

# **California's Public Mental Health Workforce: *A Needs Assessment***

## **Together with Highlights from Proposed County *Action/Workplans***

This report is based on the County Workforce Education and Training (WET) Plans Needs Assessments (Exhibit 3). It includes information from the 28 California counties that had approved plans by April 1, 2009. Exhibit 3 is shown in Appendix A, which begins on page 37 of this report. On July 1, 2007, the 28 counties had a combined population, equal to 67.7% of California's total population. Data has been extrapolated from these counties to develop statewide estimates. Narratives for each plan's component are limited to the 28 counties.

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## Table of Contents

	<i>Page</i>
<b>TABLE OF CONTENTS</b> .....	iii
<b>SUMMARY</b> .....	v
<b>BACKGROUND</b> .....	1
<b>METHODS</b> .....	2
<b>FINDINGS</b> .....	4
<b><i>Part I. Workforce Needs Assessment</i></b>	
Workforce Size and Composition.....	4
Workforce Composition within Major Group B.....	6
Counties and Contractors.....	6
Hard-to-fill and/or Hard-to-retain.....	8
Vacancy Rate, by Major Group and Segment.....	10
Additional FTE Needed to Meet Current Need, by Position and Major Group.....	14
Race/ethnicity of Current Workforce, by Major Group and Segment.....	16
Race/ethnicity of Current Workforce, Compared with That of Target MH Population.....	19
Positions Specifically Designated for Individuals with Consumer or Family Experience.....	20
Of These, How Many Hard-to-fill and/or Hard-to-Retain.....	24
Additional Consumer/Family Member FTE Needed to Meet Current Need.....	24
Workers Proficient in Non-English Languages.....	25
<b><i>Part II. County Responses to Their Workforce Needs Assessments</i></b>	
County Action/Workplans.....	29
Funding Categories.....	29
Other Data Elements.....	30
Summary.....	32
<b>SOME FINAL THOUGHTS</b> .....	34

	<i><b>Page</b></i>
<b>APPENDICES:</b>	
Appendix A. Exhibit 3, Workforce Needs Assessment.....	37
Appendix B. Major Funding Categories and Sub-Categories.....	45
Appendix C. List of Action/Workplans, by Funding Category.....	51
Appendix D. List of Action/Workplans, by County.....	65
 <b>TABLES:</b>	
Table 1. Counties Represented (and <u>Not</u> Represented) in This Report .....	3
Table 2. Estimated Size and Composition of the Workforce Delivering Community-Based, Public Mental Health Services.....	4
Table 3. Estimated Size and Composition of Major Group B, Licensed Mental Health (direct service) Staff.....	6
Table 4. Workforce Delivering Community-Based, Public Mental Health Services: Percentage Counties vs. Contractors.....	7
Table 5. Workforce Delivering Community-Based, Public Mental Health Services: Workforce Segments indicating “Hard-to-Fill”.....	9
Table 6. Apparent Vacancy Rate, by Major Group and Workforce Segment.....	11
Table 7. Authorized FTE (Col. 2) and Additional FTE needed to meet current needs (Col. 4).....	15
Table 8. Race/Ethnicity of Workforce (Filled FTE), by Major Group and Workforce Segment .....	17
Table 9. Race/Ethnicity of Workforce (Filled FTE) and Target Mental Health Population: Percentage Distributions .....	19
Table 10. Specifically Designated Positions for Individuals with Consumer or Family Member Experience as a Percentage of Authorized FTE .....	20
Table 11. Specifically Designated Positions for Individuals with Consumer or Family Member Experience: Workforce Segments indicating “Hard-to- Fill” .....	24
Table 12. Specifically Designated Positions for Individuals with Consumer or Family Member Experience: Additional FTE Needed .....	25
Table 13. Direct Service and Other Staff Who Are Said to be Proficient in a Language Other Than English: Top 10 non-English languages mentioned.....	26
Table 14. Total Direct Service and Other Staff Who Are Said to be Proficient in a Language Other Than English (Top 10 only), Along with Additional Numbers Needed .....	26
Table 15. Number of Action/Workplans Proposed by the Twenty-eight Counties .....	29
Table 16. Number of Action/Workplans by Major Funding Category and Sub- Category.....	32
Table 17. Planned Outlays (SFY 06-07, 07-08, and 08-09) for Action/Workplans, by Major Funding Category and Sub-Category.....	33
Table 18. Number and Percentage of All Action/Workplans (N=250) That Speak to Certain Concepts or Referents .....	35

## Summary

### Part I. Workforce Needs Assessment

#### Size and Composition of the Workforce

1. California's community-based, public mental health workforce consisted of about **43,500** filled full-time-equivalents (FTE), and about **48,500** authorized FTE.
2. By Major Occupational Group, the breakdown for authorized FTE is:

A. Unlicensed MH Direct Service Staff .....	30.7%
B. Licensed MH Staff (direct service) .....	30.3
C. Other Health Care Staff .....	5.6
D. Managerial and Supervisory .....	13.2
E. Support Staff .....	20.2
3. Occupations with *prescription authority* constituted about **3.4%** of authorized FTE, as follows: (a) Psychiatrists, **3.0%**; (b) Physicians, **0.2%**, and (c) Psychiatric or Family Nurse Practitioners, **0.2%**.
4. Community-Based Organizations (CBOs) and Network Providers, together referred to as *Contractors*, constituted nearly **60%** of the workforce. The contractor segment is disproportionately represented among Unlicensed MH Direct Service Staff, and among selected occupations in the Licensed MH Staff (direct service) category – namely, Marriage and Family Therapists (MFTs), Associate Social Workers (interns), and MFT interns.
5. Overall, counties reported that **6.8%** of total authorized FTE were in specifically designated positions for individuals with consumer or family member experience. Among unlicensed direct service staff, the proportion was **15.9%**, with **73%** of this number in two positions: Consumer Support Staff and Family Member Support Staff.

#### Occupational shortages and projected need

6. As indicated by the number of segments (County or Contractor) indicating that positions were hard-to-fill (or, hard-to-retain), the most frequently mentioned occupations were:
  - Psychiatrist, General (**1<sup>st</sup>**)
  - Licensed Clinical Social Worker (**2<sup>nd</sup>**)
  - Marriage and Family Therapist (**3<sup>rd</sup>**)
  - Licensed Supervising Clinician (**4<sup>th</sup>**)
  - Psychiatrist, Child/Adolescent, and Registered Nurse (**5<sup>th</sup>, tie**)
7. Overall, the difference between *authorized FTE* and *filled FTE* was **10.6%** of authorized FTE. This vacancy rate was **9.9%** among County segments and **11.1%** among Contractor segments.
8. Asked to estimate *additional FTE to meet current needs*, the extrapolated statewide estimate is **15,749**, **32.5%** above authorized FTE of **48,512**. By Major Category, the biggest increase (**39.5%**) is among those in the Unlicensed Mental Health (direct service) category. Among all 36 occupations added FTE exceeded 70% for the following: (a) Geriatric Psychiatrist, **211%** (base, 53); (b) Physician Assistant, **200%** (base, 14); (c) Employment Services Staff, **133%** (base, 363); (d) Psychiatric or Family Nurse Practitioner, **107%** (base, 116); (e) Consumer Support Staff, **106%** (base, 1,293); (f) Family Member Support Staff, **95%** (base, 680); (g)

Occupational Therapist, **94%** (base, 128); (h) Child/Adolescent Psychiatrist, **75%** (base, 323); and (i) Housing Services Staff, **72%** (base, 427).

9. In Remarks about *occupational shortages*, **17** of the 28 counties mentioned Psychiatrists; **13**, LCSWs; **9** Consumer Support Staff; **7**, Child Psychiatrists; and **7**, Family Member Support Staff. Additional Remarks dealt largely with two matters. First, Categories and Sub-Categories, such as occupations, competencies, bilingual/bicultural skills, those with consumer or family member experience, and sub-sets by race/ethnicity, gender or age. Second were comments about Labor Market Conditions, such as competition (e.g., with the criminal justice system for psychiatry), cost of living, rural and related factors.
10. Remarks about *specifically designated positions for individuals with consumer or family member experience* indicated that a few counties had no specifically designated positions. Nevertheless, some had sizable proportions in a variety of positions, based on self-disclosure on cultural competency or diversity surveys. Many designated positions were advocacy or support positions for fellow consumers or family members. System navigation, outreach, crisis response, FSPs, and working at wellness centers were mentioned as well. Obstacles to consumer and family member employment emphasized Personnel issues (e.g., absence of focused recruitment; education and training issues) and tradition. Positive experiences led some counties to say that greater employment of service recipients would help change attitudes and behavior, thereby helping move the service system toward a Recovery paradigm.

### **Race/ethnicity and language proficiency**

11. We developed a weighted average distribution (based on county population) of Target Mental Health population across the 28 counties. We compared this with *filled FTE*, by race/ethnicity. For Hispanic/Latinos and African-Americans Target MH population percentages were well above percentages in the workforce. **37.7%** versus **24.2%** among the former, and **17.3%** versus **12.9%** among the latter. There was a much smaller disparity for those in the Native American category, **0.9%** versus **0.8%**. Such differences were especially large among Licensed MH Staff (direct service).
12. Extrapolated statewide estimates indicate that approximately **12,000** members of the public mental health workforce (or, about one in four) are said to be proficient in a language other than English. For the vast majority (about **9,800**), proficiency is in Spanish. Most of the other "top ten" foreign languages are Asian, Middle Eastern (Farsi), or Russian.
13. Remarks on *language proficiency* emphasizes difficulties associated with having too few, especially direct service staff, proficient in languages used (or, preferred) by clients and potential clients. Reasons for concern touched on (a) more effective outreach and engagement efforts; (b) trying to reduce disparities in use of mental health services; (c) providing more effective, better services; and (d) trying to reduce avoidable costs (e.g., of interpreter services) when the provider of service and the recipient of service do not speak the same language.

## **Part II. County Responses to Their Workforce Needs Assessments**

14. The twenty-eight counties represented in this report proposed a total of 250 *Action/Workplans*. Because of the number proposed per county, it is likely that when virtually

all counties have submitted WET plans, there will be 425 to 460 *Action/Workplans* at the county level.

### **Action/Workplans, by Funding Category and Sub-Category**

15. Counties proposed 72 *Action/Workplans* (29% of the total) under Major Funding Category C, Mental Health Career Pathway Programs, and 71 *Action/Workplans* (28%) under B, Training and Technical Assistance. The fewest number (28 or 11%) were proposed under D, Residency, Internship Programs.
16. Proposed funding, on the other hand, ranked this way: A, Workforce Staffing Support (28.7%); E, Financial Incentive Programs (21.6%); C, Mental Health Career Pathway Programs (17.0%); D, Residency, Internship Programs (16.6%); and B, Training and Technical Assistance (16.1%).

### **Action/Workplans, by Whether Touch on MHSA Values, Principles, and Related Interests**

17. Of 13 additional data elements (Yes/No), over half the *Action/Workplans* said something about:
  - Collaboration (66.0%);<sup>1</sup>
  - Wellness, Recovery, and/or Resiliency (55.2%);<sup>2</sup>
  - Consumer and/or Family Member Employment (54.0%); and
  - Cultural Competence (50.4%).

On the other hand, relatively few *Action/Workplans* (15.6%) said anything about *Individualized, Client and/or Family-Driven Services*.

18. Category descriptors and the 13 data elements will facilitate future work on evaluating outcomes, because one can follow-up with counties planning certain things. For example, 16 of the 250 *Action/Workplans* have been classified as Consumer Entry Level Employment Preparation Programs. Forty-one *Action/Workplans* involved some Distance Learning.

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<sup>1</sup> This percentage was especially high, because (1) some training and technical assistance (e.g., for law enforcement personnel; for alcohol and drug counselors; etc.) and (2) most Mental Health Career Pathway Programs, Residency and Internship Programs, and some Financial Incentive Programs involved *collaboration*.

<sup>2</sup> This percentage would be higher if we had automatically said "Yes" for any *Action/Workplan* involving employment of individuals with consumer or family member experience. We focused, instead on wording, in part because we had a separate data element for consumer and/or family member employment.



## California's Public Mental Health Workforce: A Needs Assessment

The California Department of Mental Health (DMH, or simply Department) commissioned this report to fulfill a requirement in Proposition 63, the Mental Health Services Act (MHSA) – namely, development of a statewide workforce needs assessment.<sup>3</sup> The MHSA indicated that “Each county mental health program shall submit to the department a needs assessment identifying its shortages in each professional and other occupational category in order to increase the supply of professional staff and other staff that the county mental health programs anticipate they will require . . . .” Another purpose of this report is to present *baseline* information, against which comparable data three to five years from now may speak to **change** in outcomes of workforce investments. There are several *performance indicators* (measures of change) outlined in the State’s “Mental Health Services Act Five-Year Workforce Education and Training Development Plan for the Period April 2008 to April 2013” (*Five-Year Plan*, for short). This document can be found at the DMH web site:

[http://www.dmh.ca.gov/Prop\\_63/MHSA/Workforce\\_Education\\_and\\_Training/docs/MHSA\\_FiveYearPlan\\_5-06-08.pdf](http://www.dmh.ca.gov/Prop_63/MHSA/Workforce_Education_and_Training/docs/MHSA_FiveYearPlan_5-06-08.pdf).

As explained below, this report has been developed by summarizing information from 28 county *Workforce Needs Assessments* (Exhibit 3) in Workforce Education and Training Development (WETD) Plans approved by the Department before April 1, 2009. This cut-off date was selected to allow sufficient time to develop the database, analyze the information, and prepare this report. A copy of Exhibit 3 can be found in Appendix A, beginning on page 37.

### BACKGROUND

In late 2006 and early 2007, teams composed of personnel from Allen, Shea & Associates and the MHSA Education and Training Unit at DMH visited five counties and spoke with community mental health personnel, consumers and family members from seven counties. One purpose was to get feedback on DRAFT survey instruments that might be used in the workforce needs assessment. Results were reported in *Toward Guidelines to Counties for Preparation of Their*

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<sup>3</sup> See Welfare and Institutions Code, Division 5, Section 8, Part 3.1, Section 5820(b) & 5820(c).

*Three-Year Education and Training Plans: Findings from Seven California Counties*, by Allen, Shea & Associates (ASA) with the assistance of Warren Hayes, Inna Tysoe, and Wendy Desormeaux of the MHSA Education and Training Unit at DMH (May 15, 2007).<sup>4</sup>

The Department developed two basic documents. One was called "Proposed Guidelines, Workforce Education and Training Component of the Three-Year Program and Expenditure Plan for Fiscal years 2006-07, 2007-08, 2008-09," PDF document 07-14\_Enclosure1A.pdf (*Proposed Guidelines*, for short). The second document was "PART IV, Required Exhibits," PDF document 07-14\_Enclosure1B.pdf. Both were posted at the DMH web site in August 2007. These, along with the two *tools* mentioned immediately below can be found at:

[http://www.dmh.ca.gov/Prop\\_63/MHSA/Workforce\\_Education\\_and\\_Training/default.asp](http://www.dmh.ca.gov/Prop_63/MHSA/Workforce_Education_and_Training/default.asp)

In December 2007, two toolkit documents were added to the DMH web site:

- "Tools for Completing the Workforce Needs Assessment," a handbook to assist counties in completing Exhibit 3, Workforce Needs Assessment; and
- Excel Spreadsheets, to keep track of data put into Exhibit 3.

## **METHODS**

From August 2007, until April 1, 2009, a period of 20 months, only 28 counties had submitted their WETD plans and gotten them approved by DMH. Los Angeles and several other large counties are in the set of 28. All told, the population of the 28 counties, combined, accounts for two-thirds of the population of the state. The 28 counties had a combined population of 25,582,927, or 67.7% of California's total population at that time of 37,771,431. The four categories used to project statewide estimates are (1) Los Angeles County; (2) other Large Counties (except LA); (3) Small Rural counties, defined as under 200,000 population with fewer than 100 people per square mile; and (4) Small Other counties with fewer than 200,000 population, but with 100 or more people per square mile.

Table 1 shows which counties in these four size/density categories are among the 28 counties that form the basis for this report. In general, we developed statewide estimates by extrapolating from the *known* to the *unknown* in each of the three categories where we do not have a complete count.

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<sup>4</sup> This report is available, upon request, from ASA. Call or email John Shea at 707-258-1326 or [allenshea@sbcglobal.net](mailto:allenshea@sbcglobal.net).

**California's Public Mental Health Workforce: A Needs Assessment**

We then added the category estimates to the Los Angeles numbers to have statewide estimates. This assumes that counties with approved WETD plans as of April 1, 2009, are reasonably representative of all counties in each size/density category. As more WETD plans come in and are approved, an updated version of this report may be produced. Numbers will change somewhat, of course, but we have reason to believe that most general findings will hold up.

Table 1. Counties Represented (and Not Represented) in This Report

<b>Counties included in this report</b>	<b>Population, 7/1/07</b>	<b>Counties <u>not</u> included in this report</b>	<b>Population, 7/1/07</b>
<b>Los Angeles</b>	<b>10,294,280</b>		
<b>Large (excluding LA):</b>			
Alameda	1,530,620	Butte	219,101
Contra Costa	1,044,201	Fresno	923,052
Kern	809,903	Marin	256,310
Merced	252,544	Sacramento	1,415,117
Monterey	425,356	San Diego	3,120,088
Orange	3,098,183	San Joaquin	680,183
Placer	329,818	San Luis Obispo	267,154
Riverside	2,070,315	San Mateo	734,453
San Bernardino	2,039,467	Santa Clara	1,820,176
San Francisco	817,537	Solano	423,970
Santa Barbara	425,710	Sonoma	482,034
Santa Cruz	265,183	Tulare	430,974
Stanislaus	523,095		
Ventura	826,550		
<i>Sub-totals, Large (X LA)</i>	<b>14,458,482</b>		<b>10,772,612</b>
<b>Small Rural</b>			
Calaveras	45,950	Alpine	1,261
Colusa	21,945	Amador	38,320
Glenn	29,018	Del Norte	29,207
Humboldt	132,364	Imperial	174,322
Madera	149,916	Inyo	18,253
Modoc	9,747	Lake	63,821
Mono	14,055	Lassen	36,223
Plumas	20,891	Mariposa	18,356
Sierra	3,400	Mendocino	89,669
Trinity	14,012	San Benito	57,493
Tuolumne	56,910	Shasta	181,380
		Siskiyou	45,695
		Tehama	62,093
<i>Sub-totals, Small Rural</i>	<b>498,208</b>		<b>816,093</b>
<b>Small Other</b>			
El Dorado	178,689	Napa	135,554
Kings	153,268	Nevada	99,587
		Sutter	95,516
		Yolo	197,530
		Yuba	71,612
<i>Sub-totals, Small Other</i>	<b>331,957</b>		<b>599,799</b>
<b>TOTAL, CALIFORNIA</b>	<b>37,771,431</b>		

**Part I. Workforce Needs Assessment**

**FINDINGS**

**Workforce Size and Composition**

**Q1. What is the estimated size and occupational composition of the workforce delivering community-based, public mental health services?** We put 36 occupations (positions) into five Major Occupational Categories for purposes of collecting data from counties. See Table 2, below.

