

PART IV: REQUIRED EXHIBITS

EXHIBIT 1: WORKFORCE FACE SHEET

**MENTAL HEALTH SERVICES ACT (MHSA) WORKFORCE EDUCATION AND TRAINING COMPONENT
TEN-YEAR PROGRAM AND EXPENDITURE PLAN, Fiscal Years 2008-09 through 2017-18**

Jurisdiction: City of Berkeley Date: March 5, 2009

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

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

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

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

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EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY

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

The City of Berkeley participates in a regional partnership through CIMH and the Greater Bay Area Mental Health and Education Workforce Collaborative. Representatives from Berkeley included the Mental Health Manager, Training Coordinator, and Consumer Services Coordinator to inform the Workforce Education and Training planning process.

The City of Berkeley Mental Health Division (BMH) underwent an extensive stakeholder input process that began with input received during the development of the CSS plan in 2005. Over a nine-month period, BMH, through its MHSA Steering Committee and developed Work Groups, conducted 67 community meetings and focus groups. Over 600 individuals participated in this process. Written and web-based surveys were distributed in three languages and garnered 345 responses. This input, via community meeting, focus group, and survey, gathered input from a wide range of stakeholders that included: consumers, family members, community members, CBO staff, BMH commissioners, and BMH staff.

A stakeholder process that further explored workforce, education, and training needs commenced in early 2008. At least 200 surveys were distributed in written or electronic form. Of these, 58 respondents completed a staff workforce survey and an additional 30 completed a community needs workforce survey. Respondents to the community survey self-identified as BMH staff (7), consumers (2), educational partners (5), community agency staff (2), mental health and social work professionals working in the community (13), and community members (3). Respondents identified as the Program Education Director of Bahia, Inc. the Executive Director of the Alameda County Network of Mental Health Clients; a Vice Principal and a teacher at the Berkeley Adult School; an early childhood educational specialist; a field placement coordinator; and a Mental Health Program Director of a community based agency.

A WET Planning Panel chaired by Josefa Molina, PhD, WET Coordinator for BMH, met and discussed the workforce, education and training goals of MHSA in the City of Berkeley. The team was comprised of community members, educational partners, consumers, BMH staff and administrators, and agency representatives. The Planning Panel was formed as follows:

- 1) Information about the WET Planning Panel was discussed on the MHSA Steering Committee and in the PEI Planning Panels; and
- 2) Individuals who expressed an interest in the panel submitted applications indicating their affiliation to various community constituencies;
- 3) A panel of BMH staff, including the Manager of Mental Health, the Quality Improvement Supervisor, the Consumer Coordinator, and the Cultural Competency Coordinator reviewed the applications and chose applicants based upon interest in the community while being inclusive of diversity with regards community constituency, race/ ethnicity, and gender.
- 4) Twenty participants were chosen for the panel. Of these, ten attended at least one of five meetings that were held to garner input, establish and prioritize workforce, education and training goals for the City of Berkeley. Representatives included consumers, community agency staff, community members, educational institutions, and staff. Staff included our Consumer Coordinator, Employment Coordinator, Cultural Competency Coordinator, Manager, and Quality Improvement Program Supervisor.
- 5) These goals are being presented to the MHSA Steering Committee for review and approval. Once approved by the MHSA Steering Committee, a complete draft will be posted for public review and comment. Those that attended the Planning Panel and other stakeholders will be sent notice of the 30-day public review. The public will be notified as specified by Department of Mental Health guidelines.

