



**County of Orange
Health Care Agency, Behavioral Health Services
Mental Health Services Act**

**Workforce Education and Training Component
Three-year Program and Expenditure Plan
FY 2006-07 to FY 2008-09
May 8, 2008**



EXHIBIT 1: WORKFORCE FACE SHEET

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

County: Orange Date: 4-1-08

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.

Orange County Workforce Education and Training Plan.

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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.

Orange County conducted an extensive planning process to determine how to best use the \$8.2 million allocated for MHSA Workforce Education and Training funding. This planning process was built on the foundation provided by the Community Services and Supports (CSS) planning. In 2005, Orange County addressed the need for education and training by allocating approximately \$5.1 million in one-time CSS funding to provide a wide range of educational programs. Target audiences included consumers and family members, staff of the public mental health system (County and contract), and community partners such as law enforcement, educational institutions, social services providers, etc. Topics included, but were not limited to, cultural competency, skills needed for clients and family members to enter the public mental health labor force, benefits acquisition, the recovery model, co-occurring disorders and integrated services, early identification of mental illness, and evidence-based practices. Thus, there were a variety of trainings that had already occurred based on the approved CSS Plan.

Stakeholder input has been the central mechanism for developing the Workforce Education and Training (WET) Plan. Members of our MHSA Steering Committee were asked to participate in a new WET Advisory Group. Stakeholders not on the MHSA Steering Committee were also invited to join. The final WET Advisory Group included representatives from: Children's services contract providers, Adult services contract providers, Asian Pacific Islander community services providers, Latino community services providers, undergraduate education providers, graduate programs providers, members of National Alliance for the Mentally Ill (NAMI), the California Network of Mental Health Clients, County Adult mental health clients, Behavioral Health Services Cultural Competency Office, and the Mental Health Services Act Office. One or more consumer consultants attended each Advisory Group meeting. The Advisory Group met a total of four times. Total attendance at Advisory committee meetings was 47.

A list of relevant stakeholders was developed and focus groups were held with as many of these stakeholders as possible. A total of 30 stakeholder/focus group meetings were held. Of the 74 organizations and groups invited to attend, 59 participated. Focus Group meetings were inclusive of the diverse ethnic communities that reside in Orange County. Groups held included, but were not limited to, the following types of stakeholders: universities, community colleges, school districts, clients, individual high schools, medical schools, the MHSA Community Action Advisory Committee, providers of mental health services, children's services providers, the local chapter of NAMI, the Latino community, the Vietnamese community, people with disabilities, the deaf and hard of hearing, Native Americans, etc. About 350 people attended these focus groups. At each focus group the DMH-approved uses of WET funding were explained, ideas for specific

Orange County Workforce Education and Training Plan.

programs were discussed, and attendees were encouraged to submit a brief written proposal about the services they thought should be funded. Additional conversations were held with senior faculty and administrators of some of the local educational institutions (e.g., California State University at Fullerton and University of California), to discuss how best to collaborate in achieving mutual goals.

Focus groups generated about 100 specific proposals for our WET Plan. These ideas were categorized according to the five funding categories. Copies of these proposals were distributed to the WET Advisory Group for their review and comments. The proposals were analyzed to determine which were allowable according to WET Guidelines and which were not. Some proposals were very similar, and the information from similar types of proposals was combined to simplify review and evaluation.

The group reached consensus that a set of proposals were high priority for inclusion in the Orange County Plan. These proposals/actions are the foundation of the Plan, and additional actions were added as funding allowed. All five of the allowable WET funding categories were addressed in the Plan.

Once the WET Advisory Group, had approved the draft Plan, it was then presented to the MHSA Community Action Advisory Committee. This committee provides input to the County Executives responsible for the implementation of MHSA programs and services in Orange County. The Plan was also presented to the MHSA Steering Committee for their review, input, and approval on March 6, 2008. Steering Committee comments were then incorporated into the Plan. The Steering Committee recommended that at least 14% of the WET funding be used to provide services and programs that are utilized by older adults. It was agreed that the Health Care Agency will monitor the expenditures for that age group and ensure that the recommendation is followed.

The draft Plan was made available for a 30-day Public Comment period ending May 2, 2008. Copies of the Plan and a Feedback Form were sent to the Steering and Advisory committees, stakeholders and anyone else that requested a copy. The Plan and the Feedback Form were also posted on the MHSA and the Network of Care websites. A notice was sent to local media announcing the availability of the Plan and how to obtain a copy.

At the close of the 30-day period, comments were analyzed, and those that were appropriate will be incorporated into the Plan. On May 8, 2008, the Orange County Mental Health Board held a public hearing on the Plan.. Please see Appendix 1 for documentation of Mental Health Board approval.

The Plan also was sent to the Board of Supervisors to get its approval to submit the Plan to the California Department of Mental Health. This approval was granted on May 20, 2008. Please see Appendix 2 for documentation of Board approval.

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EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 1

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	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/Caucasian	Hispanic/Latino	African-American/Black	Asian/Pacific Islander	Native American	Multi Race or Other	# FTE filled (5)+(6)+(7)+(8)+(9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Unlicensed Mental Health Direct Service Staff:										
County (employees, independent contractors, volunteers):										
Mental Health Rehabilitation Specialist	52.0	0	4.0							
Case Manager/Service Coordinators	71.8	1	48.0							
Employment Services Staff	8.0	0	16.0							
Housing Services Staff	24.0	0	0.0							
Consumer Support Staff	10.2	1	16.0							
Family Member Support Staff	2.0	0	0.0							
Benefits/Eligibility Specialist	4.0	0	0.0							
Other <i>Unlicensed</i> MH Direct Service Staff	224.0	0	48.0							
<i>Sub-total, A (County)</i>				(Unlicensed Mental Health Direct Service Staff; Sub-Totals Only) ↓						
	396.0	2	132.0	172.6	104	9.3	48.5	2.0	47.6	384.0
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Mental Health Rehabilitation Specialist	175.2	1	54.8							
Case Manager/Service Coordinators	244.1	1	26.0							
Employment Services Staff	12.0	0	0.0							
Housing Services Staff	8.0	0	4.0							
Consumer Support Staff	67.9	1	4.0							
Family Member Support Staff	44.0	1	2.0							
Benefits/Eligibility Specialist	0.0	0	0.0							
Other <i>Unlicensed</i> MH Direct Service Staff	240.4	0	4.0							
<i>Sub-total, A (All Other)</i>				(Unlicensed Mental Health Direct Service Staff; Sub-Totals and Total Only) ↓						
	791.6	4	94.8	317.5	247.5	27.7	67.0	4.5	41.7	705.9
Total, A (County & All Other)	1187.6	6	226.8	490.1	351.5	37.0	115.5	6.5	89.3	1089.9