Table 2. Estimated Size and Composition of the Workforce Delivering Community-Based, Public Mental Health Services (*extrapolated from size/density totals*)

Major Group, Position, Segment	FTE Authorized	
	Number	Percent
<b>A. Unlicensed Mental Health Direct Service Staff:</b>		
Mental Health Rehabilitation Specialist .....	3,560	7.3%
Case Manager/Service Coordinator .....	3,817	7.9
Employment Services Staff.....	363	0.7
Housing Services Staff.....	427	0.9
Consumer Support Staff .....	1,293	2.7
Family Member Support Staff .....	680	1.4
Benefits/Eligibility Specialist .....	285	0.6
Other Unlicensed MH Direct Service Staff.....	4,451	9.2
<i>Sub-total, Major Group A</i>	<b>14,876</b>	<b>30.7%</b>
<b>B. Licensed Mental Health Staff (direct service):</b>		
Psychiatrist, general.....	1,067	2.2%
Psychiatrist, child/adolescent.....	323	0.7
Psychiatrist, geriatric.....	53	0.1
Psychiatric or Family Nurse Practitioner.....	116	0.2
Clinical Nurse Specialist .....	713	1.5
Licensed Psychiatric Technician.....	666	1.4
Licensed Clinical Psychologist.....	1,201	2.5
Psychologist, registered intern (or waived) .....	576	1.2
Licensed Clinical Social Worker (LCSW) .....	2,175	4.5
MSW, registered intern (or waived) .....	2,046	4.2
Marriage and Family Therapist (MFT) .....	2,316	4.8
MFT registered intern (or waived) .....	3,105	6.4
Other Licensed MH Staff (direct service).....	354	0.7
<i>Sub-total, Major Group B</i>	<b>14,711</b>	<b>30.3%</b>
<b>C. Other Health Care Staff (direct service):</b>		
Physician.....	116	0.2%
Registered Nurse .....	1,137	2.3
Licensed Vocational Nurse .....	496	1.0
Physician Assistant.....	14	0.0
Occupational Therapist.....	128	0.3
Other Therapist (physical, recreation, art, dance) .....	149	0.3
Other Health Care Staff (direct service).....	687	1.4

**California’s Public Mental Health Workforce: A Needs Assessment**

Major Group, Position, Segment	FTE Authorized	
	Number	Percent
<i>Sub-total, Major Group C</i>	<b>2,727</b>	<b>5.6%</b>
<b>D. Managerial and Supervisory:</b>		
CEO or manager above direct supervisor .....	1,924	4.0%
Supervising Psychiatrist (or, other physician).....	183	0.4
Licensed supervising clinician .....	1,845	3.8
Other managers and supervisors .....	2,464	5.1
<i>Sub-total, Major Group D</i>	<b>6,416</b>	<b>13.2%</b>
<b>E. Support Staff:</b>		
Analysts, tech support, quality assurance .....	1,653	3.4%
Education, training, research .....	404	0.8
Clerical, secretary, administrative assistants.....	5,280	10.9
Other support staff (non-direct service) .....	2,446	5.0
<i>Sub-total, Major Group E</i>	<b>9,783</b>	<b>20.2%</b>
<b>Total, all Major Groups and Positions .....</b>	<b>48,513</b>	<b>100.0%</b>

Here are our major findings regarding the estimated size and occupational composition of the public mental health workforce at the local level:<sup>5</sup>

- In terms of *authorized* full-time-equivalents (FTE), reflected in Col. 2 of Exhibit 3, we estimate a total public, mental health workforce of about 48,500 across the state.
- Very comparable percentages (30-31%) are direct-service workers in Major Groups A and B, *unlicensed* and *licensed* direct service staff, respectively.
- Other Health Care Staff (direct service) constituted about 6% of the total workforce. As already noted, we believe this number to be an undercount for reasons given in Footnote 5 on this page.
- Managerial and Supervisory personnel constituted about 13% of the workforce, or just over 6,400 FTE.
- Support Staff were another 20% of the workforce, with nearly 10,000 FTE.

Authorized FTE for LCSWs, MFTs, MSW registered interns, and MFT interns, as shown in Table 2, above, are 14.9%, 9.9%, 26.3%, and 27.6% of all *valid and active* licensees (or, registrants) in California. See John Shea, *Licensed Mental Health Professionals in California*, unpublished report to the California Department of Mental Health, June 30, 2009. Of course,

<sup>5</sup> Counties were asked to count the workforce serving their clients, but to exclude mental health workers at state hospitals and federally funded health centers. The workforce providing geographically-based services outside of a county, such as at residential treatment centers and psychiatric institutions, are undoubtedly undercounted. There are three reasons for this. First, initially it was optional for a county to try to count the workforce providing services to their clients outside their own county. Second, based on a series of Education and Training Roundtables in Summer/Fall 2007, a consensus emerged to ask the “host county” to collect the data. Third, clients and other advocates want the emphasis under MHPA on voluntary services, not forced ones.

full-time-equivalents (FTEs) are not the same as individuals. So, these percentages are not precisely comparable, because a number of public mental health workers work part-time.

## **Workforce Composition within Major Group B**

**Q2. Within Major Group B (licensed direct service staff), how many and what proportion are in various occupational positions (e.g., Psychiatrists, MFTs, etc.)?** As indicated in Table 3, below, those with prescription authority, plus Clinical Psychologists, Licensed Clinical Social Workers (LCSWs), Marriage and Family Therapists (MFTs) and their registered (or, waived) interns make up the vast majority (88%) of Major Group B, Licensed Mental Health (direct service) Staff.

Table 3. Estimated Size and Composition of Major Group B, Licensed Mental Health (direct service) Staff  
*(extrapolated from size/density totals)*

<b>Major Group, Position, Segment</b>	<b>FTE Authorized</b>	
	<b>Number</b>	<b>Percent</b>
<b>B. Licensed Mental Health Staff (direct service):</b>		
Psychiatrist, general .....	1,067	7.3%
Psychiatrist, child/adolescent .....	323	2.2
Psychiatrist, geriatric .....	53	0.4
Psychiatric or Family Nurse Practitioner .....	116	0.8
Clinical Nurse Specialist.....	713	4.8
Licensed Psychiatric Technician .....	666	4.5
Licensed Clinical Psychologist.....	1,201	8.2
Psychologist, registered intern (or waived).....	576	3.9
Licensed Clinical Social Worker (LCSW).....	2,175	14.8
MSW, registered intern (or waived) .....	2,046	13.9
Marriage and Family Therapist (MFT).....	2,316	15.7
MFT registered intern (or waived).....	3,105	21.1
Other Licensed MH Staff (direct service).....	354	2.4
<i>Sub-total, Major Group B</i>	<b>14,711</b>	<b>100.0%</b>

## **Counties and Contractors**

**Q3. What proportion of the community-based public mental health workforce work directly for counties? What proportion work for contractors?** Table 4, on the next page, shows authorized FTE by whether the position is with the county or contractor segment of the workforce. Overall, about 40% are county employees, independent contractors, or volunteers working directly with county employees. The other 60% are individuals in solo or small group practices (sometimes called *Network Providers*) or employed by community-based

**California’s Public Mental Health Workforce: A Needs Assessment**

organizations (CBOs). Nine of the 36 occupations (or, positions) had 60% or more authorized FTE working for the county (typically, civil service):

- Benefits/Eligibility Specialist: 80.4% county;
- Psychiatrist, General: 70.8% county;
- Psychiatrist, Geriatric: 82.6% county;
- Psychiatric or Family Nurse Practitioner: 64.1%;
- Clinical Nurse Specialist: 84.5%;
- Licensed Psychiatric Technician: 66.5%;
- Licensed Clinical Social Worker (LCSW): 65.1%;
- Physician: 66.0%; and
- Analysts, tech support, quality assurance: 62.0%.

Table 4. Workforce Delivering Community-Based, Public Mental Health Services: Percentage Counties vs. Contractors (*extrapolated from size/density totals*)

Major Group, Position	FTE Authorized		
	County & Contractors	County Only	Percent County
<b>A. Unlicensed Mental Health Direct Service Staff:</b>			
Mental Health Rehabilitation Specialist.....	3,560	1,119	31.4%
Case Manager/Service Coordinator.....	3,817	1,238	32.4
Employment Services Staff .....	363	140	38.6
Housing Services Staff .....	427	130	30.5
Consumer Support Staff.....	1,293	349	27.0
Family Member Support Staff .....	680	220	32.3
Benefits/Eligibility Specialist.....	285	229	80.4
Other Unlicensed MH Direct Service Staff.....	4,451	1,312	29.5
<i>Sub-total (or, Avg.), Major Group A</i>	<b>14,876</b>	<b>4,737</b>	<b>31.8%</b>
<b>B. Licensed Mental Health Staff (direct service):</b>			
Psychiatrist, general.....	1,067	756	70.8%
Psychiatrist, child/adolescent.....	323	122	37.8
Psychiatrist, geriatric.....	53	44	82.6
Psychiatric or Family Nurse Practitioner .....	116	74	64.1
Clinical Nurse Specialist.....	713	603	84.5
Licensed Psychiatric Technician.....	666	443	66.5
Licensed Clinical Psychologist.....	1,201	600	50.0
Psychologist, registered intern (or waived).....	576	131	22.8
Licensed Clinical Social Worker (LCSW).....	2,175	1,417	65.1
MSW, registered intern (or waived) .....	2,046	989	48.3
Marriage and Family Therapist (MFT).....	2,316	760	32.8
MFT registered intern (or waived).....	3,105	491	15.8
Other Licensed MH Staff (direct service).....	354	83	23.5
<i>Sub-total, Major Group B</i>	<b>14,711</b>	<b>6,512</b>	<b>44.3%</b>
<b>C. Other Health Care Staff (direct service):</b>			
Physician.....	116	77	66.0%
Registered Nurse .....	1,137	600	52.8
Licensed Vocational Nurse .....	496	65	13.1
Physician Assistant .....	14	3	20.7
Occupational Therapist .....	128	57	44.8

**California’s Public Mental Health Workforce: A Needs Assessment**

Major Group, Position	FTE Authorized		
	County & Contractors	County Only	Percent County
Other Therapist (physical, recreation, art, dance).....	149	57	38.3
Other Health Care Staff (direct service)	687	159	23.1
<i>Sub-total, Major Group C</i>	<b>2,727</b>	<b>1,018</b>	<b>37.3%</b>
<b>D. Managerial and Supervisory:</b>			
CEO or manager above direct supervisor.....	1,924	618	32.1%
Supervising Psychiatrist (or, other physician) .....	183	76	41.5
Licensed supervising clinician.....	1,845	895	42.5
Other managers and supervisors.....	2,464	791	32.1
<i>Sub-total, Major Group D</i>	<b>6,416</b>	<b>2,270</b>	<b>35.4%</b>
<b>E. Support Staff:</b>			
Analysts, tech support, quality assurance.....	1,653	1,026	62.0%
Education, training, research .....	404	114	28.3
Clerical, secretary, administrative assistants .....	5,290	3,114	58.9
Other support staff (non-direct service).....	2,446	982	40.2
<i>Sub-total, Major Group E</i>	<b>9,793</b>	<b>5,236</b>	<b>53.5%</b>
<b>Total, all Major Groups and Positions.....</b>	<b>48,512</b>	<b>19,772</b>	<b>40.7%</b>

One can see that registered (or, waived) interns are much more likely to work for contractors than directly for counties. There are at least two likely reasons for this. First, CBOs are typically quicker than counties and more adept at recruiting and hiring new college graduates. Second, for many entrants to the workforce, CBOs are the place to gain experience, with older, more seasoned workers in some professions moving on to civil service positions within local government.

**Hard-to-fill and/or Hard-to-retain**

**Q4. What positions (occupations) are most often mentioned as hard-to-fill and/or hard-to-retain?** Using whatever criteria they chose, counties were asked to mark “Yes” (=1) or “No” (=0) to the question: Is this position (occupation) hard-to-fill/hard-to-retain? Table 5, on the next page, shows the number of *segments* (county or contractor) who marked “Yes,” to the hard-to-fill/hard-to-retain question.

Rank ordered by number of segments indicating “Yes,” here are the top twelve positions (i.e., occupations) marked hard-to-fill/hard-to-retain:

- Psychiatrist, General (1<sup>st</sup>)
- Licensed Clinical Social Worker (2<sup>nd</sup>)
- Marriage and Family Therapist (3<sup>rd</sup>)
- Licensed Supervising Clinician (4<sup>th</sup>)

**California’s Public Mental Health Workforce: A Needs Assessment**

- Psychiatrist, Child/Adolescent (5<sup>th</sup>, tie)
- Registered Nurse (5<sup>th</sup>, tie)
- CEO or Manager above Direct Supervisor (6<sup>th</sup>)
- Psychiatric or Family Nurse Practitioner (7<sup>th</sup>)
- Licensed Clinical Psychologist (8<sup>th</sup>)
- Analysts, tech support, quality assurance (9<sup>th</sup>)
- Family Member Support Staff & MSW, registered intern (or waived) (10<sup>th</sup>, tie)
- Clinical Nurse Specialist (11<sup>th</sup>)
- Psychiatrist, Geriatric & MFT registered intern (or waived) (12<sup>th</sup>, tie)

Table 5. Workforce Delivering Community-Based, Public Mental Health Services: Workforce Segments indicating “Hard-to-Fill” (*extrapolated from size/density totals*)

Major Group, Position	Authorized FTE (Col. 2)	Number	Workforce Segments
			indicating Hard-to-Fill
			Hard-to-Fill rank order 1=hardest (top 12)
<b>A. Unlicensed Mental Health Direct Service Staff:</b>			
Mental Health Rehabilitation Specialist.....	3,560	32	
Case Manager/Service Coordinator.....	3,817	34	
Employment Services Staff.....	363	21	
Housing Services Staff.....	427	24	
Consumer Support Staff.....	1,293	36	
Family Member Support Staff.....	680	40	10 <sup>th</sup> (tie)
Benefits/Eligibility Specialist.....	285	20	
Other Unlicensed MH Direct Service Staff.....	4,451	27	
<i>Sub-total (or, Avg.), Major Group A</i>	<b>14,876</b>	<b>234</b>	--
<b>B. Licensed Mental Health Staff (direct service):</b>			
Psychiatrist, general.....	1,067	76	1 <sup>st</sup>
Psychiatrist, child/adolescent.....	323	57	5 <sup>th</sup> (tie)
Psychiatrist, geriatric.....	53	38	12 <sup>th</sup> (tie)
Psychiatric or Family Nurse Practitioner.....	116	50	7 <sup>th</sup>
Clinical Nurse Specialist.....	713	39	11 <sup>th</sup>
Licensed Psychiatric Technician.....	666	35	
Licensed Clinical Psychologist.....	1,201	48	8 <sup>th</sup>
Psychologist, registered intern (or waived).....	576	15	
Licensed Clinical Social Worker (LCSW).....	2,175	71	2 <sup>nd</sup>
MSW, registered intern (or waived).....	2,046	40	10 <sup>th</sup> (tie)
Marriage and Family Therapist (MFT).....	2,316	64	3 <sup>rd</sup>
MFT registered intern (or waived).....	3,105	38	12 <sup>th</sup> (tie)
Other Licensed MH Staff (direct service).....	354	6	
<i>Sub-total, Major Group B</i>	<b>14,711</b>	<b>577</b>	--
<b>C. Other Health Care Staff (direct service):</b>			
Physician.....	116	24	
Registered Nurse.....	1,137	57	5 <sup>th</sup> (tie)
Licensed Vocational Nurse.....	496	26	
Physician Assistant.....	14	14	
Occupational Therapist.....	128	22	
Other Therapist (physical, recreation, art, dance).....	149	12	
Other Health Care Staff (direct service)	687	20	

Major Group, Position	Authorized FTE (Col. 2)	Number	Workforce Segments indicating Hard-to-Fill
			Hard-to-Fill rank order 1=hardest (top 12)
<i>Sub-total, Major Group C</i>	<b>2,727</b>	<b>175</b>	--
<b>D. Managerial and Supervisory:</b>			
CEO or manager above direct supervisor.....	1,924	53	6 <sup>th</sup>
Supervising Psychiatrist (or, other physician) .....	183	34	
Licensed supervising clinician .....	1,845	59	4 <sup>th</sup>
Other managers and supervisors.....	2,464	37	
<i>Sub-total, Major Group D</i>	<b>6,416</b>	<b>183</b>	--
<b>E. Support Staff:</b>			
Analysts, tech support, quality assurance.....	1,653	43	9 <sup>th</sup>
Education, training, research .....	404	19	
Clerical, secretary, administrative assistants .....	5,290	19	
Other support staff (non-direct service).....	2,446	17	
<i>Sub-total, Major Group E</i>	<b>9,793</b>	<b>98</b>	--
<b>Total, all Major Groups and Positions.....</b>	<b>48,512</b>	<b>1,267</b>	--

## Vacancy Rate, by Major Group and Segment

### Q5. What is the *vacancy rate*, by Major Group and Segment (county vs. contractors)?

Exhibit 3 asks for both *authorized FTE* (Col. 2) and *filled FTE* (Col. 11). The difference is a measure of job vacancies. Generally, if there were no *structural* barriers to labor mobility (e.g., geographic, occupational), the vacancy rate would be expected to be about the same as the unemployment rate at “full employment” (say, about 4%).

As indicated in Table 6, on the next page, vacant positions were nearly 11% of authorized FTE, with the rate for counties 10%, compared with a rate among contractors of 11%. Within the county segment, apparent vacancies were approximately 13% for Licensed Mental Health Staff (direct service) and 12% for Support Staff. Among contractors, vacancy rates were especially high for Managerial and Supervisory positions (14%).

In making comparisons of vacancy rates over time, it will be important to point out that counties reporting Exhibit 3 information in late 2008 or early 2009 were contending with a very serious recession and associated funding shortfalls. One large county in the Bay Area reported: “It is estimated that there are 2,273 positions currently authorized to be filled in the entire workforce, with 1,741 (77%) that are currently filled.” This is a 23% vacancy rate. The person responsible for preparation of Exhibit 3 told me that the county had implemented a moratorium on new hires.

**California’s Public Mental Health Workforce: A Needs Assessment**

Table 6. Apparent Vacancy Rate, by Major Group and Workforce Segment (extrapolated from size/density totals)

Major Group, Position, Segment	Authorized FTE (Col. 2)	Filled FTE (Col. 11)	Vacancy Rate (Difference as % of authorized)
<b>A. Unlicensed Mental Health Direct Service Staff:</b>			
County .....	4,737	4,447	6.1%
Contractors .....	10,137	9,074	10.5
<i>Sub-total (or, Avg.), Major Group A</i>	<b>14,874</b>	<b>13,521</b>	<b>9.1</b>
<b>B. Licensed Mental Health Staff (direct service):</b>			
County .....	6,512	5,677	12.8
Contractors .....	8,197	7,277	11.2
<i>Sub-total (or, Avg.), Major Group B</i>	<b>14,709</b>	<b>12,955</b>	<b>11.9</b>
<b>C. Other Health Care Staff (direct service):</b>			
County .....	1,018	955	6.2
Contractors .....	1,710	1,603	6.3
<i>Sub-total (or, Avg.), Major Group C</i>	<b>2,728</b>	<b>2,558</b>	<b>6.2</b>
<b>D. Managerial and Supervisory:</b>			
County .....	2,270	2,128	6.3
Contractors .....	4,148	3,585	13.6
<i>Sub-total (or, Avg.), Major Group D</i>	<b>6,417</b>	<b>5,713</b>	<b>11.0</b>
<b>E. Support Staff:</b>			
County .....	5,236	4,609	12.0
Contractors .....	4,547	4,013	11.7
<i>Sub-total (or, Avg.), Major Group E</i>	<b>9,783</b>	<b>8,622</b>	<b>11.9</b>
<b>ALL Major Groups, Combined:</b>			
County .....	19,772	17,816	9.9
Contractors .....	28,738	25,553	11.1
<b>Total (or, Avg.), all Major Groups and Segments .....</b>	<b>48,510</b>	<b>43,369</b>	<b>10.6</b>

In a REMARKS section at the end of Exhibit 3, counties were asked to comment on five matters, the first being **Shortages by occupational category**.<sup>6</sup> Only two of the 28 counties failed to mention at least one occupational category. At least six of the remaining 26 counties mentioned shortages in each of the following occupations:

	<u>No. of counties</u>
Psychiatrist .....	17
Licensed Clinical Social Worker (LCSW) .....	13
Consumer Support Staff .....	9
Child Psychiatrist .....	7
Family Member Support Staff .....	7

<sup>6</sup> This section asks counties “to 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.”

Licensed Clinicians (not otherwise specified) .....	7
Registered Nurses .....	7
Psychiatric or Family Nurse Practitioner .....	6
Psychologist (typically <i>Clinical Psychologist</i> ) .....	6
Licensed Supervising Clinician .....	6
Licensed MH Staff (in general).....	6

This list is very similar to the list on pages 8-9, which rank ordered number of county segments that marked positions as hard-to-fill. *Consumer Support Staff* appears on the list immediately above, but not on the earlier list on pages 8-9. *Analysts, tech support, quality assurance*, along with *CEO or Manager above Direct Supervisor*, appear on the earlier list but not the one immediately above.

