

**PART IV: REQUIRED EXHIBITS**  
**EXHIBIT 1: WORKFORCE FACE SHEET**

**Enclosure 1B**

**MENTAL HEALTH SERVICES ACT (MHSA) WORKFORCE EDUCATION AND TRAINING COMPONENT**  
**THREE-YEAR PROGRAM AND EXPENDITURE PLAN, FY 2006-07, 2007-08, 2008-09, Funds Requested for FY 2010-11**  
**and FY 2011-12**

County: Tehama Date: 02/07/2011

This County's Workforce Education and Training component of the Three-Year Program and Expenditure Plan addresses the shortage of qualified individuals who provide services in this County's Public Mental Health System. This includes community based organizations and individuals in solo or small group practices who provide publicly-funded mental health services to the degree they comprise this County's Public Mental Health System workforce. This Workforce Education and Training component is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of California's MHSA Workforce Education and Training Five-Year Strategic Plan (Five-Year Plan), and this County's current MHSA Community Services and Supports component. Actions to be funded in this Workforce Education and Training component supplement state administered workforce programs. The combined Actions of California's Five-Year Plan and this County's Workforce Education and Training component together address this County's workforce needs as indicated in Exhibits 3 through 6. Funds do not supplant existing workforce development and/or education and training activities. Funds will be used to modify and/or expand existing programs and services to fully meet the fundamental principles contained in the Act. All proposed education, training and workforce development programs and activities contribute to developing and maintaining a culturally competent workforce, to include individuals with client and family member experience who are capable of providing client- and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes. This Workforce Education and Training component has been developed with stakeholders and public participation. All input has been considered, with adjustments made, as appropriate. Progress and outcomes of education and training programs and activities listed in this Workforce Education and Training component will be reported and shared on an annual basis, with appropriate adjustments made. An updated assessment of this county's workforce needs will be provided as part of the development of each subsequent Workforce Education and Training component.

**County Mental Health Director:**  
Printed Name:  
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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 stakeholder participation involved a variety of methods of seeking feedback from consumers, family members, Mental Health staff, MHSA Steering Committee, Adult System of Care, community partners, Mental Health Advisory Board, etc. The MHSA Steering Committee has the primary responsibility of the stakeholder process and meets on a monthly basis. Consumers, family members, and the general public are invited to attend. The MHSA Steering Committee is comprised of consumers, family members, Advisory Board members, Mental Health staff, Public Health staff, Drug and Alcohol staff, First 5 Commission, organizational providers, law enforcement, social services, faith community, etc. The committee created a computerized survey that was provided to consumers, family members, Mental Health staff, the Health Partnership (an interagency collaborative group with county government agencies, education representatives, non-profit organizations, law enforcement, health care providers, etc), Mental Health Advisory Board, Adult System of Care, etc. If someone did not have computer access, a paper survey was provided. 83 surveys were received. In addition, the Mental Health Advisory Board provided the opportunity for consumers and family members to provide input at advisory board meetings/focus groups. Mental Health staff was invited to provide feedback at staff meetings/focus groups.

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT										
By Occupational category	Race/Ethnicity of FTE's currently in the workforce									
Major Group and Positions	Estimated # FTE authorized	Position hard to fill - 1= Yes, 0 = NO	# FTE estimated to meet need in addition to # FTE authorized	White/Caucasian	Hispanic/Latino	African American/Black	Asian/Pacific Islander	Native American	Multi-Race or Other	# of FTE filled
<b>Unlicensed Mental Health Direct Service Staff</b>										
<b>County (employees, independent contractors and volunteers)</b>										
Mental Health Rehabilitation Specialist	8	1	2							
Case Management/Service Coordinator	4	1	1							
Employment Services Staff	2	1	0							
Housing Services Staff	2	1	0							
Consumer Support Staff	8	1	1							
Family Member Support Staff	4	1	1							
benefits eligibility specialist	0	0	0							
Other unlicensed MH direct service staff	4	0	0							
<b>Subtotal A (county)</b>	<b>32</b>		<b>5</b>	<b>23</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>27</b>
<b>All Other (CBO's etc)</b>										
NONE	0		0							
<b>Subtotal A (all other)</b>	<b>0</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total A (County &amp; All Others)</b>	<b>32</b>		<b>5</b>	<b>23</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>27</b>

