

**PART IV: REQUIRED EXHIBITS**

**EXHIBIT 1: WORKFORCE FACE SHEET**

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

County: Santa Cruz

Date: March 25, 2008

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

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

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

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

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**EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY**

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

Santa Cruz County hired a consultant to work with the MHSA coordinator to facilitate the WET planning. Dr. Jerry Solomon is both a clinical psychologist and an organizational consultant. Santa Cruz developed a one page Workforce Education & Training Information sheet (see Appendix #1) as a means of educating stakeholders of the WET requirements in a concise manner; stakeholders were advised of the availability of the complete requirement. The County held monthly meetings with stakeholders from August 2007 to December 2007. There were three “sub groups” that focused on developing recommendations for the WET proposal. Group one focused on Staffing Support & Training and Technical Assistance, group two focused on Mental Health Career Pathways, and group three focused on Internship Programs & Financial Incentives. The groups met for a total of 16 times. Notes were taken at every meeting and were made available to the WET workgroups, the MHSA Steering Committee and anyone who requested them. (See appendices #7 and #8.) Monthly updates of the stakeholder/workgroup meetings were provided to the MHSA Steering Committee.

The County conducted several focus groups. Dr. Solomon met with County Mental Health staff (in both North and South County), community-based organizations’ staff, consumer/client employee staff (in both North and South County), and with interns (both trainees and registered interns). Alicia Nájera conducted a Spanish-speaking parents focus group at the Mariposa Wellness Center. (See Appendix #6.)

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

The WET stakeholders were consumers, family members, representatives from County Mental Health (managers, supervisors and line staff), mental health contract agencies, Wellness centers, Department of Rehabilitation, First Five, Cabrillo College, Bethany University, child welfare, County Personnel, Workforce Investment Board, MHSA Steering Committee members, and Mental Health Board members. The County also sought involvement with stakeholder representatives that did not participate (but remained on our mailing list, received meeting notices and meeting notes). These included representatives from the University of California at Santa Cruz, California State University at Monterey Bay, San José State University, Career Works, and ROP. See Appendix #11.

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

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 1

NOTE: This needs assessment follows the format and instructions provided by the State Department of Mental Health. The County and its contractors gathered this information in the fall of 2007.

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>A. Unlicensed Mental Health Direct Service Staff:</b>										
<b>County (employees, independent contractors, volunteers):</b>										
Mental Health Rehabilitation Specialist	34	1	102	17.0	15.0	0.0	2.0	0.0	0.0	34.0
Case Manager/Service Coordinator .....	19	0	10	8.0	8.0	0.0	1.0	0.0	2.0	19.0
Employment Services Staff .....	0	0	8	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Housing Services Staff .....	0	0	8	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Consumer Support Staff .....	0	0	8	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Family Member Support Staff .....	0	0	2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Benefits/Eligibility Specialist .....	5	0	1	1.0	3.0	0.0	0.0	0.0	1.0	5.0
Other <i>Unlicensed</i> MH Direct Service Staff .....	2	0	0	0.0	1.0	0.0	0.0	0.0	1.0	2.0
<i>Sub-total, A (County)</i>	<b>60</b>	<b>1</b>	<b>139</b>	<b>26.0</b>	<b>27.0</b>	<b>0.0</b>	<b>3.0</b>	<b>0.0</b>	<b>4.0</b>	<b>60.0</b>
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>										
Mental Health Rehabilitation Specialist	38.1	1.0	62.0	16.3	21.8	0.0	0.0	0.0	0.0	38.1
Case Manager/Service Coordinator .....	18.5	1.0	3.0	15.5	2.0	1.0	0.0	0.0	0.0	18.5
Employment Services Staff .....	5.8	0.0	2.5	2.0	1.8	1.0	1.0	0.0	0.0	5.8
Housing Services Staff .....	2	0.0	2.0	2.0	0.0	0.0	0.0	0.0	0.0	2.0
Consumer Support Staff .....	12.8	1.0	24.0	9.7	1.7	0.9	0.0	0.5	0.0	12.8
Family Member Support Staff .....	5.7	1.0	2.0	2.8	2.1	0.0	0.0	0.8	0.0	5.7
Benefits/Eligibility Specialist .....	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