**Most remarks are about *shortfalls* or reasons for them.** -- Most remarks about occupational shortages dealt with either *Category and Sub-Category Shortfalls*, or pointed to *Labor Market Conditions*. Categorizing discrete remarks about occupational shortages, by theme, here is what we can say about frequency:

	<u>No. of remarks</u>
I. <i>Category and Sub-Category Shortfalls:</i>	
a. Occupations, competencies .....	11
b. Those with bilingual/bicultural skills.....	10
c. Consumers and family members.....	8
d. Sub-sets by race/ethnicity, gender or age .....	7
II. <i>Labor Market Conditions:</i>	
e. Competition (other industries; other geographical areas; other segments).....	10
f. Cost of living, related factors .....	7
g. Small labor pool; rural factors.....	6
h. Other conditions .....	1

Here are a few examples:

**I. *Category and Sub-Category Shortfalls:***

**a. Occupations, competencies**

- 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.
- Finding candidates who have both employment development expertise and mental

health expertise is nearly impossible.

**b. Those with bilingual/bicultural skills**

- Licensed providers who are culturally diverse and who are fluent in Spanish are in exceptional demand.
- [Our county's] cultural competence needs are more complex than just a need for bilingual/bicultural staff. We need staff that are competent in other cultures as well, such as gay/lesbian, co-occurring disorders, substance abuse recovery, and consumer culture.

**c. Consumers and family members**

- [A] key transformation strategy will be to work in collaboration with our Human Resources Department and to learn strategies from other counties and agencies in order to diversify the job classifications within our new recovery-oriented mental health system of care. New positions should not only address the need to provide opportunities for consumers, family members, and ethnically diverse individuals to serve in our workforce, they should also provide for an increasingly integrated service delivery team (use of housing and vocational specialists, addictions treatment counselors, etc.) focused on the facilitation of the recovery process. With a greater range of options (classifications and jobs) by which to capture expertise in the workforce, we also need to provide opportunities for workforce development and career advancement for the diverse members of our community.

**d. Sub-sets by race/ethnicity, gender or age**

- Address the need for both male/female staff for Southeast Asian population due to cultural traditions (i.e., gender discrimination for traditional members of the community).
- A small percentage of the workforce met both criteria, over age 50 with 20 years or more of service. These are the individuals who are eligible for retirement now. A larger proportion of licensed direct service staff, 48.2% are old enough to retire, but lack the years of county service to do so.

**II. Labor Market Conditions:**

**e. Competition (other industries; other geographical areas; other segments)**

- [Our county] has experienced shortages in finding and retaining qualified Psychiatrists, Lead Child Psychiatrists, licensed clinical therapists and Internists due to shortages in the professions as well as the fact that in late 2006 the California prison system approved pay raises of 55% to 65% for psychiatrists.
- When a position is posted requiring a Master's degree there are considerably fewer qualified applicants compared to positions requiring a Bachelor's degree or less.

**f. Cost of living, related factors**

- [Our county's] main challenge in terms of staff recruitment and retention is our high cost of living. It tends to discourage many interested applicants from continuing with their application process. Another challenge is the fact that the average altitude of the County is 7000'; thus those with health problems have a very hard time living here. The fact that roads are covered with snow and ice for half the year also creates potential problems for those who are mobility impaired.
- Large areas of the county are remote from services and it is hard to interest professional staff in locating in the remote areas.

**g. Small labor pool; rural factors**

- Rural, small counties face several occupational shortages due to geographic barriers and the lack of (or lack of awareness of) educational opportunities.

**Additional FTE Needed to Meet Current Need, by Position and Major Group**

**Q6. How many additional FTE would counties like to have to meet current needs, by position (occupation) and Major Group?** Using whatever assumptions they wished, counties were asked to indicate how many *additional FTE* they would like to have to meet current unmet needs. Responses are summarized in Table 7, on the next page. Overall, counties indicated a need for nearly a third more FTE than authorized.

**California’s Public Mental Health Workforce: A Needs Assessment**

Table 7. Authorized FTE (Col. 2) and Additional FTE needed to meet current needs (Col. 4) (*extrapolated from size/density totals*)

Major Group, Position	Authorized FTE	Additional FTE Needed to Meet Current Needs	
		Number	As % of Authorized
<b>A. Unlicensed Mental Health Direct Service Staff:</b>			
Mental Health Rehabilitation Specialist.....	3,560	1,201	33.7%
Case Manager/Service Coordinator.....	3,817	815	21.4
Employment Services Staff.....	363	483	133.1
Housing Services Staff.....	427	306	71.7
Consumer Support Staff.....	1,293	1,368	105.8
Family Member Support Staff.....	680	645	94.9
Benefits/Eligibility Specialist.....	285	171	60.0
Other Unlicensed MH Direct Service Staff.....	4,451	890	20.0
<i>Sub-total (or, Avg.), Major Group A</i>	<b>14,876</b>	<b>5,879</b>	<b>39.5%</b>
<b>B. Licensed Mental Health Staff (direct service):</b>			
Psychiatrist, general.....	1,067	336	31.5%
Psychiatrist, child/adolescent.....	323	241	74.6
Psychiatrist, geriatric.....	53	112	211.3
Psychiatric or Family Nurse Practitioner.....	116	124	106.9
Clinical Nurse Specialist.....	713	157	22.0
Licensed Psychiatric Technician.....	666	234	35.1
Licensed Clinical Psychologist.....	1,201	162	13.5
Psychologist, registered intern (or waived).....	576	152	26.4
Licensed Clinical Social Worker (LCSW).....	2,175	971	44.6
MSW, registered intern (or waived).....	2,046	401	19.6
Marriage and Family Therapist (MFT).....	2,316	878	37.9
MFT registered intern (or waived).....	3,105	623	20.1
Other Licensed MH Staff (direct service).....	354	55	15.5
<i>Sub-total (or, Avg.), Major Group B</i>	<b>14,711</b>	<b>4,448</b>	<b>30.2%</b>
<b>C. Other Health Care Staff (direct service):</b>			
Physician.....	116	36	31.0%
Registered Nurse.....	1,137	343	30.2
Licensed Vocational Nurse.....	496	108	21.8
Physician Assistant.....	14	28	200.0
Occupational Therapist.....	128	120	93.8
Other Therapist (physical, recreation, art, dance).....	149	95	63.8
Other Health Care Staff (direct service).....	687	180	26.2
<i>Sub-total (or, Avg.), Major Group C</i>	<b>2,727</b>	<b>910</b>	<b>33.4%</b>
<b>D. Managerial and Supervisory:</b>			
CEO or manager above direct supervisor.....	1,924	403	20.9%
Supervising Psychiatrist (or, other physician).....	183	89	48.6
Licensed supervising clinician.....	1,845	804	43.6
Other managers and supervisors.....	2,464	378	15.3
<i>Sub-total (or, Avg.), Major Group D</i>	<b>6,416</b>	<b>1,674</b>	<b>26.1%</b>
<b>E. Support Staff:</b>			
Analysts, tech support, quality assurance.....	1,653	580	35.1%
Education, training, research.....	404	125	30.9
Clerical, secretary, administrative assistants.....	5,290	1,571	29.7
Other support staff (non-direct service).....	2,446	562	23.0
<i>Sub-total (or, Avg.), Major Group E</i>	<b>9,793</b>	<b>2,838</b>	<b>29.0</b>
<b>Total (or, Avg.), all Major Groups and Positions.....</b>	<b>48,512</b>	<b>15,749</b>	<b>32.5%</b>

By Major Group, counties desired a bigger increase (39.5%) in Unlicensed Mental Health Direct Service Staff than in other Major Group categories. In second place was Other Health Care Staff (direct service), with its much smaller base (2,727 authorized FTE). The base for Major Group A, by comparison, is an estimated 14,876 authorized FTE. In terms of specific occupations, here are ones where additional FTE needed exceeded authorized FTE by at least 70%:

- Employment Services Staff: 133.1%
- Housing Services Staff: 71.7%
- Consumer Support Staff: 105.8%
- Family Member Support Staff: 94.9%
- Psychiatrist, Child/Adolescent: 74.6%
- Psychiatrist, Geriatric: 211.3%
- Psychiatric or Family Nurse Practitioner: 106.9%
- Physician Assistant: 200.0%
- Occupational Therapist: 93.8%

**Race/ethnicity of Current Workforce, by Major Group and Segment**

**Q7. What is the race/ethnicity profile of the current workforce, by Major Group and Segment (county vs. contractor)?** Exhibit 3 asked counties to distribute the numbers in Col. 11, *Filled FTE*, across race/ethnicity categories. The results are shown in Table 8.

White/Caucasian .....	45.2%
Hispanic/Latino .....	23.8
African-American/Black .....	12.8
Asian/Pacific Islander .....	9.6
Native American .....	0.8
Multi-Race or Other .....	<u>7.8</u>
<b>TOTAL.....</b>	<b>100.0%</b>

Those working in the contractor segment are more diverse, in terms of race/ethnicity, than those working within county government. Specifically, compared with contractors, a higher percentage of the county (civil service) workforce is White/Caucasian (50.7% vs. 41.4%) or Asian/Pacific Islander (11.6% vs. 8.1%). Counterbalancing these differences, the workforce in the contractor segment is more likely than in the county segment to be Hispanic/Latino (26.8% vs. 20.4%), African-American/Black (14.1% vs. 11.0%), and Multi-Race or Other (9.3% vs. 5.6%).

**California’s Public Mental Health Workforce: A Needs Assessment**

Table 8. Race/Ethnicity of Workforce (Filled FTE), by Major Group and Workforce Segment (*extrapolated from size/density totals*)

Major Group, Position, Segment	White/ Cau- casion	His- panic/ Latino	African- Ameri- can/ Black	Asian/ Pacific Islan- der	Native Ameri- can	Multi Race or Other	Total, Filled FTE (Col. 11)
	Number (FTE)						
<b>A. Unlicensed Mental Health Direct Service Staff:</b>							
County .....	1,994	1,224	585	296	48	301	4,447
Contractors .....	3,263	2,832	1,514	669	72	725	9,074
<i>Sub-total, Major Group A</i>	<b>5,256</b>	<b>4,056</b>	<b>2,099</b>	<b>965</b>	<b>119</b>	<b>1,026</b>	<b>13,521</b>
<b>B. Licensed Mental Health Staff (direct service):</b>							
County .....	3,267	881	450	760	32	286	5,677
Contractors .....	3,671	1,535	622	581	78	790	7,277
<i>Sub-total, Major Group B</i>	<b>6,938</b>	<b>2,417</b>	<b>1,072</b>	<b>1,342</b>	<b>110</b>	<b>1,076</b>	<b>12,955</b>
<b>C. Other Health Care Staff (direct service):</b>							
County .....	491	85	83	223	4	69	955
Contractors .....	603	85	309	191	5	410	1,603
<i>Sub-total, Major Group C</i>	<b>1,095</b>	<b>170</b>	<b>393</b>	<b>414</b>	<b>8</b>	<b>479</b>	<b>2,558</b>
<b>D. Managerial and Supervisory:</b>							
County .....	1,328	323	209	175	15	78	2,128
Contractors .....	1,934	639	468	299	26	219	3,585
<i>Sub-total, Major Group D</i>	<b>3,262</b>	<b>962</b>	<b>677</b>	<b>474</b>	<b>41</b>	<b>297</b>	<b>5,713</b>
<b>E. Support Staff:</b>							
County .....	1,954	1,117	635	610	38	256	4,609
Contractors .....	1,114	1,582	662	361	31	265	4,013
<i>Sub-total, Major Group E</i>	<b>3,067</b>	<b>2,699</b>	<b>1,296</b>	<b>971</b>	<b>69</b>	<b>521</b>	<b>8,622</b>
<b>ALL Major Groups, Combined:</b>							
County .....	9,033	3,630	1,962	2,064	137	989	17,816
Contractors .....	10,584	6,673	3,575	2,101	211	2,409	25,553
<b>Total (or, Avg.), all Groups and Segments .....</b>	<b>19,617</b>	<b>10,303</b>	<b>5,537</b>	<b>4,165</b>	<b>348</b>	<b>3,398</b>	<b>43,369</b>
<b>Percent (FTE)</b>							
<b>A. Unlicensed Mental Health Direct Service Staff:</b>							
County .....	44.8%	27.5%	13.2%	6.7%	1.1%	6.7%	100%
Contractors .....	36.0	31.2	16.7	7.4	0.8	8.0	100
<i>Sub-total (or, Avg.), Major Group A</i>	<b>38.9%</b>	<b>30.0%</b>	<b>15.5%</b>	<b>7.4</b>	<b>0.8</b>	<b>8.0</b>	<b>100%</b>
<b>B. Licensed Mental Health Staff (direct service):</b>							

California's Public Mental Health Workforce: A Needs Assessment

Major Group, Position, Segment	White/ Cau- sation	His- panic/ Latino	African- Ameri- can/ Black	Asian/ Pacific Islan- der	Native Ameri- can	Multi Race or Other	Total, Filled FTE (Col. 11)
County .....	57.5%	15.5%	7.9%	13.4%	0.6%	5.0%	100%
Contractors .....	50.4	21.1				10.9	100
<i>Sub-total, Major Group B</i>	<b>53.6%</b>	<b>18.7%</b>	<b>8.5%</b>	<b>8.1%</b>	<b>1.1%</b>	<b>8.3%</b>	<b>100%</b>
<b>C. Other Health Care Staff (direct service):</b>							
County .....	51.4%			23.4%		7.2%	100%
Contractors .....	37.6	8.9%	8.7%	11.9	0.4%	25.6	100
<i>Sub-total, Major Group C</i>	<b>42.8%</b>	<b>6.6%</b>	<b>15.4%</b>	<b>16.2%</b>	<b>0.3%</b>	<b>18.7%</b>	<b>100%</b>
<b>D. Managerial and Supervisory:</b>							
County .....	62.4%	15.2%				3.7%	100%
Contractors .....	53.9	17.8	9.8%	8.2%	0.7%		100
<i>Sub-total, Major Group D</i>	<b>57.1%</b>	<b>16.8%</b>	<b>11.9%</b>	<b>8.3%</b>	<b>0.7%</b>	<b>6.1%</b>	<b>100%</b>
<b>E. Support Staff:</b>							
County .....	42.4%	24.2%	13.8%	13.2%	0.8%	5.6%	100%
Contractors .....	27.8	39.4	16.5				100
<i>Sub-total, Major Group E</i>	<b>35.6%</b>	<b>31.3%</b>	<b>15.0%</b>	<b>9.1%</b>	<b>0.8%</b>	<b>6.6%</b>	<b>100%</b>
<b>ALL Major Groups, Combined:</b>							
County .....	50.7%	20.4%	11.0%	11.6%	0.8	5.6%	100%
Contractors .....	41.4	26.8	14.1				100
<b>Total (or, Avg.), all Groups and Segments .....</b>	<b>45.2%</b>	<b>23.8%</b>	<b>12.8%</b>	<b>8.1%</b>	<b>0.8%</b>	<b>9.3%</b>	<b>100%</b>

While Whites constitute about 45% of the entire community-based, public mental health workforce, they are a much higher percentage within Major Group B, Licensed Mental Health Staff (direct service), and Major Group D, Managerial and Supervisory. The percentages White are 54% and 57%, respectively. Hispanic/Latinos are very much underrepresented in both categories and in Major Group C, Other Health Care Staff (direct service).

**Race/ethnicity of Current Workforce, Compared with That of Target MH Population**

**Q8. How does the race/ethnicity of the current workforce compare with the race/ethnicity of the target Mental Health population?** Table 9 compares the race/ethnicity of the workforce with the race/ethnicity of Total Mental Health Populations reported by counties. The way to estimate the MH population was not prescribed. Various methods were used.

Table 9. Race/Ethnicity of Workforce (Filled FTE) and Target Mental Health Population: Percentage Distributions (*Filled FTE extrapolated from size/density totals; Targeted MH Population based on weighted average percentages by county population*)

<b>Race/Ethnicity</b>	<b>Workforce</b>	<b>Target MH Population</b>	<b>Difference (Col. 2 – Col. 3)</b>	<b>Difference in absolute value</b>
(1)	(2)	(3)	(4)	(5)
White/Caucasian	44.8%	33.0%	11.8	11.8
Hispanic/Latino	24.2	37.7	-13.5	13.5
African-American	12.9	17.3	-4.4	4.4
Asian/Pacific Islander	9.6	7.0	2.6	2.6
Native American	0.8	0.9	-0.1	0.1
Multi Race or Other	7.7	4.1	3.6	3.6
<b>Total</b>	100.0%	100.0%	0.0	<b>36.0</b>

Compared with their Target Mental Health Populations to be served, White/Caucasians, Asian/Pacific Islanders, and Multi Race or Other were overrepresented in the workforce, while Hispanic/Latinos and African-Americans were underrepresented. The number **36.0** in boldface can be thought of as a *Similarity Coefficient*. The lower this coefficient, the more similar are the two race/ethnicity percentage distributions.

In the REMARKS section of Exhibit 3, counties were asked about **comparability of workforce, by race/ethnicity, to target population receiving public mental health services**. Directions to counties did not specify how to report (or, what data to use) in describing the race/ethnicity of the target mental health population. We know that some counties simply used their Medi-Cal

data on existing service recipients. Some used Census data on their population under 200% of the federal poverty level. Some developed (or, adjusted) estimates based on *differences* among low-income families in race/ethnicity groups in access to (and use of) public mental health services. Some may have added in race/ethnicity information on clients not eligible for Medi-Cal, to the extent they served any.

**Positions Specifically Designated for Individuals with Consumer or Family Experience**

**Q9. Across Major Groups, how many positions are specifically designated for individuals with consumer and/or family member experience?** As indicated in Table 10, about 6.8% of authorized FTE (3,319 out of 48,512) are said to be *specifically designated* for individuals with consumer or family member experience with the public mental health system.

Table 10. Specifically Designated Positions for Individuals with Consumer or Family Member Experience as a Percentage of Authorized FTE Workforce (*extrapolated from size/density totals*)

	Authorized FTE (Col. 2 in Exhibit 3)	# FTE specifically authorized for consumers or family members	Percent Specifically authorized for consumers or family members
<b>A. Unlicensed Mental Health Direct Service Staff:</b>			
Consumer Support Staff.....	1,293	1,113	86.1%
Family Member Support Staff .....	680	614	90.3
Other Unlicensed MH Direct Service Staff .....	12,903	639	5.0
<i>Sub-total (or, Avg.), Major Group A</i>	<b>14,876</b>	<b>2,366</b>	<b>15.9%</b>
<b>B. Licensed Mental Health Staff (direct service).....</b>	14,711	353	2.4
<b>C. Other Health Care Staff (direct service) .....</b>	2,727	104	3.8
<b>D. Managerial and Supervisory.....</b>	6,416	211	3.3
<b>E. Support Staff (non-direct service) .....</b>	9,783	285	2.9
<b>Total, all Major Groups and Positions .....</b>	<b>48,512</b>	<b>3,319</b>	<b>6.8%</b>

In directions to counties, DMH helped shape the meaning of “specifically designated” by saying that qualification statements in job descriptions for such positions (1) required (or, strongly encouraged) applicants with lived experience as a consumer or family member, or (2) expressed a preference for someone with such experience. Some larger counties avoid disclosure issues by expressing a requirement (or, preference) that an applicant has completed a specific training program (e.g., Peer Support/Advocacy). The vast majority of people taking such courses are believed to have consumer or family member experience. About half of all

designated positions for consumers and family members are as Consumer Support Staff or Family Member Support Staff.

At the end of Exhibit 3, under REMARKS, counties were asked to comment on **Positions designated for individuals with consumer and/or family member experience**. Here is what we learned from narrative responses to this prompt:

**Some counties do not “designate.”** – Some counties that indicated a practice of not designating certain jobs for individuals with consumer or family member experience, nevertheless reported findings from past surveys, indicating how many staff self-reported having received public mental health services. One county said that their 2008 Cultural Diversity Employee Survey revealed 40% had client or family member experience through DHHS, including MH and substance abuse services. Another county reported: “In a survey, 32% of the MH workforce indicated they were a consumer/family member of public mental health services. 17.6% declined to answer this question, a reflection of stigma and bias.” A third county, quite rural in nature, said: “[Our] County does not designate any positions specifically for individuals with consumer and family member experience except for a part-time extra help position to co-facilitate our wellness group sessions. However, we do place a priority on hiring individuals with family and consumer experience in every position. As a result, more than one-third of our direct staff and about two-thirds of our administrative and support staff self-identifies as having consumer experience, family member experience, or both.” A fourth, medium-size urban county said: We have no such positions. The remark went on to say: “Rather, [our] County makes being a consumer or family member a desirable qualification for all positions in the County’s Behavioral Health Services.” This county reported numbers of staff with consumer (but not family) experience taken from its 2005-06 cultural competency questionnaire. [This county] intends to repeat the confidential questionnaire next time out. In 2005-06, the cultural competency questionnaire revealed that the County had 20.4 consumer FTE, while CBOs had 39.6 consumer FTE.

