

**Mental Health Services Act  
Workforce Education and Training**

**PROPOSED GUIDELINES**

**WORKFORCE EDUCATION AND TRAINING  
COMPONENT  
of the  
THREE-YEAR PROGRAM AND EXPENDITURE PLAN**

**for**

**Fiscal years 2006-07, 2007-08, 2008-09**

**Mental Health Services Act  
Workforce Education and Training Component of the  
Three-Year Program and Expenditure Plan  
Table of Contents**

	<b>Page</b>
PART I: PURPOSE AND BACKGROUND	3
Purpose	3
Background	3
PART II: PLANNING AND SUBMISSION GUIDELINES	7
Planning	7
Funds Approved Prior to Workforce Education and Training Component Approval	8
Submission of the Workforce Education and Training Component	8
Funds Issued After Workforce Education and Training Component Approval	9
Review and Approval	10
PART III: WORK DETAIL GUIDELINES AND INSTRUCTIONS	10
Overview	10
Exhibit 1: Workforce Face Sheet	10
Exhibit 2: Stakeholder Participation Summary	11
Exhibit 3: Workforce Needs Assessment	11
Exhibit 4: Work Detail	18
A. Workforce Staffing Support	21
B. Training and Technical Assistance	25
C. Mental Health Career Pathway Programs	30
D. Residency, Internship Programs	35
E. Financial Incentive Programs	39
Exhibit 5: Action Matrix	42
Exhibit 6: Budget Summary	42
Exhibit 7: Three Year Plan – Quarterly Progress Goals and Report	43
PART IV: REQUIRED EXHIBITS	44
Exhibit 1: Workforce Face Sheet	44
Exhibit 2: Stakeholder Participation Summary	46
Exhibit 3: Workforce Needs Assessment	47
Exhibit 4: Work Detail	54
Exhibit 5: Action Matrix	62
Exhibit 6: Budget Summary	63
Exhibit 7: Quarterly Progress Goals and Report	64

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

**PART I – PURPOSE AND BACKGROUND**

**Purpose.** The Mental Health Services Act (MHSA or the Act) requires that the Department shall establish guidelines for the content of the Workforce Education and Training component that each County<sup>1</sup> shall submit as part of its Three-Year Program and Expenditure Plan.

The purpose of this document is to set forth the proposed guidelines for the submission of each County’s Workforce Education and Training component.

**Background.** The MHSA represents a comprehensive approach to the development of community based mental health services and supports for the residents of California. The Act addresses a broad continuum of community services and supports, prevention and early intervention, capital facilities and technology and innovation, as well as workforce education and training that will effectively support this system. The California Department of Mental Health (DMH or the Department) has planned for sequential phases of development for each of the components of the Three-Year Program and Expenditure Plan. This is to enable an inclusive stakeholder planning process for each component, and to develop infrastructures capable of supporting these components. As each component is approved, it becomes part of the approved Three-Year Program and Expenditure Plan, which will contain all components once they have been submitted to the Department and received approval. This comprehensive approach contains a continuum of services and programs that range from prevention and early intervention to intensive interventions for those in need.

---

<sup>1</sup> “County” means a County Mental Health Department, two or more County Mental Health Departments acting jointly, and/or a city-operated program receiving funds per Welfare and Institutions Code Section 5701.5 (California Code of Regulations Section 3200.090).

The first component to be implemented was the Community Services and Supports (CSS) component, as described in Section 3310 of the California Code of Regulations (CCR).

Workforce Education and Training is the next component to be implemented, and contains those elements of the Act that set forth the roles and responsibilities of the Department in administering the workforce education and training portion of the Act.

Workforce development and education and training needs include:

- Addressing identified shortages in occupations, skill sets, and individuals with unique cultural and linguistic competence in urban and rural county mental health programs and private organizations providing services in the Public Mental Health System.
- Education and training for all individuals who provide or support services in the Public Mental Health System, to include fostering leadership skills. This is education and training that contributes to developing and maintaining a culturally competent workforce, to include clients and family members, who are capable of providing client- and family-driven services that promote wellness, recovery and resilience, and lead to measurable, values-driven outcomes.

The Act mandates that the Department implement a Five-Year Education and Training Development Plan (Five-Year Plan). The Department, in partnership with its stakeholders, is developing the Five-Year Plan as a strategic planning process that will act as a means to support the implementation of the Education and Training component of the Act. The overall goal of this Five-Year Plan is to develop and maintain a competent and diverse workforce capable of effectively meeting the mental health needs of the public. Each County's workforce education and training programs and activities will be part of the Five-Year Plan when it is developed. Counties' Workforce Education and Training components will be consistent with the vision, values, mission, goals, objectives and performance indicators included in the Five-Year Plan.

The values in the Five-Year Plan are aligned with the fundamental concepts driving all services encompassed in counties' Three-Year Program and Expenditure Plans, and these fundamental concepts are essential elements for all components of the Plan. These fundamental concepts, as they relate to the Workforce Education and Training component are:

- Wellness, recovery and resilience. Belief in and support of a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.
- Cultural competence. 1) Development and implementation of recruitment, retention and promotion strategies for providing equal employment

- opportunities to administrators, service providers, and others involved in service delivery who share the diverse racial/ethnic cultural and linguistic characteristics of individuals with severe mental illness/emotional disturbance in the community. 2) Staff, contractors and other individuals who deliver services are trained to understand and effectively address the needs and values of the particular racial/ethnic, cultural, and/or linguistic population or community they serve.
- Client/family driven mental health system. Clients and families of children and youth have the primary decision-making role in identifying client needs, preferences and strengths, and a shared decision-making role in determining the services and supports that are most effective and helpful.
  - Integrated service experience. The client, and when appropriate, the client's family, is provided access to a full range of services provided by multiple agencies, programs and funding sources in a comprehensive and coordinated manner.
  - Community collaboration. Clients and their families receiving services, agencies, organizations, businesses, and other community members work together to share information and resources in order to fulfill a shared vision and goals

These fundamental concepts combine to ensure that counties work with their communities to create culturally competent, client/family driven mental health services and supports which are wellness focused, support recovery and resilience, and which offer integrated service experiences for clients and families. Each of the components submitted by the counties need to incorporate and reflect all of these concepts.

Section 5822 of the Act mandates that a number of workforce strategies be implemented in order to address the Public Mental Health System's workforce needs. These strategies have subsequently been listed as objectives in the Five-Year Plan, and include:

- Expansion of the capacity of postsecondary education to meet the needs of identified mental health occupational shortages
- Expansion of loan repayment and scholarship programs offered in return for a commitment to employment in the Public Mental Health System in urban and rural California
- Creation of stipend programs modeled after the federal Title IV-E program for persons enrolled in academic institutions who want to be employed in the Public Mental Health System
- Establishment of regional partnerships among the mental health and educational systems in order to develop strategies for training of staff to provide services in accordance with the principles and provisions of the Act, expand outreach to multicultural communities, increase the diversity of the mental health workforce, and reduce the stigma associated with mental illness

- Promotion of the use of web-based training and technologies and distance learning techniques
- Establishment of outreach strategies to recruit high school students and individuals from unserved or underserved communities for entry into mental health occupations by increasing the prevalence of Mental Health Career Pathway programs in high school career development programs, such as health science and human service academies, adult schools, regional occupation centers and programs, and community colleges
- Training of staff to provide services in accordance with the provisions and principles of the Act
- Development of strategies for the employment of individuals with mental health client and family member experience in the Public Mental Health System
- Development of strategies for the meaningful inclusion of individuals with mental health client and family member experience, and incorporate their viewpoints and experiences in all training and education programs
- Development of strategies for the inclusion of cultural competency in all training and education programs

All county administered workforce education and training programs and activities contained in counties' Workforce Education and Training components will be consistent with the above workforce strategies, and counties' Workforce Education and Training components will be evaluated for their contribution toward the intent of the Act.

Concurrent with counties developing and implementing their Workforce Education and Training components the Department is implementing a number of state-administered workforce development and training programs in order to:

- Ensure that all workforce strategies mandated by the Act are collectively addressed
- Increase fair and equitable access and benefit to the state-administered workforce education and training programs by employers and current and prospective employees throughout the state, where appropriate
- Increase cost-effectiveness of administration
- Establish programs that model the stated values in the Five-Year Plan, and can assist in the development of new programs across the state

Thus the Five-Year Plan will include a listing of state and county administered programs and activities that together fully address the intent of the Act.

Counties are to propose programs and activities that, in combination with state-administered workforce development and education and training programs, address the County's self-assessed workforce development and education and training needs. Examples of current and pending state-administered programs are provided in Part III: Work Detail Guidelines and Instructions.