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Other <i>Unlicensed</i> MH Direct Service Staff .....	121.3	1.0	18.0	69.3	40.0	4.0	7.0	1.0	0.0	121.3
<i>Sub-total, A (All Other)</i>	<b>204.2</b>	<b>5.0</b>	<b>113.5</b>	<b>117.6</b>	<b>69.4</b>	<b>6.9</b>	<b>8.0</b>	<b>2.3</b>	<b>0.0</b>	<b>204.2</b>
<b>Total, A (County &amp; All Other):</b>	<b>264.2</b>	<b>6</b>	<b>252.5</b>	<b>143.6</b>	<b>96.4</b>	<b>6.9</b>	<b>11.0</b>	<b>2.3</b>	<b>4.0</b>	<b>264.2</b>

**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)						# 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)	
<b>B. Licensed Mental Health Staff (direct service):</b>										
<b>County (employees, independent contractors, volunteers):</b>										
Psychiatrist, general.....	9.6	0.0	0.0	5.6	3.0	0.0	1.0	0.0	0.0	9.6
Psychiatrist, child/adolescent.....	2.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	2.0
Psychiatrist, geriatric.....	0.2	0.0	1.0	0.2	0.0	0.0	0.0	0.0	0.0	0.2
Psychiatric or Family Nurse Practitioner .....	2.7	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.7	2.7
Clinical Nurse Specialist .....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Licensed Psychiatric Technician .....	4.0	1.0	3.0	4.0	0.0	0.0	0.0	0.0	0.0	4.0
Licensed Clinical Psychologist.....	7.0	1.0	9.0	6.0	1.0	0.0	0.0	0.0	0.0	7.0
Psychologist, registered intern (or waived) .....	1.0	1.0	3.0	1.0	0.0	0.0	0.0	0.0	0.0	1.0
Licensed Clinical Social Worker (LCSW) .....	11.0	1.0	3.0	9.6	0.0	0.0	0.5	0.0	1.0	11.1
MSW, registered intern (or waived) .....	8.8	0.0	8.0	2.0	4.8	0.0	0.0	0.0	2.0	8.8
Marriage and Family Therapist (MFT).....	20.5	1.0	45.0	19.5	0.0	0.0	0.0	0.0	1.0	20.5
MFT registered intern (or waived).....	7.0	1.0	18.0	7.0	1.0	0.0	0.0	0.0	0.0	8.0
Other <i>Licensed</i> MH Staff (direct service) .....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Sub-total, B (County)</i>	<b>73.9</b>	<b>6.0</b>	<b>90.0</b>	<b>56.9</b>	<b>9.8</b>	<b>0.0</b>	<b>2.5</b>	<b>0.0</b>	<b>5.7</b>	<b>74.9</b>
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>										
Psychiatrist, general.....	1.0	1.0	0.3	1.0	0.0	0.0	0.0	0.0	0.0	1.0
Psychiatrist, child/adolescent.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Psychiatrist, geriatric.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Psychiatric or Family Nurse Practitioner .....	0.0	1.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Clinical Nurse Specialist .....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Licensed Psychiatric Technician .....	1.0	0.0	0.0	0.5	0.5	0.0	0.0	0.0	0.0	1.0
Licensed Clinical Psychologist.....	0.6	0.0	0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.6
Psychologist, registered intern (or waived) .....	1.2	0.0	0.0	0.2	0.8	0.2	0.0	0.0	0.0	1.2
Licensed Clinical Social Worker (LCSW) .....	9.0	1.0	8.9	7.6	0.9	0.0	0.0	0.0	0.0	8.5
MSW, registered intern (or waived) .....	3.8	1.0	11.4	1.4	2.4	0.0	0.0	0.0	0.0	3.8
Marriage and Family Therapist (MFT).....	16.9	1.0	5.5	16.9	0.0	0.0	0.0	0.0	0.0	16.9

