINING AND TECHNICAL ASSISTANCE - continued

Action #4 – Title: Spanish Language Training Program

Description: Latinos comprise 30.8% of Napa County's population and even though they are the only threshold population in the County they are an underserved and unserved population in the County's mental health system. In an effort to better serve this population and the Spanish-speaking community, MHD and contract providers have recognized a need to improve communication with Spanish-speaking consumers in their language. Ideally, the MHD and contract providers would hire fully bilingual staff to provide these services in the mostly culturally competent manner possible. While the MHD has made some progress in this area by hiring bilingual staff, the division and contract providers continue to have a difficult time in hiring and retaining bilingual staff. The need for current staff to communicate more effectively with the Latino population in Spanish was also identified as a priority in terms of staff development at the Stakeholder meetings and in the Workforce Needs Assessment. Action #4 will fund Spanish language training with the goal of improving the ability of staff (receptionists, mental health worker aides, case managers, psychiatrists, etc), and providers to communicate more effectively with Spanish-speaking consumers and family members in order to improve the quality of services offered to this underserved/unserved population. Using a specialized language skills needs assessment and a glossary of mental health terms in English and Spanish (compiled from a variety of sources and edited by several fluent Spanish-speaking staff), MHD staff will work with HHS staff a local provider that offers specialized workforce language development/training programs to develop a customized Spanish language training curriculum for the mental health workforce. The training will have introductory levels for staff with no previous experience speaking Spanish so they can greet Spanish-speaking consumers in Spanish and make them feel welcome as well as intermediate and advanced levels for staff who have had previous experience speaking Spanish or Spanish language instruction and would benefit from a "refresher" course and specific Spanish mental health terminology and vocabulary instruction. A specialized training program will also be developed by a certified Medical Interpreter Trainer for MHD staff who have already been providing specialized Spanish medical interpreting services or already speak Spanish to individuals they serve so that they continue to improve their Spanish language skills. Funds will also be used to purchase resource materials and support the costs of the MHD's Interpretation/Translation program.

Objectives:

1. Contract with a local provider that offers specialized workforce language development/training programs
2. Implement a specialized Spanish language skills needs assessment and develop a customized Spanish language training curriculum for the mental health workforce based on identified staff/consumer Spanish language needs.
3. Contract with Medical Interpreter Trainer for specialized medical interpreter training in Spanish for in-house staff that provide interpreting services to improve skills and services.
4. Explore opportunities to generate additional revenue by charging for Continuing Education (CE) for non-county staff.
5. Explore program sustainability by utilizing existing travel and training budget to align with ongoing goals of WET Plan.

Budget justification: WET Funds will be used to pay for training contracts, facility rental, copies, program supplies/materials, costs to administer the program, and other costs related to implementation of this program.

Budgeted Amount	Fiscal Year 2006-2007: $ 0	Fiscal Year 2007-2008: $ 0	Fiscal Year 2008-2009: $ 0

Action 4 - Spanish Language Training Budget

FY 11-12		Amount
1.	Workplace Spanish Language Instruction	$6,000
	(2 cycles of 18 hrs of instruction x $3,000 per each 6 week session)	
2.	Training in Mental Health Interpreting (2 6hr trainings @ $700/training)	$1,400
3.	Annual Interpretation Program costs	$1,800
4.	One-time purchase of supplies and translation materials	$1,500
	Subtotal	$10,700
5.	Administration (15%)	$2,310
		$13,010
FY 12-13		
1.	Workplace Spanish Language Instruction	$6,000
	(2 cycles of 18 hrs of instruction x $3,000 per each 6 week session)	
2.	Training in Mental Health Interpreting (2 6hr trainings @ $700/training)	$1,400
3.	Annual Interpretation Program costs	$1,800
	Subtotal	$9,200
4.	Administration (15%)	$2,760
		$11,960
FY 13-14		
1.	Workplace Spanish Language Instruction	$6,000
	(2 cycles of 18 hrs of instruction x $3,000 per each 6 week session)	
2.	Training in Mental Health Interpreting (2 6hr trainings @ $700/training)	$1,400
3.	Annual Interpretation Program costs	$1,800
	Subtotal	$9,200
4.	Administration (15%)	$2,760
		$11,960

EXHIBIT 4: WORK DETAIL

C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action #5 – Title: Psychosocial Rehabilitation (PSR) Certification Program