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 1

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
A. Unlicensed Mental Health Direct Service Staff:										
County (employees, independent contractors, volunteers):										
Mental Health Rehabilitation Specialist	0	0	0							
Case Manager/Service Coordinator	1.0	0	0							
Employment Services Staff.....	1.0	0	0							
Housing Services Staff.....	1.0	0	0							
Consumer Support Staff	1.0	1	4.0							
Family Member Support Staff75	1	.25							
Benefits/Eligibility Specialist.....	0	0	1.0							
Other Unlicensed MH Direct Service Staff.....	3.25	0	2.0							
<i>Sub-total, A (County)</i>	8.0	2	7.25	1.0	.75	4.5	0	0	0	6.25
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Mental Health Rehabilitation Specialist	0	0	0							
Case Manager/Service Coordinator	0	0	0							
Employment Services Staff.....	0	0	0							
Housing Services Staff.....	0	0	0							
Consumer Support Staff	0	0	0							
Family Member Support Staff	0	0	0							
Benefits/Eligibility Specialist.....	0	0	0							
Other Unlicensed MH Direct Service Staff.....	0	0	0							
<i>Sub-total, A (All Other)</i>	0	0	0	0	0	0	0	0	0	0
Total, A (County & All Other):	8.0	0	7.25	1.0	.75	4.5	0	0	0	6.25

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

(Unlicensed Mental Health Direct Service Staff; Sub-Totals and Total Only)
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EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 2

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+(7)+(8)+(9)+(10) (11)
B. Licensed Mental Health Staff (direct service):				(Licensed Mental Health Direct Service Staff; Sub-Totals Only) ↓						
County (employees, independent contractors, volunteers):										
Psychiatrist, general	2.99	1	1.0							
Psychiatrist, child/adolescent.....	.25	1	.75							
Psychiatrist, geriatric.....	0	1	.50							
Psychiatric or Family Nurse Practitioner	0	1	0							
Clinical Nurse Specialist80	1	2.0							
Licensed Psychiatric Technician.....	0	0	0							
Licensed Clinical Psychologist.....	1.85	0	.15							
Psychologist, registered intern (or waived)	0	0	0							
Licensed Clinical Social Worker (LCSW)	13.5	0	2.0							
MSW, registered intern (or waived)	6.1	0	2.0							
Marriage and Family Therapist (MFT)	13.05	0	2.0							
MFT registered intern (or waived).....	2.6	0	2.0							
Other Licensed MH Staff (direct service)	1.75	0	0							
<i>Sub-total, B (County)</i>	42.89	5	12.40	17.44	4.0	5.6	4.6	0	0	31.64
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Licensed Mental Health Direct Service Staff; Sub-Totals and Total Only) ↓						
Psychiatrist, general	0	0	0							
Psychiatrist, child/adolescent.....	0	0	0							
Psychiatrist, geriatric.....	0	0	0							
Psychiatric or Family Nurse Practitioner	0	0	0							
Clinical Nurse Specialist	0	0	0							
Licensed Psychiatric Technician.....	0	0	0							
Licensed Clinical Psychologist.....	0	0	0							
Psychologist, registered intern (or waived)	0	0	0							
Licensed Clinical Social Worker (LCSW)	0	0	0							
MSW, registered intern (or waived)	0	0	0							
Marriage and Family Therapist (MFT)	0	0	0							
MFT registered intern (or waived).....	0	0	0							
Other Licensed MH Staff (direct service)	0	0	0							
<i>Sub-total, B (All Other)</i>	0	0	0	0	0	0	0	0	0	0
Total, B (County & All Other):	42.89	5	12.40	17.44	4.0	5.6	4.6	0	0	31.64

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 3

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

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

(Other Health Care Staff, Direct Service; Sub-Totals and Total Only)
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EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 4