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MFT registered intern (or waived).....	36.8	1.0	27.0	24.3	7.0	2.0	1.5	0.0	2.0	36.8
Other Licensed MH Staff (direct service) .....	2.1	0.0	6.0	1.0	1.1	0.0	0.0	0.0	0.0	2.1
<i>Sub-total, B (All Other)</i>	<b>72.3</b>	<b>6.0</b>	<b>59.3</b>	<b>53.4</b>	<b>12.7</b>	<b>2.2</b>	<b>1.5</b>	<b>0.0</b>	<b>2.0</b>	<b>71.8</b>
<b>Total, B (County &amp; All Other):</b>	<b>146.1</b>	<b>12</b>	<b>149.3</b>	<b>110.3</b>	<b>22.5</b>	<b>2.2</b>	<b>4.0</b>	<b>0.0</b>	<b>7.7</b>	<b>146.6</b>

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 3

Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes' 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)							# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/ Cau- casian (5)	His- panic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)		
<b>C. Other Health Care Staff (direct service):</b>											
<b>County (employees, independent contractors, volunteers):</b>											
Physician.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Registered Nurse.....	0.0	0.0	8.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Licensed Vocational Nurse .....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Physician Assistant.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Occupational Therapist.....	0.0	0.0	8.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Other Therapist (e.g., physical, recreation, art, dance) .....	0.8	0.0	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.8	
Other Health Care Staff (direct service, to include traditional cultural healers) .....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
<i>Sub-total, C (County)</i>	<b>0.8</b>	<b>0.0</b>	<b>16.0</b>	<b>0.8</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.8</b>	
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>											
Physician.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Registered Nurse.....	20.0	1.0	0.0	17.0	1.0	2.0	0.0	0.0	0.0	20.0	
Licensed Vocational Nurse .....	5.0	1.0	0.0	4.0	0.0	1.0	0.0	0.0	0.0	5.0	
Physician Assistant.....	1.0	1.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	1.0	
Occupational Therapist.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Other Therapist (e.g., physical, recreation, art, dance) .....	7.0	1.0	0.0	4.0	2.0	1.0	0.0	0.0	0.0	7.0	
Other Health Care Staff (direct service, to include traditional cultural healers) .....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
<i>Sub-total, C (All Other)</i>	<b>38.0</b>	<b>5.0</b>	<b>0.3</b>	<b>30.0</b>	<b>3.0</b>	<b>4.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>37.0</b>	

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<b>Total, C (County &amp; All Other):</b>	<b>38.8</b>	<b>5.0</b>	<b>16.3</b>	<b>30.8</b>	<b>3.0</b>	<b>4.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>37.8</b>
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**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 4

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

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Clerical, secretary, administrative assistants .....	23.0	1.0	25.0	13.3	9.7	0.0	0.0	0.0	0.0	23.0
Other support staff (non-direct services) .....	30.0	0.0	4.0	6.8	21.3	0.0	2.0	0.0	0.0	30.0
<i>Sub-total, E (All Other)</i>	<b>60.4</b>	<b>2.0</b>	<b>41.0</b>	<b>26.0</b>	<b>32.4</b>	<b>0.0</b>	<b>2.0</b>	<b>0.0</b>	<b>0.0</b>	<b>60.4</b>
<b>Total, E (County &amp; All Other):</b>	<b>109.5</b>	<b>4</b>	<b>48.0</b>	<b>52.5</b>	<b>45.0</b>	<b>0.0</b>	<b>2.0</b>	<b>2.0</b>	<b>8.0</b>	<b>109.5</b>

**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/ Cau- casian (5)	Hispanic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	
<b>County (employees, independent contractors, volunteers) (A+B+C+D+E).....</b>	215.3	11	273.0	139.9	50.2	0.0	5.5	2.0	18.7	216.3
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E) .....</b>	443.0	21	250.1	267.9	140.9	16.9	11.5	2.3	2.0	441.5
<b>GRAND TOTAL WORKFORCE (County &amp; All Other) (A+B+C+D+E)</b>	658.3	32	523.1	407.8	191.1	16.9	17.0	4.3	20.7	657.8