**What types of jobs are sometimes designated for individuals with consumer and/or family member experience?** – One county uses Parent Partners in their Adoption Wraparound program. They must be adoptive parents of children with special needs. Another county has 71 authorized positions designated for consumers and family members. The classification is Mental Health Peer Support Specialists, which serve as consumer

peers, parent partners, and family advocates. There is a career track from a trainee position to a managerial peer planning position. Another county has a Peer and Family Advocate series. Peer and Family Advocate I (PFA I) is the entry level position in the series. PFA I's provide crisis response services, peer counseling, and linkages to services and supports for consumers of DBH services; assist with the implementation, facilitation and on-going coordination activities of all MHSA requirements. The journey level in the series, Peer and Family Advocate II, have more experience and are assigned more responsible and complex duties that require more skills and knowledge than the PFA I. Peer and Family Advocate III is the more advanced level and requires more experience than the lower level classifications and is expected to perform a wider variety or more responsible and complex duties with emphasis on program development and training. Another county has no designated positions at the County level, and only a few among contractors, at least one of whom advertises all salaried positions "family or consumer experience preferred." Another county has Peer Client and Peer Family Member Support Staff in system navigation, mobile outreach, client-run wellness center, and FSPs. At least one county mentioned using consumers in support position for a client-driven wellness center. Another county Adult System of Care has 14 part-time consumer "Navigator" employees. These are entry-level, extra-help positions. They also have three full-time consumer employees who qualified for Client Service Assistant positions, which are competitive and fully benefited. Through a contract with United Advocates for Children and Families, the Children's System of Care has 12 full-time Parent Partners. A Consumer Development Supervisor helps develop professional skills, encouraging those who want such to pursue full-time employment.

**Some obstacles to greater employment of consumers and family members.** – Often standing in the way are (1) absence of focused recruitment, (2) required criminal background clearances, (3) education (e.g., clinical training) and experience requirements, and (4) tradition. Human Resources (HR) processes can be problematic. One county had this to say: "As the MHSA has brought this issue (consumer/family member employment in the public mental health system) to the forefront, we have seen mixed reactions within our county and system. Some of our partners, staff, and Human Resources, Risk Management and County Counsel have raised questions and concerns that we need to address responsibly to ensure the success of our consumer employment program. We are fully committed to doing so." Another county reports seeing an impact of the MHSA on attitudes

regarding consumer/family member employment: "In the short time since the MHSA has brought in a new level of consciousness regarding consumer and family employment, we have seen movement from the belief that consumer interest in employment is restricted to part-time employment in order to maintain their SSI check, to a recognition of the need to provide a viable career pathway to support consumers, family members and others in pursuing a range of mental health career options."

**Consumer/family member employment can help *transform* the service system.** One large county had this to say: "In focus groups and key expert interviews with consumers and family members, participants repeatedly focused on the need to transform the culture of the mental health service system in order to truly embrace a recovery-based model of service delivery and to include consumers and family members as employees of the system." There was a shared frustration that "the stigma of mental health illness permeates all provider/consumer interactions." Consumers described providers as patronizing, having low expectations of consumers' abilities, exerting minimal effort, and reinforcing learned helplessness and dependency within an unresponsive uncaring system. All consumer and family discussion groups focused on the importance of stigma reduction training." Another county reports hiring several consumer staff under their MHSA Consumer Services and Supports Plan, and "has found consumer staff persons do make exceptional employees." Another county reports: "The outcome family advocates hope to see is the consumer/family member voice empowered and continued transformation of the workforce in the model of Recovery." This county goes on the report: [We have] had many conversations about the role of consumer employees and the value to the agency as well as the individual employee. Supervisors and employees have discovered the benefit of "lived experience" as they have witnessed Navigators and Parent Partners . . . connect and engage with clients. Also, seeing consumers develop their vocational skills gives first hand knowledge that recovery is possible. Many Navigators have demonstrated increased self-esteem as a result of employment and extended their periods of reduced mental health symptoms. Welcoming behaviors and collaboration with clients has increased. Consumers are now participating in a majority of decision making meetings. Employees are more aware of how they discuss their cases and are overall, becoming more recovery oriented.

## Of These, How Many Hard-to-fill and/or Hard-to-Retain

**Q10. How many specifically designated positions for those with consumer or family member experience are said to be hard-to-fill and/or hard-to-retain with individuals with consumer or family member experience?** Table 11 shows estimated number of counties indicating that positions are hard-to-fill with individuals with consumer or family member experience. The two positions most often mentioned were Consumer Support Staff and Family Member Support Staff. A distant third most often mentioned was Major Group B, Licensed Mental Health Staff (direct service).

Table 11. Specifically Designated Positions for Individuals with Consumer or Family Member Experience: Workforce Segments indicating “Hard-to-Fill” (*extrapolated from size/density totals*)

Major Group, Position	Specifically Authorized FTE (Col. 2 in Exhibit 3) for consumers and family members	Extrapolated Number of Counties indicating Hard-to-Fill	
		Number	Hard-to-Fill rank order 1=hardest (top 3)
<b>A. Unlicensed Mental Health Direct Service Staff:</b>			
Consumer Support Staff.....	1,113	32	2 <sup>nd</sup>
Family Member Support Staff .....	614	33	1 <sup>st</sup>
Other Unlicensed MH Direct Service Staff.....	6,439	22	
<i>Sub-total (or, Avg.), Major Group A</i>	<b>2,366</b>	<b>87</b>	--
<b>B. Licensed Mental Health Staff (direct service).....</b>	353	23	3 <sup>rd</sup>
<b>C. Other Health Care Staff (direct service) .....</b>	104	15	
<b>D. Managerial and Supervisory.....</b>	211	22	
<b>E. Support Staff .....</b>	285	19	
<b>Total, all Major Groups and Positions .....</b>	<b>3,319</b>	<b>166</b>	--

## Additional Consumer/Family Member FTE Needed to Meet Current Need

**Q11. In specifically designated positions, how many additional FTE would counties like to have to meet current needs?** As indicated in Table 12, on the next page, counties estimated additional consumer/family member FTE need at about double existing authorized FTE. By comparison, as reported earlier (Table 7), overall additional FTE (everyone, not just individuals with consumer or family member experience) represented only about a third of authorized FTE.

Table 12. Specifically Designated Positions for Individuals with Consumer or Family Member Experience: Additional FTE Needed (*extrapolated from size/density totals*)

Major Group, Position (1)	Specifically Authorized FTE (Col. 2 in Exhibit 3) for consumers and family members (2)	Additional Consumer/Family Member FTE Needed to Meet Current Need Number (3)	Percent of Col (2) (4)
<b>A. Unlicensed Mental Health Direct Service Staff:</b>			
Consumer Support Staff.....	1,113	1,336	120.0%
Family Member Support Staff .....	614	670	109.1
Other Unlicensed MH Direct Service Staff.....	639	502	78.6
<i>Sub-total (or, Avg.), Major Group A</i>	<b>2,366</b>	<b>2,509</b>	<b>106.0%</b>
<b>B. Licensed Mental Health Staff (direct service).....</b>	<b>353</b>	<b>225</b>	<b>63.7</b>
<b>C. Other Health Care Staff (direct service) .....</b>	<b>104</b>	<b>72</b>	<b>69.2</b>
<b>D. Managerial and Supervisory.....</b>	<b>211</b>	<b>119</b>	<b>56.4</b>
<b>E. Support Staff .....</b>	<b>285</b>	<b>129</b>	<b>45.3</b>
<b>Total, all Major Groups and Positions .....</b>	<b>3,319</b>	<b>3,054</b>	<b>92.0%</b>

## Workers Proficient in Non-English Languages

**Q12. How many workers (direct service and other) are said to be proficient in various non-English languages?** Table 13, on the next page, shows the ten most frequently mentioned non-English languages, when counties were asked for “the estimated number of public mental health workforce members currently proficient in the language.” For the top ten languages, about 12,000 individuals were said to be proficient. By a wide margin, the language most often mentioned was Spanish.

Exhibit 3 asked for additional numbers who need to be proficient in a non-English language, Again, for the ten most frequently mentioned non-English languages, counties would like to have about 7,800 additional individuals proficient in the languages listed. See Table 14, also on the next page. Again, counties said they would like to have about 6,100 additional individuals (62.2%) proficient in Spanish. In the case of four other languages, with smaller bases, the number of additional individuals exceeded 90% of the number said to be proficient:

- Vietnamese, 90.1% more;
- Russian, 99.2% more;
- Chinese, 230.3% more; and
- Korean, 250.4% more.

**California's Public Mental Health Workforce: A Needs Assessment**

Table 13. Direct Service and Other Staff Who Are Said to be Proficient in a Language Other Than English: Top 10 non-English languages mentioned (*extrapolated from size/density totals*)

<b>Language Other Than English</b>	<b>Direct Service Staff</b>	<b>Other Staff</b>	<b>Total (Col. 2 + Col. 3)</b>
(1)	(2)	(3)	(4)
<b>Number</b>			
Spanish .....	8,457	1,334	9,792
Tagalog .....	511	60	571
Cantonese .....	324	76	400
Vietnamese .....	255	48	303
Mandarin .....	150	37	187
Farsi .....	168	12	180
Chinese .....	150	4	155
Korean .....	134	7	141
Russian .....	119	4	123
Cambodian .....	115	0	115
<b>Total, all languages other than English .....</b>	<b>10,383</b>	<b>1,582</b>	<b>11,967</b>
<b>Percent</b>			
Spanish .....	81.5%	60.4%	73.6%
Tagalog .....	4.9	2.7	4.3
Cantonese .....	3.1	3.4	3.0
Vietnamese .....	2.5	2.2	2.3
Mandarin .....	1.4	1.7	1.4
Farsi .....	1.6	0.5	1.4
Chinese .....	1.4	0.2	1.2
Korean .....	1.3	0.3	1.1
Russian .....	1.1	0.2	0.9
Cambodian .....	1.1	0.0	0.9
<b>Total, all languages other than English .....</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Table 14. Total Direct Service and Other Staff Who Are Said to be Proficient in a Language Other Than English (Top 10 only), Along with Additional Numbers Needed (*extrapolated from size/density totals*)

<b>Language Other Than English</b>	<b>Total Staff Said to be Proficient in Non-English Language(s)</b>	<b>Additional Numbers Who Need to be Proficient</b>	
		<b>Number</b>	<b>Percent of Col. 2</b>
(1)	(2)	(3)	(4)
Spanish .....	9,792	6,092	62.2%
Tagalog .....	571	330	57.8
Cantonese .....	400	138	34.5
Vietnamese .....	303	273	90.1
Mandarin .....	187	18	9.6
Farsi .....	180	103	57.2
Chinese .....	155	357	230.3

**California’s Public Mental Health Workforce: A Needs Assessment**

Language Other Than English (1)	Total Staff Said to be Proficient in Non-English Language(s) (2)	Additional Numbers Who Need to be Proficient	
		Number (3)	Percent of Col. 2 (4)
Korean.....	141	353	250.4
Russian .....	123	118	99.2
Cambodian.....	115	18	15.7
<b>Total, all languages other than English.....</b>	<b>11,967</b>	<b>7,800</b>	<b>65.2%</b>

In the REMARKS section of Exhibit 3, counties were asked to comment on **Language Proficiency**. It is clear from comments that this is an area of great concern for a number of reasons that include (1) more effective outreach and engagement efforts; (2) trying to reduce disparities in use of mental health services; (3) providing more effective, better services; and (4) trying to reduce avoidable costs (e.g., of interpreter services) when the provider of service and the recipient of service do not speak the same language.

Here are some illustrative comments under REMARKS, Exhibit 3: One county reported having no clinical staff that are Spanish-speaking, which is a considerable disadvantage to consumers, as well as costly to the county. At this time, the county reported the only option is to send Spanish-speaking consumers out-of-county for all necessary clinical services. As a result of the workforce needs assessment, it is clear that the department would benefit from Spanish-speaking clinicians as well as clerical support staff to assist native speakers.

One large, urban county with five threshold languages (Spanish, Cantonese, Vietnamese, Farsi, and Mandarin) sees a need to expand the number of Staff who can use these languages by over 70%. As measured by staff-to-client ratios, high disparities are especially evident for Farsi and Vietnamese. This county’s needs assessment also found that there was very little or no local capacity in a number of other languages including, but not limited to: Arabic, Cambodian, Hmong, Lao, Mien, Russian and Thai.

Another county expressed its language needs among staff this way:

- There is a great need for bilingual (English/Spanish) clinicians. We lack Spanish-speaking Licensed Clinicians who provide direct services.
- We need to improve our ability to identify and hire language proficient and bicultural individuals in all occupational categories.
- There is a need for bilingual (English/Spanish,) consumer and family member staff.

This county went on to describe how some of its workforce needs assessment findings relate to proposed *Actions* in its WETD plan:

The MHSW WET Coordinator (Action #1) will be charged with addressing the priority need of improving the linguistic and cultural capacity of our public mental health workforce. Mechanisms to this end that have been identified to date include Action #2 (e-Learning as a tool for staff development serves to enhance our ability to recruit and retain licensed mental health clinicians), Action #3 (Social skills training module as a workforce entry and workforce capacity building intervention), Action #4 (High school health academy with a mental health fieldwork component), Action #5 (Rural mental health MSW weekend program at CSUS), Action #6 (the coordination of clinical internships and supervision with other agencies), Action #7 (the establishment of a Consumer, Family and Volunteer Program) and Action #8 (contribution to the OSHPD Loan Assumption Program). We envision the potential to identify those with linguistic skills via any and all of these intervention strategies.

Another county had this to say about how its language findings affected proposed *Actions*. "The lack of Spanish language proficiency is the most severe (in terms of both current and future needs.). As can be seen in our analysis in Section III, we are better represented in terms of Spanish Language proficiency within our support staff than within our direct care staff (the opposite is true for other non-English languages). For this reason, we have placed a great deal of emphasis in our proposed actions to create 20/20 programs that will allow current support staff to go to school and pursue mental health careers.

This county's most prominent need is for Spanish speaking staff, clinicians and doctors to meet the needs of the Spanish speaking population. The county added: "The need for licensed clinicians, psychologists and psychiatrists who speak Spanish is a top priority among these clinical positions."

## ***Part II. County Responses to Their Workforce Needs Assessments***

In 2008, the author suggested to the leadership of the DMH Workforce, Education, and Training (WET) Team that we summarize information in *Action/Workplans* proposed in County WETD plans. A decision was made to do so on a limited basis to see what the exercise would yield in

terms of potentially useful information.

In this analysis, we have used approved WETD plans, of which there were twenty-eight as of April 1, 2009, a cut-off date we established to input information, analyze it, and report it here. We used a two-page worksheet on each *Action/Workplan* describing (1) the Major Funding category and sub-category, and (2) whether the *Action/Workplan* touched on selected core principles and values outlined in the Mental Health Services Act (MHSA).

## County Action/Workplans

Table 15 shows number of *Action/Workplans* proposed by the 28 counties represented in this report. All together, the twenty-eight counties proposed **250 Action/Workplans**.<sup>7</sup>

Table 15. Number of *Action/Workplans* Proposed by the Twenty-Eight Counties

County	Number of Action/Workplans	County	Number of Action/Workplans
Alameda .....	9	Monterey.....	11
Calaveras .....	14	Orange.....	19
Colusa .....	10	Placer .....	9
Contra Costa.....	13	Plumas.....	5
El Dorado .....	9	Riverside.....	14
Glenn.....	4	San Bernardino.....	10
Humboldt.....	3	San Francisco.....	8
Kern.....	8	Santa Barbara .....	4
Kings .....	4	Santa Cruz.....	12
Los Angeles .....	22	Sierra .....	5
Madera .....	3	Stanislaus .....	8
Merced .....	7	Trinity.....	3
Modoc.....	4	Tuolumne.....	15
Mono .....	5	Ventura .....	12
<b>TOTAL</b>	<b>--</b>		<b>250</b>

## Funding Categories

Counties were directed to plan their WETD activities in terms of five Major Funding Categories (A, B, C, D, & E), as indicated in Figure 1, on the next page. Directions to counties provided *examples* (two or three in each category) of the kinds of *Action/Workplans* that would be consistent with the State’s Five-Year Workforce Development, Education, and Training Plan.

<sup>7</sup> The average was nearly nine *Action/Workplans* per county. If, in the course of time, another 25 to 30 counties (or, city jurisdictions) submit WET plans, and if they propose an average of seven *Action/Workplans*, county *Action/Workplans* may total 425 to 460 *Action/Workplans*.

We added five "Miscellaneous Other" sub-categories to exhaust all possibilities. A detailed description of categories and sub-categories can be found in Appendix B, beginning on page 45.

Figure 1. Major Funding Categories and Sub-Categories

**A. Workforce Staffing Support**

1. MHA Workforce Education and Training Coordination
2. Regional Partnership Staffing
3. Ongoing Employment and Educational Staff Support
4. Other Workforce Staffing Support (not elsewhere classified)

**B. Training and Technical Assistance**

5. Cultural Competency: Organizational Assessment and/or Training
6. Training and/or TA to Implement Full Service Partnerships (FSPs)
7. Training and/or TA for Hiring and Retention of Clients and Family Members at all levels of the Mental Health Workforce
8. Other Training and Technical Assistance (not elsewhere classified)

**C. Mental Health Career Pathway Programs**

9. Consumer Entry Level Employment Preparation Program
10. Human Services Academy – Mental Health Career Track
11. Psychosocial Rehabilitation Certification Program
12. Other Mental Health Career Pathway Program (not elsewhere classified)

**D. Residency, Internship Programs**

13. Child/Geriatric/Public Mental Health/Multidisciplinary Psychiatry Program
14. Clinical Psychologist/Social Worker/MFT/Psych-MH Nurse Practitioner Internship Program
15. Mental Health Physician Assistant Program
16. Other Residency, Internship Program (not elsewhere classified)

**E. Financial Incentive Programs**

17. Clinical Psychologist/Social Worker/MFT/Psych-MH Nurse Practitioner Stipend Program
18. MHA Scholarship Program (existing employees to integrate clients and family members into all levels of public mental health employment)
19. Other Financial Incentive Program (not elsewhere classified)

## Other Data Elements

Each *Action/Workplan* has been further described by staff of Allen, Shea & Associates. After reading each *Action/Workplan* carefully, we checked *Yes* or *No*, depending on whether the

*Action/Workplan* said something about each of the following matters:<sup>8</sup>

**FUNDAMENTAL CONCEPTS (VALUES, PRINCIPLES):**

20. Wellness, Recovery, and/or Resiliency -- Involves reference to these concepts in the description of the *Action/Workplan*. We did not mark this value "Yes," just because the *Action/Workplan* used clients in the *Action/Workplan* (say, as instructors) or focused on employment of consumers or family members.
21. Cultural Competence.
22. Outreach and/or Services for Underrepresented Populations. – Typically, this meant language or cultural minorities. Sometimes, given the context, it meant consumers and/or family members.
23. Services for Children and Families, TAY, or Older Adults.
24. Language Proficiency (other than English).
25. Individualized, Client and/or Family-Driven Services.
26. Integrated Service Experience.
27. Collaboration. – Sometimes, this meant involving family members in working with adults. Often, the *Action/Workplan* involves CMH working with schools, and colleges, other educators, counselors in ADP programs, workers in the criminal justice system, or other agencies.

**CONSUMERS AND FAMILY MEMBERS:**

28. Consumer and/or Family Member Employment – This often meant preparation for employment, developing a welcoming environment, and assisting the person with paid work. Also includes being a member of a teaching team.
28. Consumer and/or Family Member Involvement in Other Ways (e.g., policy, training, evaluation) – Includes working on curriculum, teaching, and other work that benefits the service system. Many training programs include consumers/family members among learners. Such general learning was not included within the meaning of *involvement*.

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<sup>8</sup> The categories were established and approved by the Chief of the MHSA Workforce Education and Training Unit to accomplish three purposes: (1) to describe *Action/Workplans*; (2) to retrieve and list *Action/Workplans* in a particular category (e.g., said something about distance-learning); and (3) to compare information on *Action/Workplans* over time.