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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):										
County (employees, independent contractors, volunteers):										
Psychiatrist, general	26.5	1	4.0							
Psychiatrist, child/adolescent	10.7	1	0.0							
Psychiatrist, geriatric	1.5	1	8.0							
Psychiatric or Family Nurse Practitioner	2.0	1	0.0							
Clinical Nurse Specialist	8.0	1	8.0							
Licensed Psychiatric Technician	6.0	0	0.0							
Licensed Clinical Psychologist	41.5	0	5.0							
Psychologist, registered intern (or waived)	3.0	0	0.0							
Licensed Clinical Social Worker (LCSW)	70.5	1	21.5							
MSW, registered intern (or waived)	28.5	0	6.0							
Marriage and Family Therapist (MFT)	49.5	1	12.0							
MFT registered intern (or waived)	22.0	0	6.0							
Other Licensed MH Staff (direct service)	8.0	0	0.0							
<i>Sub-total, B (County)</i>				134.6	34.4	6.9	48.4	0.0	20.3	244.6
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Psychiatrist, general	15.1	1	2.4							
Psychiatrist, child/adolescent	11.3	1	2.4							
Psychiatrist, geriatric	0.5	1	1.0							
Psychiatric or Family Nurse Practitioner	1.6	1	1.1							
Clinical Nurse Specialist	1.0	1	0.0							
Licensed Psychiatric Technician	5.0	1	1.0							
Licensed Clinical Psychologist	14.8	0	1.0							
Psychologist, registered intern (or waived)	9.7	0	1.0							
Licensed Clinical Social Worker (LCSW)	10.1	1	1.0							
MSW, registered intern (or waived)	37.6	1	6.0							
Marriage and Family Therapist (MFT)	16.0	1	3.5							
MFT registered intern (or waived)	76.6	1	7.4							
Other Licensed MH Staff (direct service)	6.6	0	0.0							
<i>Sub-total, B (All Other)</i>				66.5	14.2	4.8	52.9	0.0	49.1	187.5
Total, B (County & All Other)				201.0	48.6	11.7	101.3	0.0	69.4	432.1

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



(Licensed Mental Health Direct Service Staff; Sub-Totals and Total Only)



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EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 3

Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes' 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/ Cau- casian (5)	His- panic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
C. Other Health Care Staff (direct service):										
County (employees, independent contractors, volunteers):										
Physician.....	2.5	0	0.0							
Registered Nurse.....	13.0	1	3.5							
Licensed Vocational Nurse.....	6.0	1	0.0							
Physician Assistant.....	0.0	0	0.0							
Occupational Therapist.....	0.0	0	1.0							
Other Therapist (e.g., physical, recreation, art, dance).....	0.0	0	0.0							
Other Health Care Staff (direct service, to include traditional cultural healers).....	0.0	0	3.0							
<i>Sub-total, C (County)</i>	21.5	2	7.5	12.7	0.9	0.0	6.9	0.0	0.0	20.5
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Physician.....	1.0	1	0.0							
Registered Nurse.....	2.3	1	1.0							
Licensed Vocational Nurse.....	4.0	1	1.1							
Physician Assistant.....	0.0	0	0.0							
Occupational Therapist.....	2.0	1	0.0							
Other Therapist (e.g., physical, recreation, art, dance).....	1.0	0	1.0							
Other Health Care Staff (direct service, to include traditional cultural healers).....										
<i>Sub-total, C (All Other)</i>	10.3	4	3.1	10.0	0.0	0.0	0.0	0.0	0.0	10.0
Total, C (County & All Other):	31.8	6	10.6	22.7	0.9	0.0	6.9	0.0	0.0	30.5

(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	11.0	0	1.0	(Managerial and Supervisory; Sub-Totals Only) ↓						
Supervising psychiatrist (or other physician)	3.0	0	0.0							
Licensed supervising clinician	58.0	0	3.0							
Other managers and supervisors	47.0	0	6.5							
<i>Sub-total, D (County)</i>	119.0	0	10.5	67.1	34.2	0.5	3.6	0.0	5.6	111.0
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
CEO or manager above direct supervisor	18.1	1	1.0	(Managerial and Supervisory; Sub-Totals and Total Only) ↓						
Supervising psychiatrist (or other physician)	3.0	1	0.0							
Licensed supervising clinician	40.1	1	4.5							
Other managers and supervisors	29.3	1	0.0							
<i>Sub-total, D (All Other)</i>	90.5	4	5.5	44.7	12.2	1.1	7.1	0.0	17.0	82.1
Total, D (County & All Other):	209.5	4	16.0	111.8	46.4	1.6	10.7	0.0	22.6	193.1
E. Support Staff (non-direct service):										
County (employees, independent contractors, volunteers):										
Analysts, tech support, quality assurance	23.0	0	4.0	(Support Staff; Sub-Totals Only) ↓						
Education, training, research	6.0	0	2.0							
Clerical, secretary, administrative assistants	79.0	0	21.5							
Other support staff (non-direct services)	24.1	0	6.0							
<i>Sub-total, E (County)</i>	132.1	0	33.5	32.3	48.4	9.2	20.2	0.0	7.9	118.0
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Analysts, tech support, quality assurance	16.0	0	0.8	(Support Staff; Sub-Totals and Total Only) ↓						
Education, training, research	3.0	0	0.0							
Clerical, secretary, administrative assistants	75.6	0	3.5							
Other support staff (non-direct services)	9.5	0	1.5							
<i>Sub-total, E (All Other)</i>	104.0	0	5.8	26.9	53.2	0.0	9.1	0.0	5.7	94.9
Total, E (County & All Other):	236.1	0	39.3	59.2	101.6	9.2	29.3	0.0	13.6	212.9