Description:
Through the MHD's WET planning process, it was determined by our stakeholders that consumers and family members as well as existing employees wanted support with consumer employment. Both agreed that increased training and certification would benefit the entire organization. Stakeholders agreed that to make consumer employment successful, training and support for both the consumer employees and their co-workers is necessary. Consumers and family members voiced the desire to have increased training and to be seen as a "paraprofessional," and increase credibility. MHD staff expressed concerns for appropriate trainings standards as well that could justify credentialing that would enable potential consumer employees to bill for services through Medi-Cal. Facilitating the process for consumer/family members to explore Psychosocial Rehabilitation (PSR) certification may aid the progression toward entering the mental health field. This may begin to address identified mental health field shortages in occupations and skill sets, and increase unique cultural and linguistic competencies for Napa County mental health providers. Action #5 will build on Action #1 by creating a program that will be designed to include consumers, family members, individuals from underrepresented racial/ethnic and cultural groups, community mental health providers, and MHD staff. Staff will research existing training modules that offer established professional credentials (e.g. CASRA, RICA, NAMI, SAMHSA, etc) and contract with a provider to develop a Psychosocial Rehabilitation (PSR) Certification Program which may include such elements as purchase of curriculum materials such as consumer wellness and recovery courses, pre-employment skills training, 30-hour Fundamentals of PSR training, Train the Trainer certificate course consultation; consultation with local adult education providers to explore potential collaborations to develop a PSR certification program and/or offering mental health courses as a class for credit. The MHD would provide educational stipends/scholarships through Action #7. At the completion of this process, consumers/family members would receive additional stipends to participate in final certification exams. Staff would work with the contractor to develop the program and ongoing employment support services. The program will be a combination of curriculum based on principles of psychosocial rehabilitation and work experience.

Objectives

1. Address the issues of stigma and discrimination faced by mental health consumers and by family members and ensure that staff and community are exposed to various client and family member viewpoints and to better understand the client and family experience.
2. Enhance the skill level of consumers/family members and encourage them to explore entry-level work experiences in the mental health field.
3. Provide opportunities to enhance consumer/family member job skills and educational advancement.
4. Increase consumer voice within mental health organizations

5. Train consumers/family members in relevant course work and develop a cadre of trained consumers with PSR Certificates who would be eligible for entry-level Community Aide, Mental Health Worker Aide or Mental Health Worker positions in the MHD's publicly-funded mental health system.
6. Provide exam preparation and fees for consumers to attain certification as Psychosocial Rehabilitation provider.
7. Train at least five consumer/family/staff as Psychosocial Rehabilitation Trainers.
8. Develop program sustainability by incorporating these program expenses into the MHD's Training Program by redirecting savings achieved through reductions in out of county travel time, mileage, and overall training costs after WET Funds have been expended.

Budget justification: WET Funds will be used to pay for training contracts and other program expenses which may include facility rental, copies, program supplies/materials, costs to administer the program, and other costs related to implementation of this program.

Budgeted Amount	**Fiscal Year 2006-2007: $ 0**	**Fiscal Year 2007-2008: $ 0**	**Fiscal Year 2008-2009: $ 0**

Action 5 - Psychosocial Rehabilitation (PSR) Certification Program Budget

FY 11-12		**Amount**
1.	Consumer Pre-employment Training (Instructor fees and materials)	$15,000
	(CASRA Courses or Instructor @ $1,000 per day x 15 days/yr)	
2.	Contractor Administration (10%)	$1,500
3.	Administration (15%)	$2,250
		$18,750
FY 12-13		
1.	Pychosocial Rehabilitation Courses	$15,000
	(CASRA Courses or Instructor @ $1,000 per day x 15 days/yr)	
2.	Contractor Administration (10%)	$1,500
3.	Administration (15%)	$2,475
		$18,975
FY 13-14		
1.	Pychosocial Rehabilitation Courses	$15,000
	(CASRA Courses or Instructor @ $1,000 per day x 15 days/yr)	
2.	Contractor Administration (10%)	$1,500
3.	Administration (15%)	$2,475
		$18,975

EXHIBIT 4: WORK DETAIL

D. RESIDENCY, INTERNSHIP PROGRAMS

Action #6 – Title: Mental Health Division (MHD) Internship Program

Description:
In order to begin recruiting a more culturally competent bilingual workforce, funding will be used in Action #6 to develop the MHD's Internship Program which would include a half-time Internship Coordinator, clinical supervision, program expenses and costs to administer the program. Students/graduates who will be considered to participate in the MHD's Internship Programs will include MSW, ASW, and MFTI who will be recruited from regional colleges and universities. Community College students working towards a Human Services Certificate and consumers/family members (including those who have completed the PSR Certificate program and are interested in gaining practical experience while exploring a potential career in the mental health field) will also be considered for entry-level internship positions such administrative/management internships and mental health worker aide positions. The MHD Internship Coordinator will work with HHS staff to develop field work placements for undergraduate students, clinical internships for graduate and post graduate students, and entry-level internships for consumers/family who have completed the PSR Certificate program. The Internship Coordinator will also develop, maintain, or expand relationships with the educational institutions providing students/interns with administrative support from the HHS Human Resources staff. Assistance would also be provided for pre-licensed Associate Social Workers (ASWs) and Marriage and Family Therapist Interns (MFTIs) to become licensed. Finally, the Internship Coordinator will track the number of interns who obtain employment with Napa County or with local community based organizations and will begin to develop strategies for retaining interns in Napa County's publicly-funded mental health system.