**PRACTICES AND CURRICULA**

- 30. Evidence-Based/Innovative/Best or Promising Practices
- 31. Development (or, Modification/Adaptation) of Curricula. – This often meant making changes in curricula, which includes changes in a sequence or pattern of didactic and experiential learning, along with self-study.
- 32. Distance Learning. – We included e-learning, webinars, and essentially all instruction/learning that does not involve the teacher and learner being physically together.

**SUMMARY**

**Funding Categories**

Table 16 shows the number of *Action/Workplans* by Major Funding Category and Sub-Category. Mental Health Career Pathway Programs, followed closely by Training and Technical Assistance, had 72 and 71 *Action/Workplans*, respectively, accounting for nearly three-fifths of the 250 total *Action/Workplans*. Most *Action/Workplans* in the Training and Technical Assistance category did not fit neatly into one of the sub-categories in the State’s guidelines for preparation of county WET plans. For that reason, we put 46 *Action/Workplans* in Sub-Category B8, Other Training and Technical Assistance not elsewhere classified (n.e.c.).

Table 16. Number of *Action/Workplans* by Major Funding Category and Sub-Category

Major Funding Categories and Sub-Categories	Number of Actions	Percent
<b>A. Workforce Staffing Support:</b>		
1. MHSA Workforce Education and Training Coordination .....	26	10.4%
2. Regional Partnership Staffing.....	1	0.4
3. Ongoing Employment and Educational Staff Support.....	7	2.8
4. Other Workforce Staffing Support (n.e.c.).....	6	2.4
<i>Sub-total, Major Funding Category A</i>	<b>40</b>	<b>16.0</b>
<b>B. Training and Technical Assistance:</b>		
5. Cultural Competency: Organizational Assessment and/or Training .....	4	1.6
6. Training and/or TA to Implement Full Service Partnerships (FSPs).....	1	0.4
7. Training and/or TA for Hiring and Retention of Clients and Family Members at all levels of the Mental Health Workforce .....	6	2.4
8. Other Training and Technical Assistance (n.e.c.).....	60	24.0
<i>Sub-total, Major Funding Category B</i>	<b>71</b>	<b>28.4</b>
<b>C. Mental Health Career Pathway Programs:</b>		
9. Consumer Entry Level Employment Preparation Program.....	16	6.4
10. Human Services Academy – Mental Health Career Track .....	12	4.8

**California's Public Mental Health Workforce: A Needs Assessment**

<b>Major Funding Categories and Sub-Categories</b>	<b>Number of Actions</b>	<b>Percent</b>
11. Psychosocial Rehabilitation Certification Program .....	12	4.8
12. Other Mental Health Career Pathway Program (n.e.c.).....	32	12.8
<i>Sub-total, Major Funding Category C</i>	<b>72</b>	<b>28.8</b>
<b>D. Residency, Internship Programs:</b>		
13. Child/Geriatric/Public Mental Health/Multidisciplinary Psychiatry Program .....	5	2.0
14. Clinical Psychologist/Social Worker/MFT/Psych-MH Nurse Practitioner Internship Program .....	13	5.2
15. Mental Health Physician Assistant Program .....	0	0.0
16. Other Residency, Internship Program (n.e.c.) .....	10	4.0
<i>Sub-total, Major Funding Category D</i>	<b>28</b>	<b>11.2</b>
<b>E. Financial Incentive Programs:</b>		
17. Clinical Psychologist/Social Worker/MFT/Psych-MH Nurse Practitioner Stipend Program .....	10	4.0
18. MHA Scholarship Program (existing employees to integrate clients and family members into all levels of public mental health employment).....	13	5.2
19. Other Financial Incentive Program (n.e.c.) .....	16	6.4
<i>Sub-total, Major Funding Category E</i>	<b>39</b>	<b>15.6</b>
<b>TOTAL, All Categories</b> .....	<b>250</b>	<b>100.0%</b>

n.e.c. = Not elsewhere classified.

Table 17 shows outlays (actual and planned) over the three-year period (SFY 06-07, 07-08, and 08-09) for *Action/Workplans* in all Major Funding Categories and Sub-Categories. The two major funding categories with relatively high dollar allocations per *Action/Workplan* are A, Workforce Staffing Support and D, Residency, Internship Programs.

Table 17. Planned Outlays (SFY 06-07, 07-08, and 08-09) for Action/Workplans, by Major Funding Category and Sub-Category

<b>Major Funding Categories and Sub-Categories</b>	<b>Number of Actions</b>	<b>Percent</b>
<b>A. Workforce Staffing Support:</b>		
1. MHA Workforce Education and Training Coordination.....	\$12,270,287	23.7%
2. Regional Partnership Staffing .....	71,686	0.1
3. Ongoing Employment and Educational Staff Support .....	1,886,726	3.6
4. Other Workforce Staffing Support (n.e.c.).....	658,351	1.3
<i>Sub-total, Major Funding Category A</i>	<b>\$14,887,050</b>	<b>28.7</b>
<b>B. Training and Technical Assistance:</b>		
5. Cultural Competency: Organizational Assessment and/or Training .....	\$1,053,620	2.0
6. Training and/or TA to Implement Full Service Partnerships (FSPs)....	18,000	*
7. Training and/or TA for Hiring and Retention of Clients and Family Members at all levels of the Mental Health Workforce .....	792,520	1.5
8. Other Training and Technical Assistance (n.e.c.).....	6,469,265	12.5
<i>Sub-total, Major Funding Category B</i>	<b>\$8,333,405</b>	<b>16.1</b>
<b>C. Mental Health Career Pathway Programs:</b>		
9. Consumer Entry Level Employment Preparation Program.....	\$2,116,243	4.1

**California’s Public Mental Health Workforce: A Needs Assessment**

<b>Major Funding Categories and Sub-Categories</b>	<b>Number of Actions</b>	<b>Percent</b>
10. Human Services Academy – Mental Health Career Track .....	935,075	1.8
11. Psychosocial Rehabilitation Certification Program .....	1,250,914	2.4
12. Other Mental Health Career Pathway Program (n.e.c.).....	4,511,866	8.7
<i>Sub-total, Major Funding Category C</i>	<b>\$8,809,098</b>	<b>17.0</b>
<b>D. Residency, Internship Programs:</b>		
13. Child/Geriatric/Public Mental Health/Multidisciplinary Psychiatry Program .....	\$1,398,647	2.7
14. Clinical Psychologist/Social Worker/MFT/Psych-MH Nurse Practitioner Internship Program .....	6,059,779	11.7
15. Mental Health Physician Assistant Program.....	0	0.0
16. Other Residency, Internship Program (n.e.c.) .....	1,173,036	2.3
<i>Sub-total, Major Funding Category D</i>	<b>\$8,631,462</b>	<b>16.6</b>
<b>E. Financial Incentive Programs:</b>		
17. Clinical Psychologist/Social Worker/MFT/Psych-MH Nurse Practitioner Stipend Program.....	\$4,865,850	9.4
18. MHSA Scholarship Program (existing employees to integrate clients and family members into all levels of public mental health employment.....	2,072,458	4.0
19. Other Financial Incentive Program (n.e.c.) .....	4,275,211	8.2
<i>Sub-total, Major Funding Category E</i>	<b>\$11,213,519</b>	<b>21.6</b>
<b>TOTAL, All Categories</b> .....	<b>\$51,874,534</b>	<b>100.0%</b>

n.e.c. = Not elsewhere classified.

\* Less than 0.5%.

NOTE: Dollars are under-stated, because for 13 of a total of 22 *Actions* in Los Angeles County's WET Plan, dollar amounts were not stated. We coded these *To Be Determined (TBD)*.

**Descriptors (Other Data Elements)**

Table 18, on the next page, shows the percentage of all *Action/Workplans* that touched on various MHSA core values or principles, roles of consumers and family members within the public mental health system, and selected other features. In terms of *frequency of mention*, Collaboration ranked first, largely because in several funding categories – especially Mental Health Career Pathways and Residency, Internship programs – community mental health planned to work with educational institutions. We counted this as *collaboration*. Other types of *collaboration* included family members working in concert with loved ones and mental health professionals and agencies working together (e.g., Law enforcement and CMH; CMH and drug/alcohol workers).

**SOME FINAL THOUGHTS**

Looking ahead, having enough psychiatrists and others with prescription authority will be a major problem, in part because many in the Baby Boomer generation will be retiring.

**California’s Public Mental Health Workforce: A Needs Assessment**

Table 18. Number and Percentage of All *Action/Workplans* (N=250) That Speak to Certain Concepts or Referents

Item	Number of <i>Action/Workplans</i>	Percent of 250
<b>FUNDAMENTAL CONCEPTS (VALUES, PRINCIPLES):</b>		
Wellness, Recovery, and/or Resiliency .....	138	55.2%
Cultural Competence .....	126	50.4
Outreach and/or Services for Underrepresented populations .....	123	49.2
Services for Children and Families, TAY, or Older Adults.....	28	11.2
Language Proficiency (other than English) .....	102	40.8
Individualized, Client and/or Family-Driven Services .....	39	15.6
Integrated Service Experience .....	51	20.4
Collaboration.....	165	66.0
<b>CONSUMERS AND FAMILY MEMBERS:</b>		
Consumer and/or Family Member Employment.....	135	54.0
Consumer and/or Family Member Involvement in Other Ways (e.g., policy, training, evaluation) .....	92	36.8
<b>PRACTICES AND CURRICULA:</b>		
Evidence-Based/Innovative/Best/Promising Practices.....	45	18.0
Development (or, Modification/Adaptation) of Curricula.....	64	25.6
Distance Learning.....	41	16.4

n.e.c. = Not elsewhere classified.

Production of new psychiatrists is unlikely to keep pace with both growth and replacement needs. This suggests looking at ways to increase efficiency (productivity), through teamwork with primary care physicians and greater use of physician extenders. Telemedicine will almost surely play an especially important role in getting sufficient psychiatric expertise to rural communities, especially for children.

There is a great need for bilingual (Spanish/English) clinical personnel at the Master's level. This suggests the desirability of several kinds of initiatives: (a) establishing high school academy programs in districts with high percentages of Latino/Hispanic students; (b) general efforts to improve secondary school outcomes; (c) mentoring efforts among mental health professionals within as well as outside of work; and, as one county mentioned (d) 20-20 programs aimed on Spanish-speaking Support Staff to help them move up and become licensed clinicians.

In the area of consumer and family member employment within the public mental health system, using the *Challenges Survey*<sup>9</sup> to identify need (challenges) and solutions, along with best practices, could be helpful. Some counties need assistance in crafting job descriptions, carefully targeting outreach and recruitment, and providing other services. This area would seem to be particularly fruitful given observations of some counties that employing more consumers and family members has helped shift the service system in the direction of wellness and recovery. Again, there should be a special effort to recruit, train, and deploy consumers and family members who are bilingual and bicultural, especially in Spanish.

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<sup>9</sup> The author helped DMH employees develop this two-page survey, which in DRAFT form may have been turned over to the Working Well Together Technical Assistance Center (WWT TAC), because of that organization's commitment to support greater employment of clients and family members within the public mental health system. For thirty-some potential *issues*, the DRAFT survey asked (a) whether a *challenge* existed and (b) whether a *solution* had been found. The idea was to connect those with *solutions* to others where the matter was still a *challenge*. Issues were organized under several headings: Recruitment; Attitudes/resistance; Jobs, careers; Pay & benefits; Orientation, training, & supervision; Support & accommodations; and Other, miscellaneous.

Appendix A.

Exhibit 3, Workforce Needs Assessment

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 1

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				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										
Case Manager/Service Coordinator .....										
Employment Services Staff .....										
Housing Services Staff .....										
Consumer Support Staff .....										
Family Member Support Staff .....										
Benefits/Eligibility Specialist .....										
Other <i>Unlicensed</i> MH Direct Service Staff .....										
<i>Sub-total, A (County)</i>				(Unlicensed Mental Health Direct Service Staff; Sub-Totals Only) ↓						
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>										
Mental Health Rehabilitation Specialist										
Case Manager/Service Coordinator .....										
Employment Services Staff .....										
Housing Services Staff .....										
Consumer Support Staff .....										
Family Member Support Staff .....										
Benefits/Eligibility Specialist .....										
Other <i>Unlicensed</i> MH Direct Service Staff .....										
<i>Sub-total, A (All Other)</i>				(Unlicensed Mental Health Direct Service Staff; Sub-Totals and Total Only) ↓						
<b>Total, A (County &amp; All Other):</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)						
				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>B. Licensed Mental Health Staff (direct service):</b>				(Licensed Mental Health Direct Service Staff; Sub-Totals Only) ↓						
<b>County (employees, independent contractors, volunteers):</b>										
Psychiatrist, general.....										
Psychiatrist, child/adolescent.....										
Psychiatrist, geriatric.....										
Psychiatric or Family Nurse Practitioner .....										
Clinical Nurse Specialist .....										
Licensed Psychiatric Technician .....										
Licensed Clinical Psychologist.....										
Psychologist, registered intern (or waived) .....										
Licensed Clinical Social Worker (LCSW) .....										
MSW, registered intern (or waived) .....										
Marriage and Family Therapist (MFT).....										
MFT registered intern (or waived).....										
Other Licensed MH Staff (direct service) .....										
<i>Sub-total, B (County)</i>										
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>				(Licensed Mental Health Direct Service Staff; Sub-Totals and Total Only) ↓						
Psychiatrist, general.....										
Psychiatrist, child/adolescent.....										
Psychiatrist, geriatric.....										
Psychiatric or Family Nurse Practitioner .....										
Clinical Nurse Specialist .....										
Licensed Psychiatric Technician .....										
Licensed Clinical Psychologist.....										
Psychologist, registered intern (or waived) .....										
Licensed Clinical Social Worker (LCSW) .....										
MSW, registered intern (or waived) .....										
Marriage and Family Therapist (MFT).....										
MFT registered intern (or waived).....										
Other Licensed MH Staff (direct service) .....										
<i>Sub-total, B (All Other)</i>										
<b>Total, B (County &amp; All Other):</b>										

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 3

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 <b>(5)+(6)+(7)+(8)+(9)+(10)</b> (11)
<b>C. Other Health Care Staff (direct service):</b>				(Other Health Care Staff, Direct Service; Sub-Totals Only) ↓						
<b>County (employees, independent contractors, volunteers):</b>										
Physician .....										
Registered Nurse .....										
Licensed Vocational Nurse .....										
Physician Assistant .....										
Occupational Therapist .....										
Other Therapist (e.g., physical, recreation, art, dance).....										
Other Health Care Staff (direct service, to include traditional cultural healers).....										
<i>Sub-total, C (County)</i>										
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>				(Other Health Care Staff, Direct Service; Sub-Totals and Total Only) ↓						
Physician .....										
Registered Nurse .....										
Licensed Vocational Nurse .....										
Physician Assistant .....										
Occupational Therapist .....										
Other Therapist (e.g., physical, recreation, art, dance).....										
Other Health Care Staff (direct service, to include traditional cultural healers).....										
<i>Sub-total, C (All Other)</i>										
<b>Total, C (County &amp; All Other):</b>										

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category - page 4

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	
<b>D. Managerial and Supervisory:</b>										
<b>County (employees, independent contractors, volunteers):</b>										
CEO or manager above direct supervisor.....				(Managerial and Supervisory; Sub-Totals Only) ↓						
Supervising psychiatrist (or other physician) .....										
Licensed supervising clinician.....										
Other managers and supervisors.....										
<i>Sub-total, D (County)</i>										
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>										
CEO or manager above direct supervisor.....				(Managerial and Supervisory; Sub-Totals and Total Only) ↓						
Supervising psychiatrist (or other physician) .....										
Licensed supervising clinician.....										
Other managers and supervisors.....										
<i>Sub-total, D (All Other)</i>										
<b>Total, D (County &amp; All Other):</b>										
<b>E. Support Staff (non-direct service):</b>										
<b>County (employees, independent contractors, volunteers):</b>										
Analysts, tech support, quality assurance.....				(Support Staff; Sub-Totals Only) ↓						
Education, training, research .....										
Clerical, secretary, administrative assistants .....										
Other support staff (non-direct services).....										
<i>Sub-total, E (County)</i>										
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers):</b>										
Analysts, tech support, quality assurance.....				(Support Staff; Sub-Totals and Total Only) ↓						
Education, training, research .....										
Clerical, secretary, administrative assistants .....										
Other support staff (non-direct services).....										
<i>Sub-total, E (All Other)</i>										
<b>Total, E (County &amp; All Other):</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)	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>County (employees, independent contractors, volunteers) (A+B+C+D+E) .....</b>										
<b>All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E) .....</b>										
<b>GRAND TOTAL WORKFORCE (County &amp; All Other) (A+B+C+D+E)</b>										

**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/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<b>F. TOTAL PUBLIC MH POPULATION</b>	<b>Leave Col. 2, 3, &amp; 4 blank</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. Unlicensed Mental Health Direct Service Staff:</b>			
Consumer Support Staff.....			
Family Member Support Staff .....			
Other Unlicensed MH Direct Service Staff .....			
<b>Sub-Total, A:</b>			
<b>B. Licensed Mental Health Staff (direct service) .....</b>			
<b>C. Other Health Care Staff (direct service) .....</b>			
<b>D. Managerial and Supervisory .....</b>			
<b>E. Support Staff (non-direct services).....</b>			
<b>GRAND TOTAL (A+B+C+D+E)</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. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
2. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
3. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
4. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
5. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____

**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:**

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

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

**D. Language proficiency:**

**E. Other, miscellaneous:**

## APPENDIX B.

### Major Funding Categories and Sub-Categories

## A. Workforce Staffing Support

1. **MHSA Workforce Education and Training Coordination.** – Counties are required to identify an individual responsible within the county for coordination of Workforce Education and Training (WET) programs and activities. Staff would coordinate the planning and development of the WET component, to include completion of the Workforce Needs Assessment, implementation of *Actions* in the WET component of the approved Three-Year Plan, meeting reporting requirements, and evaluating the impact of *Actions* on identified workforce needs.
  
2. **Regional Partnership Staffing.** – A Regional Partnership may include educational entities, individuals/entities that have an interest in the Public Mental Health System, and individuals within the Public Mental Health System, such as county staff, mental health providers, community-based organizations, and clients and family members. Funds for this Action could include paying for staff to support a Regional Partnerships in such activities as: a) Providing staff support at meetings and activities; b) Identifying and obtaining workforce resources, such as federal, grant and foundation funding, and non-monetary and match funding opportunities with local labor, education and vocational rehabilitation entities; c) Engaging in common research and grant activities with public mental health and educators, as well as educators across disciplines, that would benefit all entities and assist in the evolution of promising practices to evidence-based practices to publication and replication; d) Serving as a resource for available job and internship opportunities in public mental health in the region; e) Developing training and technical assistance opportunities; f) Planning Mental Health Career Pathway Programs in existing educational settings, such as high schools, adult education, regional occupational programs, community colleges and universities; g) Developing and overseeing curriculum development consistent with the values and principles of the Act, such as the recovery model and cultural competency; h) Establishing and maintaining a distance learning/tele-mental health station(s) (technology infrastructure should be procured under the Technology Component); i) Collaboration with existing allied support systems to public mental health; j) Sharing information on newly developed promising and innovative practices; and k) Developing and supporting a regional expert pool of clients and family members as leaders, speakers, trainers and evaluators in public mental health. This expert pool could assist with the planning, development and implementation of the Workforce Education and Training Component.
  
3. **Ongoing Employment and Educational Staff Support** – This Action could establish FTE staff positions with very specific subject matter expertise that enable the providing of employment and educational supports to public mental health employees that are beyond the scope of normal supervision, reasonable accommodation and employee assistance programs. Emphasis would be in supporting employees with client and family member experience. However, the services would be available to all public mental health employees. The subject matter expertise would consist of providing counseling and support to employees transitioning from being a client of mental health services to a provider of mental health services. Special expertise could be in the area of benefits and financial planning, such as issues of SSI/SSDI benefits and work incentives, transitioning from Medi-Cal to private insurance, planning and participating in educational endeavors to enable career progression, and assistance in applying for and obtaining positions in mental health.

- 4. Other Workforce Staffing Support (not elsewhere classified)** – We use this category for Workforce Staffing Support Actions not fitting into the other categories.