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EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 5

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

Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/ Cau- casian (5)	Hispanic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	
County (employees, independent contractors, volunteers) (A+B+C+D+E).....	946.3	11	254	419.3	221.9	25.9	127.6	2	81.4	878.1
All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E)	1202.4	22	137	465.6	327.1	33.6	136.1	4.5	113.5	1080.4
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	2148.7	33	391	884.9	549	59.5	263.7	6.5	194.9	1958.5

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/ Cau- casian (5)	Hispanic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	
F. TOTAL PUBLIC MH POPULATION	Leave Col. 2, 3, & 4 blank			8199	20410	458	4962	106	1056	35191

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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</i> Mental Health Direct Service Staff:			
Consumer Support Staff.....	78.1	1	20.0
Family Member Support Staff	46.0	1	2.0
Other <i>Unlicensed</i> MH Direct Service Staff	123.0	1	52.0
Sub-Total, A:	247.1	3	74.0
B. <i>Licensed</i> Mental Health Staff (direct service)	79.5	1	20.4
C. Other Health Care Staff (direct service)	7.0	1	3.0
D. Managerial and Supervisory	14.0	1	2.0
E. Support Staff (non-direct services).....	14.0	0	11.5
GRAND TOTAL (A+B+C+D+E)	361.6	6	110.9

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. Spanish	Direct Service Staff <u>321</u> Others <u>136</u>	Direct Service Staff <u>139</u> Others <u>10</u>	Direct Service Staff <u>460</u> Others <u>146</u>
2. Vietnamese	Direct Service Staff <u>76</u> Others <u>20</u>	Direct Service Staff <u>21</u> Others <u>33</u>	Direct Service Staff <u>96</u> Others <u>53</u>
3. Korean	Direct Service Staff <u>6</u> Others <u>2</u>	Direct Service Staff <u>6</u> Others <u>4</u>	Direct Service Staff <u>12</u> Others <u>6</u>
4. Farsi	Direct Service Staff <u>19</u> Others <u>5</u>	Direct Service Staff <u>23</u> Others <u>7</u>	Direct Service Staff <u>42</u> Others <u>12</u>
TOTAL, all languages other than English:	Direct Service Staff <u>422</u> Others <u>163</u>	Direct Service Staff <u>189</u> Others <u>54</u>	Direct Service Staff <u>610</u> Others <u>217</u>

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

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

The methodology of the needs assessment was a complete electronic survey of every supervisor and employee in the county Behavioral Health Services, the county contract agencies, and individual county contractors. The survey asked for authorized positions by job titles (completed by supervisors), of estimated needs (completed by supervisors) and ethnicity (completed by individual staff members). A return of the surveys of approximately 90% was achieved and the results represented an estimate of the total response based upon that 90%.

A. Shortages by occupational category:

More than twice the number of unlicensed direct care mental health staff is needed compared to licensed mental health staff, reflecting the greater employment of unlicensed staff in the system, particularly in adult and older adult services, as well as the Children and TAY Full Service Partnerships (FSPs). However, the number of hard to fill or hard to retain occupational categories is greater within the licensed category, and this is particularly true of contract agencies. Hard to fill or retain unlicensed positions (in which substantial numbers of staff are needed) include: unlicensed rehabilitation specialists, case managers and consumer support staff. In terms of licensed staff, psychiatrists, nurses, social workers and Marriage and Family Therapists are needed. The number of needed staff indicated in this assessment exceeds the expectation for positions to be budgeted in the foreseeable future. Therefore, we also conducted an assessment of annual staff replacements over the last two years to determine how many positions we could expect to be available, given present levels of funding. According to this analysis, Approximately 100 unlicensed positions and 50 licensed positions are estimated to become available. In our work detail actions involving career pathways, internships and financial incentives, we have aimed for providing training and assistance of some kind to provide enough persons to fill approximately half of these vacant positions. This is based on the assumption that this many positions would likely be available, annually, even with unforeseeable budget cuts and hiring freezes.

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

The Latino population demonstrates the greatest disparity in terms of workforce race/ethnicity and target population race/ethnicity. Fifty-eight percent of our target population is Latino, while only 28% of our staff falls into that ethnic category. Conversely, our staff is overrepresented in the White/Caucasian category compared to our target population.

Although the 13% of our staff who are of Asian/Pacific Islander (API) backgrounds is comparable to the 14% of our target population who fall into the same category, there are disparities within the API numbers that are revealed by the assessment of language proficiency. The vast majority of our target API population is Vietnamese, followed by Korean,

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while many of our API staff are Chinese, Japanese, Filipino, or other. We are still in need of Vietnamese and Korean-speaking staff, familiar with these cultures. Orange County also has a large Middle Eastern population, with persons from Iran being the largest subgroup. Although this group was not captured by our analysis of the ethnicity of our staff, Farsi speaking staff was identified as a language need. See Section D below.

Non-English speaking staff is not evenly distributed across job classifications within the public mental health system. Forty-seven percent of our support staff are Latino, compared to 32% of our unlicensed direct care staff. Moreover, only 11% of our licensed direct care staff and 24% of our managers and supervisors is Latino. For the mental health system to adequately represent the ethnicity of the population it serves, we need to not only hire more Latino staff, but to develop career pathways that lead them into higher direct care and supervisory/management positions. Our current support staff could move into these types of positions by taking advantage of the proposed 20/20 financial support programs for staff who want to attend school while working.

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

There are 78 consumer support positions authorized in the public mental health system. The majority of them are in contract agencies, rather than the County itself, reflecting the use of peer mentors and other similar positions in our FSPs. Another 46 family member support staff are authorized, again, mostly within contract agencies. The division between consumer support and family member support is mostly arbitrary, as the majority of the positions under both categories can be occupied by either a family member or a consumer, the major exception being the position of parent partners, which exist within wraparound programs in the children's mental health system. Within county programs, consumers and family members are most often hired into the categories labeled in this analysis as "other unlicensed MH direct care staff." This represents a tendency within the county system to hire consumers into positions that already exist, rather than to create new positions specified as family and consumer positions. This allows consumers and family members to follow the promotional pathways associated with the existing positions. In addition, approximately 80 consumers or family members are licensed mental health professionals working within the system. We have also identified another 20 licensed positions to be filled by consumers or family members. This means that the majority of consumer and family member positions that are vacant are those requiring considerable training in mental health, and sometimes licensure. For this reason, in addition to our consumer training program, we have created career pathways that allow consumers and family members to pursue a variety of undergraduate and graduate educational opportunities so they can be educated to a level necessary to occupy these positions.