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
D. Managerial and Supervisory:										
County (employees, independent contractors, volunteers):										
CEO or manager above direct supervisor.....	1.0	0	0	(Managerial and Supervisory; Sub-Totals Only) ↓						
Supervising psychiatrist (or other physician).....	0.5	1	0							
Licensed supervising clinician	5.0	0	1							
Other managers and supervisors	2.0	0	1							
<i>Sub-total, D (County)</i>	7.5	1	2	2.5	0	2	2	0	0	6.5
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
CEO or manager above direct supervisor.....	0	0	0	(Managerial and Supervisory; Sub-Totals and Total Only) ↓						
Supervising psychiatrist (or other physician).....	0	0	0							
Licensed supervising clinician	0	0	0							
Other managers and supervisors	0	0	0							
<i>Sub-total, D (All Other)</i>	0	0	0	0	0	0	0	0	0	0
Total, D (County & All Other):	7.5	1	2	2.5	0	2	2	0	0	6.5
E. Support Staff (non-direct service):										
County (employees, independent contractors, volunteers):										
Analysts, tech support, quality assurance.....	7.48	1	0	(Support Staff; Sub-Totals Only) ↓						
Education, training, research.....	1.00	0	0							
Clerical, secretary, administrative assistants	8.63	0	0							
Other support staff (non-direct services).....	1.00	0	0							
<i>Sub-total, E (County)</i>	18.11	1	0	5.24	4.0	6.63	1.0	0	0	16.87
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Analysts, tech support, quality assurance.....	0	0	0	(Support Staff; Sub-Totals and Total Only) ↓						
Education, training, research.....	0	0	0							
Clerical, secretary, administrative assistants	0	0	0							
Other support staff (non-direct services).....	0	0	0							
<i>Sub-total, E (All Other)</i>	0	0	0	0	0	0	0	0	0	0
Total, E (County & All Other):	18.11	1	0	5.24	4.0	6.63	1.0	0	0	16.87

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 5

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

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	
County (employees, independent contractors, volunteers) (A+B+C+D+E).....	76.5	11	25.65	26.18	8.75	18.73	7.6	0	0	61.26
All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E)	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	76.5	4	15.65	26.18	8.75	18.73	7.6	0	0	61.26

F. TOTAL PUBLIC MENTAL HEALTH POPULATION

(1)	(2)	(3)	(4)	Race/ethnicity of individuals planned to be served -- Col. (11)						All individuals (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	
F. TOTAL PUBLIC MH POPULATION	Leave Col. 2, 3, & 4 blank			638	121	627	76	16	23	1501

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

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

Major Group and Positions (1)	Estimated # FTE authorized and to be filled by clients or family members (2)	Position hard to fill with clients or family members? (1=Yes; 0=No) (3)	# additional client or family member FTEs estimated to meet need (4)
A. <i>Unlicensed Mental Health Direct Service Staff:</i>			
Consumer Support Staff.....	1.0	1	0
Family Member Support Staff50	1	.50
Other <i>Unlicensed</i> MH Direct Service Staff	3.0	0	4.0
Sub-Total, A:	4.50	2	4.50
B. <i>Licensed Mental Health Staff (direct service)</i>.....	0	0	0
C. <i>Other Health Care Staff (direct service)</i>	0	0	0
D. <i>Managerial and Supervisory</i>.....	0	0	0
E. <i>Support Staff (non-direct services)</i>.....	0	0	0
GRAND TOTAL (A+B+C+D+E)	4.50	2	4.50

III. LANGUAGE PROFICIENCY

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

Language, other than English (1)	Number who are proficient (2)	Additional number who need to be proficient (3)	TOTAL (2)+(3) (4)
1. <u>Spanish</u>	Direct Service Staff <u>6</u> Others <u>3</u>	Direct Service Staff 2 Others 0	Direct Service Staff 8 Others 3
2. <u>Tagalog</u>	Direct Service Staff <u>0</u> Others <u>1</u>	Direct Service Staff 0 Others 0	Direct Service Staff 0 Others 1
3. <u>Japanese</u>	Direct Service Staff <u>1</u> Others <u>1</u>	Direct Service Staff 0 Others 0	Direct Service Staff 1 Others 1
4. <u>Mandarin/ Cantonese</u>	Direct Service Staff <u>1</u> Others <u>0</u>	Direct Service Staff 1 Others 0	Direct Service Staff 3 Others 0
5. <u>Vietnamese</u>	Direct Service Staff <u>1.6</u> Others <u>0</u>	Direct Service Staff 2 Others 0	Direct Service Staff 3.6 Others 0
6. <u>Korean</u>	Direct Service Staff <u>0</u> Others <u>0</u>	Direct Service Staff 2 Others 0	Direct Service Staff 2 Others 0