## **B. Training and Technical Assistance**

- 5. Cultural Competency: Organizational Assessment and/or Training.** – Counties will be able to access and utilize the California Brief Multicultural Competence Scale (CBMCS) Training Program, the result of a four-year study by Gamst, Der-Karabetian, et al., for training mental health professionals. Currently being piloted in six California counties, the CBMCS Training Program is an empirically-based curriculum and training program to assess and train the mental health workforce in knowledge and awareness of cultural barriers and sensitivity to clients with diverse cultural backgrounds.
- 6. Training and/or TA to Implement Full Service Partnerships (FSPs).** – Counties can fund positions and/or contracts to provide planning, training, technical assistance, coordination and evaluation for the successful implementation of their FSP. This would include participation in regional FSP trainings and immersion in exist model programs to develop the expertise and consulting capacity to provide training and consultative support for staff delivering FSP services. This could also involve providing participation and coordination in shared learning and problem-solving forums.
- 7. Training and/or TA for Hiring and Retention of Clients and Family Members at all levels of the Mental Health Workforce.** – Counties could engage the services of consultants to facilitate the creation of job announcements, minimum qualifications, and duty statements that are accepted by personnel departments and encourage the application and timely hiring of individuals with client and family member experience. Counties could also pay for consultants to provide training and technical assistance on building into the workplace an array of ongoing employment supports, to include reasonable accommodations and benefits planning.
- 8. Other Training and Technical Assistance (not elsewhere classified).** -- We use this category for Training and Technical Assistance Actions not fitting into the other categories.

## **C. Mental Health Career Pathway Programs**

- 9. Consumer Entry Level Employment Preparation Program.** – Counties can fund via positions and/or contracts to provide an entry-level preparation program for the increased number of clients who are expected to be hired by community public mental health agencies as a result of MHSA. The could be a stand alone training program of several weeks duration run by County staff or a community based organization, or a certificated course in partnership with a community college or adult education. MHSA funded staff could include trainers, counselors or case managers employment service personnel, and staff time in public mental health settings to provide supervision of work experience. The program could be a combination of curriculum based on principles of psychosocial rehabilitation and work experience, and could provide stipends to participants.

- 10. Human Services Academy – Mental Health Career Track.** – Counties can partner with local high schools, adult education and regional occupational programs to establish a mental health class or track as an introduction for entry into mental health careers. This could be a stand-alone program, or part of a health career specialization within a school's educational offerings. Schools located within unserved/underserved communities or special transition-age youth groups could be targeted for participation in order to improve the diversity of the public mental health workforce and to provide outreach. MHSAs funded staff could include . . . staff time in public mental health settings to provide supervision of work experience. The program could be a combination of curriculum developed in partnership with the educational entity, and supervised exposure to public mental health occupations. Counties could fund dedicated staff time to provide leadership and participation in a comprehensive planning process with stakeholders. The planning process could take as long as twelve to eighteen months before an actual human service academy is begun.
- 11. Psychosocial Rehabilitation Certification Program.** – Counties may partner with an educational entity, such as a community college, or contract with a training entity to establish a certificated program for community members to prepare for employment or volunteering in community public mental health. The curriculum could be modeled after that developed by the California Association of Social Rehabilitation Agencies (CASRA), and could lead to a certification as a psychosocial rehabilitation professional. Attendance would be open to the public, but the program could be designed to market and outreach to clients, family members and individuals from underrepresented racial/ethnic and cultural groups. MHSAs funded staff could include . . . staff time in public mental health settings to provide supervision of work experience. The program could be a combination of curriculum based on principles of psychosocial rehabilitation and work experience.
- 12. Other Mental Health Career Pathway Program (not elsewhere classified).** -- We use this category for Mental Health Career Pathway Program Actions not fitting into the other categories.

## **D. Residency, Internship Programs**

- 13. Child/Geriatric/Public Mental Health/Multidisciplinary Psychiatry Residency Program.** – Counties can fund, via contract or interagency agreement with an existing psychiatric residency program, the faculty staff time needed to enable fourth and/or fifth-year residents to specialize in one of the above tracks and work one or two years in county operated and/or community based organization settings, such as psychiatric emergency clinics, urgent care centers, or community out-patient clinics. Faculty staff will provide the supervision at these sites, and will be responsible for implementing curriculum as part of the psychiatric residency program.
- 14. Clinical Psychologist/Social Worker/MFT/Psych-MH Nurse Practitioner Internship Program.** – Counties can fund via contract or interagency agreement with an existing masters or doctoral program the staff time needed to provide clinical supervision of program graduates who are registered as interns and who work in community public mental health settings. Clinical supervision is to take place in the community public mental health settings, and staff duties include influencing the curriculum taught at the school.

- 15. Mental Health Physician Assistant Program.** – Counties can fund via contract or interagency agreement with an existing physician assistant program the faculty staff time needed to enable second year students to specialize in mental health and work and receive supervision in county operated and/or community public agency settings, such as psychiatric emergency clinics, urgent care centers, or community out-patient clinics. Faculty staff will provide the supervision at these sites, and will be responsible for implementing curriculum as part of the mental health physician assistant program.
- 16. Other Residency, Internship Program (not elsewhere classified).** -- We use this category for Residency, Internship Program Actions not fitting into the other categories.

## **E. Financial Incentive Programs**

- 17. Clinical Psychologist/Social Worker/MFT/Psych-MH Nurse Practitioner Stipend Program.** – Counties can provide funds via contract or interagency agreement with an existing masters or doctoral program for a stipend, such as \$18,500, for students to do their field work in a community public mental health setting. Students normally commit to a year of service in the Public Mental Health System for each year they have received stipend support. They program can pay for stipends and reasonable administrative costs and clinical supervision time to carry out the program as well as staff time to ensure the graduate program curriculum is consistent with the fundamental principles of the Act.
- 18. MHPA Scholarship Program (existing employees to integrate clients and family members into all levels of public mental health employment).** – Counties can establish a scholarship program for existing employees to obtain degrees, licenses, certificates, or language proficiencies that would serve the needs of the employer and address the MHPA principle of integrating clients and family members into all levels of public mental health employment. This scholarship program can identify time and expense needing to be contributed by the employee, and that which is contributed by the employer.
- 19. Other Financial Incentive Program (not elsewhere classified).** -- We use this category for Financial Incentive Program Actions not fitting into the other categories.



## APPENDIX C.

### List of Action/Workplans, by Funding Category

**A. Workforce Staffing Support**

County	Action/ Workplan #	Title	Funding Sub- Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>MHSA Workforce Education and Training Coordination</b>				
Alameda	#1	Workforce, Education and Training Development, Support and Coordination	A1	\$930,693
Calaveras	#1	Workforce Education and Training Coordinator & Fiscal Support	A1	198,287
Colusa	#2	Plan Coordinator	A1	23,160
Contra Costa	#1	Workforce Education & Training (WE&T) Coordination	A1	983,085
El Dorado	#1	Workforce Education & Training Plan (WET) Coordinator	A1	168,737
Glenn	#1	Workforce Education and Training Coordination	A1	35,000
Kings	#1	Workforce Development Education and Training Coordination	A1	121,000
Los Angeles	#1	Workforce Education and Training (WET) Coordination	A1	559,969
Madera	#1	WET Coordination and Oversight	A1	500,439
Merced	#1	Workforce Education and Training Coordination	A1	180,000
Modoc	#1	Workforce Education and Training Support	A1	89,750
Mono	#1	MHSA Workforce Education and Training Coordination	A1	33,568
Monterey	#1	Workforce Education and Training Coordination	A1	249,310
Orange	#1	Workforce Education and Training (WET) Coordination	A1	1,093,398
Placer	#1	Workforce Education and Training (WET) Coordination and Implementation	A1	205,975
Plumas	#1	Workforce Education and Training (WET) Coordination	A1	123,150
Riverside	#1	Workforce Education and Training Coordination	A1	723,219
San Bernardino	#1	Expand Existing Training Program	A1	4,331,124
San Francisco	#1	Workforce Staffing and Support	A1	291,318
Santa Cruz	#1	Workforce Education and Training Coordination	A1	307,478
Sierra	#1	Workforce Education and Training Coordination	A1	62,393
Stanislaus	#1	Workforce Education & Training Plan (WET) Coordination and Implementation	A1	531,800
Stanislaus	#2	WET Plan Consultation	A1	0
Tuolumne	#1	Workforce Education and Training Coordinator & Fiscal Support	A1	139,087
Trinity	#1	Staff Support for Infrastructure Workforce Education and Training Development	A1	115,000
Ventura	#1	Workforce Infrastructure Development and Support	A1	273,347
<b>Sub-total, Funding Sub-Category A1</b>			<b>Total: 26</b>	<b>\$12,270,287</b>
<b>Regional Partnership Staffing</b>				
Orange	#3	Liaison to Regional Workforce and Education Partnership	A2	\$71,686
<b>Sub-total, Funding Sub-Category A2</b>			<b>Total: 1</b>	<b>\$71,686</b>
<b>Ongoing Employment and Educational Staff Support</b>				
Humboldt	#1	Support for Peer Volunteers and Staff	A3	\$32,890
Mono	#2	Ongoing Employment and Educational Staff Support	A3	51,252

**California's Public Mental Health Workforce: A Needs Assessment**

<b>County</b>	<b>Action/ Workplan #</b>	<b>Title</b>	<b>Funding Sub- Category</b>	<b>Planned \$, SFY 06-07, 07-08 &amp; 08-09</b>
Monterey	#2	Workforce Development Specialist	A3	128,000
Monterey	#3	Workforce Incentive Counseling Activities	A3	108,850
Orange	#2	Consumer Employment Support Specialist Services	A3	351,823
Riverside	#3	On-going Educational Staff Support	A3	543,845
Santa Barbara	#1	Hiring a Consumer Empowerment and Employment Supervisor and Other Staff	A3	670,066
		<b>Sub-total, Funding Sub-Category A3</b>	<b>Total: 7</b>	<b>\$1,886,726</b>
<b>Other Workforce Staffing Support (n.e.c.)</b>				
Colusa	#1	Service Delivery Training	A4	\$3,600
Colusa	#3	Group Coordinator	A4	4,320
Los Angeles	#2	County of Los Angeles Oversight Committee	A4	TBD
Riverside	#2	Ongoing Workforce Staff Support	A4	538,931
Riverside	#4	Comprehensive New Employee Welcoming	A4	50,000
Santa Cruz	#2	Professional Development of Clinical Supervisors	A4	61,500
		<b>Sub-total, Funding Sub-Category A4</b>	<b>Total: 6</b>	<b>\$658,351</b>
		<b>Total, Funding Category A (A1+A2+A3+A4)</b>	<b>Total: 40</b>	<b>\$14,887,050</b>

**B. Training and Technical Assistance**

County	Action/ Workplan #	Title	Funding Sub- Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>Cultural Competency: Organizational Assessment and Training</b>				
Monterey	#7	Integrating Cultural Competence in the Public MH System and Increasing Linguistic Competency of Staff.	B5	\$40,440
Orange	#6	Cultural Competence Training for Staff and the Community	B5	573,298
Riverside	#6	Cultural Competency and Diversity Education Development Program.	B5	145,000
San Francisco	#3	Community-Based Organization Training: Educational Empowerment, Support and Cross-Training	B5	294,882
<b>Sub-total, Funding Sub-Category B5</b>			<b>Total: 4</b>	<b>\$1,053,620</b>
<b>Training and/or TA to Implement Full Service Partnerships</b>				
Mono	#4	Training and Technical Assistance to Implement Full Service Partnerships	B6	\$18,000
<b>Sub-total, Funding Sub-Category B6</b>			<b>Total: 1</b>	<b>\$18,000</b>
<b>Training and/or TA for Hiring and Retention of Clients and Family Members at all levels of the MH Workforce</b>				
Colusa	#6	Client Leadership Plan	B7	\$10,920
Kern	#3	Kern County MH Department METAmersion Project	B7	56,000
Monterey	#8	Client and Family Member Training	B7	85,000
San Francisco	#2	The CBHS Training Initiatives	B7	167,000
Santa Barbara	#2	Providing Consumer and Family Member Training and Employment Opportunities	B7	294,600
Stanislaus	#3	Consumer and Family Member Training and Support	B7	179,000
<b>Sub-total, Funding Sub-Category B7</b>			<b>Total: 6</b>	<b>\$792,520</b>
<b>Other Training and Technical Assistance (n.e.c.)</b>				
Alameda	#2	The ACBHCS Training Institute	B8	\$304,000
Calaveras	#2	All-Staff Training on the MH Services Act Essential Elements	B8	20,300
Calaveras	#3	Individual Training on the MH Services Act Essential Elements	B8	20,000
Calaveras	#4	Individual Training for Leaders of Public MH	B8	9,000
Calaveras	#5	Staff and Community Agency Training on Parenting and Family Engagement	B8	40,000
Colusa	#4	All Staff Training Plan	B8	1,200
Colusa	#5	Planning and Early Implementation	B8	58,800
Contra Costa	#2	Staff Development Training Institute	B8	730,750
Contra Costa	#3	MH Training for Law Enforcement	B8	100,000
El Dorado	#2a	Workforce Development Through the Network-of-Care e-Learning Technology	B8	24,000
El Dorado	#2b	Clinical Outcomes Measures for the Behavioral Health Court Program	B8	43,050
El Dorado	#3	Workforce Development Through Social and Independent Living Skills Training Modules Out		

**California's Public Mental Health Workforce: A Needs Assessment**

County	Action/ Workplan #	Title	Funding Sub- Category	Planned \$, SFY 06-07, 07-08 & 08-09
		of the UCLA Psych REHAB Program and the Work of Dr. Robert Liberman	B8	0
Glenn	#2	Essential Learning Program	B8	18,000
Humboldt	#2	Workforce Development Through E-learning Technology	B8	7,500
Humboldt	#3	Training for Evidence-Based Practices and Full Service Partnerships	B8	13,233
Kern	#1	Kern County MH Supervisors Academy	B8	74,000
Kern	#2	Recovery Specialist Academy	B8	110,000
Kern	#4	Kern County MH Department Expansion and Enhancement of Annual Training Plan	B8	160,000
Kings	#2	Exploration Development and Expansion of Training Programs.	B8	57,000
Los Angeles	#3	Transformation Academy Without Walls	B8	225,000
Los Angeles	#4	Learning Management System – The Learning Net	B8	TBD
Los Angeles	#5	Recovery-Oriented Supervision Trainings	B8	TBD
Los Angeles	#6	Interpreter Training Program	B8	70,000
Los Angeles	#7	Training for Community Partners	B8	100,000
Madera	#2	Training, Specialty Skill/Practice Development and System Transformation Support	B8	95,000
Merced	#2	Spanish Language Training	B8	18,000
Merced	#3	Staff Development	B8	120,000
Merced	#4	E-Learning Contract	B8	55,000
Modoc	#2	Collaborative Partnership Training and Technical Assistance	B8	78,510
Monterey	#4	Consultant for Workforce Education & Training Development	B8	25,000
Monterey	#5	E-Learning Contract	B8	25,000
Monterey	#6	Development of Staff Clinical Competence	B8	82,000
Orange	#4	Staff Training on Evidence-Based Practices	B8	496,484
Orange	#5	Training Provided by Consumers and Family Members for Staff, Consumers/Family Members and the Community	B8	381,100
Orange	#7	Training for Foster Parents and Others Working with Foster Children and Youth	B8	57,500
Orange	#8	MH Training for Law Enforcement	B8	69,000
Placer	#2	Consumer and Staff Development.	B8	37,170
Placer	#3	Leadership Development	B8	4,000
Placer	#4	E-Learning Contract.	B8	3,600
Plumas	#2	Development of Staff Clinical Competence	B8	55,215
Plumas	#3	Development of, Enhancement of, Leaders	B8	6,000
Riverside	#5	Evidence Based Practices, Advanced Treatment, and Recovery Skills Development Program	B8	1,000,000
Riverside	#7	Professional Development for Clinical and Administrative Supervisors	B8	75,000
Riverside	#8	Law Enforcement Collaborative Education Enhancement	B8	167,706
Riverside	#9	Integrated Services Resource Education	B8	97,444
San Bernardino	#2	Training to Support the Fundamental Concepts of the MH Services Act.	B8	807,576
San Bernardino	#3	Development of Core Competencies	B8	21,563

**California’s Public Mental Health Workforce: A Needs Assessment**

<b>County</b>	<b>Action/ Workplan #</b>	<b>Title</b>	<b>Funding Sub- Category</b>	<b>Planned \$, SFY 06-07, 07-08 &amp; 08-09</b>
Santa Barbara	#3	Crisis Intervention Training (CIT)	B8	20,000
Santa Cruz	#3	The Training Academy	B8	148,063
Santa Cruz	#4	Medical Staff (Psychiatrists and Nurse Practitioners) Training	B8	20,000
Santa Cruz	#5	Consumer “Culture” Training	B8	10,000
Santa Cruz	#6	Family “Culture” Training	B8	10,000
Sierra	#2	Ongoing Workforce Education and Training	B8	28,790
Sierra	#3	Community Education	B8	66,711
Stanislaus	#4	Workforce Development	B8	50,000
Tuolumne	#2	All-Staff Training on the MH Service Act Essential Elements	B8	7,500
Tuolumne	#3	Individual Training on the MH Service Act Essential Elements	B8	20,000
Tuolumne	#4	Individual Training for Leaders of Public MH	B8	4,500
Tuolumne	#5	Staff and Community Agency Training on Parenting and Family Encouragement	B8	30,000
Ventura	#2	Training Institute – Advancing Workplace Education	B8	80,000
		<b>Sub-total, Funding Sub-Category B8</b>	<b>Total: 60</b>	<b>\$6,469,265</b>
		<b>Total, Funding Category B (B5+B6+B7+B8)</b>	<b>Total: 71</b>	<b>\$8,333,405</b>

**C. Mental Health Career Pathways**

County	Action/ Workplan #	Title	Funding Sub- Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>Consumer Entry Level Employment Preparation Program</b>				
Calaveras	#8	Peer Support Certification Program Sponsorship	C9	\$12,000
Colusa	#7	Adult Workforce Opportunity Plan	C9	7,000
Contra Costa	#4	Consumer Employment Strategies – SPIRIT Program Expansion and Enhancement	C9	0
Glenn	#3	Consumer Pathways Program – Coach, Parent Partner, Peer Mentor Positions	C9	5,000
Los Angeles	#9	Expand Employment and Professional Advancement Opportunities for Consumers in the Public MH System	C9	180,000
Orange	#9	Training Consumers and Family Members for Employment in the MH System	C9	460,000
Orange	#12	Recovery Education Institute	C9	541,277
Riverside	#10	Consumer and Family Member MH Workforce Development Program	C9	338,935
San Bernardino	#6	Peer and Family Advocate Workforce Support Initiatives	C9	176,323
San Francisco	#5	Peer Specialist MH Certificate Program	C9	125,000
Sierra	#4	Peer Mentors/Parent Partners	C9	15,045
Stanislaus	#5	Consumer and Family Member Volunteer Program	C9	180,000
Trinity	#3	Consumer Employment Training Program	C9	15,000
Tuolumne	#6	Psychosocial Rehabilitation Training for Consumers Returning to School or Work	C9	3,663
Tuolumne	#8	Peer Support Certification Program Sponsor	C9	12,000
Ventura	#3	Consumer and Family Member Recovery Education Center	C9	40,000
<b>Sub-total, Funding Sub-Category C9</b>			<b>Total: 16</b>	<b>\$2,116,243</b>
<b>Human Services Academy – Mental Health Career Track</b>				
Colusa	#8	Youth Workforce and Career Program	C10	\$7,000
Contra Costa	#6	Developing MH Concentration in High School Health Academies	C10	0
El Dorado	#4	Career Pathways to “Grow Our Own” Workforce: El Dorado High School Health and Human Services Academy	C10	0
Kern	#6	Kern County MH High School Academies Project	C10	170,500
Los Angeles	#13	High School through University MH Pathways	C10	TBD
Orange	#10	High School Academy	C10	460,000
Placer	#6	Outreach and Enhanced High School Career Tracks	C10	1,000
San Bernardino	#4	Outreach to High School, Adult Education, Community College and Regional Occupational Programs (ROP)	C10	156,075
San Francisco	#4	Summer Bridge Program	C10	60,000
Santa Cruz	#8	High School Outreach	C10	500
Stanislaus	#6	Outreach and Career Academies	C10	50,000