## **PART II - PLANNING AND SUBMISSION GUIDELINES**

**Planning.** The comprehensive planning processes undertaken by counties in developing their Community Services and Supports (CSS) components of their Three-Year Program and Expenditure Plans should provide the foundation for future planning processes. Counties are encouraged to develop on-going planning and monitoring stakeholder committees, and to use and augment these groups as needed for the particular planning and oversight expertise for the Workforce Education and Training component. Planning processes should continually augment and strengthen what is already in place. In this way counties will be able to develop an informed constituency, while continually reaching out to broaden diversity and expertise.

The planning process for the Workforce Education and Training component should revisit the priorities and discussions documented in previous MHSA planning processes, and should focus upon getting additional input from any stakeholders who have experience, interest, or expertise in this subject, including both those stakeholders who are new to the community program planning process, and those who participated in planning for the CSS component of the Three-Year Program and Expenditure Plan. It is recognized that workforce issues may draw upon expertise outside of the more formal MHSA planning processes. In any case, the County shall ensure that on-going stakeholder committees and/or key stakeholders are involved regarding recommendations for this component.

In order to develop an effective Workforce Education and Training component stakeholder representatives are to be invited and encouraged to participate in the planning process. These include:

- Program, administrative, training and line staff from the county and community based organizations providing public mental health services, to include those organizations serving unserved, underserved, immigrant, Native American and rural and urban communities
- Individuals with client and family member experience
- Representatives who can speak to workforce diversity needs and solutions, to include organizations representing underserved racial/ethnic communities; those who identify themselves as gay, lesbian, bisexual and/or transgender; children, youth and older adults; and urban and rural communities

- Educational entities, to include high schools, adult education, regional occupational programs, community colleges, universities, private schools, trainers, consultants and professional organizations
- Community partners who assist in the delivery of public mental health services, such as social services, behavioral health and vocational rehabilitation services

The stakeholder process should be focused, time-limited and may consist of a combination of planning and input formats, such as focus groups, planning meetings, teleconferences and electronic communication. The use of any existing regional partnerships is encouraged as a means to facilitate the planning process.

Consistent with Section 3315 of the California Code of Regulations, prior to a County submitting their Three-year Program and Expenditure Plan, any of the components of the Plan or annual updates to the approved Plan a County shall conduct a local review process that includes:

- A thirty-day public comment period that includes submitting documentation to representatives of stakeholders' interests and any other interested parties who request the draft. Documentation will include a description of the methods used to circulate a copy of the Plan or component of the Plan for the purpose of public comment.
- Documentation that a public hearing was held by the local mental health board/commission, including the date of the hearing
- A summary and analysis of any substantive recommendations
- A description of any substantive changes made to the Plan, component of the Plan or annual update that was circulated

Counties are to incorporate the above local review process requirements as part of the development and submission of their Workforce Education and Training components.

**Funds Approved Prior to Workforce Education and Training Component Approval.** Counties have been provided the opportunity to request funds to cover the time period needed by each county to develop and submit to the Department their Workforce Education and Training component. All activities initiated by counties with these funds are to fit within the Workforce Education and Training component proposed guidelines contained herein.

These funds can be used for staff time and consultants to assist in facilitating the stakeholder process, preparing the component, beginning the more protracted planning for programs such as regional partnerships, Mental Health Career Pathway Programs, and residency and internship programs. Counties must

identify a Workforce Education and Training Coordinator, and may utilize this planning funding for the purpose of establishing this position. Upon mutual county agreement this position may serve multiple counties.

**Submission of the Workforce Education and Training Component.** An original and seven (7) hard copies and an electronic copy of the Workforce Education and Training component should be submitted to:

**California Department of Mental Health  
MHSA Workforce Education and Training Component  
Workforce Education and Training Unit  
1600 9<sup>th</sup> Street, Room 250  
Sacramento, CA 95814**

Submitted Workforce Education and Training components must include the following six completed exhibits:

- **Workforce Face Sheet** (Exhibit 1). The Face Sheet must be signed by the County Mental Health Director, who certifies that all requirements are met.
- **Stakeholder Participation Summary** (Exhibit 2). This exhibit provides a summary of the planning process and stakeholders participating in the development of the Workforce Education and Training component.
- **Workforce Needs Assessment** (Exhibit 3). This exhibit will provide summary information regarding quantitative workforce shortages and diversity needs in the County.
- **Work Detail** (Exhibit 4). This exhibit will outline what County workforce development and education and training programs and activities (Actions) the County plans to take in order to address 1) the workforce needs depicted in Exhibit 3, 2) all MHSA fundamental principles, and 3) strategies set forth in Section 5822 of the Act.
- **Action Matrix** (Exhibit 5). This exhibit links Actions listed in Exhibit 4 with workforce needs, MHSA fundamental principles, and strategies set forth in the Act.
- **Budget Summary** (Exhibit 6). This exhibit provides a summary of funds requested for each fiscal year.

**Annual Workforce Education and Training Report** (Exhibit 7). This exhibit provides a template for annual reporting of progress achieved in a County's implementation of planned Actions. It is not to be completed or submitted with the Workforce Education and Training component, but is provided here for information only.

Submitted Workforce Education and Training components must be unbound, 3-hole punched, with binder ring in upper left hole, and will not be accepted via fax. Narratives must be typed in size similar to 12-point Arial font with one-inch

margins or larger. One electronic copy of the Workforce Education and Training component must be submitted on either CD or diskette.

### **Funds Issued After Workforce Education and Training Component**

**Approval.** Enclosure 2 lists Planning Estimates available for each County for implementing its Workforce Education and Training component through June 2009, to include a maximum amount of funding available for planning purposes that can be released prior to Workforce Education and Training component approval. Planning Estimates represent the maximum amount of MHSA funding that the County can request. Counties must submit a complete Workforce Education and Training component to the Department in order to request the balance of MHSA funding to implement this component.

**Review and Approval.** The statute provides for review and approval by the Department to ensure compliance with proposed guidelines and funding limitations. The review and approval of these components is intended to be a streamlined process in which state reviewers will work closely with County staff to assist with component submission, identify any needed additional information, and obtain component approval as quickly as possible. The timeline for a review process is estimated at up to sixty days, provided significant changes in the component are not requested.

In submitting a Workforce Education and Training component Counties may choose to submit Work Detail(s) and budget(s) for less than the total Planning Estimate provided for their County. The County may then subsequently add Work Details up to the amount of the Planning Estimate, provided all exhibits are completed with each submission and are consistent with the approved Workforce Education and Training component of the Three-year Program and Expenditure Plan. These subsequent Work Details(s) and budget(s) would be considered updates to a County's Three-year Program and Expenditure Plan. For example, the MHSA Prevention and Early Intervention component, when implemented, will provide as yet unknown services and additional workforce needs. Thus, upon implementation of the Workforce Education and Training component Counties will have the opportunity to make adjustments, through updates to their approved Three-Year Plans, which may be reflected in their performance contract through an amendment.

## **PART III: WORK DETAIL GUIDELINES AND INSTRUCTIONS**

**Overview.** The Workforce Education and Training component is a series of template exhibits that identify a County's workforce needs, provide budgeted Actions to address the needs, and then link these actions to cross-cutting principles and elements set forth in the Act. There are six exhibits to be completed:

- **Exhibit 1: Workforce Face Sheet**
- **Exhibit 2: Stakeholder Participation Summary**
- **Exhibit 3: Workforce Needs Assessment**
- **Exhibit 4: Work Detail**
- **Exhibit 5: Action Matrix**
- **Exhibit 6: Budget Summary**

### **Exhibit 1: Workforce Face Sheet**

This exhibit is a signed certification by the County Mental Health Director that all requirements for the planning, implementation and funding of the Workforce Education and Training component have been considered and will be followed. It also provides the name and contact information of the director's designated point of contact for all matters related to the Workforce Education and Training component.

### **Exhibit 2: Stakeholder Participation Summary**

In this exhibit Counties are to provide a brief summary of their planning process and a summary of the stakeholder groups who have actively participated in the planning process.

### **Exhibit 3: Workforce Needs Assessment.**

This exhibit enables a County, and subsequently the Public Mental Health System to:

- Establish a current, standardized baseline set of workforce data that depicts personnel shortages and the needs of ethnic/racial and culturally underrepresented populations
- Perform an analysis of workforce capacity to service needs, and
- Appropriately apply workforce education and training strategies.

This establishment of baseline data will also enable measurement of change in numbers as well as workforce composition over time, and enable subsequent adjustment of strategies and resources.