Additional WET Survey Data

		2008 BMH Personnel Report					Staff WET Survey- Staff who identified as...			
PERCENT OF TOTAL STAFF		VACANT	White	Latino	AA	API	Consumer	Family Member of Consumer	Disabled	LGBT
Paraprofessional	10.4%	2.3%	1.3%	1%	5.8%	0%				
Coordinators/ Analysts/ Techs	12.3%	.3%	6.8%	3.9%	1.3%	0%				
Clerical Staff	12.5%	1.3%	0%	1.3%	8.6%	1.3%				
Professional Staff	52.0%	10.2%	23.5%	5.2%	7.2%	5.9%				
Managerial Staff	9.7%	1.3%	3.2%	0%	2.6%	2.6%				
TOTAL STAFF N= 77.5		15.3%	35.8%	11.3%	25.5%	9.8%	23.5%	27.5%	6.5%	11.8%

PERCENT OF JOB TYPE		VACANT	White	Latino	AA	API
Paraprofessional	FTE = 8.0	21.9%	12.5%	9.4%	56.3%	0%
Coordinators/ Analysts/ Techs	FTE = 10.48	2.3%	50%	28.6%	9.5%	0%
Clerical Staff	FTE = 8.63	11.6%	0%	11.6%	76.8%	11.6%
Professional Staff	FTE = 42.89	18.4%	42.5%	9.3%	13.1%	10.7%
Managerial Staff	FTE = 7.5	13.3%	33.3%	0%	26.7%	26.7%
AVERAGE RANGE		13.5%	27.7%	11.8%	36.5%	9.8%
CURRENT BMH POPULATION			56%	9.5%	12%	18%
ESTIMATED POTENTIAL BMH POPULATION			38.4%	11.2%	13%	30.7%
DIFFERENCE BETWEEN % DIRECT SERVICE STAFF AND POTENTIAL BMH POPULATION			4.1%	-1.9%	0%	-20%

FTE DEDICATED TO BILINGUAL SERVICES	All Staff	White	Latino	AA	API
<i>FTE Direct Service Bilingual Spanish</i>	6.09	.8	5.29	0	0
<i>FTE Direct Service Bilingual Vietnamese</i>	1.6	0	0	0	1.6
<i>FTE Direct Service Bilingual Mandarin/ Cantonese</i>	1.0	0	0	0	1.0
<i>FTE of staff assigned to linguistically diverse clients</i>	8.69	.8	5.29	0	2.6

BILINGUAL SERVICES PROVIDED AT BMH	# BILINGUAL CLIENTS SEEN	# HRS BILINGUAL SERVICES PROVIDED	% HOURS PROVIDING BILINGUAL SERVICES	% CASELOAD PROVIDED BILINGUAL SERVICES
<i>SPANISH</i>	~19	~40	~16%	~24%
<i>API LANGUAGES</i>	3	~5	~4.8%	~6%
<i>ALL LANGUAGES</i>	~22	~45	~13%	~17%

BMH RETENTION BY ETHNICITY	All Staff	White	Latino	AA	API
<i>Average years in the MH Field</i>	13.8	17	15	9	14
<i>Average years at BMH</i>	6.8	10	3	6	6

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

REMARKS: Provide a brief listing of any significant shortfalls that have surfaced in the analysis of data provided in sections I, II, and/or III. Include any sub-sets of shortfalls or disparities that are not apparent in the categories listed, such as sub-sets within occupations, racial/ethnic groups, special populations, and un-served or underserved communities.

A. Shortages by occupational category:

- Psychiatrists- general, child, and geriatric
- Need to develop available nursing positions, including psychiatric nurse practitioners
- Need to develop clinical positions that specialize in geriatric mental health and services for children 0-5.