**F. TOTAL PUBLIC MENTAL HEALTH POPULATION**

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



**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

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

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

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)	<b>TOTAL (2)+(3) (4)</b>
1. ___ Spanish ___	Direct Service Staff ___150___ Others ___39___	Direct Service Staff ___181___ Others ___18___	Direct Service Staff ___331___ Others ___57___
2. ___ Vietnamese ___	Direct Service Staff ___3___ Others ___1___	Direct Service Staff ___0___ Others ___0___	Direct Service Staff ___3___ Others ___1___

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3. ___ Cantonese _____	Direct Service Staff ___ 0 ___ Others ___ 1 ___	Direct Service Staff ___ 0 ___ Others ___ 0 ___	Direct Service Staff ___ 0 ___ Others ___ 1 ___
4. ___ Hmong _____	Direct Service Staff ___ 0 ___ Others ___ 1 ___	Direct Service Staff ___ 0 ___ Others ___ 0 ___	Direct Service Staff ___ 0 ___ Others ___ 1 ___
5. ___ Farsi _____	Direct Service Staff ___ 0 ___ Others ___ 0 ___	Direct Service Staff ___ 0 ___ Others ___ 0 ___	Direct Service Staff ___ 0 ___ Others ___ 0 ___

**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.

The comments listed below are those of the County and Mental Health Contractors that filled out the Workforce Needs Assessment in the fall 2007. The comments are intended to “highlight” their perceptions based on the numeric graphs listed above.

**A. Shortages by occupational category:**

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

NOTE: The WET workgroup noted that there is a shortage of clinicians with specialized skills in early intervention and prevention, particularly for services to young children. It was also noted that there are insufficient positions for consumers and family members at the contract agencies, and none at the County. (This was discussed extensively in the Workgroups, especially at the Career Pathways subcommittee meetings.)

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

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

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

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

**D. Language proficiency:**

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

**E. Other, miscellaneous:**

There is a need for more training and support in order to assist consumers and family members qualify for a variety of staff positions. The County will work with Personnel on this, including the need to value family and consumer experience.

**EXHIBIT 4: WORK DETAIL**

**A. WORKFORCE STAFFING SUPPORT**

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

**Action #1 – Title: Workforce Education and Training Coordination**

**Description:** In collaboration with various stakeholders, including public mental health staff (both County and Contractors), consumers, family members, and local educational institutions, Santa Cruz County has created a Workforce Education and Training Plan. The County will hire a Workforce, Education and Training (“WET”) Coordinator to implement and coordinate the Plan. The WET Coordinator will ensure that the five fundamental elements of MHSa (consumer and family driven, community collaboration, recovery/resiliency strength-based services, integrated services, and culturally competency) are embedded within all training events.

Additionally, Santa Cruz County will hire a WET administrative assistant to help with the logistics in supporting training events and activities, create and maintain a web-site containing a current mental health resource directory, training needs assessments, workshop evaluations, etc. Staff in these positions will report to the MHSa Coordinator who is responsible for coordinating state and regional activities with local MHSa efforts.

**Goal 1:** To implement and coordinate the Santa Cruz County WET plan and to create a well-run welcoming environment for all training audiences the WET Coordinator will:

**Objectives:**

1. Implement the WET Plan by collaborating actively with the Training Task Force and other stakeholder groups as needed.
2. Coordinate and share information regarding WET efforts on the State and regional level.
3. Regularly assess the training and educational needs of paid staff, interns, consumers and their families, and volunteers.
4. Communicate regularly with various stakeholders and coordinate and provide training events for the public mental health system (consumers, families, County and mental health contract providers).
5. Establish and oversee contracts with entities providing WET services.
6. Participate with Cabrillo College to develop the Human Services and Mental Health Track Programs, resulting in better-trained people applying for entry-level public mental health positions.
7. Regularly convene the education providers to explore ways in which more cost effective in-service training can be provided to the county’s mental health workforce by leveraging their programs and funding sources.

**Outcomes:**

1. WET Coordinator and WET assistant will be hired within 6 months of being funded.
2. Full development and initial implementation of three year training plan within twelve months of being hired.

**Evaluation:**

1. The WET Coordinator will prepare annual reports describing WET activities and an evaluation of the program’s efficacy, and other reports as required by the Santa Cruz County MHSa Steering Committee and/or the State Department of Mental Health.