D. Language proficiency:

The need for additional staff proficiencies in languages other than English emerged for both direct care and support staff in the two Orange County threshold languages of Spanish and Vietnamese and the two emerging languages, Korean and Farsi. No other languages surveyed were the first language of more than .1% of our client population.

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Our analysis of the additional staff who need to be proficient was to meet the *current need*, based on our current client population, rather than the target population based on prevalence of SMI/SED within the County. So, because we under serve both Latino and API groups, this analysis underestimates the language proficiency needed to serve our future client population. The lack of Spanish language proficiency is the most severe (in terms of both current and future needs.) As can be seen in our analysis in Section III, we are better represented in terms of Spanish Language proficiency within our support staff than within our direct care staff (the opposite is true for other non-English languages). For this reason, we have placed a great deal of emphasis in our proposed actions to create 20/20 programs that will allow current support staff to go to school and pursue mental health careers. We have also emphasized high school career pathways targeted to mostly Latino school districts, to encourage more Spanish-speaking students to consider mental health careers.

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 (WET) Coordination

Description:

The WET planning process, including coordinating stakeholder meetings, making presentations to staff, consumers, family members and the community, and writing the WET plan required a training coordinator and support staff. WET Early Implementation money was used to fund: a WET Coordinator position, an additional psychologist position for planning, and two office support staff. This team identified crucial stakeholders, held stakeholder meetings, and apprised the stakeholders within the community of the regulations and guidelines related to Workforce Education and Training. Team members also kept attendance, produced minutes, and, video taped some meetings for persons who could not attend. Finally, they consolidated recommendations, coordinated an Advisory Committee process, and wrote and presented the Plan to local approving bodies.

The WET coordinator position was funded at an Administrative Manager level to insure that MHSA Workforce Education and Training was included in all decision making aspects of Behavioral Health Services coordination. The Workforce Training and Education staff played an important role in promoting community collaboration and ensuring a meaningful role in the planning process for consumers and family members.

The 19 actions recommended in the present WET plan will require continued coordination with the county mental health system, the consumer and family member constituency, and the wider community. Several of the planned actions will be contracted to community providers, and this will entail writing Requests For Proposals, evaluating proposals, monitoring contracts, and evaluating the performance of these providers in meeting WET goals. Other actions will be carried out by MHSA-funded training staff who represent consumer/family member perspectives or the needs of underserved groups.

Objectives:

Below is a chart with two sets of objectives: One set for Planning WET activities and a second set for WET Implementation.

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Early Implementation Planning Activities	Implementation of WET Plan				
<ul style="list-style-type: none"> Inform all stakeholder groups of the planning process and the requirements of the Plan. 	<ul style="list-style-type: none"> Ensure the efficient and effective monitoring, coordination, and evaluation of WET programs. 				
<ul style="list-style-type: none"> Ensure the WET planning process meets DMH requirements. 	<ul style="list-style-type: none"> Develop, provide, support, and evaluate training programs for staff and the community on wellness and recovery, evidence-based practices, career pathways, consumer employment, internships and residencies, financial incentive programs, and cultural competence. 				
<ul style="list-style-type: none"> Consolidate stakeholder input into a WET plan for Orange County. 	<ul style="list-style-type: none"> Promote: recovery, resiliency, community collaboration, meaningful inclusion of consumers and family members, and culturally competent services. 				
<ul style="list-style-type: none"> Develop a budget to support the actions in the WET plan. 	<ul style="list-style-type: none"> Continue to foster active stakeholder involvement at all levels of the training program, including developing methods of surveying stakeholder opinions and suggestions and assessing stakeholder satisfaction with WET programs. 				
<ul style="list-style-type: none"> Write the WET plan and present it to the various approving bodies in Orange County. 	<ul style="list-style-type: none"> Evaluate the impact of WET actions on goals related to consumer/family member employment, hiring of bilingual members of underserved communities, and reduction in disparities between groups who receive mental health services within the County. 				
	<ul style="list-style-type: none"> Prepare and submit periodic progress reports regarding the WET programs to California Department of Mental Health (DMH) as per DMH guidelines. 				
<p>Budget Justification:</p> <table border="0"> <tr> <td>1 FTE WET Training Coordinator (Admin. Mgr.)</td> <td>\$144,994 per year</td> </tr> <tr> <td>.5 FTE Assistant Training Coordinator, project monitor</td> <td>\$43,581 per year</td> </tr> </table>		1 FTE WET Training Coordinator (Admin. Mgr.)	\$144,994 per year	.5 FTE Assistant Training Coordinator, project monitor	\$43,581 per year
1 FTE WET Training Coordinator (Admin. Mgr.)	\$144,994 per year				
.5 FTE Assistant Training Coordinator, project monitor	\$43,581 per year				

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.5 Evaluator	\$43,580 per year		
1 FTE Media Specialist	\$54,025 per year		
1 FTE Program Supervisor	\$75,822 per year		
1 FTE Office Support – Information Processing	\$46,835 per year		
1 FTE Office Support – Office functions	\$45,698 per year		
Equipment, supplies, rent, travel	\$101,298		
15% Administrative costs	\$83,375		
Budgeted Amounts: FY 2006-07	FY 2007-08 \$454,191	FY 2008-09 \$639,207	

A. WORKFORCE STAFFING SUPPORT--Continued

Action #2- Title : Consumer Employment Support Specialist Services

Description:

Funded by the County of Orange's WET early implementation money, a FTE Consumer Employment Specialist was hired. This person is a consumer and his function is to promote concepts key to recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination within the workplace. As a member of the training department, this staff member works to:

- Promote consumer-operated services as a way to support recovery.
- Reflect the cultural, ethnic and racial diversity of mental health consumers.
- Plan for each consumer's individual needs as they relate to employment with Orange County.
- Positively impact the organizational culture of public mental health programs by implementing the principles of the Recovery Philosophy.
- Educate the workforce about the value of consumer/family member employees in implementing the Behavioral Health Services mission.