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

1. While there is staff diversity, except in the area of API staffing, race/ ethnicity is clustered by job type. There is a need to increase:
 - The number of licensed API direct service staff.
 - The diversity of staff at all levels of the organization and across position type.
 - Administrative support/clerical staff are predominantly African-American and group should be more diverse
2. There are differences in the retention of staff by ethnicity/race. Given this, there is a need to address the organizational factors that contribute to these differences, particularly with regards Latino staff that only average three years at BMH.

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

1. There are designated positions for individuals with consumer or family member experience. Additionally, 23.5% identify as consumers, of whom 8% received services in a public mental health facility. 37% identified as a family member of a consumer, with 14% receiving services through a public mental health facility. The needs that arose from this analysis include:
 - The internalized stigma that staff feels in identifying as a consumer or family member is high. This will influence the integration of designated consumer and family member positions into the staff.
 - There is a need to train consumers and family members in the skills needed to function effectively as direct service staff.

D. Language proficiency:

1. There is no certification for language proficiency at BMH.
2. There are 6.09 FTE staff who are direct service bilingual Spanish speaking. Approximately 40 hours per week is spent providing bilingual services to clients and the community. Given the estimated number of Latinos in Berkeley and Albany needing service, this is about 60% the time needed to serve these monolingual clients.
3. There are 1.6 FTE of Vietnamese speaking staff. Three percent of this time is spent providing services in Vietnamese to one client and in community outreach. One FTE provides services in Mandarin and Cantonese. Approximately 5% of her time is spent providing services in these languages and 6% of her caseload is monolingual speaking. There are no Korean providers at BMH. Additional staff time is needed to adequately serve these communities.
4. Needs that arise in this analysis include:
 - In general, better utilization of the time and client hours with available bilingual staff.
 - The need to designate a prescribed number of direct service positions as bilingual, assign monolingual, non-English speaking clients to these providers, and allow for diverse outreach activities in both clinics to the communities that these providers serve.
 - The need for additional, designated providers of threshold language service providers in Spanish, Mandarin/ Cantonese, Korean and Vietnamese.

E. Other, miscellaneous:

1. Nearly 12% of the staff identifies as lesbian, gay, bisexual or transgender, consistent with the community at large. According to staff and community report, however, there is still work that needs to be done to address stereotypes and improve services to this community.

EXHIBIT 4: WORK DETAIL

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

A. WORKFORCE STAFFING SUPPORT

Action #1 – Title: Peer Leadership Coordination					
Description: MHSA outlines important values around the development of a culturally and linguistically competent, consumer, and family driven mental health system. In order to do this, it is necessary to provide training opportunities and mentoring of these Berkeley and Albany constituents. It was also recognized that a more diverse pool of peer leaders may be developed in contracting out with local community based organizations for a part of that training. A .25 FTE Training Coordinator will establish community relationships and develop training and mentorship opportunities to help develop a cadre of community leaders.					
Objectives:					
<ol style="list-style-type: none"> 1) .25 FTE Training Coordinator who will provide and coordinate training for consumers, family members, and culturally and linguistically diverse community members to provide the skills necessary to: <ul style="list-style-type: none"> ▪ Participate on BMH committees and Boards; ▪ To acquire the skills needed to secure consumer and family member positions as they open up; and ▪ Provide wellness and recovery-based organizing in diverse Berkeley and Albany communities in order to identify prospective mental health workers and engage them in workforce pipeline strategies. 2) The Training Coordinator will <ul style="list-style-type: none"> ▪ Develop peer and family training opportunities through BMH; ▪ Provide oversight of these training opportunities and mentoring of the trainees; ▪ Develop a system to distribute stipends for Peer Leaders; ▪ Act as a liaison with local community based programs; & ▪ Assist in the development of learning collaborations with local community colleges, adult schools and peer agencies. 3) BMH will contract with community-based organizations that provide training to culturally and linguistically diverse Berkeley and Albany residents in leadership development, human service/ counseling skills, or in a field that leads to a career in mental health. 					
Budget justification: Hiring a .25 FTE Training Coordinator with pro-rated benefits @ \$30,000 per year for 3years for a total of \$90,000 over three years.					
Budgeted	FY 2008-09:	FY 2009-10:	FY 2010-11: \$30,000	FY 2011-12: \$30,000	FY 2012-13: \$30,000
Amount:	FY 2013-14:	FY 2014-15:	FY 2015-16:	FY 2016-17:	FY 2017-18:

EXHIBIT 4: WORK DETAIL

B. TRAINING AND TECHNICAL ASSISTANCE

Action #2 – Title: Staff Development and MHSA Training

Description: Staff and affiliated community agencies will be provided training to guide the MHSA system transformation. Topics that will be included are as follows: Wellness and Recovery/ Resiliency, Cultural Competency, Innovative and Evidence-Based Practices, and Co-Occurring Disorders.

Description of proposed projects to include, but not be limited to:

1. Appropriately serving African-American consumers and family members.
2. Leadership development: This training will include skill development for middle and upper level managers and supervisors in leading a multi-cultural team, the development of cross-cultural management skills, and how to manage differences from a leadership perspective. Additionally, staff that would like to increase their skills in order to promote within the agency will be given the opportunity to take classes in leadership skills development.
3. Training on MHSA related core concepts, including wellness and recovery, resiliency, innovative and best practices, cultural competency, and co-occurring disorders.
4. Subscribe to a web-based learning program that provides MHSA related e-learning for staff.

Objectives: Each year a Training Plan will identify a set of training objectives that reflect MHSA core values and services, including specific topics, learning objectives, measures and expected outcomes. Training plan will be developed by the WET Coordinator and a WET subcommittee composed of staff, consumers, and family members. This committee will review and choose trainers, training modalities to be utilized, budget the needed supplies and training costs, and research and engage trainers or training sources for staff.

Budget justification: Training contracts, subscriptions to web-based learning program, facility fees, materials fees, equipment, conference registration and license fees for a total of \$150,000 over ten years.

Budgeted	FY 2008-09: \$	FY 2009-10: \$20,000	FY 2010-11: \$20,000	FY 2011-12: \$20,000	FY 2012-13: \$20,000
Amount:	FY 2013-14: \$20,000	FY 2014-15: \$14,000	FY 2015-16: \$14,000	FY 2016-17: \$10,000	FY 2017-18: \$10,000

EXHIBIT 4: WORK DETAIL – page 4

C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action # 3 – Title: Career Pathways Adjunct Support					
Description: Provide adjunct supports for students attending local human services academic programs, including but not limited to Berkeley High School, Berkeley City College, and Berkeley Adult School.					
Objectives: The adjunct supports will help reduce the barriers to attending local community colleges and adult school and will increase the number of community members who pursue a career in public mental health.					
Budget justification: Provide student assistance with food, transportation, books and material costs incurred while attending a human service credential or degree for a total of \$60,000.					
Budgeted	FY 2008-09:	FY 2009-10: \$7000.00	FY 2010-11: \$7000.00	FY 2011-12: \$7000.00	FY 2012-13: \$7000.00
Amount:	FY 2013-14: \$7000.00	FY 2014-15: \$7000.00	FY 2015-16: \$6000.00	FY 2016-17: \$6000.00	FY 2017-18: \$6000.00