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

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

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

**Action #2 – Title: Professional Development for Clinical Supervisors**

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

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

**Objectives:**

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

**Outcome:**

1. Within 3 months of being funded the MHSA Coordinator will establish a contract with a Master Clinician to provide advanced supervision for clinical supervisors.

**Evaluation:** The WET Task Force will create evaluation tool(s) and processes to evaluate the following:

1. Increased job satisfaction and improved job performance for supervisors.
2. Increased job satisfaction and improved job performance for supervisees.
3. To assess that performance has improved regarding embracing the MHSA fundamental concepts.

**Budget justification:**

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

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

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

**Action #3 – Title: The Training Academy**

**Description:** In order to increase the quality and success of educating and training the public mental health workforce in order to better serve unserved and underserved populations the Training Academy will offer trainings to multiple audiences. The overarching goal is to increase skills in order to improve public mental health services. Trainings will reflect the needs identified in the assessment of paid public mental health (County and Contractor) staff, volunteers, consumers and family members. (Preliminary needs are identified in the Family Questionnaire Results Summary, Appendix #4, the NAMI Meeting Summary, Appendix #5, and the Focus Groups Summaries, Appendix #6.)

The Academy will offer workshops and on-going classes of varying sizes, areas of focus and depth and support for pertinent application of knowledge gained. The existing Training Task Force (TTF) will be replaced by the Workforce Education & Training Task Force (WET-TF) and will advise the WET Coordinator regarding the assessment tool to be used to evaluate training needs, effectiveness of the trainings, and establishment of a Three Year Training Plan with priority placed upon the five fundamental MHSA concepts (consumer and family driven, community collaboration, recovery/resiliency strength-based services, integrated services, and culturally competency). The Training Plan will also include family trainings, new hire orientation and classes to establish minimal competency regarding positive customer service attitudes, and specific skills needed for paid staff, interns, and volunteers to accomplish their jobs.

Consumers and family members will be an integral part of the Training Academy, as participants in trainings, members of the WET-TF, and as trainers and/or co-facilitators, whenever possible.

All training courses will include evaluation, and results will be used to contribute toward decision-making regarding future trainings.

**Goal #1:** To create a training environment that is responsive to stakeholders' needs.

**Objectives:**

1. The Workforce Education & Training Task Force (WET-TF) will expand membership to include consumers, families and community-based organizations that contract with mental health.
2. The WET-TF will have its size and structure determined by the MHSA steering committee.
3. The WET-TF will create a one-year and a three-year training plan, to include cultural competence, wellness/recovery/resilience, and consumer values.
4. The WET-TF will explore providing educational experiences for individuals who learn best in non-traditional settings or non-academic formats.
5. To create a paradigm shift throughout public mental health that embraces the five fundamental elements of the MHSA model.

**Outcomes:**

1. Full development and initial implementation of three year training plan within twelve months of the WET Coordinator being hired.

**Evaluation:**

1. The WET-TF will regularly assess stakeholders' training needs and modify existing educational offerings to reflect existing and new needs.
2. The WET-TF will participate in the regular evaluation of the Training Academy's success and create solutions to problems that

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

have been identified.

**Goal #2:** To regularly offer orientations (or overviews) of the public mental health system to consumers, family members, new employees, potential employees, interns, and community members.

**Objectives:**

1. To describe all the services and populations served in Santa Cruz County Public Mental Health.
2. To increase stakeholders understanding of how to navigate within the Santa Cruz Public Mental Health system.
3. To expose stakeholders to areas in the system that may be of interest for future employment.

**Outcome:**

1. At the end of the first year the persons trained will include consumers, family members, interns, county staff, contract (community based organizations) staff, and “other”.
2. Within 12 months of being hired the WET coordinator will identify the necessary trainers to provide orientation, documentation and the MHPA 5 essential elements “101” trainings, to include use of consumers and family members as trainers.

**Evaluation:**

1. Records will be kept of those who attended; identification of stakeholder groups that are under-represented will be identified and the WET Task Force will conduct targeted outreach during the following training cycle.