This staff member works with contract agencies to establish partnerships within the mental health system, reduce the stigma associated with mental illness, and to promote the use of consumers in the workplace. Two additional FTE Consumer Employment Specialists will be hired: one to work with adult and older adult mental health services and one to work with children's mental health, including Transitional Age Youth Mentors and Parent Partners.

Objectives:

- Increase successful employment of an additional 100-125 consumers and family members in the public MH workforce.
- Support the successful employment of the approximately 360 consumers currently employed in the Orange County public mental health system.
- Document the retention rate for the consumer employees receiving support.
- Document the career progression of those consumer employees receiving support.
- Increase awareness of staff about the value of working with consumers.
- Increase participation of consumers in the decision making process.

Budget Justification:

3 FTE Consumer Employment Support Staff at \$61,934 each:	\$185,804 per year
.5 Office Support	\$21,243 per year
Equipment, supplies, rent, travel	\$29.604

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15% Administrative costs		\$35,498
Budgeted Amounts: FY 2006-07	FY 2007-08 \$79,674	FY 2008-09 \$272,149

A. WORKFORCE STAFFING SUPPORT—Continued

Action #3- Title : Liaison to Regional Workforce and Education Partnership

Description:

DMH has plans to fund a Southern Counties WET Regional Partnership, the aim of which is to: coordinate regional educational programs; disseminate information and strategies regarding consumer and family member employment throughout the region; develop common online training opportunities; and share programs that increase diversity of the public mental health system workforce, when those programs are more easily coordinated at a regional level. Orange County will benefit from regional activities, since potential staff for our county programs currently comes from many colleges and universities outside of the County, but within the Southern California Region. Orange County will provide a half-time staff position and office support to work with the regional partnership staff. This will ensure that our county is represented and enable Orange County to locally implement regional activities. Examples of such activities include: a yearly employment summit and workshops on consumer/family member inclusion in the mental health workforce.

Objectives:

- Increase the availability of information on regional education and employment activities.
- Coordinate the development of regional actions that can take place within Orange County, such as a Consumer Employment Summit and workshops on consumer employment.
- Coordinate education programs carried out in conjunction with colleges and universities that may serve regional students more than local students.
- Disseminate Orange County programs to other counties within our region.
- Increase the availability of information on job and internship opportunities in public mental health in the region.
- Develop curriculum that will increase the diversity of our public mental health labor force.

Budget Justification:

.5 FTE Liaison staff	\$29,300
.5 Office support – Office Assistant	\$21,243
Equipment, supplies, rent, travel	\$11,792
15% Administrative costs	\$9,350

Budgeted Amounts: FY 2006-07

FY 2007-08

FY 2008-09 \$71,686

B. TRAINING AND TECHNICAL ASSISTANCE

Action #4- Title : Staff Training on Evidence-Based Practices

Description:

The need for more training in evidence based practices (EBP) was identified during our stakeholder process. There is a growing body of research that shows use of EBP (principles and practices demonstrating the most effective services for people with severe mental illness) is important to achieving desired outcomes. We have identified several EBP that address a wide range of issues for our community. These would be available to all county staff, county contract agencies, and consumers/family members. These successful programs, emphasize client-centered, family-focused and community-based services that are culturally and linguistically competent and are provided in an integrated services system.

We plan to provide training in EBPs that will help transform our service system. We plan to focus upon four areas: Cognitive Behavior Therapy (CBT) and Behavioral Parent Training for children and their families; Dialectical Behavior Therapy for providers working with adult clients; Geriatric Psychopharmacology for older adult service providers, consumers and family members; and Trauma-Peer-Mentoring, a consumer-provided intervention offered in collaboration with professional therapy for individuals who have experienced trauma.

Objectives:

- Provide intensive training involving both didactic training and ongoing supervision and consultation in evidence-based interventions to up to one-third of the staff providing clinical services to children and adults and to all service providers in older adult mental health.
- Provide intensive training, involving both didactic training and ongoing supervision, to up to 30 consumers and up to 10 parent-partners in order to actively support EBP interventions by professional staff.
- Promote improved outcomes related to wellness and recovery through use of evidence-based mental health therapies/programs.
- Evaluate and document outcomes of services provided.
- Support recovery and resiliency of clients receiving these services.
- Promote meaningful inclusion of consumers and family members in service delivery through training consumers and family members to be collaborators in providing evidence-based practices.
- Ensure that EBPs are accessible to diverse underserved communities.

Orange County Workforce Education and Training Plan.

Budget Justification:

Four Evidence-Based Practice training programs at an average yearly cost of \$88,750 each (to include trainers' fees, venue costs, food, equipment): \$355,000

15% Administrative costs \$53,250

Budgeted Amounts: FY 2006-07

FY 2007-08 \$88,234

FY 2008-09 \$408,250

B. TRAINING AND TECHNICAL ASSISTANCE—Continued

Action #5- Title : Training provided by Consumers and Family Members for Staff, Consumers/family Members and the Community

Description:

Consumers and family members have much to offer in providing training to other consumers and family members; staff working in the mental health system; and members of the community, including law enforcement officers, educators at the K-12 level, and in the colleges and universities. During stakeholder meetings with consumers and family members, they identified trainings such as Joyce Burland’s Provider Course for mental health staff, and the NAMI Family-to-Family and Parent and Teachers as Allies trainings as appropriate for other family members, and K-12 teachers, respectively. They also identified a need for consumers to be able to provide knowledge to other consumers and family members in the areas of benefits acquisition and balancing benefits and employment. Ethnic minority consumer and family member stakeholder groups identified the need for wellness and recovery training, especially training that informed Spanish, Vietnamese and Korean speaking communities of mental health principles and services, using their own language. Participants in college and university stakeholder groups emphasized the usefulness of having consumers and stakeholders provide training and technical assistance to their educational programs.