D. RESIDENCY, INTERNSHIP PROGRAMS

E. FINANCIAL INCENTIVE PROGRAMS

Action # 4 – Title: Graduate Level Training Stipend Program					
Description: Every year BMH trains between 25 and 30 graduate level psychology, social work, and counseling trainees and interns. Continuous efforts are made to insure a cultural and linguistic diversity amongst these trainees and interns. It has been difficult to compete with other programs that offer stipends and paid positions for these students. This program will allow BMH to attract a more culturally and linguistically diverse trainee and intern pool.					
Objectives: Offer annual stipends for linguistically and culturally diverse graduate level interns and trainees.					
Budget justification: Offer a total of \$20,000 in stipends for eight years for a total of \$160,000.					
Budgeted	FY 2008-09: \$	FY 2009-10: \$	FY 2010-11: \$20,000	FY 2011-12: \$20,000	FY 2012-13: \$20,000
Amount:	FY 2013-14: \$20,000	FY 2014-15: \$20,000	FY 2015-16: \$20,000	FY 2016-17: \$20,000	FY 2017-18: \$20,000

EXHIBIT 4: WORK DETAIL

E. FINANCIAL INCENTIVE PROGRAMS -- *Continued*

<u>Action # 5</u> – Title: Peer Leader Stipend Program					
Description: The Peer Leadership Coordinator will be coordinating trainings and training opportunities at BMH. Peer leaders may take active roles on planning committees, on panels, on the BMH Steering Committee or in direct service positions in the clinics. These positions will help prepare consumers and their family members for roles within the public mental health system.					
Objectives: Offer stipends for consumers and family members participation in leadership roles at BMH and in peer counselor training roles in the clinics.					
Budget justification: Offer \$12,500 in stipends per year for a total of 8 years for \$100,000.00					
Budgeted	FY 2008-09: \$	FY 2009-10: \$	FY 2010-11: \$12,500.00	FY 2011-12: \$12,500.00	FY 2012-13: \$12,500.00
Amount:	FY 2013-14: \$12,500.00	FY 2014-15: \$12,500.00	FY 2015-16: \$12,500.00	FY 2016-17: \$12,500.00	FY 2017-18: \$12,500.00

<u>Action # 6</u> – Title: Educational Advancement Program					
Description: Staff at all levels of BMH, who have the desire to advance at BMH, will be encouraged to continue their educational careers through scholarships and book grants. Staff who would like to pursue a human services certificate, a human services related AA or BA degree will be able to apply for competitive scholarships for tuition and an accompanying book grant. Those that have a BA, including staff who have trained as a professional in other countries, will be able to pursue master's level training in psychology, counseling, social work or nursing. All students will be required to make a work commitment to public mental health on a year for year basis upon receipt of the scholarship.					
Objectives:					
<ol style="list-style-type: none"> 1. AA/ BA Level: Provide tuition assistance and money for books to staff, consumers, family members of consumers, and bilingual, bicultural community members studying to obtain a Human Services certificate, AA degree or BA in a human services program. 2. Master's Level: Provide tuition assistance to attend an MFT, MSW, or nursing program. The program will provide tuition assistance of \$11,000 per year for four new & continuing students per year. 					
Budget justification: Provide Scholarship and book grants of \$11,000 a year for nine years for a total of \$99,000.00.					
Budgeted	FY 2008-09: \$	FY 2009-10: \$11,000.00	FY 2010-11: \$11,000.00	FY 2011-12: \$11,000.00	FY 2012-13: \$11,000.00
Amount:	FY 2013-14: \$11,000.00	FY 2014-15: \$11,000.00	FY 2015-16: \$11,000.00	FY 2016-17: \$11,000.00	FY 2017-18: \$11,000.00

EXHIBIT 5: ACTION MATRIX

Please list the titles of *ACTIONS* described in Exhibit 4, and check the appropriate boxes (4) that apply.