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT											
By Occupational category	Estimated # FTE authorized	Position hard to fill - 1= Yes, 0 = NO	# FTE estimated to meet need in addition to # FTE authorized	Race/Ethnicity of FTE's currently in the workforce							# of FTE filled
				White/Caucasian	Hispanic/Latino	African American/Black	Asian/Pacific Islander	Native American	Multi-Race or Other		
Major Group and Positions											
<b>B. Licensed Mental Health Direct Service Staff</b>											
County (employees, independent contractors and volunteers)											
Psychiatrist, general	1	1	0								
Psychiatrist, child/adolescent	1	1	0								
Psychiatrist, geriatric	0	1	0								
Psychiatric or Family Nurse Practitioner	1	1	0								
Clinical Nurse Specialist	0	1	0								
Licensed Psychiatric Technician	0	1	0								
Licensed Clinical Psychologist	1	1	0								
Psychologist, registered intern (or waived)	0	0	0								
Licensed Clinical Social Worker (LCSW)	6	1	2								
MSW, registered or waived	1	1	1								
Marriage and Family Therapist	5	1	1								
MFT intern, registered or waived	0	1	0								
Other licensed mental health staff	0	1	0								
Subtotal B (county)	16		4	7	1	1	0	1	0	10	
<b>All Other (CBOs, etc)</b>											
Psychiatrist, general	0	1	0								
Psychiatrist, child/adolescent	0	1	0								
Psychiatrist, geriatric	0	1	0								
Psychiatric or Family Nurse Practitioner	0	1	0								
Clinical Nurse Specialist	0	1	0								
Licensed Psychiatric Technician	0	1	0								
Licensed Clinical Psychologist	1	1	0								
Psychologist, registered intern (or waived)	1	1	0								
Licensed Clinical Social Worker (LCSW)	1	1	1								
MSW, registered or waived	0	1	1								

Marriage and Family Therapist	1	1	1							
MFT intern, registered or waived	5	1	0							
Other licensed mental health staff	0	1	0							
Subtotal B (all other)	9		3	9	0	0	0	0	0	9
<b>Total B (county and all other)</b>	25		7	16	1	1	0	1	0	19

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT										
By Occupational category				Race/Ethnicity of FTE's currently in the workforce						
Major Group and Positions	Estimated # FTE authorized	Position hard to fill - 1= Yes, 0 = NO	# FTE estimated to meet need in addition to # FTE authorized	White/Caucasian	Hispanic/Latino	African-American/Black	Asian/Pacific Islander	Native American	Multi-Race or Other	# of FTE filled
<b>C. Other Health Care Staff (direct service):</b>										
<b>County (employees, independent contractors and volunteers)</b>										
Physician	0		0							
Registered Nurse	5	1	0							
Licensed Vocational nurse	2	1	0							
Physician Assistant	1	1	0							
Occupational Therapist	0	0	0							
Other Therapist	0	0	0							
Other Health care Staff	0	0	0							
Subtotal A (county)	8		0	6	1	0	0	0	0	7
All Other (CBO's etc)	0	0								
NONE	0	0	0							
Subtotal A (all other)	0		0	0	0	0	0	0	0	0
<b>Total C (County &amp; All Other)</b>	<b>8</b>		<b>0</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT										
By Occupational category				Race/Ethnicity of FTE's currently in the workforce						
Major Group and Positions	Estimated # FTE authorized	Position hard to fill? 1 = Yes, 0 = NO	# FTE estimated to meet need in addition to # FTE authorized	White/Caucasian	Hispanic/Latino	African-American/Black	Asian/Pacific Islander	Native American	Multi-Race or Other	# of FTE filled
<b>D. Managerial and Supervisory</b>										
<b>County (employees, independent contractors and volunteers)</b>										
CEO or manager above direct supervisor	1	1	0							
Supervising Psychiatrist	1	1	0							
Licensed supervising Clinician	4	1	0							
Other Managers and Supervisors	2	1	1							
Consumer Support Staff	2	0	1							
<b>Subtotal D (county)</b>	<b>10</b>		<b>2</b>	<b>7</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>9</b>
<b>All Other (CBO's etc)</b>										
CEO or manager above direct supervisor	1	1	0							
Supervising Psychiatrist	0	1	0							
Licensed supervising Clinician	1	1	0							
Other Managers and Supervisors	0	1	0							
Consumer Support Staff	0	1	0							
<b>Subtotal D (all other)</b>	<b>2</b>		<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>Total D (county and all other)</b>	<b>12</b>		<b>2</b>	<b>9</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>11</b>
<b>E. Support Staff</b>										
<b>County (employees, independent contractors and volunteers)</b>										
Analyst, tech support, quality assurance	3	1	1							
Education, Training, Research	1	1	1							
Clerical, Secretary, Administrative Assistants	10	0	1							
Other support staff (non-direct services)	0	0	0							
<b>Subtotal E (county)</b>	<b>14</b>		<b>3</b>	<b>8</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13</b>
<b>All Other (CBO's etc)</b>										
Analyst, tech support, quality assurance	0	1	0							
Education, Training, Research	0	1	0							