**California's Public Mental Health Workforce: A Needs Assessment**

<b>County</b>	<b>Action/ Workplan #</b>	<b>Title</b>	<b>Funding Sub- Category</b>	<b>Planned \$, SFY 06-07, 07-08 &amp; 08-09</b>
Ventura	#5	Career Ladder Program-Secondary Education	C10	30,000
		<b>Sub-total, Funding Sub-Category C10</b>	<b>Total: 12</b>	<b>\$935,075</b>
<b>Psychosocial Rehabilitation Certificate Program</b>				
Calaveras	#6	Psychosocial Rehabilitation Training for Consumers Returning to School or Work	C11	\$3,663
Calaveras	#9	Psychosocial Rehabilitation Certification Program Sponsorship	C11	12,000
Contra Costa	#7	Community College Partnerships: Psychosocial Rehabilitation Certificate (PSR)	C11	50,850
Kern	#5	Kern County Human Services Certificate Program	C11	12,000
Merced	#6	Psychosocial Rehabilitation Certification Program	C11	13,000
Monterey	#10	Local Community College Initiative	C11	105,000
Orange	#11	Community College & Undergraduate Certificate Programs	C11	460,000
Placer	#5	Psychosocial Rehabilitation Program	C11	15,000
Riverside	#11	MH Recovery Certificate Program Exploration and Planning.	C11	100,000
San Francisco	#6	MH Certificate Program	C11	447,427
Santa Cruz	#9	Entry Level Employment Preparation	C11	19,974
Tuolumne	#9	Psychosocial Rehabilitation Certification Program Sponsorship	C11	12,000
		<b>Sub-total, Funding Sub-Category C11</b>	<b>Total: 12</b>	<b>\$1,250,914</b>
<b>Other Mental Health Career Pathway Programs</b>				
Alameda	#3	Peer Employment Toolkit	C12	\$1,290,942
Alameda	#4	Develop a Coordinated Community College Career Pathway into Public MH Careers	C12	71,910
Alameda	#5	Educational Campaign to Increase Diversity and Language Capacity of the ACBHCS Workforce	C12	114,000
Calaveras	#7	GED Testing for Consumers Returning to School or Work	C12	750
Calaveras	#10	Accessible Masters in Social Work (MSW) Program Sponsorship	C12	57,000
Colusa	#9	Registered Interns Supervisory Program*	C12	0
Contra Costa	#5	Family Member Employment Strategies	C12	70,000
Contra Costa	#8	Psychiatric Technician Program	C12	0
El Dorado	#5	Career Pathways to "Grow Our Own" Workforce: Rural MH MSW Weekend Program at CSU Sacramento	C12	55,500
El Dorado	#6	Coordination of Interagency Internships and Clinical Group Supervision	C12	0
El Dorado	#7	Consumer and Family Member Volunteer Program	C12	49,013
Los Angeles	#8	Intensive MH Recovery Specialist Training Program	C12	1,086,750
Los Angeles	#10	Expand Employment and Professional Advancement Opportunities for Parent Advocates, Child Advocates, and Caregivers in the Public MH System	C12	TBD
Los Angeles	#11	Expand Employment and Professional Advancement Opportunities for Family Member Advocates in the Public MH System.	C12	TBD
Los Angeles	#12	MH Career Advisors	C12	TBD

**California's Public Mental Health Workforce: A Needs Assessment**

<b>County</b>	<b>Action/ Workplan #</b>	<b>Title</b>	<b>Funding Sub- Category</b>	<b>Planned \$, SFY 06-07, 07-08 &amp; 08-09</b>
Los Angeles	#14	Market Research and Advertising Strategy for Recruitment of Professionals in the Public MH System	C12	200,000
Los Angeles	#15	Partnership with Educational Institutions to Increase the Number of MH Professionals in the Public MH System.	C12	100,000
Madera	#3	Workforce Development	C12	255,823
Merced	#5	Clinical Social Worker/Marriage and Family Therapist Internship Program	C12	28,000
Modoc	#3	Career Pathways	C12	91,740
Monterey	#9	Explore the Development of a local Master of Social Work Program.	C12	160,000
Placer	#7	Increased Retention Efforts.	C12	3,000
Riverside	#12	Professional Licensure Support Program	C12	95,082
San Bernardino	#5	Leadership Development Program	C12	226,106
San Francisco	#7	Supportive Services for Consumers Enrolled in Public Universities or Private Colleges	C12	390,000
Santa Cruz	#7	Santa Cruz County Career Pathways	C12	0
Tuolumne	#7	GED Testing for Consumers Returning School or Work	C12	1,750
Tuolumne	#7	Accessible Masters in Social Work (MSW) Program	C12	57,000
Ventura	#4	Developing Language and Cultural Competency	C12	10,000
Ventura	#6	Human Services Certificate and AA Programs	C12	77,500
Ventura	#7	Psychiatric Technician Program	C12	15,000
Ventura	#8	MSW Program Support	C12	5,000
		<b>Sub-total, Funding Sub-Category C12</b>	<b>Total: 32</b>	<b>\$4,511,866</b>
		<b>Total, Funding Category C (C9+C10+C11+C12)</b>	<b>Total: 72</b>	<b>\$8,809,098</b>

**D. Residency, Internship Programs**

County	Action/ Workplan #	Title	Funding Sub- Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>Child/Geriatric/Public Mental Health/Multidisciplinary Psychiatry Program</b>				
Contra Costa	#10	Psychiatry Workforce Development	D13	\$113,600
Los Angeles	#17	Psychiatric Residency Program	D13	TBD
Orange	#16	Psychiatry Residencies and Fellowships	D13	272,341
San Bernardino	#8	Psychiatric Residency Program	D13	997,706
Ventura	#10	Residency Program	D13	15,000
<b>Sub-total, Funding Sub-Category D13</b>			<b>Total: 5</b>	<b>\$1,398,647</b>
<b>Clinical Psychologist/Social Worker/MFT/Psych-MH Nurse Practitioner Internship Program</b>				
Contra Costa	#9	Expanding Graduate Level Internship Opportunities	D14	\$70,200
Contra Costa	#11	Nursing Workforce Development	D14	0
Kern	#7	Kern County MH Department Internship Support Program	D14	500,000
Orange	#13	Graduate Student Intern Program	D14	886,671
Plumas	#5	Internship Program	D14	18,635
Riverside	#13	Public MH Graduate School Internship Program	D14	121,353
San Bernardino	#7	Expand Existing Internship Program	D14	3,929,072
San Francisco	#8	Internships for Hard-To-Fill Positions and Underrepresented Populations.	D14	147,773
Santa Cruz	#10	Public MH Internship Program	D14	83,485
Sierra	#6	Clinical Supervisor	D14	27,590
Stanislaus	#7	Expanded Internship and Supervision Program	D14	150,000
Tuolumne	#11	Underserved Population Scholarships Internship and Supervision Program	D14	100,000
Ventura	#9	Doctoral Internship Program	D14	25,000
<b>Sub-total, Funding Sub-Category D14</b>			<b>Total: 13</b>	<b>\$6,059,779</b>
<b>Mental Health Physician Assistant Program</b>				
<b>Sub-total, Funding Sub-Category D15</b>			<b>Total: 0</b>	<b>\$0</b>
<b>Other Residency, Internship Program (not elsewhere classified)</b>				
Alameda	#6	Development of a Coordinated Internship Program	D16	\$114,000
Glenn	#4	Glenn County Health Services Agency Internships	D16	9,000
Kings	#3	Regional Partnership for Residency, Internship Expansion and Certification	D16	150,000
Los Angeles	#16	Recovery Oriented Internship Development	D16	TBD
Los Angeles	#18	Trainings Pursuant to the MHSA for Student Psychologists, MSWs, MFTs, Psychiatric Nurse Practitioners, and Psychiatric Technicians Certificate Program	D16	TBD

**California's Public Mental Health Workforce: A Needs Assessment**

<b>County</b>	<b>Action/ Workplan #</b>	<b>Title</b>	<b>Funding Sub- Category</b>	<b>Planned \$, SFY 06-07, 07-08 &amp; 08-09</b>
Orange	#14	Supervision for High School Interns, AA Interns and Bachelor's Level Interns.	D16	630,130
Orange	#15	AA/BA/MA Program Recruiter	D16	45,692
Placer	#8	Internship Programs	D16	47,480
Santa Barbara	#4	Internship Program	D16	176,734
Santa Cruz	#11	Local Graduate School Initiative: CSUMB MSW program	D16	0
		<b>Sub-total, Funding Sub-Category D16</b>	<b>Total: 10</b>	<b>1,173,036</b>
		<b>Total, Funding Category D (D13+D14+D15+D16)</b>	<b>Total: 28</b>	<b>\$8,631,462</b>

**E. Financial Incentive Programs**

County	Action/ Workplan #	Title	Funding Sub- Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>Clinical Psychologist/Social Worker/MFT/Psych-MH Nurse Practitioner Stipend Program</b>				
Alameda	#8	Graduate Level Stipend Program to Increase Workforce Diversity	E17	\$1,345,000
Calaveras	#13	Clinician Loan Assumption Program	E17	30,000
Los Angeles	#21	Stipend Programs for Psychologists, MSWs, MFTs, Psychiatric Nurse Practitioners, and Psychiatric Technicians	E17	2,518,000
Modoc	#17	Financial Incentive Programs	E17	190,000
Orange	#19	Financial Incentives to Increase Workforce Diversity: 20/20 Programs for Public MH Employees to Attend Graduate School.	E17	560,050
Placer	#9	Stipends and/or Scholarships and Grants	E17	2,500
Santa Cruz	#12	Stipends for Clinical Psychologist, Social Worker and Marriage & Family Therapist Graduate Student	E17	15,000
Stanislaus	#8	Targeted Financial Incentives to Increase Workforce Diversity	E17	58,800
Tuolumne	#14	Clinician Loan Assumption Program	E17	24,000
Ventura	#12	Internship Stipends and Support	E17	122,500
<b>Sub-total, Funding Sub-Category E17</b>			<b>Total: 10</b>	<b>\$4,865,850</b>
<b>MHSA Scholarship Program (existing employees to integrate clients and family members into all levels of public mental health employment)</b>				
Calaveras	#11	Community College Education Reimbursement Program	E18	\$24,000
Contra Costa	#12	Scholarship Program for Bachelors Level Degrees	E18	0
Contra Costa	#12	Scholarship Program for Masters Level Degrees	E18	0
Kern	#8	Kern County MH Department WET Financial Incentives Plan	E18	650,000
Los Angeles	#19	Tuition Reimbursement Program	E18	TBD
Merced	#7	Stipends and/or Scholarships and Grants	E18	238,000
Mono	#14	Tuition Reimbursement of Paraprofessional Staff	E18	15,000
Monterey	#11	Stipends and Incentives	E18	142,000
Orange	#17	Financial Incentives to Increase Workforce Diversity: AA and BA Stipends & 20/20 Program.	E18	431,250
Riverside	#14	Financial Incentives for Workforce Development	E18	495,208
Trinity	#2	Scholarship Support for Bachelor and Master's Degree Career Pathways	E18	20,000
Tuolumne	#12	Community College Education Reimbursement Program	E18	24,000
Ventura	#11	Educational Stipends and Scholarships	E18	33,000
<b>Sub-total, Funding Sub-Category E18</b>			<b>Total: 13</b>	<b>\$2,072,458</b>
<b>Other Financial Incentive Program (not elsewhere classified)</b>				

**California's Public Mental Health Workforce: A Needs Assessment**

<b>County</b>	<b>Action/ Workplan #</b>	<b>Title</b>	<b>Funding Sub- Category</b>	<b>Planned \$, SFY 06-07, 07-08 &amp; 08-09</b>
Alameda	#7	Development of a Financial Incentives Program: Stipends for High School, Peer Certificate Training Program, Community College and Undergraduate Students	E19	\$1,360,000
Alameda	#9	Loan Assumption Program	E19	2,026,155
Calaveras	#12	Bachelor's Loan Assistance Program	E19	20,000
Calaveras	#14	Underserved Population Scholarships	E19	3,000
Colusa	#10	Scholarship Fund Program	E19	108,000
El Dorado	#8	Loan Assumption Programs Accessible as MHPSA Designee	E19	25,000
Kings	#4	Professional Development	E19	25,000
Los Angeles	#20	Associate and Bachelor Degree 20/20 and/or 10/30 Program	E19	TBD
Los Angeles	#22	Loan Forgiveness Programs	E19	TBD
Mono	#13	Student Loan Repayment Program for Professional Staff	E19	72,000
Orange	#18	Financial Incentives to Increase Workforce Diversity: Graduate Degree Stipends	E19	425,500
Plumas	#6	Developing Consumers	E19	22,000
San Bernardino	#9	Scholarship Program	E19	156,035
San Bernardino	#10	Increase Eligibility of Federal Workforce Funding	E19	9,521
Tuolumne	#13	Bachelor's Loan Assistance Program	E19	20,000
Tuolumne	#15	Underserved Population Scholarships	E19	3,000
		<b>Sub-total, Funding Sub-Category E19</b>	<b>Total: 16</b>	<b>\$4,275,211</b>
		<b>Total, Funding Category E (E17+E18+E19)</b>	<b>Total: 39</b>	<b>\$11,213,519</b>



## APPENDIX D.

### List of Action/Workplans, by County

**Alameda County, Large Urban<sup>10</sup>**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Workforce, Education and Training Development, Support and Coordination	1	\$930,693
<b>B. Training and Technical Assistance</b>			
#2	The ACBHCS Training Institute	8	304,000
<b>C. Mental Health Career Pathway Programs</b>			
#3	Peer Employment Toolkit	12	1,290,942
#4	Develop a Coordinated Community College Career Pathway into Public Mental Health Careers	12	71,910
#5	Educational Campaign to Increase Diversity and Language Capacity of the ACBHCS Workforce	12	114,000
<b>D. Residency, Internship Programs</b>			
#6	Development of a Coordinated Internship Program	16	114,000
<b>E. Financial Incentive Programs</b>			
#7	Development of a Financial Incentives Program: Stipends for High School, Peer Certificate Training Program, Community College and Undergraduate Students	19	1,360,000
#8	Graduate Level Stipend Program to Increase Workforce Diversity	17	1,345,000
#9	Loan Assumption Program	19	2,026,155
<b>Total: 9</b>	<b>TOTAL, all funding categories</b>		<b>\$7,556,700</b>

<sup>10</sup> Nearly all counties have both *urban* and *rural* areas. "Rural" generally refers to farm/forest land and small towns (say, under 2,500 population) in such areas. Four size/density descriptors are used in this report to categorize counties. They have the following meaning: (1) Small Rural = Under 200,000 population and fewer than 100 people per square mile; (2) Small Other = Under 200,000 population, but 100 or more people per square mile; (3) Large Urban = 200,000 or more population, and 100 or more people per square mile; and (4) Large Other = 200,000 or more population, but fewer than 100 people per square mile.

**Calaveras County, Small Rural**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Workforce Education and Training Coordinator & Fiscal Support	1	\$198,287
<b>B. Training and Technical Assistance</b>			
#2	All-Staff Training on the Mental Health Services Act Essential Elements	8	20,300
#3	Individual Training on the Mental Health Services Act Essential Elements	8	20,000
#4	Individual Training for Leaders of Public Mental Health	8	9,000
#5	Staff and Community Agency Training on Parenting and Family Engagement	8	40,000
<b>C. Mental Health Career Pathway Programs</b>			
#6	Psychosocial Rehabilitation Training for Consumers Returning to School or Work	11	3,663
#7	GED Testing for Consumers Returning to School or Work	12	750
#8	Peer Support Certification Program Sponsorship	9	12,000
#9	Psychosocial Rehabilitation Certification Program Sponsorship	11	12,000
#10	Accessible Masters in Social Work (MSW) Program Sponsorship	12	57,000
<b>D. Residency, Internship Programs</b>			
	NONE		
<b>E. Financial Incentive Programs</b>			
#11	Community College Education Reimbursement Program	18	24,000
#12	Bachelor's Loan Assistance Program*	19	20,000
#13	Clinician Loan Assumption Program*	17	30,000
#14	Underserved Population Scholarships	19	3,000
<b>Total: 14</b>	<b>TOTAL, all funding categories</b>		<b>\$450,000</b>

**Colusa County, Small Rural**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Service Delivery Training	4	3,600
#2	Plan Coordinator	1	23,160
#3	Group Coordinator	4	4,320
<b>B. Training and Technical Assistance</b>			
#4	All Staff Training Plan	8	1,200
#5	Planning and Early Implementation	8	58,800
#6	Client Leadership Plan	7	10,920
<b>C. Mental Health Career Pathway Programs</b>			
#7	Adult Workforce Opportunity Plan	9	7,000
#8	Youth Workforce and Career Program	10	7,000
#9	Registered Interns Supervisory Program*	12	0
<b>D. Residency, Internship Programs</b>			
	NONE		
<b>E. Financial Incentive Programs</b>			
#10	Scholarship Fund Program	19	108,000
<b>Total: 10</b>	<b>TOTAL, all funding categories</b>		<b>\$213,080</b>

\* County classifications accepted, but should have been classified under Funding Category D, Residency, Internship Programs

**Contra Costa County, Large Urban**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Workforce Education & Training (WE&T) Coordination	1	\$983,085
<b>B. Training and Technical Assistance</b>			
#2	Staff Development Training Initiative	8	730,750
#3	Mental Health Training for Law Enforcement	8	100,000
<b>C. Mental Health Career Pathway Programs</b>			
#4	Consumer Employment Strategies – SPIRIT Program Expansion and Enhancement	9	0
#5	Family Member Employment Strategies	12	70,000
#6	Developing Mental Health Concentration in High School Health Academies	10	0
#7	Community College Partnerships: Psychosocial Rehabilitation Certificate (PSR)	11	50,850
#8	Psychiatric Technician Program	12	0
<b>D. Residency, Internship Programs</b>			
#9	Expanding Graduate Level Internship Opportunities	14	70,200
#10	Psychiatry Workforce Development	13	113,600
#11	Nursing Workforce Development	14	0
<b>E. Financial Incentive Programs</b>			
#12	Scholarship Program for Bachelors Level Degrees	18	0
#13	Scholarship Program for Masters Level Degrees	18	0
<b>Total: 13</b>	<b>TOTAL, all funding categories</b>		<b>\$2,118,485</b>

**El Dorado County, Small Other**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Workforce Education & Training Plan (WET) Coordinator	1	\$168,737
<b>B. Training and Technical Assistance</b>			
#2a	Workforce Development Through the Network-of-Care e-Learning Technology	8	24,000
#2b	Clinical Outcomes Measures for the Behavioral Health Court Program	8	43,050
#3	Workforce Development Through Social and Independent Living Skills Training Modules Out of the UCLA Psych REHAB Program and the Work of Dr. Robert Liberman	8	0
<b>C. Mental Health Career Pathway Programs</b>			
#4	Career Pathways to "Grow Our Own" Workforce: El Dorado High School Health and Human Services Academy	10	0
#5	Career Pathways to "Grow Our Own" Workforce: Rural Mental Health MSW Weekend Program at CSU Sacramento	12	55,500
#6	Coordination of Interagency Internships and Clinical Group Supervision	12	0
#7	Consumer and Family Member Volunteer Program	12	49,013
<b>D. Residency, Internship Programs</b>			
	NONE		
<b>E. Financial Incentive Programs</b>			
#8	Loan Assumption Programs Accessible as MHPSA Designee	19	25,000
<b>Total: 9</b>	<b>TOTAL, all funding categories</b>		<b>\$365,300</b>

### Glenn County, Small Rural

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Workforce Education and Training Coordination	1	\$35,000
<b>B. Training and Technical Assistance</b>			
#2	Essential Learning Program	8	18,000
<b>C. Mental Health Career Pathway Programs</b>			
#3	Consumer Pathways Program – Coach, Parent Partner, Peer Mentor Positions	9	5,000
<b>D. Residency, Internship Programs</b>			
#4	Glenn County Health Services Agency Internships	16	9,000
<b>E. Financial Incentive Programs</b>			
	NONE		
<b>Total: 4</b>	<b>TOTAL, all funding categories</b>		<b>\$67,000</b>

### Humboldt County, Small Rural\*

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Support for Peer Volunteers and Staff	3	\$32,890
<b>B. Training and Technical Assistance</b>			
#2	Workforce Development Through E-learning Technology	8	7,500
#3	Training for Evidence-Based Practices and Full Service Partnerships	8	13,233
<b>C. Mental Health Career Pathway Programs</b>			
	NONE		
<b>D. Residency, Internship Programs</b>			
	NONE		
<b>E. Financial Incentive Programs</b>			
	NONE		
<b>Total: 3</b>	<b>TOTAL, all funding categories</b>		<b>\$53,623</b>

\* Funding is slight, because start-up is late in the 2008-09 State fiscal year.