**Goal #3:** To offer trainings on how to create a respectful, welcoming, and “customer service” attitude towards consumers and families.

**Objectives:**

1. To share input from consumers and family members about what would help create a mental health system that is easier to navigate.
2. Employees will develop skills to reduce stigma and discrimination, such as actively listen to consumers’ and family members’ goals and choices, ensure their civil and human rights, and encourage independence.
3. Staff responding to community mental health needs will offer information and referrals whenever possible.
4. To create environments that value the client’s and the family’s perspective.
5. To foster supportive, solution-focused communication and collegiality between various program staff.
6. To ensure that all new employees and interns will develop skills such as respectful communication, “customer service”, as well as documentation, clinical assessments, and treatment planning.

**Outcome:**

1. Within 12 months of being hired the WET coordinator will establish the minimal training standards for new hires and interns.
2. Reduction of stigma and discrimination within the mental health system.
3. Consumers and family members will have access to information and referral regarding mental health services in a timely fashion.

**Goal #4:** To develop the skill sets of consumers and family members to participate more effectively in treatment and recovery.

**Objectives:**

1. Consumers and family members will learn concepts and terms used to describe mental illness and treatment interventions.
2. Consumers and family members will learn about their rights, the law, and their responsibilities within the mental health system.

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3. Consumers and families will develop a better understanding of current treatments, medications, their intended and side effects, and alternative treatments.
4. To underscore the importance of the concepts of recovery, wellness and resiliency to increase the skills of staff and to offer strength-based services that include the use of family supports.

**Outcome:**

1. At the end of the first year the persons trained will include consumers and family members.

**Goal #5:** The WET-TF will ensure involvement of consumers and families, as both participants and trainers at educational events.

**Objectives:**

1. To address the issues of stigma and discrimination faced by mental health consumers and by family members (of mental health consumers).
2. To ensure that staff is exposed to various client and family member viewpoints and to better understand the client and family experience.

**Outcome:**

1. Consumer and family trainers will be identified within six months of funding.

**Evaluation (for goals 2 to 5):**

1. Consumers and family members will evaluate the effectiveness of their training experiences to allow them to:
  - Understand the public mental health system
  - How to navigate the system more easily
  - Develop skills to reduce stigma and discrimination

**Goal #6:** Offer training modules on topics as a broad overview to be accessible to a larger audience and to progress to more skilled, in-depth techniques.

**Objectives:**

1. The training module supports prevention, identification and treatment of mental health conditions across the lifespan.
2. To develop staff clinical skills in areas identified as special need for consumers across the lifespan.
3. To identify public mental health staff that have special skill sets or assist them in developing special skill sets so they are able to train others through the Training Academy.

**Evaluation:**

1. Data collection on all workshops offered will be used to compare with training plans for the year. The WET Task Force will determine what topics/areas need to be improved.

**Goal#7:** To utilize local education providers to deliver in-service education where doing so will result in cost savings through leveraging existing public investments in education.

**Objectives:**

1. To expand the range and depth of offerings available through the Training Academy.



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2. To integrate in-service and pre-service training programs and strengthen the connection between pre-service programs and the programs employing students from these programs.
3. To convene a regular and on-going dialog with education providers in order to continuously evolve relationships of productive and mutual value.

**Outcomes:**

1. A partnership will be formed with Public Mental Health, higher educational institutions, and other training organizations to utilize their training capacity in the Training Academy where doing so will add value and reduce costs and to create curricula for advanced clinical skills.

**Evaluation:**

1. Keep records of meetings and trainings offered. WET Task Force will evaluate and determine the need for increased participation, and/or better integration of trainings available.