Objectives:

- Increase knowledge of mental illness and treatment from a consumer/family member perspective.
- Increase knowledge about balancing benefits and employment to consumers contemplating work.
- Promote awareness of mental illness from a consumer and family member perspective in non-English speaking communities.
- Present the consumer/family member experience to all levels of educational institutions.

Budget Justification:

This action may be funded both through development of some consumer/family member designated training positions, such as benefit/employment trainers, and through development of contracts to be awarded to consumer or family member-run organizations: \$323,207
 15% Administrative costs \$48,481

Budgeted Amounts: FY 2006-07	FY 2007-08 \$9,412	FY 2008-09 \$371,688
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B. TRAINING AND TECHNICAL ASSISTANCE—*Continued*

Action #6- Title : Cultural Competence Training for Staff and the Community

Description:

Less than one-half the population of Orange County is of Caucasian/European origin and has English as their first language. Both Spanish and Vietnamese are threshold languages in Orange County and Korean and Farsi are near-threshold languages. Latino and Asian-Americans are groups that are underserved by the public mental health system. One of the factors that is assumed to contribute to the difficulty in serving clients from ethnic minorities is the lack of cultural knowledge, sensitivity and competence of existing mental health staff with regard to these ethnic cultures. In addition, deaf and hard of hearing stakeholders pointed out the longstanding challenge the local mental health system has had in informing staff how to work with deaf or hard of hearing clients and informing the deaf and hard of hearing community about mental health services.

Training supported by one-time funding in the Orange County CSS plan, approved in 2005, included many topics, including cultural competence topics related to Lesbian, Gay, Bisexual and Transgender individuals, co-occurring disorders in the Asian/Pacific Islander community, Spanish and Vietnamese language training for staff, and interpreter certification training. This action will continue these trainings with additional training in knowledge about the Latino, Vietnamese, Korean and Iranian cultures, cultural competence courses for nurses, development of educational materials related to training on each of these ethnic cultures and support for staff to translate materials developed in other actions into Spanish and Vietnamese so that monolingual consumers/family members or community members can participate in them. In addition, modified training manuals for persons who are deaf and have limited English or other written language reading skills will be developed.

In addition to the need for training public mental health staff, stakeholder meetings identified a need to reach out to underserved communities in their own language and using concepts suitable for their cultures. The goal is to raise awareness about mental illness and resources available for consumers and family members. Such efforts would involve collaborating with existing community agencies, such as churches, ethnic-specific clinics, community centers, media outlets, and other health providers, using staff speaking languages other than English, including American Sign Language. The target population will include underserved ethnic client groups and those who represent consumer and family member perspectives.

Objectives:

- Increase ability of underserved ethnic minority groups to access services.
- Improve cultural competence of current mental health service providers.
- Increase the ability of persons with limited English Proficiency to comprehend and use training materials.

Orange County Workforce Education and Training Plan.

- Increase collaboration between the County and underserved ethnic communities to improve awareness about mental illness and resources.
- Reduce stigma about mental illness in diverse ethnic communities by providing training by consumers and family members who exemplify wellness and recovery.

Budget Justification:

Training will be contracted out to consumer/family member groups, local community agencies, and individuals who represent the diverse cultural community of Orange County. Also, some services will be provided by ethnically diverse, bilingual County staff to be added to our Cultural Competence Department.

1 half-time deaf/hard of hearing trainer	\$40,057 per year
1 FTE Spanish language trainer/translator	\$80,113 per year
1 FTE Vietnamese language translator/trainer	\$80,113 per year
Training manuals (covering all cultural competence trainings development, printing and distribution costs)	\$80,000
Contracted trainings	\$184,000
Equipment, supplies, rent, travel	\$34,237
15% Administrative cost	\$74,778

Budgeted Amounts: FY 2006-07

FY 2007-08

FY 2008-09 \$573,298

B. TRAINING AND TECHNICAL ASSISTANCE—Continued

Action #7- Title : Training for Foster Parents and Others Working with Foster Children and Youth

Description:

There is a growing body of research that shows Evidence-Based Practices (EBP) (which are principles and practices demonstrating the most effective services for people with severe mental illness) are important in achieving desired outcomes. We have identified several EBP that address a wide range of issues for our community. These successful programs, emphasize client-centered, family-focused and community-based services that are culturally and linguistically competent and are provided in an integrated services system. One of the special populations that were identified during our stakeholder process was the foster care system. Providing training to foster parent support trainers, residential child care workers, clinicians, Therapeutic Behavioral Coaches, foster and adoption direct service staff, and parents will enhance the skills of those people in interacting with foster children and youth.

Objectives:

- Enhance the skills of people working in the foster care system and the parents of foster children.
- Provide EBP training for 100 individuals (parents and others).
- Create better outcomes for foster children in terms of higher rates of graduation from school, fewer hospitalizations, and fewer interactions with the juvenile justice system.

Budget Justification:

Training to be contracted to individuals or organizations with expert credentials in providing training in this area:
 \$50,000
 15% Administrative cost \$7,500

Budgeted Amounts: FY 2006-07

FY 2007-08

FY 2008-09 \$57,500

B. TRAINING AND TECHNICAL ASSISTANCE—Continued

Action #8- Title : Mental Health Training for Law Enforcement

Description:

The curriculum will train officers on how to handle crisis situations involving persons with serious mental illness. The instructional method will include problem-based learning, student-centered focus, best practices, and communications skills. Subject matter experts will facilitate the instructional blocks with consumers engaged in mental health services providing expert testimony and consultation on curriculum development and implementation. Topics to be covered in the curriculum include the use of force with the mentally ill, ethics, leadership, and emphasis on minimizing harm to persons with a mental illness. Additional topics will be the recovery and resiliency model and how to work with members of diverse cultural communities and those who have limited English proficiency. By including members of the mental health and consumer and family member communities in the development and implementation of this training, law enforcement officers in Orange County will be more fully integrated with the mental health community in providing services to consumers.

Using one-time funds, in our approved CSS plan, we initially trained 1,000 law enforcement officers. Our WET plan is to continue this training at a rate of 250 officers per year. Each officer will receive 16 hours of training in crisis intervention techniques with mental health consumers, using a curriculum modeled after the Crisis Intervention Training (CIT) program. In keeping with the philosophy of MHSA, consumer and family members would be included in the development of the curriculum and be guest speakers during the instruction.