Objectives:
1. Outreach to attract individuals into advanced level mental health service careers.
2. Increase the diversity and number of culturally competent licensed, pre-licensed, and entry-level mental health providers including those with lived experience as mental health consumers or their family members to meet local needs.
3. Increase the availability of culturally competent services to unserved/underserved populations, primarily Latinos in Napa County.
4. Provide cultural competent clinical supervision that meets the requirements for each intern.
5. Develop a speakers bureau that would assist with outreach and presentations to various community groups including middle schools, high schools, community colleges, and universities.
6. Explore program sustainability by utilizing existing travel and training budget to align with ongoing goals of WET Plan.
7. Integrate wellness, recovery and resiliency concepts and practices into advanced educational curriculum

Budget justification: The Internship Coordinator may be a MHD staff member or a contracted position with a local community-based organization. Other costs include individual clinical supervision, purchase of computers for interns, speaker fees, operating expenses, and administration costs. Based on revenue projections, this Action will generate positive revenue.

Budgeted Amount	Fiscal Year 2006-2007: $ 0	Fiscal Year 2007-2008: $ 0	Fiscal Year 2008-2009: $ 0

Action 6 - Internship Program Budget	Amount
.5 FTE Internship Coordinator (Sup 1 salary @ Step 5, plus 25% Benefits)	$50,219
1.5 hr indiv. Supervision + .5 hour doc review/sign-off (sup/clinician) valued at 2.30/min	$79,488
2 hour group supervision/week by Internship Coordinator/Guests:	
Computer workstation/Equipment (1x + maintenance?):	$16,000
Stipends for interns (included in Action 7)	
Guest Speaker Fees ($300/speaker x 18 presentations)	$5,400
Subtotal expenses	$151,107
Operating expenses (5%)	$7,555
Administration (15%)	$23,799
Total expenses	$182,462
Less projected revenue	-$193,818
WET Funds needed each fiscal year	($11,357)

EXHIBIT 4: WORK DETAIL

E. FINANCIAL INCENTIVE PROGRAMS

Action #7 – Title: Stipends, Employment and Educational Incentives Program

Description:
This Action begins to address the workforce shortages and diversity needs of the MHD's Public Mental Health System, as well as increasing consumer and family member participation in the workplace by offering stipends and financial incentives to those individuals interested in pursuing education and making a commitment to provide mental health services within Napa County. Through the WET Needs Assessment and WET Planning Workgroup stakeholder process, it was determined that Napa County is in need of licensed social workers, certified/trained para-professional staff to provide direct service and support who represent the diversity of the community, particularly Latinos who are bi-lingual/bi-cultural. By providing stipends/financial incentives for individuals who come from diverse educational, cultural and lived experience, the MHD anticipates that it will be able to recruit and retain a more diverse mental health workforce that will more appropriately serve the mental health needs of the Napa County community. Stipends to be offered may include consumer employment stipends, consumer trainer stipends, educational stipends, stipends for interns, license preparation for pre-licensed staff, and educational incentives for high school and community college students and other individuals wishing to pursue higher education and career opportunities in the mental health profession.

This action may be implemented by the MHD or a community-based organization. Activities to implement this program include establishing an application process that would determine eligible individuals for a stipend, creating review committee and process reviewing applications, ensuring accountability, providing support to the individuals approved to receive stipends, scholarships, or grants, etc.

Objectives:
1. Outreach to high school and community college students that represent the diversity of the Napa County population to present educational incentives to pursue advanced education and employment in the mental health field.
2. Decrease stigma and bias around consumer/family members and increase consumer voice in treatment services.
3. Decrease workforce shortages by creating incentives for hard to fill positions in difficult to recruit areas (e.g., bilingual Spanish-speaking staff)
4. Increase consumer and family member participation in trainings and classes.
5. Increase consumer and family member employment in publicly-funded mental health system.
6. Increase interns trained and receiving work experience in a mental health service system.
7. Develop strategies to retain interns.