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

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$</b> <u>0</u>	<b>FY 2007-08: \$</b> <u>0</u>	<b>FY 2008-09: \$</b> <u>108,063</u>
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**B. TRAINING AND TECHNICAL ASSISTANCE**

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

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

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

**Objectives:**

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

**Outcomes:**

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

**Budget justification:**

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

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$</b> <u>0</u>	<b>FY 2007-08: \$</b> <u>0</u>	<b>FY 2008-09: \$</b> <u>20,000</u>
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**B. TRAINING AND TECHNICAL ASSISTANCE**

<p><b>Action #5 – Title: Consumer “Culture” Training</b></p> <p><b>Description:</b> To support our commitment of creating a public mental health system that truly understands the consumer’s needs and perspectives, the MHSA Coordinator will contract and/or partner with persons and/or organizations to provide educational services to public mental health. This will be an integral part of the Training Academy.</p> <p><b>Goal:</b> To educate providers about the important role that consumers play in their wellness and recovery, and to foster consumer involvement and participation in primary clinical decision-making.</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. To promote increased understanding and sensitivity of public mental health staff toward consumer perspectives.</li> <li>2. To foster a culturally sensitive inclusive model where consumers’ needs are an essential part of clinical decision-making and treatment planning.</li> <li>3. To encourage providers to recognize consumers as an important and necessary part of the treatment team.</li> <li>4. To address the issues of stigma and discrimination faced by mental health consumers.</li> </ol> <p><b>Outcomes:</b></p> <ol style="list-style-type: none"> <li>1. Within the first six months of funding identify and issue contract(s) to and/or partner with persons/organizations to provide trainings.</li> <li>2. By the end of the first year implement trainings that focus on consumer experiences, including cultural perspectives. These are to be included as part of the ongoing Training Academy.</li> </ol> <p><b>Budget justification:</b> \$10,000 per year.</p>			
<b>Budgeted Amount:</b>	<b>FY 2006-07:</b> \$ <u>0</u>	<b>FY 2007-08:</b> \$ <u>0</u>	<b>FY 2008-09:</b> \$ <u>10,000</u>

**B. TRAINING AND TECHNICAL ASSISTANCE**

**Action #6 – Title: Family “Culture” Training**

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

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

**Objectives:**

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

**Outcomes:**

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

**Budget justification:**

\$10,000 per year.

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

**Action #7 – Title: Santa Cruz County Career Pathways**

**Description:** Current County personnel processes present challenges to attracting a diverse workforce in County mental health. A special emphasis will be made to recruiting persons in the mental health field with Spanish speaking capabilities.

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

**Goal:** To create an application process and work experience that encourages all potential applicants, including consumers and family members, to work for County Mental Health.

**Objectives:**

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

**Outcomes:**

1. Change in the training and experience requirements (specifically for Mental Health Client Specialist and Mental Health Aide positions).
2. Positions will state, "Persons with mental health consumer or family experience are encouraged to apply".

**Budget justification:**

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

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

<p><b>Action #8 – Title: High School Outreach</b></p> <p><b>Description:</b> The public mental health system needs to conduct targeted ‘outreach’ to high school students to provide information about mental illness, resources and to promote the idea of employment in public mental health. One way to accomplish this is by partnering with existing ROP programs currently in the local high schools. The Workforce Needs Assessment for Santa Cruz County reflects that there is a lack of sufficient mental health providers. Outreach will focus on Spanish speaking communities. Additionally, the local community colleges will be encouraged to target this same population in order to inform the students about the application process and supports available for students interested in pursuing higher education.</p> <p><b>Goal:</b> To foster knowledge and create interest in mental health as a career path amongst high school students, with a focus on bilingual (Spanish) and bicultural students.</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Establish outreach strategies to recruit individuals from unserved or underserved communities for entry into mental health occupations by increasing the prevalence of mental health career development.</li> <li>2. Presentations will include discussion of the need for persons to work in public mental health, dispelling the myths about mental illness, and provide information about community resources, including suicide hotline information.</li> <li>3. Facilitate entrance to community college in order to produce better-prepared applicants for public mental health.</li> </ol> <p><b>Outcome:</b></p> <ol style="list-style-type: none"> <li>1. Identify and train four Pajaro Valley Unified School District personnel to set up ongoing in-school orientations regarding mental health career pathways. This will serve as a “demonstration project” for other geographical areas in the greater Santa Cruz area.</li> <li>2. Conduct presentations in Santa Cruz County high schools (this may include ROP and/or adult education programs).</li> </ol> <p><b>Budget justification:</b> Travel and materials \$500.</p>			
<b>Budgeted Amount:</b>	<b>FY 2006-07: \$</b> <u>0</u>	<b>FY 2007-08: \$</b> <u>0</u>	<b>FY 2008-09: \$</b> <u>500.</u>