Specifically, this exhibit will depict:

- A listing of occupations within the occupational categories of Unlicensed Mental Health Direct Service Staff, Licensed Mental Health Staff (direct service), Other Health Care Staff (direct service), Managerial and Supervisory, and Support Staff
- The total number of positions that are approved to be filled in each occupation and occupational category
- The occupations that are deemed by the County to be hard to fill or retain

- The number of estimated additional individuals needed in order to meet the current estimated Public Mental Health System personnel needs in the County by occupation and occupational category
- For each occupational category, an estimated number of personnel by race/ethnicity as voluntarily self-reported by the employee
- The estimated number of individuals by race/ethnicity the County realistically expects to serve annually
- The number of positions by occupation and occupational category in the County that are specifically designated by title and/or job description to be filled by individuals who have experienced services in the Public Mental Health System
- A listing of the languages other than English in which there is a need for County staff to demonstrate sufficient proficiency to ensure access and quality services are provided to individuals whose primary language is other than English. For each language listed the number of County staff who are proficient in that language and the number of additional County staff needed to meet the need
- A description of significant workforce shortfalls from the entire County system that have surfaced in the Workforce Needs Assessment, to include issues of workforce sufficiency and access to populations and communities that have not been identified in a countywide analysis of aggregated data. Populations and communities may include unserved or underserved urban and rural communities, immigrant and Native American populations, and special populations, such as at-risk youth and older adults.

For planning purposes a County is to count the Public Mental Health System workforce that is administered by the County, to include individuals, groups and agencies that contract with the County. The focus is on persons working, either full- or part-time, or volunteering (for example, some interns or individuals with client and/or family member experience) in the Public Mental Health System. Include in the count County employees and volunteers, community based organizations contracting with the county, and individuals in solo or small group practices contracting with the county, and other, miscellaneous contractors based within the county and involved (directly or indirectly) in the delivery of public mental health services. For staff who support direct service staff, such as administrators, clerical, analysts, and information technology (IT) staff, count only those positions if they are employed by a county mental health department or division, or directly provide support to the direct service staff of an agency contracting with county mental health to provide public mental health services. The intent of this exhibit is to develop an unduplicated count of the workforce.

This exhibit has four sections:

**I. By Occupational Category.** This enables the establishment of a quantitative baseline by occupation and occupational categories. It identifies

those positions that are hard to fill, and provides an opportunity to estimate additional positions that the county projects as needed to meet the county's present service needs. It also provides the opportunity to compare the racial/ethnic makeup of the county's workforce to that of the mental health population planned to be served. In addition, the exhibit enables a quantitative comparison of the workforce that is employed by the County or supervised by county employees, versus community based organizations and network and other providers.

**Note.** The MHSA Prevention and Early Intervention component, when implemented, will provide additional programs, and generate additional workforce needs. Upon implementation of the Workforce Education and Training component Counties will have the opportunity to make changes, through updates, to their approved Three-Year Plans, which may be reflected in their performance contracts through an amendment.

The directions for completing this exhibit are to develop a defensible methodology for projecting as quickly and efficiently as possible a set of estimated data in order to quantify the differences between the capacity of staff and client need. For example, acceptable methodologies might include using existing data and studies in order to extrapolate projected data, and/or conducting a sample survey. This data is intended for the planning and allocation of resources, and not to conduct rigorous research.

Suggested methodologies, formulas or approaches for developing and projecting estimated data are posted at <http://www.dmh.ca.gov/mhsa/EducTrain.asp>. This link will also provide updated information regarding state-administered programs as they develop, and points of contact for assistance in completing exhibits.

The following is provided as guidance to assist with completing this section of the Exhibit:

Column (1) Positions – This is a list of occupations divided into major categories, such as Managerial and Supervisory. Count positions for licensed and non-licensed managerial and supervisory personnel in Section A, if 50% or more of the person's time is managerial/supervisory. In order to develop consistency of position description across Counties please use the following occupational classification system and translate each organization's job titles into the occupational positions listed below. This is based upon primary tasks performed. For example, if a job title, such as Case Manager, is being used for a Family Member Support Staff, put the person under the latter category. Count an individual only once.

Each Occupational Category and classification is to be sub-totaled as **County**, meaning employees and independent contractors and volunteers directly supervised by County employees, and **All Other**, meaning community based

organizations (CBOs) and network providers contracting with a County, and any individuals performing in a volunteer capacity under the supervision of a CBO or network provider.

#### **A. Unlicensed Mental Health Direct Service Staff**

***Mental Health Rehabilitation Specialist.*** – This is a category for individuals typically with an Associate of Arts or Science or bachelor’s degree, and sufficient experience to meet the regulatory definition of Mental Health Rehabilitation Specialist. Titles could include Behavior Specialist and Psychosocial Rehabilitation Worker.

***Case Manager/Service Coordinator.*** – Other case managers or service coordinators belong in this category if they are not listed elsewhere.

***Employment Services Staff.*** – Job titles include all professionals whose primary duties are to provide career and employment services. Titles may include Job Developer, Employment Consultant, Employment Specialist, Vocational Assistant, Employment Coordinator, Consumer Vocational Activities Coordinator, Educational Support Specialist, Employment Aide and Job Coach, among others.

***Housing Services Staff.*** – Job titles include Housing Specialist, Peer Housing Counselor, Consumer Housing Activities Coordinator.

***Consumer Support Staff.*** – Job titles include Peer Specialist, Consumer Advocate, Peer Mentor, Peer Advocate, Peer Support Aide, Peer Guide, Peer Coach, and Peer Counselor, among others. Mental Health Worker is a common job title.

***Family Member Support Staff.*** – Job titles include Parent Partner, Family Member Provider, Family Advocate, Family Partner, Family Member Manager, Family Services Worker, and Family Liaison, among others. Mental Health Worker is a common job title.

***Benefits/Eligibility Specialist.*** – Job titles in this category include Benefits Planner or Coordinator, Health Services Representative, Benefits Advocate, Substitute Payee Specialist.

***Other Unlicensed MH Direct Service Staff.*** – Job titles in this category may include Mental Health Worker, Co-occurring Disorders Specialist, Forensic Mental Health Specialist, among others.

#### **B. Licensed Mental Health Staff (direct service)**

***Psychiatrist, general.*** – self-explanatory.

***Psychiatrist, child or adolescent.*** – self-explanatory.

***Psychiatrist, geriatric.*** – self-explanatory.

***Psychiatric or Family Nurse Practitioner.*** – self-explanatory.

***Clinical Nurse Specialist.*** – self-explanatory.

***Licensed Psychiatric Technician.*** – self-explanatory.

***Licensed Clinical Psychologist.*** – self-explanatory.

**Psychologist, registered intern (or waived).** – self-explanatory.  
**Licensed Clinical Social Worker (LCSW).** – self-explanatory.  
**MSW, registered intern (or waived).** – self-explanatory.  
**Marriage and Family Therapist (MFT).** – self-explanatory.  
**MFT, registered intern (or waived).** – self-explanatory.  
**Other licensed MH Staff (direct service).** – self-explanatory.

### **C. Other Health Care Staff (direct service)**

**Physician.** – self-explanatory.  
**Registered Nurse.** – This includes licensed nurses without a specialty in mental health.  
**Licensed Vocational Nurse.** – self-explanatory.  
**Physician Assistant.** – self-explanatory.  
**Occupational Therapist.** – self-explanatory.  
**Other Therapist (physical, speech, recreation, art, dance).** – self-explanatory.  
**Other Health Care Staff (direct service).** – Job titles in this category can include such titles as traditional cultural healers and credentialed pupil personnel services staff, such as school nurse, social worker, counselor and psychologist.

### **D. Managerial and Supervisory Positions**

**CEO or manager above direct supervisor.** – This category is for the County or contract agency Mental Health Director and mid-level managers. Job titles may include Program Manager, Service Chief, Health Care Program Manager, Program Director, Assistant Program Director.  
**Supervising psychiatrist (or other physician).** – In larger counties, a supervising psychiatrist or other physician may oversee psychiatric and other medical services.  
**Licensed supervising clinician.** – Job titles can include Nursing Supervisor, Supervising Psychiatric Social Worker, Team Leader, Unit Supervisor. A supervisor who is a licensed clinician may supervise other licensed professionals, interns, and is sometimes responsible for some *Unlicensed Direct Service Staff* as well.  
**Other managers and supervisors.** – All other first-line supervisors (for example, Supervising Case Manager, Supervisor of Clerical Staff) belong here.

### **E. Support Staff (non-direct services)**

**Analysts, tech support, quality assurance** – To be included here are positions such as Mental Health Planning Analyst. This category includes Information Technology support, with titles such as Information Systems/Performance Measurement Staff. Quality assurance includes quality improvement, compliance, and related job titles where an individual's primary duties are in quality assurance/quality improvement.

**Education, training, research.** – Job titles may include Staff Development Officer, Training Coordinator, Training Officer, Research Analyst.

**Clerical, secretary, administrative assistants.** – Job titles here include Secretaries, Clerks, Administrative or Office Assistants, Intermediate Typist Clerk, Billing Clerk, Medical Records Specialist.

**Other support staff (non-direct services).** – Job titles in this category include Security Guard, Driver, Grant Writer, and Public Information Officer, among others.