Objectives:

- Train 250 law enforcement officers per year in crisis intervention techniques to be used with mental health consumers utilizing a curriculum based upon the CIT model, and develop and teach the classes with the assistance of mental health consumers and family members.
- Decrease the use of force against persons with serious mental illness.
- Decrease arrests of persons with serious mental illness.
- Increase appropriate use of mental health resources.
- Increase cultural awareness of law enforcement officers.
- Promote a more integrated service delivery experience for persons who are seen by both law enforcement and mental health.

Budget Justification:

12 sessions of training 21 officers session each at 5,000 per session: \$60,000.

15% Administrative cost \$9,000

Orange County Workforce Education and Training Plan.

Budgeted Amounts: FY 2006-07	FY 2007-08	FY 2008-09 \$69,000

C. MENTAL HEALTH CAREER PATHWAYS PROGRAMS

Action #9- Title : Training Consumers and Family Members for Employment in the Mental Health System

Description:

As part of the 2005 CSS plan approved for Orange County, one-time funding was provided for a program to develop and support the training of 100 consumers and family members over a two-year period to work in the mental health system. The goal was to enable them to become service providers or operators of consumer-run services so that the public mental health system in Orange County reflects a meaningful inclusion of consumers and family members as service providers. The model of training that was developed included three components:

1. Classroom training of consumers and family members in: basic human services and mental health concepts/knowledge using a curriculum that emphasizes wellness and recovery principles (This aspect of the program has been provided at no charge through the local community college).
2. Fieldwork training of consumers and family members in job skills related to working within the mental health system.
3. Training of current mental health system staff and administrators in philosophy, concepts, and skills necessary to work alongside of and incorporate consumers and family members as full partners in providing mental health services in order to promote an integrated service experience for consumers and family members.

This contracted program has been successfully implemented and has trained 75 consumers and family members thus far, with another 25 consumers and family members to be trained under the present contract. This plan will continue the program for a reduced number of students by training 25 consumers and family members per year. In addition, students will be placed in paid internships. They will also be provided opportunities to further their education through connected career pathways in a community college for an AA degree, or a local university for a BA or Master's degree. The number of trainees per year is based upon an estimate of the number of unlicensed mental health service provider positions we can reasonably guarantee to be available annually in the public mental health system. One-half of these positions are anticipated to be filled by the graduates of this program.

Monolingual Vietnamese, Korean, or Spanish speaking consumers and family members have not been able to be served by the current program. Therefore, in order to promote culturally competent service delivery by consumers and family members as well as professional staff, we will implement a small program in which the internship experience will be supplemented by a mentoring program in place of an academic classroom component. This program will be offered to a small number of monolingual non-English speaking consumers/family members.

Orange County Workforce Education and Training Plan.

Objectives:

- Improve consumers and family members’ knowledge and skills so that they can enter the public mental health labor force.
- Train 25 consumers and family members per year in order to increase the numbers of consumers and family members providing mental health services or operating consumer-run services.
- Train 5-10 consumers and family members from minority ethnic communities with limited English proficiency in order to increase the ethnic and linguistic diversity of consumers and family members in the mental health workforce.
- Document the number who obtain employment in the public mental health system
- Document their retention rate and career pathways.

Budget Justification:

Contracted services to include:

30 Fieldwork stipends for consumer/family member interns	\$165,000
1 FTE Employment and eligibility specialist	\$55,000
1 FTE Job coach	\$55,000
1 FTE Program Supervisor	\$75,000
Five .1 FTE Bilingual Mentor positions at \$5,500 each	\$27,500
Consultation and training for training site staff	\$22,500
15% Administrative cost	\$60,000

Budgeted Amounts: FY 2006-07

FY 2007-08

FY 2008-09 \$460,000

C. MENTAL HEALTH CAREER PATHWAYS PROGRAMS —Continued

Action #10- Title : High School Academy

Description:

Our need to develop a more linguistic and culturally competent workforce will be addressed in many ways. One of the ways recommended by MHSA is through the High School Academy. We plan to partner with the educational system to expand high school academies, career counseling and outreach to multicultural communities, thus increasing the diversity of the mental health workforce and reducing the stigma associated with mental illness. By working with High School Academies, we can begin to recruit high school students for mental health occupations. This is expected to increase the number of high school students who choose mental health occupations. Programs such as health science academies, adult schools, regional occupation centers and other programs that address our need for bilingual and bicultural students will be eligible. Several local districts, including the school districts with the highest number of Latino students and the highest number of Asian-American students, have expressed interest in enhancing existing High School Academies and career counseling programs under MHSA to promote the direction of multicultural students into mental health career fields. As an example of community collaboration, the County Department of Education has offered its resources to assist in educating county high school counselors regarding mental health careers for students. Internship experiences within the public mental health system for high school students will also be provided.

Objectives:

- Develop a mental health career track in the Health Services division of a High School Academy in a school district with a high Latino population.
- Increase career counseling services directed toward mental health professions in school districts with high Asian-American and other multicultural student body populations.
- Develop a high school internship program within the Orange County public mental health system so approximately 25-50 students per year become familiar with the wellness and recovery model and how services are provided in an integrated mental health delivery system.
- Recruit high school students for mental health occupations by offering approximately 25-50 stipends or scholarships per year, thus, increasing the number of high school students who choose mental health occupations.
- Reduce the stigma associated with mental illness.
- Increase the diversity of the mental health workforce.

Orange County Workforce Education and Training Plan.