## C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

### **Action #9 – Title: Entry Level Employment Preparation**

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

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

**Objectives:**

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

**Outcome:**

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

**Budget justification:**

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

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

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

**Action #10 – Title: Public Mental Health Internship Program**

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

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

**Objectives:**

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

**Outcome:**

1. Hire half-time clinical supervisor to provide clinical supervision to interns.
2. All public mental health interns will participate in group clinical supervision.
3. To increase the success rate of passing licensing exams for public mental health registered interns.
4. To create an application and a process to allocate for license preparation funds within 6 months of funding.

**Budget justification:**

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

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



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

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$</b> <u>0</u>	<b>FY 2007-08: \$</b> <u>0</u>	<b>FY 2008-09: \$83,485</b> <u></u>

**D. RESIDENCY, INTERNSHIP PROGRAMS**

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

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

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

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

**Objectives:**

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

**Outcome:**

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

**Budget justification:**

Mileage and staff time already accounted for in staff positions.

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

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

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

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

**Objectives:**

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

**Outcome:**

1. To create an application and a process to allocate for stipend funds within 6 months of funding.
2. Standard contract will be developed and will include payment mechanism, with preference given to interns who can serve the unserved or underserved populations.
3. The WET Training Task Force, composed of various stakeholders (including consumers, family members, community partners and mental health staff) will select the criteria for stipends, review the applications, and award the stipends.
4. Up to 10 stipends will be available for interns that meet criteria.

**Budget justification:**

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

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$ 0</b>	<b>FY 2007-08: \$ 0</b>	<b>FY 2008-09: \$15,000</b>
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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.

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

<b>Actions</b> (as numbered in Exhibit 4, above)	Promotes wellness, recovery, and resilience	Promotes culturally competent service delivery	Promotes meaningful inclusion of clients/family members	Promotes an integrated service experience for clients and their family members	Promotes community collaboration	Staff support (infrastructure for workforce development)	Resolves occupational shortages	Expands postsecondary education capacity	Loan forgiveness, scholarships, and stipends	Regional partnerships	Distance learning	Career pathway programs	Employment of clients and family members within MH system
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Action #_1_: Workforce Education and Training Coordination	X	X	X	X	X	X				X		X	X
Action #_2_: Professional Development for Clinical Supervisors	X	X	X	X	X	X							
Action #_3_: The Training Academy	X	X	X	X	X	X						X	X
Action #_4_: Medical Staff (Psychiatrists and Nurse Practitioners) Training	X	X	X	X	X	X							
Action #_5_: Consumer “Culture” Training	X	X	X	X	X	X							
Action #_6_: Family “Culture” Training	X	X	X	X	X	X							
Action #_7_: Santa Cruz County Career Pathways	X	X	X	X	X	X	X					X	X
Action #_8_: High School Outreach	X	X	X	X	X		X					X	
Action #_9_: Entry Level Employment Preparation	X	X	X	X	X		X	X				X	
Action #_10_: Public Mental Health Internship Program	X	X	X	X	X	X	X					X	
Action #_11_: Local Graduate School Initiative: CSUMB MSW program								X		X		X	
Action #_12_: Stipends for Clinical Psychologist, Social Worker and Marriage & Family Therapist Student Trainees	X	X	X	X	X				X			X	

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

**EXHIBIT 6: BUDGET SUMMARY**

<b>Fiscal Year: 2006-07</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support:	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
<b>GRAND TOTAL FUNDS REQUESTED for FY 2006-07</b>			<b>0</b>

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

<b>Fiscal Year: 2008-09</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support:	0	368,978	368,978
B. Training and Technical Assistance	0	148,063	148,063
C. Mental Health Career Pathway Programs	0	20,474	20,474
D. Residency, Internship Programs	0	83,485	83,485
E. Financial Incentive Programs	0	15,000	15,000
<b>GRAND TOTAL FUNDS REQUESTED for FY 2008-09</b>			<b>636,000</b>