## **F. Total Public Mental Health Population**

Enter the estimated number of individuals to be served by race/ethnicity this year. Again, these are estimated numbers that could be based on factors such as recent history, population trends, ending programs, and starting new programs, such as MHSA funded services. These estimates will enable the planning and allocation of workforce education and training resources at both the state and County levels to address any relatively low numbers of individuals from certain racial/ethnic groups working in the Public Mental Health System.

Column (2) - Estimated Number FTE authorized – For each occupation, enter The number of full-time-equivalent (FTE) positions authorized, whether or not all positions are filled. The term “authorized” here means that a position is approved to be filled by the County and the funding is available. For agencies contracting with the County authorized positions could mean positions budgeted or funded. Enter the Sub-Total number for each occupational category.

Column (3) - Positions hard to fill (Y/N) – Mark 1 for “Yes,” and 0 for “No,” indicating which occupational positions are deemed hard to fill because of a shortage of qualified individuals who apply for positions approved to be filled. Reasons could include that there are not enough individuals with the minimum qualifications, or that pay and/or benefits are insufficient to attract or retain sufficient qualified individuals, or that there is difficulty attracting sufficient individuals to meet ethnic/racial diversity needs. Do not mark this column as “yes” if the position is hard to fill because of organizational barriers, such as personnel or human resource policies and procedures that interfere with the timely filling of positions.

**Note.** This column will be key in linking proposed funding for Actions to address challenges in recruiting and/or retaining staff. Positions may be deemed hard to fill in only a designated part of a county, or may pose a challenge only in agencies that contract with a county. In this instance it is recommended to mark these positions as deemed hard to fill, and provide explanatory remarks in section **IV. Remarks.**

Column (4) – Number additional FTE estimated to meet need – For each Occupation enter the estimated number of additional full-time-equivalent (FTE) positions needed in order to meet current estimated public mental health needs

of the county. This number includes the number of positions that are either approved to be filled but not funded, funded but not approved to be filled, or authorized but neither funded nor filled. This is a planning estimate that quantifies current unmet need as it is determined in each County. This planning estimate is to assist in establishing a baseline in assessing workforce capacity versus need over time, and to assist in long term planning of workforce development resources for specific occupations.

Columns (5) through (10) – Race/ethnicity - For each occupational category, such as Managerial and Supervisory, based on voluntary self-identification, provide number of FTEs currently filled by the following race/ethnicity: White/Caucasian (column 5), Hispanic/Latino (column 6), African American/Black (column 7), Asian/Pacific Islander (column 8), Native American (column 9), and Multi-Race or Other. Be sure the totals from columns 5 through 10 equal the total in 11.

**Note.** Counties may have specific underserved and/or unserved communities or groups of individuals that are small but significant subset populations within the six race/ethnicity categories provided. In this instance it is recommended to provide explanatory remarks in section **IV. Remarks** that speak to the need for increasing the diversity of the workforce to more effectively serve these identified populations. These columns will be key in linking proposed funding for Actions to address challenges in recruiting and/or retaining staff.

Column 11 – Column 11 should equal the total filled FTEs in the county by occupational category.

**Analysis.** The difference between the number of filled FTEs (column 11) and number of FTEs approved and funded to be filled (column 2) provides the County a vacancy rate with which to gauge the degree of difficulty recruiting and retaining a person within a position or occupational category. Also, analysis can be conducted between the incidence of FTEs by race/ethnicity currently in the workforce versus the race/ethnicity of the total public mental health population (columns 5 through 10).

## **II. Positions Specifically Designated for Clients and Family Members.**

The Act promotes the employment of individuals with client and/or family member experience in the Public Mental Health System. This section enables an estimated quantification and analysis of those positions which the county and its community based organizations have specifically designated as positions for which experience as a client and/or family member is either designated in the title, or is described as desirable or encouraged in the statement of qualifications. It is recognized that this provides quantification of only positions specifically designated for individuals with client and/or family member experience, and does not provide visibility of individuals with client and family member experience who work in other positions in the workforce.

The Community Services and Supports component of the Three-Year Program and Expenditure Plan identified new client and family member positions funded through MHSA. The completion of this section represents the entire Public Mental Health System. This section is a sub-set of section I, and the numbers are to be included in the numbers entered in section I.

**III. Language Proficiency.** Counties are to report those languages other than English in which there is a need for both county and contract staff to demonstrate sufficient oral and written proficiency to ensure access and quality services are provided to individuals whose primary language is other than English. This enables an analysis of current capacity versus need.

Column (1) - Language other than English – List languages, other than English, for which some public mental health workforce members need oral and written proficiency. This can include both languages designated by the Department as threshold languages as well as languages where a significant number of clients and family members compel a reasonable accommodation.

Column (2) - Number who are proficient – For each language listed, enter the number of individuals by the occupational categories of staff who are available in the workforce who are proficient in each language.

Column (3) - Additional number who need to be proficient – If the number in Column (2) is inadequate to meet the need, indicate how many additional individuals by category need to be proficient to meet current needs.

Column (4) - TOTAL (2)+(3) – For each language listed, add the number in Column (2) to the number in Column (3) and record the sum in Column (4). Column (4) represents the total language proficiency needs of the County.

**IV. Remarks.** This section is 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. It is important to 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.

#### **Exhibit 4: Work Detail**

**What the Work Detail Does.** In this exhibit Counties are to describe the workforce education and training Actions that the County plans administer at the County level with MHSA dollars. The Department also intends to initiate a number of state-administered Actions designed to address the mandates of the Act and to provide model programs to assist in the development of additional programs at the County level. In developing their Actions Counties should take into consideration these state-administered programs in order to avoid duplication of effort, and to supplement, where appropriate.

**Why.** Actions listed in Exhibit 4 are to address needs surfaced in their Exhibit 3 – Workforce Needs Assessments, and, as described in **Part I – Purpose and Background**, to support one or more of the specific strategies set forth in Section 5822 of the Act. All Actions are to embody the five fundamental concepts, also described in **Part I – Purpose and Background**, and be consistent with the Act.

**Who the Work Detail is For.** Funds budgeted in a County’s Work Detail are intended to benefit Public Mental Health System employers and current and prospective employees, and include community based organizations and individuals and entities who contract or volunteer in the Public Mental Health System.

**How the Work Detail is Configured.** This exhibit is divided into five funding categories in order to organize the types of workforce education and training Actions:

- A. Workforce Staffing Support
- B. Training and Technical Assistance
- C. Mental Health Career Pathway Programs
- D. Residency, Internship Programs
- E. Financial Incentive Programs

In the above funding categories different suggested programs and activities are listed in these instructions in order to assist in the development of a County’s Actions. These recommended Actions have been developed with considerable input from subject matter experts in workforce development and education and training. However, it is not mandatory to include all of these Actions in a County’s Work Detail. In addition, planned state-administered education and training programs are described.

These recommended Actions and state administered activities are illustrated with borders and shading in order to easily distinguish these suggested programs and activities from requirements that will be set forth in regulations.

**What is Allowable.** Counties can choose to add to funding of a state-administered program if it will benefit their County, and/or they can allocate funds to create similar programs in their County.

Counties are not required to develop Actions in all five of the above categories. However, each of their planned Actions must address their workforce education and training needs.

Counties can, within any of the five funding categories, list Actions that are not specifically listed and described in these instructions. For example, Counties

may propose to fund training topics that are not included in the suggested programs and activities listed here. In this instance a County will need to provide in its description a narrative that demonstrates how this Action is consistent with the five fundamental principles in the Act, and how the Action fits within the strategies set forth in Section 5822 of the Act.

**What is Not Allowable.** Consistent with the philosophy of the Act the Department intends to develop new programs and activities or expand existing programs and activities that are dedicated for workforce development and training and technical assistance. All new and/or expanded programs and activities must meet the principles of the Act. MHSA Workforce Education and Training funds may be added to existing workforce development and/or training and education programs and activities as long as the funds expand the capacity of the program or activity to fully meet the fundamental principles of the Act. An example of funding that would not be allowed is training in such areas as defensive driving and sexual harassment training. Another example of funding that would not be allowed is educational and/or training curricula that have not been modified to meet the intent of the Act, and do not prepare participants to work in the Public Mental Health System, including programs and activities in the Prevention and Early Intervention Component.

Courses that enable individuals to develop basic and advanced computer skills are examples of training costs that are included as part of the operating expenses associated with fielding a staff position. These should be included in personnel costs in such components as Community Services and Supports and Prevention and Early Intervention. Training and technical assistance provided as part of fielding new computer systems by a contractor or vendor should be included as part of the line item costs in the Technology Component. However, Counties may propose to fund under the Workforce Education and Training component training topics related to new technologies, such as distance learning or an electronic health records system, that enable staff to better utilize these technologies in support of delivering services according to the intent of the Act.

Funds may not be used for workforce recruitment and retention strategies, such as stipends and loan repayment programs that address the workforce needs of systems other than public mental health, such as criminal justice, social services, and medical services.