Clerical, Secretary, Administrative Assistants	2	1	0							
Other support staff (non-direct services)	1	1	0							
<b>Subtotal E (All others)</b>	<b>3</b>		<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>
<b>Total E (county and all other)</b>	<b>17</b>		<b>3</b>	<b>11</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>



EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT			
Positions specifically designated for individuals with consumer and family experience			
Major Group and Positions	Estimated # FTE authorized and to be filled by clients or family members	Position hard to fill with consumer or family member? 1= Yes, 0= no	# additional client or family member FTE's estimated to meet need
<b>A. Unlicensed Mental Health direct service staff</b>			
Consumer Support Staff	8	1	1
Family Member support staff	4	1	1
Other unlicensed mental health direct service staff	2	1	1
Subtotal a	14		3
<b>B. Licensed Direct service staff</b>	1	1	2
<b>C. Other health care staff (direct services)</b>	0	1	1
<b>D. Managerial and supervisory</b>	2	1	1
<b>E. Support Staff (non-direct service staff)</b>	1	1	2
<b>Grand Total (A+B+C+D+E)</b>	18		9
<b><u>III. Language Proficiency</u></b>			
<b>Language other than English</b>	<b>Number who are proficient</b>	<b>Additional number that need to be proficient</b>	<b>Total</b>
Spanish	Direct Service staff 2	Direct Service staff 2	Direct Service staff 4
	Other 5	Other 2	Other 7

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

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

**A. Shortages by occupational category:** Tehama County has been recruiting for a psychiatrist for approximately 4 years without success. A Psychiatric Nurse Practitioner was hired, but left after 1 year due to finding a job with better pay and hours. We have had to use locum doctors since that time. We have entered into a contract with a part-time child psychiatrist utilizing telemedicine technology. There continues to be difficulty finding licensed clinical staff, bilingual staff, and nurses.

**B. Comparability of workforce, by race/ethnicity, to target population receiving public mental health services:** Total staffing percentages are: 77% Caucasian, 14% Hispanic/Latino, 3% African American, 1.5% Asian/Pacific Islander, 3% Native American, and 1.5% multi or other. These percentages are very similar to the target population receiving public mental health services. Spanish is the only threshold language in Tehama County. The population averages 20-25 % Latino individuals, but the average percentage of Latino individuals accessing mental health services varies from 12-17%. Tehama County has very small percentages of the remaining ethnicities, so the agency staff is also comparable in this area.

**C. Positions designated for individuals with consumer and/or family member experience:** Tehama County has continued to add consumer/family member positions, and has been fairly successful in filling these positions. The current unfilled positions are relatively new.

**D. Language proficiency:** Currently, Tehama County only has one bilingual clinician, but does have several other staff that are bilingual and are available to interpret. There is a definite need in Tehama County for bilingual direct service staff.

**E. Other, miscellaneous:** N/A

**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: Workforce, Education and Training Coordination.

**Description:**

A Workforce, Education and Training Coordinator and support staff will 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. These staff will be county staff, with a focus on utilizing consumer/family member staff.

**Objectives:** Development of a comprehensive Workforce, Education and Training (WET) component, including a needs assessment, establishment of the WET oversight committee, development of a training plan, and implementation of the plan.

**Budget Justification:**

.1 FTE WET Coordinator, Licensed Clinical Supervisor: \$11,229 per full year  
.1 FTE Consumer Support Worker: \$ 5,231 per full year  
.1 FTE Consumer/Family Member Training Facilitator: \$7,795 per full year  
Operating costs: \$4,495 per year

Budgeted amount: **\$57,500**      FY 2010-11 **\$3,500**    FY 2011-2012 **\$27,000**      FY 2012-13 **\$27,000**

## **B. TRAINING AND TECHNICAL ASSISTANCE**

### **Action # 1 – Title: MHPA Training Plan**

#### **Description:**

As part of the WET comprehensive plan, training will be made available to assist all individuals who provide or support the Public Mental Health System in better delivering services consistent with the fundamental principles of MHPA. These principles include wellness, recovery and resilience, cultural and linguistic competence, client-driven and a family driven system of care for children and youth, an integrated service experience for clients and their family members throughout their interactions with the mental health system. All trainers and consultants funded by MHPA will be knowledgeable of these fundamental principles and integrate them throughout the training and technical assistance that is provided. All training and technical assistance provided with MHPA funding will increase a county's ability to do the following: Promote recovery, wellness and resiliency, assessing and treating co-occurring disorders, assessing and treating trauma, integrating physical and mental health treatment, using alternate treatment modalities to decrease medication need, share 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, and utilizing clients and family members in developing curricula and as trainers. Promote cultural competence by providing outreach to underserved or 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 Prevention and Early Intervention Component areas such as: 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, primary health care, or 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 and peer and group supports.