Budget justification:

Funds will be set aside for stipends as well as administrative costs related to implementation of this Action.

Budgeted Amount	Fiscal Year 2006-2007: $ 0	Fiscal Year 2007-2008: $ 0	Fiscal Year 2008-2009: $ 0

Action 7 - Stipends, Employment and Educational Incentives Program		
FY 11-12		**Amount**
1.	Consumer employment stipends, trainer stipends, intern stipends, educaitonal incentives, assistance for pre-licensed staff to become licensed	$74,000
2.	Administration for Contractor (10%)	$7,400
3.	Administration for MH Division (15%)	$11,100
		$92,500
FY 12-13		
1.	Consumer employment stipends, trainer stipends, intern stipends, educaitonal incentives, assistance for pre-licensed staff to become licensed	$84,000
2.	Administration for Contractor (10%)	$8,400
3.	Administration for MH Division (15%)	$12,600
		$105,000
FY 13-14		
1.	Consumer employment stipends, trainer stipends, intern stipends, educaitonal incentives,	$84,000
2.	Administration for Contractor (10%)	$8,400
3.	Administration for MH Division (15%)	$12,600
		$105,000

EXHIBIT 5: ACTION MATRIX

Please list the titles of *ACTIONS* described in Exhibit 4, and check the appropriate boxes (4) 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: Consumer Trainer/Work Experience Program Coordinator	X	X	X	X	X	X	X	X					X
Action #2: Staff Development/Training of Trainers Academy	X	X	X	X	X	X							
Action #3: e-Learning System	X	X	X	X	X	X		X			X	X	X
Action #4: Spanish Language Training	X	X	X	X	X	X	X	X					
Action #5: Psychosocial Rehabilitation (PSR) Certification Program	X	X	X	X	X	X	X	X				X	X
Action #6: Internship Program	X	X	X	X	X	X	X	X				X	X
Action #7: Stipends, Employment and Educational Incentives	X	X	X	X	X	X	X	X	X			X	X

EXHIBIT 6: BUDGET SUMMARY

Please Note: Initial planning funds in the amount of $44,000 were requested and expenditures totaling $40,250 are reflected in fiscal years 2007 – 2008, 2008 – 2009, and 2009 – 2010. The balance of $3,750 in unexpended WET funds is included in these budget summaries which are totaled at the end of the WET Budget Summary on page 39.

Fiscal Year 2006-2007 Activities	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 2006-2007	**$0**

Fiscal Year 2007-2008 Activities	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	$15,030	$0	$15,030
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 2007-2008	**$15,030**

Fiscal Year 2008-2009 Activities	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	$24,806	$0	$24,806
C. Mental Health Career Pathway Programs	$0	$0	$0
D. Residency, Internship Programs	$0	$0	$0
E. Financial Incentive Programs	$0	$0	$0
		GRAND TOTAL FUNDS REQUESTED for FY 2008-2009	**$24,806**

EXHIBIT 6: BUDGET SUMMARY

Fiscal Year 2009-2010 Activities	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	$414	$0	$414
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 2009-2010			**$414**

Fiscal Year 2010-2011 Activities	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 2010-2011			**$0**

Fiscal Year 2011-2012 Activities	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support	$0	$20,296	$20,296
B. Training and Technical Assistance	$0	$63,073	$63,073
C. Mental Health Career Pathway Programs	$0	$18,750	$18,750
D. Residency, Internship Programs	$0	($11,357)	($11,357)
E. Financial Incentive Programs	$0	$92,500	$92,500
GRAND TOTAL FUNDS REQUESTED for FY 2011-2012			**$183,262**

EXHIBIT 6: BUDGET SUMMARY

Fiscal Year 2012-2013 Activities	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support	$0	$30,752	$30,752
B. Training and Technical Assistance	$0	$53,973	$53,973
C. Mental Health Career Pathway Programs	$0	$18,975	$18,975
D. Residency, Internship Programs	$0	($11,357)	($11,357)
E. Financial Incentive Programs	$0	$105,000	$105,000
		GRAND TOTAL FUNDS REQUESTED for FY 2012-2013	**$197,343**

Fiscal Year 2013-2014 Activities	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support	$0	$30,752	$30,752
B. Training and Technical Assistance	$0	$53,975	$53,975
C. Mental Health Career Pathway Programs	$0	$18,975	$18,975
D. Residency, Internship Programs	$0	($11,357)	($11,357)
E. Financial Incentive Programs	$0	$105,000	$105,000
		GRAND TOTAL FUNDS REQUESTED for FY 2013-2014	**$197,345**

		Total WET Component Allocation	$618,200
		Less requested WET Funds	-$618,200
		Balance	$0