Funds in this component are not to fund staff time spent delivering public mental health services. Service delivery is to be funded by MHSA Community Services and Supports (CSS), Prevention and Early Intervention (PEI) and Innovation funds, realignment, or other existing funding sources earmarked for this purpose. For example, Workforce Education and Training funds are not to be used for an individual's time spent providing services under a supervised internship. However, dedicated time spent on supervising the intern hours can be funded with Workforce Education and Training funds.

Monetary incentives for service provision, such as signing bonuses, travel pay differentials and extra pay for linguistic competency constitute line items as part of personnel expenses, and as such are not to be funded separately as a Workforce Education and Training funding category.

Finally, funds in this component are not to be used to reimburse a County or community based organization for time an employee takes from their duties in order to attend training that is required or related to improving and/or maintaining their skills in performing the duties of their job.

**How the Work Detail is Completed.** For each Action Counties will provide a title, a brief description of what is planned, what will be accomplished (objectives), a budget justification that outlines the planning factors used to construct the budget, and a budgeted amount per fiscal year. Planned objectives should cover the time period from the date a County plans to start an Action through June 2009. These objectives can be specific outcomes, such as days of training, or number of scholarships awarded, but can also be major milestones reached in developing a Mental Health Career Pathway Program. In all cases these objectives become the basis for developing future objectives in the Workforce Education and Training component of the Three-Year Plan.

**A. Workforce Staffing Support.**

This category includes funds to plan for, administer, support or evaluate the workforce programs and trainings in the remaining four funding categories. These funds can pay for individuals or agencies via hourly rate, staff salary, or by contract. This staff time can also be used to support or add to state-administered programs that impact the county.

This funding category includes the staff time spent on planning the programs listed in the remaining funding categories, such as Mental Health Career Pathway Programs, and Residency, Internship Programs. Much of this staffing activity is expected to continue after approval of the Workforce Education and Training component. Budget Summaries should be inclusive of all funds, including planning funds provided prior to approval of the Workforce Education and Training component.

Counties must identify a Workforce Education and Training Coordinator as an ongoing workforce staffing support role. It is recommended that dedicated staff time be funded in this category. Upon mutual county agreement this position may serve multiple counties.

I. The following are **Examples** of Workforce Staffing Support Programs and Activities, with information and types of information representative of appropriate Actions for County consideration:

**Example #1.** Title: MHSA Workforce Education and Training Coordination.

**Description:** Counties are required to identify an individual responsible within the county for overall coordination of Workforce Education and Training programs and activities. Funds for this Action could pay for staff and support staff to coordinate the planning and development of the Workforce Education and Training component, to include completion of a Workforce Needs Assessment, implementation of Actions in the Workforce Education and Training component of the approved Three-Year Plan, reporting requirements, and evaluation of impact of workforce Actions on identified needs. Staff and support staff could include County staff, to include supervision and clerical support, community based organization staff and consultants on contract, and clients and family members.

**Objectives:** Achievement of objectives could be described in terms of significant products, events, establishment of program or specific outcomes achieved.

Objectives in this Action could be such products as the Workforce Education and Training component, annual updates to the Workforce Education and Training programs in the Three-Year Plan, a needs assessment, and executed contracts with entities providing workforce education and training programs and services.

**Budget Justification:** Planning factors for construction of a budget for this Action would be the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE) times the all-inclusive cost for a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel costs, and administrative overhead. Funds budgeted for less than a full fiscal year would be prorated.

**Example #2.** Title: Regional Partnership Staffing.

**Description:** Regional Partnerships are groups of individuals and/or organizations within geographic proximity that act as an employment and education resource for the Public Mental Health System. The 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 clients' family members. Funds for this Action could include paying for staff to support these Regional Partnerships in such activities as:

- a) Providing staff support to Regional Partnership 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 public mental health 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
- 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.

Staff and support staff could include County staff, to include supervision and clerical support, community based organization staff and consultants on contract, and clients and family members on an hourly rate. **Note:** DMH intends to fund a basic staffing structure in each of the five public mental health regions of California defined by the California Mental Health Director's Association (CMHDA). These are entitled the Superior, Bay Area, Central Valley, Southern and Los Angeles Regions. Counties can supplement this staffing structure, as appropriate, to fully meet their needs.

Objectives: Achievement of objectives could be described in terms of significant products, events, establishment of program or specific outcomes achieved. Objectives in this Action could be establishment of a regular meeting schedule, mapping of participating counties and communities, establishment of regional partnership strategies, obtaining of grants and funding outside MHSA, establishment of a client and family member expert pool, establishment of a Mental Health Career Pathway Program, establishing a distance learning station, developing or modifying an education or training curriculum.

Budget Justification: Planning factors for construction of a budget for this Action would be the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE) times the all-inclusive cost for fielding a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel costs, and administrative overhead. Funds budgeted for less than a full fiscal year should be prorated. **Note:** The cost of technology, such as the hardware and software to establish a video teleconferencing station would need to be included and funded through the MHSA Technological Needs portion of the Capital Facilities and Technological Needs component of the Counties' Three-Year Program and Expenditure Plan.

**Example #3.** Title: Ongoing Employment and Educational Staff Support.

Description: 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. Staff could include County staff, to include supervision and clerical support, community based organization staff and consultants on contract, and clients and family members.

Objectives: Achievement of objectives could be described in terms of significant products, events, establishment of program or specific outcomes achieved. Achievement of objectives in this Action could be the number of employees served, retention rate of employees (length of employment in the Public Mental Health System) versus the retention rate of the overall employee work force, reducing the length of time positions are vacant, and career progression of those served.

Budget Justification: Planning factors for construction of a budget for this Action would be the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE) times the all-inclusive cost for fielding a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel costs, and administrative overhead. Funds budgeted for less than a full fiscal year would be prorated.

## II. Workforce Staffing Support Planned to be Administered at the State Level.

The Department has staff who provide leadership, coordination and contract administration of education and training programs listed as Actions in the Five-Year Plan. In addition, the Department contracts with consultants who assist in providing a statewide comprehensive workforce needs assessment, and is expected to assist in the development of Regional Partnerships throughout California.

In the area of Regional Partnerships the Department plans to fund in each of the five public mental health regions of California a base Regional Partnership structure, consisting of approximately the equivalent of five FTE staff per California Mental Health Director's Association (CMHDA) defined mental health region. The duties of these staff will be determined by the Counties in each of

the regions, with the primary objective of assisting Counties in the determination of the appropriate number and configuration of Regional Partnerships, and locally determining the activities of each Regional Partnership. Counties can add workforce support staff to these developing Regional Partnerships to their individual level of need.

Planning Factors. In developing budgets for the above state-administered staff support activities the Department used the planning factor of budgeting, on average, \$100,000 on an annualized basis per FTE, whether staff time was on contract, hourly, or a state employee. This amount was an all-inclusive cost that included salary, benefits, operating costs to support the position, and administrative overhead at 15%. Counties will need to adjust this planning factor to existing and planned costs for staff in their County.

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

This funding category is defined as events and activities in which individuals and/or organizations are paid with MHSA funds to assist all individuals who provide or support the Public Mental Health System in better delivering services consistent with the fundamental principles intended by the Act. These are:

- Wellness, recovery and resilience
- Cultural and linguistic competence (CCR Section 3200.100)
- A client-driven and, where appropriate, family-driven mental health system for older adults, adults and transition age youth and a family driven system of care for children and youth (CCR Sections 3200.050 and 3200.120)
- An integrated service experience for clients and their family members throughout their interactions with the mental health system (CCR Section 3200.190)
- Community collaboration (CCR Section 3200.060)

All trainers and consultants funded by MHSA are to be knowledgeable of the above fundamental principles and integrate them throughout the training and technical assistance that is provided. All training and technical assistance provided with MHSA funding must increase a county's ability to do the following:

- Promote recovery, wellness and resiliency by
  - Facilitating recovery and resiliency-oriented mental health service delivery
  - Assessing and treating co-occurring disorders
  - Assessing and treating trauma
  - Integrating physical and mental health treatment
  - Using alternate treatment modalities to decrease medication need
  - Sharing innovative/best/promising/evidence-based practices
- Promote client and family member support by increasing expertise in
  - Supportive housing

- Supportive education
- Supporting the employment of clients and family members
- Encouraging self-help and peer support
- Promote client and family member partnership with county and community based organization staff through education and technical assistance about
  - Employing clients and family members
  - Developing peer and family support services
  - Developing career ladders for client and family member employees
  - Leadership training and development to clients and family members and staff at all levels of an organization
  - Utilizing clients and family members in developing curricula and as trainers
- Promote cultural competence by
  - Providing outreach to underserved/unserved populations
  - Building community teams to serve target groups
  - Assessing level of cultural competence and providing training to identified needs
  - Creating partnerships with Native American tribes, tribal organizations, and urban Native American organizations
  - Recruiting and retaining culturally competent staff
  - Developing language proficiency strategies
- Increase competency in the following areas to implement quality Prevention and Early Intervention Component programs and activities:

### **Content Knowledge**

- Resiliency, self-regulation and other universal education and skill building to promote mental health
- Early identification and intervention
- Stigma and discrimination reduction
- Suicide prevention
- Mental health integration in schools
- Mental health integration in primary health care
- Mental health integration in community services
- Children & youth in foster care
- Trauma – identification and early intervention
- Maternal depression – identification and early intervention
- Prenatal to age three brain development and attachment/connectedness
- Early onset of serious psychiatric illness and early intervention
- Constructive parenting
- Peer and group supports

### **Management, Coordinator and Consultation Skills**

- Linking families to substance abuse, family violence basic needs services (food and housing, transportation, income)
- Funding streams and resource leveraging

- Coordinated child/family services and community linkages; skills of collaborative partnerships; memoranda of understanding
- Analyzing prevalence data
- Managing stakeholder facilitation and outreach activities
- Behavioral health consultation models for early childhood educators, primary and secondary school educators, health care staff, law enforcement personnel
- Program Evaluation and Quality Improvement

For this funding category audiences can include not only County staff and community based organizations delivering public mental health services, but also community partners in service delivery, such as criminal justice, social services, education, ethnic and cultural organizations, medical professionals, and other “first responders”. Other participants can include staff from locked facilities and other non-voluntary settings. Clients and family members should be encouraged to participate.

In addition, the following suggestions for the provision of training and technical assistance are recommended:

- Clients and family members should participate as part of the team that develops curricula and provides the training or technical assistance
- Members of unserved/underserved groups should participate as part of the team that develops and provides training or technical assistance that impact these populations
- Where appropriate, training and technical assistance should have an audience that includes service providers, management, clients and family members, and community partners who have a stake in the training and technical assistance
- Programs and individuals who currently embody successful practices according to the principles of The Act, also known as "early adopters", should be recruited to provide training and technical assistance
- Trainers and training methods with a proven track record of success should be used
- The experiences of clients and family members who have successfully navigated the Public Mental Health System and have incorporated wellness, recovery and resilience into their lives should be considered as a resource in training and technical assistance events
- Training and technical assistance should have a direct link to the desired outcomes in public mental health services
- Include local community educational entities and educators from universities, colleges, regional occupational programs, adult education, primary and secondary school education in the planning, delivery and evaluation of training and technical assistance

I. The following are **Examples**, with information and types of information representative of appropriate Actions for County consideration:

**Example #1. Title: Conduct an Organizational Capacity Assessment of Cultural Competency and Conduct Training.**

**Description:** 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.

**Objectives:** Achievement of objectives could be described in terms of significant events or specific outcomes achieved. Objectives in this Action could be such events as number of training days planned, and outcomes could be number of individuals trained, and/or utilization of the skills and knowledge obtained in the training.

**Budget Justification:** Planning factors for construction of a budget for this Action would be the number of training days times the all-inclusive cost for accomplishing a training day. All-inclusive costs include payment to trainers, to include client and family members participating as trainers or support staff, travel costs for trainers and trainees, room and equipment rentals, materials and supplies. Training day time could include preparation, delivery and evaluation of the impact of the training on attendees and service delivery. Costs could also include separate line items, such as purchasing access to a copyrighted set of training products.

**Example #2. Title: Training and Technical Assistance Team to Implement Full Service Partnerships (FSP).**

**Description:** 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 existing 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.

**Objectives:** Achievement of objectives could be described in terms of significant products, events, establishment of program or specific outcomes achieved. Objectives in this Action could be establishment of a FSP training team, planned number of FSP training and technical assistance events, and number of staff trained.

**Budget Justification:** Planning factors for construction of a budget for this Action would be the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE) times the all-inclusive cost for fielding a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel costs, and administrative overhead. Training day time could include preparation,

delivery and evaluation of the impact of the training on attendees and service delivery. Funds budgeted for less than a full fiscal year would be prorated. Planning factors could also include the costs for conducting a training day in addition to the cost of the FSP training team times the cost for number of training days.

**Example #3.** Title: Technical Assistance for the Hiring and Retention of Clients and Family Members at All Levels of the Mental Health Workforce.

Description: 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.

Objectives: Achievement of objectives could be described in terms of products, significant events or specific outcomes achieved. Objectives in this Action could be such products as job descriptions and duty statements incorporated into the county civil service system, events such as number of consultant or training days planned, and outcomes could be number of clients and family members hired, retained and appropriately and competently employed.

Budget Justification: Planning factors for construction of a budget for this Action would be the number of training or technical assistance days times the cost for fielding a training or technical assistance day. Technical assistance time could include preparation, delivery and evaluation of the impact of the technical assistance on attendees and service delivery

II. Training and Technical Assistance Planned to be Administered at the State Level.

1. The Department has added MHSA funding to existing contracts with statewide constituency and training organizations, community based organizations and individual consultants in order to assist counties in implementing their Community Services and Support component of their Three-Year Plans. These include:

- a) California Institute for Mental Health – training and technical assistance to support county mental health programs in implementing values driven evidence based practices
- b) United Advocates for Children and Families – training for family member trainers to educate, equip, and support parents of children in the mental health system
- c) National Alliance for the Mentally Ill in California – providing peer-to-peer and family to family training
- d) California Network of Mental Health Clients - Developing a Self-Help Technical Assistance Center to promote employment of clients in public mental health

e) Under the Department of Mental Health/Department of Rehabilitation Interagency Agreement - a cadre of consultants that provides training and technical assistance on preparing clients for employment, hiring clients in the Public Mental Health System, and providing ongoing employment supports

2. The Department plans to convert to a web-based format and make available online the following training topics and curricula to counties:

- a) Cultural Competency
- b) Principles of Psychosocial Rehabilitation
- c) Wellness Recovery Action Planning
- d) Consumer entry level employment preparation
- e) Family members as partners in service delivery

3. The Department plans to fund a Train the Trainers program, in which individuals will learn how to be more effective trainers and consultants. Target audiences will be those individuals who have subject matter expertise essential to transforming public mental health service delivery to embody the principles and practices envisioned by the Act. These are individuals with client and family member experience, and content experts, such as service providers.

4. The Department plans to fund a Leadership Institute to develop the Public Mental Health System's future leaders. Counties, community based organizations and client and family member constituency organizations will be able to send leaders to this training.

Counties are encouraged to assess the scope and availability of these training resources to their needs, and supplement, where appropriate, the Actions that will fully meet their training and technical assistance needs.

Planning Factors. In developing budgets for the above state-administered training and technical assistance activities the Department budgeted, on average, \$100,000 on an annualized basis per FTE, whether staff time was on contract, hourly, or a state employee. This amount was an all-inclusive cost that included the planning factors of salary, benefits, operating costs to support the position, and administrative overhead at 15%. Counties will need to adjust these planning factors to existing and planned costs for staff in their county.

In planning a training day the Department budgeted an all-inclusive cost, excluding trainee travel, ranging from \$800 for a six-hour day to \$4,000 a day, depending upon the qualifications of the trainer/consultant, and the number of trainers/consultants. This training/consultant day was considered the "contact" day, and included preparation time beforehand and follow-up activities after the event. In budgeting a varied number of training days and topics the Department averaged the cost per training day at \$2,500.

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

Mental Health Career Pathway Programs are educational, training and counseling programs that are designed to recruit and prepare individuals for entry into a career in the Public Mental Health System. These programs should provide an exposure to careers and service delivery in public mental health and the Act's vision of wellness, recovery and resilience, client and family member driven services, cultural competence, community collaboration, and integrated service experiences.

Mental Health Career Pathway Programs should address:

- The lack of equal opportunities and equal access to the public mental health workforce for underrepresented racial/ethnic, cultural and/or linguistic groups. These deficits may be addressed through outreach, recruitment and active participation by unserved/underserved communities and special populations, such as transition-age youth and older adults
- The preparation of community members, especially clients and family members, for employment and a career in community public mental health.