Increase knowledge and competency in management, coordinating and consultation skills such as: 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, 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

This training will be made available to county staff, community based organizations delivering public mental health services, community partners such as social services, criminal justice, education, healthcare, etc. Clients and family members will be encouraged to participate in the training provided.

A team will be developed with the responsibility of developing, overseeing and evaluating the training and technical assistance plan. This team will include clients, family members, and members of unserved/underserved groups. Clients and family members who have successfully navigated the Public Mental Health System and have incorporated wellness, recovery and resilience into their lives will be a resource in training and technical assistance events.

**Objectives:** Utilize a recognized Cultural Competence Scale to assess and train the mental health workforce in knowledge and awareness of cultural barriers and sensitivity to clients with diverse cultural backgrounds. Utilize the Person-Centered Questionnaire available through the CIMH TCP Pilot project to assess the current level of client driven services, and to develop a training plan based on this assessment. Utilize the CAL-Mend Integration Surveys to evaluate training needs related to integrated care. Training will be offered to all mental health staff, consumers, family members, and members from other related organizations based on the cultural competence scale and the Person Centered Questionnaire. All Mental Health staff will participate in at least 2 training sessions. Staff will be re-evaluated utilizing the same measures at the completion of the training plan.

**Budget Justification:** 10 days of training for up to 70 individuals at the cost of \$225 a day per individual, for a total of \$157,500.

**Budgeted amount:**    FY 2010-11    **\$7,000**            FY 2011-2012    **\$75,250**            FY 2012-13    **\$75,250**

### **C. MENTAL HEALTH CAREER PATHWAY PROGRAMS**

#### **Action # 1** – Title: Consumer/Family Member Entry Level Mental Health Career Pathway Program

**Description:** The Mental Health Career Pathway Program will recruit and prepare individuals for entry into a career in the Public Mental Health System. The program will provide exposure to careers and service delivery in public mental health and the MHSA guiding principles. The program will include outreach to unserved/underserved communities, transition age youth, consumers and family members. Representatives from these groups will be encouraged to be actively involved in the planning, development, implementation and evaluation of these programs. The same team that will develop the training plan with oversight by the WET Coordinator will facilitate the planning process for this component. The plan will include milestones and a timeline to allow for phased stages of implementation, as well as clear and realistic outcomes by which the program can be evaluated, such as impact on increasing service penetration to targeted populations, 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. The Consumer/Family Member Entry Level Mental Health Career Pathway program will provide a career pathway that enables immediate entry into the public mental health workforce as a Psychiatric Aide or a Consumer Support Worker. Program components will include outreach strategies, career counseling, personalized educational plans, activities for participants to form positive group alliances, internships, work experience, leadership trainings, stipends for program completion, and 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. The evaluation aspect of the program will focus on lessons learned, best practices and research methodology to assist possible future replication of programs, and ways to establish a long-term stable funding source.

**Objectives:** Develop and implement a training program for consumers and family members to facilitate successful employment in the county mental health system. Increase the number of consumer and family member employees by 15%. Evaluate the success of the program and adapt based on feedback from participants.

#### **Budget Justification:**

Overhead: Includes stipends for participation, training materials, workgroup costs (food, space, etc). **\$ 90,000**

**Budgeted amount:** FY 2010-11 **\$6,000** FY 2011-2012 **\$48,000** FY 2012-13 **\$36,000**

## **E. FINANCIAL INCENTIVE PROGRAMS**

### **Action # 1** – Title: Mental Health Career Advancement Pathway Program

**Description:** In the Mental Health Career Advancement Pathway Program, we will utilize stipends as 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. Tehama County has already successfully utilized the loan assumption program, and has 3 staff members that have been awarded loan repayment funds. There will be special concentration/focus on Spanish speaking providers and consumer/family member direct service providers. With the stipend program, any advancement in education related to mental health services can be considered. For example, a consumer recently entering the workforce, with the desire of becoming a rehabilitation specialist or a therapist, could utilize the stipends to obtain an AA degree, complete an AA degree, complete a BA degree, or complete a Master level program, based on previous educational level. The goal would be that whichever level of education was selected, it would allow for the consumer employee to further their employment, and overall skills in working in the Mental Health system. Another example would be a bilingual office assistant wants to complete their BA in order to provide case management services to Latino transition age youth. The funds would be provided to a student in exchange for a commitment to work in the Public Mental Health System for at least one year. Tehama County will 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. This could be attendance at special certification workshops. The WET Plan Committee will review applications for stipends, and applicants will be chosen based on a variety of factors, including but not limited to: Positive impact on the provision of culturally competent services, increased participation of consumers and family members in the Mental Health workforce, feasibility of the proposed educational plan, cost effectiveness, follow up commitment, etc.