Actions (as numbered in Exhibit 4, above)	Promotes wellness, recovery, and resilience	Promotes culturally competent service delivery	Promotes meaningful inclusion of clients/family members	Promotes an integrated service experience for clients and their family members	Promotes community collaboration	Staff support (infrastructure for workforce development)	Resolves occupational shortages	Expands postsecondary education capacity	Loan forgiveness, scholarships, and stipends	Regional partnerships	Distance learning	Career pathway programs	Employment of clients and family members within MH system
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Action #1: Peer Leadership Coordination	✓	✓	✓			✓							✓
Action #2: Staff Development and MHSA Training	✓	✓		✓	✓	✓	✓				✓	✓	
Action #3: Career Pathways Adjunct Support	✓	✓	✓		✓		✓	✓				✓	✓
Action #4: Graduate Training Stipend Program		✓					✓		✓			✓	
Action #5: Peer Leader Stipend Program	✓	✓	✓						✓				✓
Action #6: Educational Advancement Program	✓		✓				✓	✓	✓			✓	

EXHIBIT 6: BUDGET SUMMARY

Fiscal Year: 2009-10			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support	\$0	\$0	\$0
B. Training and Technical Assistance	\$0	\$20,000	\$20,000
C. Mental Health Career Pathway Programs	\$0	\$7000.00	\$7000
E. Financial Incentive Programs	\$0	\$11,000	\$11,000
GRAND TOTAL FUNDS REQUESTED for FY 2009-10			\$38,000
Fiscal Year: 2010-11			
Activity			Total Funds Requested
A. Workforce Staffing Support			\$30,000
B. Training and Technical Assistance			\$20,000
C. Mental Health Career Pathway Programs			\$7000
E. Financial Incentive Programs			\$43,500
GRAND TOTAL FUNDS REQUESTED for FY 2010-11			\$100,500
Fiscal Year: 2011-12			
Activity			Total Funds Requested
A. Workforce Staffing Support:			\$30,000
B. Training and Technical Assistance			\$20,000
C. Mental Health Career Pathway Programs			\$7000
E. Financial Incentive Programs			\$43,500
GRAND TOTAL FUNDS REQUESTED for FY 2011-12			\$100,500
Fiscal Year: 2012-13			
Activity			Total Funds Requested
A. Workforce Staffing Support:			\$30,000
B. Training and Technical Assistance			\$20,000
C. Mental Health Career Pathway Programs			\$7000
E. Financial Incentive Programs			\$43,500
GRAND TOTAL FUNDS REQUESTED for FY 2012-13			\$100,500
Fiscal Year: 2013-14			
Activity			Total Funds Requested
B. Training and Technical Assistance			\$20,000
C. Mental Health Career Pathway Programs			\$7000
E. Financial Incentive Programs			\$43,500
GRAND TOTAL FUNDS REQUESTED for FY 2013-14			\$70,500

Fiscal Year: 2014-15		
Activity		Total Funds Requested
B. Training and Technical Assistance		\$14,000
C. Mental Health Career Pathway Programs		\$7,000
E. Financial Incentive Programs		\$43,500
GRAND TOTAL FUNDS REQUESTED for FY 2014-15		\$64,500
Fiscal Year: 2015-16		
Activity		Total Funds Requested
B. Training and Technical Assistance		\$14,000
C. Mental Health Career Pathway Programs		\$6,000
E. Financial Incentive Programs		\$43,500
GRAND TOTAL FUNDS REQUESTED for FY 2015-16		\$63,500
Fiscal Year: 2016-17		
Activity		Total Funds Requested (A + B)
B. Training and Technical Assistance		\$10,000
C. Mental Health Career Pathway Programs		\$6,000
E. Financial Incentive Programs		\$43,400
GRAND TOTAL FUNDS REQUESTED for FY 2016-17		\$59,400
Fiscal Year: 2017-18		
Activity		Total Funds Requested (A + B)
B. Training and Technical Assistance		\$10,000
C. Mental Health Career Pathway Programs		\$6,000
E. Financial Incentive Programs		\$43,500
GRAND TOTAL FUNDS REQUESTED for FY 2017-18		\$59,500
Fiscal Year: 2009-18		
A. Workforce Staffing Support:		\$90,000
B. Training and Technical Assistance		\$148,000
C. Mental Health Career Pathway Programs		\$60,000
E. Financial Incentive Programs		\$358,900
GRAND TOTAL FUNDS REQUESTED for FY 2009-18		\$656,900

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

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

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