In designing and implementing Mental Health Career Pathway Programs the following should be considered:

- Target populations, such as clients and transition-age youth and their families, should be actively involved in the planning, construction and evaluation of these programs
- Partnership and integration with existing academic programs is preferred, as high schools, regional occupational programs, adult schools and community colleges have already established existing career academic pathway standards, such as qualities, characteristics and traits of human services workers, and have the expertise and infrastructure to create a mental health career track
- Each program should have a planning process sponsored and supported by the respective mental health and education administrations at the local and regional levels
- The planning for Mental Health Career Pathway Programs should consider public mental health workforce needs as well as educational capacity, and should consider the results of any recent efforts to establish similar programs in the community
- The planning process should identify potential and willing financial and non-monetary resources that can be utilized in addition to MHSA funds, and should identify an appropriate entity to act as a fiscal agent

- Planning should include milestones and a timeline to allow for phased stages of implementation
- Program planning needs to articulate a clear, realistic set of outcomes by which the program can be evaluated; such as impact on increasing service penetration to targeted populations, increased rate of students staying in school and matriculating in post-secondary education, individuals actually going to work in public mental health, impact on the diversity of the public mental health workforce, and the retention and career progression of individuals with client and family member experience. This would require the program to have a methodology to follow students over time and well after they complete the program
- The program should delineate a career pathway that enables immediate entry into the public mental health workforce, as well as encourages career progression through college and post-graduate education
- Program content should be embedded in educational curricula which fosters preparation for post-secondary education, and should possess a link, or "pipeline" to post-secondary educational programs
- Programs should have built-in marketing and outreach strategies to attract the individuals for which the program is designed
- Programs should provide career counseling, personalized educational plans, and activities for participants to form positive group alliances
- Desirable features include internships or work experiences in public mental health settings, leadership camps during the summer months, stipends for program completion, assistance with expenses associated with participation, and ability for professional staff to participate as students and obtain continuing education units (CEUs) to satisfy licensing continuing education requirements
- Programs should have standards for completion, with next steps identified for participants who complete the program, to include job placement assistance if individuals are preparing for immediate entry into public mental health positions
- Programs should also build in a means to capture lessons learned, best practices and research methodology to assist possible future replication of programs
- These programs should work to establish a long-term stable funding source that should include a combination of federal, state and local funds and non-monetary resources, such as use of classroom space and equipment.

I. The following are **Examples**, with information and types of information representative of appropriate Actions for County consideration:

**Example #1.** Title: Consumer Entry Level Employment Preparation Program.  
Description: 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.

This 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.

Objectives: Achievement of objectives could be described in terms of significant products, events, establishment of program or specific outcomes achieved.

Objectives in this Action could be establishment of the consumer entry level employment preparation program, number of participants recruited for participation, number graduating, number employed in the Public Mental Health System, number retained over time, and career progression.

Budget Justification: Planning factors for construction of a budget for this Action would be the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE) times the all-inclusive cost for fielding a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel costs, and administrative overhead. Funds budgeted for less than a full fiscal year would be prorated. Planning factors could also include stipends and other costs.

**Example #2.** Title: Human Services Academy – Mental Health Career Track.

Description: 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.

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 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.

Objectives: Achievement of objectives could be described in terms of significant products, events, establishment of program or specific outcomes achieved.

Objectives in this Action could be accomplishment of significant milestones in a timeline, program establishment, number of participants recruited for participation, number graduating, number employed in the Public Mental Health System, number retained over time, and career progression.

Budget Justification: Planning factors for construction of a budget for this Action would be the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE)

times the all-inclusive cost for fielding a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel costs, and administrative overhead. Funds budgeted for less than a full fiscal year would be prorated. Factors used in planning costs could also include stipends.

**Example #3.** Title: Psychosocial Rehabilitation Certification Program.

Description: 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. 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.

Objectives: Achievement of objectives could be described in terms of significant products, events, establishment of program or specific outcomes achieved. Objectives in this Action could be establishment of the course or program, planned number of participants recruited for participation, number graduating, number employed in the Public Mental Health System, number retained over time, and career progression.

Budget Justification: Planning factors for construction of a budget for this Action would be the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE) times the all-inclusive cost for fielding a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel costs, and administrative overhead. Funds budgeted for less than a full fiscal year would be prorated. Planning factors could also include the cost of purchasing any copyrighted materials.

II. Mental Health Career Pathway Programs Planned to be Administered at the State Level.

The Department is planning to fund the following state-administered programs in order to assist in the development statewide of the number and type of Mental Health Career Pathway Programs that will be needed:

1. The Department plans to fund the establishment of a statewide client and family member technical assistance center that will provide training, technical assistance, coordination and support for programs throughout California that provide employment preparation, job placement assistance and ongoing employment supports for clients and family members desirous of joining and/or

working in the Public Mental Health System. This center will act as a resource for counties and community based organizations in the development of employment preparation training programs and employment supports for clients and family members.

2. The Department plans to fund a limited number of consumer entry level employment preparation and human service academy programs to act as models and resources for counties and community based organizations desirous of starting similar programs.

3. The Department plans to provide statewide funding for programs capable of supporting health workers with degrees and credentials obtained in other countries that are now living in California to transition into jobs in public mental health. The programs will support eligible individuals prepare for and transition into community public mental health employment by providing counseling, assistance with applying for and obtaining appropriate licenses, credentials or certificates, assistance in applying for and attending appropriate education and training programs, and job placement assistance.

Counties are encouraged to assess the scope and availability of these resources to their needs, and supplement, where appropriate, the Actions that will fully meet their needs.

Planning Factors. In developing budgets for the above state-administered Mental Health Career Pathway Programs the Department budgeted, on average, \$100,000 on an annualized basis per FTE, whether staff time was on contract, hourly, or a state employee. This amount was an all-inclusive cost that included the planning factors of salary, benefits, operating costs to support the position, and administrative overhead at 15%. Counties would need to adjust these planning factors to existing and planned costs for staff in their county.

In planning for funding model programs the Department has planned for an upward limit of \$650,000 for a consumer entry level employment preparation program, to include the payment of stipends, the addition of consultative staff time for assisting the development of programs of this type throughout California, and staff time for research purposes. The Department has planned for an upward limit of \$450,000 for a human service academy program that also includes a consultative and research element. Counties would need to adjust their budgeting according to the specific elements incorporated, and the level and extent of funding and non-monetary resources contributed by partner agencies.

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

MHSA funding for psychiatric residency programs, internship programs leading to licensure and physician assistant programs with a mental health specialty are designed to address workforce shortages by supplementing existing programs in

order to increase the number of licensed professionals within a program who will practice in the Public Mental Health System and who:

- Specialize in child and geriatric psychiatry
- Work on multidisciplinary teams providing services according to the fundamental concepts of the Act
- Are recruited from underrepresented racial/ethnic and cultural groups in the workforce
- Increase mental health awareness and expertise by working with primary care health care workers
- Can prescribe and/or administer psychotropic medications
- Work in underserved/unserved communities and rural areas.

Counties are encouraged to partner with graduate mental health and psychiatric residency programs in their communities to establish programs that address one or more of the above, and use MHSA funding to both address workforce shortages and influence school curriculum.

Funding may be used to add slots to an existing psychiatric residency program that enable fourth and/or fifth-year residents to:

- Specialize in child or geriatric psychiatry and work in community public mental health settings
- Specialize in community public mental health and work in these settings
- Work on multidisciplinary teams, to include primary physicians and health care workers that work in community public mental health settings

Funding may also be used for counties and their community based organizations to work with masters or doctoral level programs that enable graduates to become interns in their field and become licensed and authorized by the Department to sign mental health treatment plans. This can take the form of funding through the Workforce Education and Training component for dedicated staff time that is housed in community public mental health settings to provide clinical supervision of hours leading to licensure for occupations the County has deemed to be an occupational shortage, or licensed occupations where diversity needs are addressed. This staff time should also actively participate in influencing graduate school or residency program curriculum to better reflect the needs of the Public Mental Health System, and where services are provided according to the fundamental principles of the Act. Funding through the Community Services and Supports component of the Three-Year Plan could then pay for psychiatric residents' or clinical interns' salaries to provide services.

Finally, funding may be used to add a mental health specialty to an existing two-year physician assistant program by funding mental health coursework and psychiatric supervision in community public mental health settings for second year students.

Funding may not be used for staff and program expenses of any of the above disciplines for their entire matriculation with a school, but only that portion that enables a specialization in skills and expertise specific to the needs of the Public Mental Health System and contains program content that is consistent with the fundamental concepts of the Act. Also, any time spent in the provision of services by residents, interns and their clinical supervisors as part of these programs are to be paid with service dollars (for example, CSS funds) and not as a budgeted residency or internship program expense paid by Workforce Education and Training funds.

I. The following are **Examples**, with information and types of information representative of appropriate Actions for County consideration:

**Example #1. Title: Child/Geriatric/Public Mental Health/Multidisciplinary Psychiatry Residency Program.**

Description: 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.

Objectives: Achievement of objectives could be described in terms of significant program or specific outcomes achieved. Objectives in this Action could be establishment of the psychiatric residency program specialization and number of slots, increasing recruitment efforts that outreach to any under-represented racial/ethnic, cultural or linguistic groups in the workforce, and number continuing to work in community public mental health settings.

Budget Justification: Planning factors for construction of a budget for this Action would be the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE) times the all-inclusive cost for fielding a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel costs, and administrative overhead. Funds budgeted for less than a full fiscal year would be prorated.

**Example #2. Title: Clinical Psychologist/Social Worker/Marriage and Family Therapist/Psychiatric Mental Health Nurse Practitioner Internship Program**

Description: 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.