**Objectives:** Develop and implement an advanced education program for consumers, family members, and existing mental health staff to facilitate successful employment or advancement in the county mental health system. Increase the number of bachelor or master level staff by 4, with at least 25% of the increased staff at this level to be consumers or family members. Evaluate the success of the program and adapt based on feedback from participants.

#### **Budget Justification:**

Tuition costs: **\$100,000**  
Overhead: Books, training materials, workgroup costs, travel, etc **\$45,000**

Budgeted amount: FY 2010-11 **\$3,000** FY 2011-2012 **\$85,000** FY 2012-13 **\$57,000**

**EXHIBIT 5: ACTION MATRIX**

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

<b>Actions</b> (as numbered in Exhibit 4, above)	Promotes wellness, recovery and resilience	Promotes culturally competent service delivery	Promotes meaningful inclusion of clients/family members	Promotes an integrated service experience for clients and their family	Promotes community collaboration	Staff support (infrastructure for workforce development)	Resolves Occupational shortages	Expands post secondary education capacity	Loan forgiveness, scholarships, & stipends	Regional partnerships	Distance learning	Career Pathway programs	Employment of clients and family members within MH system
Action # A-1 Workforce, Education and Training Coordination	X	X	X		X	X							X
Action # B-1 MHSA Training Plan	X	X	X	X	X		X					X	X
Action # C-1 Consumer/Family Member Entry Level Mental Health Career Pathway Program	X	X	X				X	X		X	X	X	X
Action # E-1 Mental Health Career Advancement Pathway Program	X	X	X				X	X	X		X		X

**EXHIBIT 6: TOTAL BUDGET SUMMARY FOR ALL 3 Fiscal Years**

Activity	Funds approved prior to plan approval	Balance of funds requested	Total Funds Requested
A. Workforce staffing support	\$0	\$57,500	\$57,500
B. Training and Technical Assistance	\$0	\$157,500	\$157,500
C. Mental Health Career Pathways Programs	\$0	\$90,000	\$90,000
D. Residency, Intern programs	\$0	\$0	\$0
E. Financial Incentive Programs	\$0	\$145,000	\$145,000
<b>Grand Total</b>	<b>\$0</b>	<b>\$450,000.00</b>	<b>\$450,000.00</b>

**Fiscal Year 2010-2011**

Activity	Funds approved prior to plan approval	Balance of funds requested	Total Funds Requested
A. Workforce staffing support	\$0	\$3,500	\$3,500
B. Training and Technical Assistance	\$0	\$7,000	\$7,000
C. Mental Health Career Pathways Programs	\$0	\$6,000	\$6,000
D. Residency, Intern programs	\$0	\$0	\$0
E. Financial Incentive Programs	\$0	\$3,000	\$3,000
<b>Grand Total</b>	<b>\$0</b>	<b>\$19,500.00</b>	<b>\$19,500.00</b>

**Fiscal Year 2011-2012**

Activity	Funds approved prior to plan approval	Balance of funds requested	Total Funds Requested
A. Workforce staffing support	\$0	\$27,000	\$27,000
B. Training and Technical Assistance	\$0	\$75,250	\$75,250
C. Mental Health Career Pathways Programs	\$0	\$48,000	\$48,000
D. Residency, Intern programs	\$0	\$0	\$0
E. Financial Incentive Programs	\$0	\$85,000	\$85,000
<b>Grand Total</b>	<b>\$0</b>	<b>\$235,250.00</b>	<b>\$235,250.00</b>

**Fiscal Year 2012-2013**

Activity	Funds approved prior to plan approval	Balance of funds requested	Total Funds Requested
A. Workforce staffing support	\$0	\$27,000	\$27,000
B. Training and Technical Assistance	\$0	\$75,250	\$75,250
C. Mental Health Career Pathways Programs	\$0	\$36,000	\$36,000
D. Residency, Intern programs	\$0	\$0	\$0
E. Financial Incentive Programs	\$0	\$57,000	\$57,000
<b>Grand Total</b>	<b>\$0</b>	<b>\$195,250.00</b>	<b>\$195,250.00</b>