**Kern County, Large Urban**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
	NONE		
<b>B. Training and Technical Assistance</b>			
#1	Kern County Mental Health Supervisors Academy	8	74,000
#2	Recovery Specialist Academy	8	110,000
#3	Kern County Mental Health Department METAmersion Project	7	56,000
#4	Kern County Mental Health Department Expansion and Enhancement of Annual Training Plan	8	160,000
<b>C. Mental Health Career Pathway Programs</b>			
#5	Kern County Human Services Certificate Program	11	12,000
#6	Kern County Mental Health High School Academies Project	10	170,500
<b>D. Residency, Internship Programs</b>			
#7	Kern County Mental Health Department Internship Support Program	14	500,000
<b>E. Financial Incentive Programs</b>			
#8	Kern County Mental Health Department WET Financial Incentives Plan	18	650,000
<b>Total: 8</b>	<b>TOTAL, all funding categories</b>		<b>\$1,732,500</b>

**Kings County, Small Other**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Workforce Development Education and Training Coordination	1	\$121,000
<b>B. Training and Technical Assistance</b>			
#2	Exploration Development and Expansion of Training Programs.	8	57,000
<b>C. Mental Health Career Pathway Programs</b>			
	NONE		
<b>D. Residency, Internship Programs</b>			
#3	Regional Partnership for Residency, Internship Expansion and Certification	16	150,000
<b>E. Financial Incentive Programs</b>			
#4	Professional Development	19	25,000
<b>Total: 4</b>	<b>TOTAL, all funding categories</b>		<b>\$353,000</b>

**Los Angeles County, Large Urban\***

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Workforce Education and Training (WET) Coordination	1	\$559,969
#2	County of Los Angeles Oversight Committee	4	TBD
<b>B. Training and Technical Assistance</b>			
#3	Transformation Academy Without Walls	8	225,000
#4	Learning Management System – The Learning Net	8	TBD
#5	Recovery-Oriented Supervision Trainings	8	TBD
#6	Interpreter Training Program	8	70,000
#7	Training for Community Partners	8	100,000
<b>C. Mental Health Career Pathway Programs</b>			
#8	Intensive Mental Health Recovery Specialist Training Program	12	1,086,750
#9	Expand Employment and Professional Advancement Opportunities for Consumers in the Public Mental Health System	9	180,000
#10	Expand Employment and Professional Advancement Opportunities for Parent Advocates, Child Advocates, and Caregivers in the Public Mental Health System	12	TBD
#11	Expand Employment and Professional Advancement Opportunities for Family Member Advocates in the Public Mental Health System.	12	TBD
#12	Mental Health Career Advisors	12	TBD
#13	High School through University Mental Health Pathways	10	TBD
#14	Market Research and Advertising Strategy for Recruitment of Professionals in the Public Mental Health System	12	200,000
#15	Partnership with Educational Institutions to Increase the Number of Mental Health Professionals in the Public Mental Health System.	12	100,000
<b>D. Residency, Internship Programs</b>			
#16	Recovery Oriented Internship Development	16	TBD
#17	Psychiatric Residency Program	13	TBD
#18	Trainings Pursuant to the MHSA for Student Psychologists, MSWs, MFTs, Psychiatric Nurse Practitioners, and Psychiatric Technicians Certificate Program	16	TBD
<b>E. Financial Incentive Programs</b>			
#19	Tuition Reimbursement Program	18	TBD
#20	Associate and Bachelor Degree 20/20 and/or 10/30 Program	19	TBD
#21	Stipend Programs for Psychologists, MSWs, MFTs, Psychiatric Nurse Practitioners, and Psychiatric Technicians	17	2,518,000
#22	Loan Forgiveness Programs	19	TBD
<b>Total: 22</b>	<b>TOTAL, all funding categories</b>		<b>\$TBD</b>

\*

**Madera County, Small Rural**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	WET Coordination and Oversight	1	\$500,439
<b>B. Training and Technical Assistance</b>			
#2	Training, Specialty Skill/Practice Development and System Transformation Support	8	95,000
<b>C. Mental Health Career Pathway Programs</b>			
#3	Workforce Development	12	255,823
<b>D. Residency, Internship Programs</b>			
	NONE		
<b>E. Financial Incentive Programs</b>			
	NONE		
<b>Total: 3</b>	<b>TOTAL, all funding categories</b>		<b>\$851,262</b>

**Merced County, Large Urban**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Workforce Education and Training Coordination	1	\$180,000
<b>B. Training and Technical Assistance</b>			
#2	Spanish Language Training	8	18,000
#3	Staff Development	8	120,000
#4	E-Learning Contract	8	55,000
<b>C. Mental Health Career Pathway Programs</b>			
#5	Clinical Social Worker/Marriage and Family Therapist Internship Program	12	28,000
#6	Psychosocial Rehabilitation Certification Program	11	13,000
<b>D. Residency, Internship Programs</b>			
	NONE		
<b>E. Financial Incentive Programs</b>			
#7	Stipends and/or Scholarships and Grants	18	238,000
<b>Total: 7</b>	<b>TOTAL, all funding categories</b>		<b>\$652,000</b>

**Modoc County, Small Rural**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Workforce Education and Training Support	1	\$89,750
<b>B. Training and Technical Assistance</b>			
#2	Collaborative Partnership Training and Technical Assistance	8	78,510
<b>C. Mental Health Career Pathway Programs</b>			
#3	Career Pathways	12	91,740
<b>D. Residency, Internship Programs</b>			
	NONE		
<b>E. Financial Incentive Programs</b>			
#4	Financial Incentive Programs	17	190,000
<b>Total: 4</b>	<b>TOTAL, all funding categories</b>		<b>\$450,000</b>

**Mono County, Small Rural**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	MHSA Workforce Education and Training Coordination	1	\$33,568
#2	Ongoing Employment and Educational Staff Support	3	51,252
<b>B. Training and Technical Assistance</b>			
#4	Training and Technical Assistance to Implement Full Service Partnerships	6	18,000
<b>C. Mental Health Career Pathway Programs</b>			
	NONE		
<b>D. Residency, Internship Programs</b>			
	NONE		
<b>E. Financial Incentive Programs</b>			
#13	Student Loan Repayment Program for Professional Staff	19	72,000
#14	Tuition Reimbursement of Paraprofessional Staff	18	15,000
<b>Total: 5</b>	<b>TOTAL, all funding categories</b>		<b>\$189,820</b>

**Monterey County, Large Urban**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Workforce Education and Training Coordination	1	\$249,310
#2	Workforce Development Specialist	3	128,000
#3	Workforce Incentive Counseling Activities	3	108,850
<b>B. Training and Technical Assistance</b>			
#4	Consultant for Workforce Education & Training Development	8	25,000
#5	E-Learning Contract	8	25,000
#6	Development of Staff Clinical Competence	8	82,000
#7	Integrating Cultural Competence in the Public Mental Health System and Increasing Linguistic Competency of Staff.	5	40,440
#8	Client and Family Member Training	7	85,000
<b>C. Mental Health Career Pathway Programs</b>			
#9	Explore the Development of a local Master of Social Work Program.	12	160,000
#10	Local Community College Initiative	11	105,000
<b>D. Residency, Internship Programs</b>			
	NONE		
<b>E. Financial Incentive Programs</b>			
#11	Stipends and Incentives	18	142,000
<b>Total: 11</b>	<b>TOTAL, all funding categories</b>		<b>\$1,150,600</b>

**Orange County, Large Urban**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Workforce Education and Training (WET) Coordination	1	\$1,093,398
#2	Consumer Employment Support Specialist Services	3	351,823
#3	Liaison to Regional Workforce and Education Partnership	2	71,686
<b>B. Training and Technical Assistance</b>			
#4	Staff Training on Evidence-Based Practices	8	496,484
#5	Training Provided by Consumers and Family Members for Staff, Consumers/Family Members and the Community	8	381,100
#6	Cultural Competence Training for Staff and the Community	5	573,298
#7	Training for Foster Parents and Others Working with Foster Children and Youth	8	57,500
#8	Mental Health Training for Law Enforcement	8	69,000
<b>C. Mental Health Career Pathway Programs</b>			
#9	Training Consumers and Family Members for Employment in the Mental Health System	9	460,000
#10	High School Academy	10	460,000
#11	Community College & Undergraduate Certificate Programs	11	460,000
#12	Recovery Education Institute	9	541,277
<b>D. Residency, Internship Programs</b>			
#13	Graduate Student Intern Program	14	886,671
#14	Supervision for High School Interns, AA Interns and Bachelor's Level Interns.	16	630,130
#15	AA/BA/MA Program Recruiter	16	45,692
#16	Psychiatry Residencies and Fellowships	13	272,341
<b>E. Financial Incentive Programs</b>			
#17	Financial Incentives to Increase Workforce Diversity: AA and BA Stipends & 20/20 Program.	18	431,250
#18	Financial Incentives to Increase Workforce Diversity: Graduate Degree Stipends	19	425,500
#19	Financial Incentives to Increase Workforce Diversity: 20/20 Programs for Public Mental Health Employees to Attend Graduate School.	17	560,050
<b>Total: 19</b>	<b>TOTAL, all funding categories</b>		<b>\$8,267,200</b>

**Placer County, Large Urban**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Workforce Education and Training (WET) Coordination and Implementation.	1	\$205,975
<b>B. Training and Technical Assistance</b>			
#2	Consumer and Staff Development.	8	37,170
#3	Leadership Development	8	4,000
#4	E-Learning Contract.	8	3,600
<b>C. Mental Health Career Pathway Programs</b>			
#5	Psychosocial Rehabilitation Program	11	15,000
#6	Outreach and Enhanced High School Career Tracks	10	1,000
#7	Increased Retention Efforts.	12	3,000
<b>D. Residency, Internship Programs</b>			
#8	Internship Programs	16	47,480
<b>E. Financial Incentive Programs</b>			
#9	Stipends and/or Scholarships and Grants	17	2,500
<b>Total: 9</b>	<b>TOTAL, all funding categories</b>		<b>\$319,725</b>

**Plumas County, Small Rural**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Workforce Education and Training (WET) Coordination	1	\$123,150
<b>B. Training and Technical Assistance</b>			
#2	Development of Staff Clinical Competence	8	55,215
#3	Development of, Enhancement of, Leaders	8	6,000
<b>C. Mental Health Career Pathway Programs</b>			
	NONE		
<b>D. Residency, Internship Programs</b>			
#5	Internship Program	14	18,635
<b>E. Financial Incentive Programs</b>			
#6	Developing Consumers	19	22,000
<b>Total: 5</b>	<b>TOTAL, all funding categories</b>		<b>\$225,000</b>

**Riverside County, Large Urban**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Workforce Education and Training Coordination	1	\$723,219
#2	Ongoing Workforce Staff Support	4	528,931
#3	On-going Educational Staff Support	3	543,845
#4	Comprehensive New Employee Welcoming	4	50,000
<b>B. Training and Technical Assistance</b>			
#5	Evidence Based Practices, Advanced Treatment, and Recovery Skills Development Program	8	1,000,000
#6	Cultural Competency and Diversity Education Development Program.	5	145,000
#7	Professional Development for Clinical and Administrative Supervisors	8	75,000
#8	Law Enforcement Collaborative Education Enhancement	8	167,706
#9	Integrated Services Resource Education	8	97,444
<b>C. Mental Health Career Pathway Programs</b>			
#10	Consumer and Family Member Mental Health Workforce Development Program	9	338,935
#11	Mental Health Recovery Certificate Program Exploration and Planning.	11	100,000
#12	Professional Licensure Support Program	12	95,082
<b>D. Residency, Internship Programs</b>			
#13	Public Mental Health Graduate School Internship Program	14	121,353
<b>E. Financial Incentive Programs</b>			
#14	Financial Incentives for Workforce Development	18	495,208
<b>Total: 14</b>	<b>TOTAL, all funding categories</b>		<b>\$4,481,723</b>

**San Bernardino County, Large Urban**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Expand Existing Training Program	1	\$4,331,124
<b>B. Training and Technical Assistance</b>			
#2	Training to Support the Fundamental Concepts of the Mental Health Services Act.	8	807,576
#3	Development of Core Competencies	8	21,563
<b>C. Mental Health Career Pathway Programs</b>			
#4	Outreach to High School, Adult Education, Community College and Regional Occupational Programs (ROP)	10	156,075
#5	Leadership Development Program	12	226,106
#6	Peer and Family Advocate Workforce Support Initiatives	9	176,323
<b>D. Residency, Internship Programs</b>			
#7	Expand Existing Internship Program	14	3,929,072
#8	Psychiatric Residency Program	13	997,706
<b>E. Financial Incentive Programs</b>			
#9	Scholarship Program	19	156,035
#10	Increase Eligibility of Federal Workforce Funding	19	9,521
<b>Total: 10</b>	<b>TOTAL, all funding categories</b>		<b>\$10,811,101</b>

**San Francisco County, Large Urban**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Workforce Staffing and Support	1	\$291,318
<b>B. Training and Technical Assistance</b>			
#2	The CBHS Training Initiatives	7	167,000
#3	Community-Based Organization Training: Educational Empowerment, Support and Cross-Training	5	294,882
<b>C. Mental Health Career Pathway Programs</b>			
#4	Summer Bridge Program	10	60,000
#5	Peer Specialist Mental Health Certificate Program	9	125,000
#6	Mental Health Certificate Program	11	447,427
#7	Supportive Services for Consumers Enrolled in Public Universities or Private Colleges	12	390,000
<b>D. Residency, Internship Programs</b>			
#8	Internships for Hard-To-Fill Positions and Underrepresented Populations.	14	147,773
<b>E. Financial Incentive Programs</b>			
	NONE		
<b>Total: 8</b>	<b>TOTAL, all funding categories</b>		<b>\$1,923,400</b>

**Santa Barbara County, Large Urban**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Hiring a Consumer Empowerment and Employment Supervisor and Other Staff	3	\$670,066
<b>B. Training and Technical Assistance</b>			
#2	Providing Consumer and Family Member Training and Employment Opportunities	7	294,600
#3	Crisis Intervention Training (CIT)	8	20,000
<b>C. Mental Health Career Pathway Programs</b>			
	NONE		
<b>D. Residency, Internship Programs</b>			
#4	Internship Program	16	176,734
<b>E. Financial Incentive Programs</b>			
	NONE		
<b>Total: 4</b>	<b>TOTAL, all funding categories</b>		<b>\$1,161,400</b>

**Santa Cruz County, Large Urban**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Workforce Education and Training Coordination	1	\$307,478
#2	Professional Development for Clinical Supervisors	4	61,500
<b>B. Training and Technical Assistance</b>			
#3	The Training Academy	8	148,063
#4	Medical Staff (Psychiatrists and Nurse Practitioners) Training	8	20,000
#5	Consumer "Culture" Training	8	10,000
#6	Family "Culture" Training	8	10,000
<b>C. Mental Health Career Pathway Programs</b>			
#7	Santa Cruz County Career Pathways	12	0
#8	High School Outreach	10	500
#9	Entry Level Employment Preparation	11	19,974
<b>D. Residency, Internship Programs</b>			
#10	Public Mental Health Internship Program	14	83,485
#11	Local Graduate School Initiative: CSUMB MSW program	16	0
<b>E. Financial Incentive Programs</b>			
#12	Stipends for Clinical Psychologist, Social Worker and Marriage & Family Therapist Graduate Student	17	15,000
<b>Total: 12</b>	<b>TOTAL, all funding categories</b>		<b>\$676,000</b>

**Sierra County, Small Rural**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Workforce Education and Training Coordination	1	\$62,393
<b>B. Training and Technical Assistance</b>			
#2	Ongoing Workforce Education and Training	8	28,790
#3	Community Education	8	66,711
<b>C. Mental Health Career Pathway Programs</b>			
#4	Peer Mentors/Parent Partners	9	15,045
<b>D. Residency, Internship Programs</b>			
#6	Clinical Supervisor	14	27,590
<b>E. Financial Incentive Programs</b>			
	NONE		
<b>Total: 5</b>	<b>TOTAL, all funding categories</b>		<b>\$200,529</b>

**Stanislaus County, Large Urban**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Workforce Education & Training Plan (W.E.T.) Coordination and Implementation	1	\$531,800
#2	WET Plan Consultation	1	0
<b>B. Training and Technical Assistance</b>			
#3	Consumer and Family Member Training and Support	7	179,000
#4	Workforce Development	8	50,000
<b>C. Mental Health Career Pathway Programs</b>			
#5	Consumer and Family Member Volunteer Program	9	180,000
#6	Outreach and Career Academies	10	50,000
<b>D. Residency, Internship Programs</b>			
#7	Expanded Internship and Supervision Program	14	150,000
<b>E. Financial Incentive Programs</b>			
#8	Targeted Financial Incentives to Increase Workforce Diversity	17	58,800
<b>Total: 8</b>	<b>TOTAL, all funding categories</b>		<b>\$1,199,600</b>

**Trinity County, Small Rural**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Staff Support for Infrastructure Workforce Education and Training Development	1	\$115,000
<b>B. Training and Technical Assistance</b>			
	NONE		
<b>C. Mental Health Career Pathway Programs</b>			
#3	Consumer Employment Training Program	9	15,000
<b>D. Residency, Internship Programs</b>			
	NONE		
<b>E. Financial Incentive Programs</b>			
#2	Scholarship Support for Bachelor and Master's Degree Career Pathways	18	20,000
<b>Total: 3</b>	<b>TOTAL, all funding categories</b>		<b>\$150,000</b>

**Tuolumne County, Small Rural**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Workforce Education and Training Coordinator & Fiscal Support	1	\$139,087
<b>B. Training and Technical Assistance</b>			
#2	All-Staff Training on the Mental Health Services Act Essential Elements	8	7,500
#3	Individual Training on the Mental Health Services Act Essential Elements	8	20,000
#4	Individual Training for Leaders of Public Mental Health	8	4,500
#5	Staff and Community Agency Training on Parenting and Family Encouragement	8	30,000
<b>C. Mental Health Career Pathway Programs</b>			
#6	Psychosocial Rehabilitation Training for Consumers Returning to School or Work	9	3,663
#7	GED Testing for Consumers Returning School or Work	12	1,750
#8	Peer Support Certification Program Sponsor	9	12,000
#9	Psychosocial Rehabilitation Certification Program Sponsorship	11	12,000
#10	Accessible Masters in Social Work (MSW) Program Scholarship	12	57,000
<b>D. Residency, Internship Programs</b>			
#11	Underserved Population Scholarships Internship and Supervision Program	14	100,000
<b>E. Financial Incentive Programs</b>			
#12	Community College Education Reimbursement Program	18	24,000
#13	Bachelor's Loan Assistance Program	19	20,000
#14	Clinician Loan Assumption Program	17	30,000
#15	Underserved Population Scholarships	19	3,000
<b>Total: 15</b>	<b>TOTAL, all funding categories</b>		<b>\$464,500</b>

**Ventura County, Large Urban**

Funding Category & ID#	Title	Funding Sub-Category	Planned \$, SFY 06-07, 07-08 & 08-09
<b>A. Workforce Staffing Support</b>			
#1	Workforce Infrastructure Development and Support	1	\$273,347
<b>B. Training and Technical Assistance</b>			
#2	Training Institute – Advancing Workplace Education	8	80,000
<b>C. Mental Health Career Pathway Programs</b>			
#3	Consumer and Family Member Recovery Education Center	9	40,000
#4	Developing Language and Cultural Competency	12	10,000
#5	Career Ladder Program-Secondary Education	10	30,000
#6	Human Services Certificate and AA Programs	12	77,500
#7	Psychiatric Technician Program	12	15,000
#8	MSW Program Support	12	5,000
<b>D. Residency, Internship Programs</b>			
#9	Doctoral Internship Program	14	25,000
#10	Residency Program	13	15,000
<b>E. Financial Incentive Programs</b>			
#11	Educational Stipends and Scholarships	18	33,000
#12	Internship Stipends and Support	17	122,500
<b>Total: 12</b>	<b>TOTAL, all funding categories</b>		<b>\$726,347</b>