Objectives: Achievement of objectives could be described in terms of significant program or specific outcomes achieved. Objectives in this Action could be

establishment of the internship program and number of slots, increasing recruitment efforts that outreach to any under-represented racial/ethnic, cultural or linguistic groups in the workforce, number continuing to work in community public mental health settings, and desired changes to the internship curriculum. Budget Justification: Planning factors for construction of a budget for this Action would be the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE) times the all-inclusive cost for fielding a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel costs, and administrative overhead. Funds budgeted for less than a full fiscal year would be prorated.

**Example #3.** Title: Mental Health Physician Assistant Program.

Description: 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.

Objectives: Achievement of objectives could be described in terms of significant program or specific outcomes achieved. Objectives in this Action could be establishment of the physician assistant program and number of slots, increasing recruitment efforts that outreach to any under-represented racial/ethnic, cultural or linguistic groups in the workforce, and number continuing to work in community public mental health settings.

Budget Justification: Planning factors for construction of a budget for this Action would be the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE) times the all-inclusive cost for fielding a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel costs, and administrative overhead. Funds budgeted for less than a full fiscal year would be prorated.

II. Residency, Internship Programs Planned to be Administered at the State Level.

The Department is planning to fund a limited number of model psychiatric residency and physician assistant programs as described above in order to assist in the development of additional programs throughout California.

Counties are encouraged to assess the scope and accessibility of these model programs as they are established and supplement, where appropriate, the Actions that will fully meet their needs.

Planning Factors. In developing budgets for the above state-administered psychiatric residency and physician assistant program activities the Department

budgeted, on average, \$100,000 on an annualized basis per FTE, whether staff time was on contract, hourly, or a state employee. This amount was an all-inclusive cost that included the planning factors of salary, benefits, operating costs to support the position, and administrative overhead at 15%. Counties will need to adjust this planning factor to existing and planned costs for staff in their county.

In planning for funding model programs the Department has planned for an upward limit of \$450,000 per program. Counties would need to adjust their budgeting according to the specific elements incorporated, and the level and extent of funding and non-monetary resources contributed by partner agencies.

Financial incentives for students, such as loan repayment programs (whether awarded through MHSA or other funding sources), can supplement these residency and internship programs to encourage individuals to choose the specialties and expertise needed by the counties.

#### **E. Financial Incentive Programs**

Stipends, scholarships, and loan assumption programs are financial incentives to recruit and retain both prospective and current public mental health employees who can address workforce shortages of critical skills and under-representation of racial/ethnic, cultural or linguistic groups in the workforce. Financial incentive programs are also for promoting employment and career advancement opportunities for individuals with client and family member experience in the Public Mental Health System.

Stipends. Stipends can be a program of educational funding for students such as that patterned after the federal Title IV-E stipend program for graduate level students, such as social workers or marriage and family therapists, where funds are provided to an enrolled student in exchange for a commitment to work in the Public Mental health System for a specified period of time, usually one year. Counties can contract with a fiduciary entity, university or accredited educational institution for the establishment of such a program.

Stipends can also be used to pay individuals with client and family member experience for participation and completion of an education or training program that leads to employment in the Public Mental Health System, and are often budgeted as part of the expenses of such a program.

Scholarships. Counties and its community based organizations can establish a scholarship fund to pay for the costs, such as tuition, registration fees, books and supplies, associated with employees participating in training and educational endeavors that are directly linked to:

- Addressing occupational shortages or critical skills needed by the employer, such as language proficiency or licenses
- Integrate individuals with client and family member experience into all levels of the Public Mental Health System workforce, to include positions that require advanced degrees
- Addressing the under-representation of racial/ethnic, cultural and linguistic groups in the workforce

All education and training in which scholarship funds are provided must adhere to the fundamental principles embodied in the Act, and cannot supplant existing funds allocated for staff development activities.

Counties can establish new programs or expand existing programs that may include a sharing of costs with an employee, such as a “20/20 program”. These types of programs typically pay an employee’s full salary while the employee dedicates a portion of work and personal time to pursue an advanced degree in an approved academic program that benefits both the employee and employer by means of addressing the above workforce needs. Counties may establish a program of this nature for County and community based organization employees, and budget the cost of salary for that portion of an employee’s work time that is participating in coursework.

MHSA Loan Assumption Program. The Department is currently developing a program description and requirements for an MHSA Loan Assumption Program, in which individuals on an annual basis will have payments made on outstanding loan balances in exchange for a commitment to work in the Public Mental Health System. These loan payments are made in exchange for the employee’s working in the Public Mental Health System for a specified time, and need to be directly linked to meeting an employer’s workforce needs. Amounts paid can vary, depending upon the amount of educational debt incurred.

The Department will communicate the description and proposed guidelines for the Loan Assumption Program in a separate document as soon as the program is ready for implementation. These guidelines will be set forth in regulations being promulgated by the Department. This communication will also include information regarding additional funds that may be made available for this program.

Once the MHSA Loan Assumption Program is established by the Department Counties may designate additional funds as part of their Work Detail in order to increase the number of individuals from their counties who are able to participate in the MHSA Loan Assumption Program.

Counties are not to include loan assumption, loan repayment or loan forgiveness programs in their Work Detail until the Department has communicated the proposed guidelines for the MHSA Loan Assumption Program.

I. The following are **Examples**, with information and types of information representative of appropriate Actions for County consideration:

**Example #1.** Title: Clinical Psychologist/Social Worker/Marriage and Family Therapist/Psychiatric Mental Health Nurse Practitioner Stipend Program

**Description:** 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. The 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.

**Objectives:** Achievement of objectives could be described in terms of significant program or specific outcomes achieved. Objectives in this Action could be establishment of the stipend program, a revised curriculum, number of students enrolled, increasing recruitment efforts that outreach to any under-represented racial/ethnic, cultural or linguistic groups in the workforce, number of graduates, and number working in community public mental health settings.

**Budget Justification:** Planning factors for construction of a budget for this Action would be the cost of the stipend times the number of students, and the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE) times the all-inclusive cost for fielding a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel costs, and administrative overhead. Funds budgeted for less than a full fiscal year would be prorated.

**Example #2.** Title: MHSA Scholarship Program.

**Description:** 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 MHSA 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.

**Objectives:** Achievement of objectives could be described in terms of significant program or specific outcomes achieved. Objectives in this Action could be establishment of the scholarship program and number of employees for whom scholarships would be provided.

**Budget Justification:** Planning factors for construction of a budget for this Action would be to establish an average cost of educational expenses, such as registration fees, tuition, books and supplies, to be allotted per employee times the number of employees for whom scholarships are planned to be provided. Funds budgeted for less than a full fiscal year would be prorated.

II. Financial Incentive Programs Planned to be Administered at the State Level.

1. Stipends. The Department is planning to establish stipend programs to fund graduate level social workers, clinical psychologists, marriage and family therapists, and psychiatric mental health nurse practitioners. Counties are encouraged to assess the scope and accessibility of these stipend programs to students in their County as the programs are established in order to determine whether to include stipends as part of their strategy.

2. Scholarships. The Department is planning to pay scholarships for individuals to participate in the planned state-administered training programs of Train the Trainers and a Leadership Institute.

**Exhibit 5: Action Matrix.**

The purpose of this exhibit is for Counties to demonstrate that all MHSA funded workforce education and training Actions embody the five fundamental principles that are inherent in the Act and are consistent with at least one of the strategies as set forth in Section 5822 of the Act. In this exhibit counties are to list the title of each Action that was described in Exhibit 4 and check each box where it applies.

**Exhibit 6: Budget Summary.**

Counties are to add the sub-totals for each funding category (for example, Workforce Staffing Support) and each fiscal year from Exhibit 4 and enter these sub-totals on the Budget Summary. Planning funds that have been approved prior to submitting the County's Workforce Education and Training component are to be shown as a sub-total in the fiscal year in which the funds were approved, and added to the balance of funds requested in order to equal the total funds requested for that fiscal year.

Counties are not to exceed the total Planning Estimate for the Workforce Education and Training component of the Three-Year Plan for their County that is included in **Enclosure 2**.

Funds are not retroactive, in that funding for the Workforce Education and Training component starts upon notice of approval by DMH.

**Exhibit 7: Annual Workforce Education and Training Report**

This exhibit provides a template for annual reporting of progress achieved in a County's Workforce Education and Training component. It is not to be completed

or submitted with the Workforce Education and Training component, but is provided here for information only.

Upon approval of the Workforce Education and Training component this exhibit is to be submitted as a part of the annual update for the remainder of the County's current Three-Year Program and Expenditure Plan. The exhibit is divided into the five funding categories, with space allocated for a short narrative describing progress on planned objectives for the Actions described in Exhibit 4. These events, milestones, products, or outcomes are to be reported as measurable activities that can be quantitatively compared for the duration of the contract period.

Minimum reporting requirements consist of listing any objectives from any of the Actions that have been met during the period being reported, any issues that significantly impact on the accomplishment of objectives, and any positive accomplishments the County wishes to share.