Budget Justification:		
Planning staffing and development of a mental health career track in an existing High School Academy		\$175,000
Train and provide additional staffing for high school counselors		\$150,000
Internship stipends for high school students		\$25,000
Scholarships for multicultural students to pursue mental health college education		\$50,000
Equipment, supplies, rent, travel		\$25,000
15% Administrative cost		\$60,000
Budgeted Amounts: FY 2006-07	FY 2007-08	FY 2008-09 \$460,000

C. MENTAL HEALTH CAREER PATHWAYS PROGRAMS —Continued

Action #11- Title : Community College & Undergraduate Certificate Programs

Description:

MHSA calls for the expansion of postsecondary education to meet the needs of identified mental health occupational shortages. Strategies include plans for loan forgiveness and scholarship programs offered in return for a commitment to employment in California's public mental health system. In addition, MHSA calls for the creation of a stipend program modeled after the federal Title IV-E program for persons enrolled in academic institutions who want to be employed in the mental health system. MHSA also provides for establishment of regional partnerships among the mental health system and for the educational system to expand outreach to multicultural communities, increase the diversity of the mental health workforce, reduce the stigma associated with mental illness, and promote the use of web-based technologies, and distance learning techniques. During our stakeholder process several community colleges have expressed interest in partnering with the county to develop a curriculum that will support these goals.

The intended result is creation of a collaborative, community-based educational pathway with several bridges at all levels that lead to higher education. These include:

- Funding of curriculum development, internships, faculty and coordination time for development of a program leading to an AA level certificate in psychosocial rehabilitation (CASRA).
- A career pathway linked with the high school academy, toward which multicultural high school students can be directed, leading to an AA in Human Services.
- A Career pathway linked with the Consumer training program and local BA programs so that consumers and family members entering the workforce have avenues to pursue further education, which can lead to higher positions within the public mental health system.

These programs will serve as professional level training to enable consumers and bilingual/bicultural prospective employees to gain employment in the mental health field. Course work will be credited toward a Bachelor's degree in Human Services with a specialty in mental health.

Objectives:

- Develop a psychosocial/mental health track within a community college Human Services AA degree program that will lead to a certificate in psychosocial rehabilitation.
- Fully articulate the AA degree program with local 4-year BA programs in Human Services.
- Provide opportunities for consumer and family members, including graduates from the Consumer Training program to enter the AA degree certificate program.
- Offer the AA degree certificate program as one avenue for multicultural high school students to become educated

Orange County Workforce Education and Training Plan.

to join the public mental health workforce.

- Reduce the stigma associated with mental illness.
- Increase the cultural diversity of the mental health workforce.
- Increase the opportunities for consumers and family members to pursue higher education in mental health fields.
- Document the number of participants that get jobs in the public mental health system.
- Document the retention rate for those who get jobs.
- Document the career progress of program participants.

Budget Justification:

Planning, development, staffing	\$375,000
Rent, equipment and supplies	\$25,000
15% Administrative cost	\$60,000

Budgeted Amounts: FY 2006-07

FY 2007-08

FY 2008-09 \$460,000

D. MENTAL HEALTH CAREER PATHWAYS PROGRAMS

Action #12- Title : Recovery Education Institute

Description:

Many consumers and family members who aspire to a career in mental health, are not ready to either directly join the workforce or pursue the educational opportunities offered by the Consumer Training program or the AA or BA level college degree and certificate programs. What is needed to help them prepare for these opportunities is an educational Institute, operated by consumer/family member professional staff. The Institute will provide training on basic issues of life, career management skills, and other skills needed to work in the public mental health system. Classes offered at the Institute will prepare consumers to enter either the consumer training program or the certification program by developing and solidifying the personal and academic skills necessary to continue with their education. The Center will be modeled after the Recovery Education Center operated by Recovery Innovations in Phoenix, AZ, which prepares consumers to participate in their consumer support staff training program and their AA degree program in Recovery Mental Health. There will be several “tracks” that students may follow. Examples of courses to be offered, include:

- Illness management
- Medication knowledge and management
- Interviewing and resume writing
- Study skills
- Developing computer literacy
- Recovery coaching
- Communication skills in counseling
- English language training for multicultural consumers/family members with limited English proficiency

Steps include the following:

- Develop a referral process.
- Provide a structured educational method to enable consumers and family members to learn how to recover, work, and build social supports.
- Offer a variety of certificated programs, such as computer literacy, recovery coaching, and interviewing skills that would be helpful in seeking work in the mental health system, as well as providing a pathway to entering an AA degree or Consumer Employment Training program.
- Establish a collaborative partnership with a community college to provide the full range of courses needed to prepare a student to enter an AA degree program.
- Work with a community college to develop a scholarship program to assist students with paying for classes taken at the college.

Orange County Workforce Education and Training Plan.

- Provide multiple types of student support, e.g. tutoring, flexible hours, preparation to take classes, study skills.

Objectives:

- Provide a place and method to enable up to 200-300 consumers per year to learn how to recover, work, and build social supports.
- Develop and solidify the personal and academic skills necessary for consumers and family members to continue with their education.
- Increase the number of consumers/family members who enter the public mental health workforce.
- Document the number of program participants that get jobs.
- Document their retention rate and career progress.

Budget Justification:

Educational Director	\$100,000 per year
Advisor/Student Coordinator	\$85,000 per year
Instructor	\$75,000 per year
Adjunct Faculty - 5 per session	\$85,671
Rent	\$45,000
Equipment and supplies	\$70,000
Travel	\$10,000
15% Administrative cost	\$70,606

FY 2006-07	FY 2007-08	FY 2008-09 \$541,277
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D. RESIDENCIES AND INTERNSHIPS

Action #13- Title : Graduate Student Intern Supervision

Description:

Our needs assessment and stakeholder meetings identified a need to bring in more licensed mental health staff in social work, marriage and family therapy, psychology, and psychiatric nursing as a method of outreaching to under-represented racial/ethnic, cultural or linguistic groups so they are more likely to join our workforce. A survey of position openings for licensed and pre-licensed mental health staff and of current student interns indicated a strong need within our adult and older adult mental health services and among our contracted services at all age levels. The greatest impediment to placing students in these areas was the lack of staff time to supervise the interns. By funding staff time to provide clinical supervision of graduate student interns, we hope to be able to increase our source of culturally diverse, bilingual licensable staff who are committed to working in the public mental health system.

Objectives:

- Increase the number of supervised interns in social work, psychology, marriage and family therapy and psychiatric nursing who receive training in a wellness and recovery oriented integrated service delivery public mental health system by approximately 120, placed in both county and county contract agencies.
- Increase the ethnic diversity of the graduate student interns working in the public mental health system in Orange County.
- Provide supervision for consumers and family members who have gone on to graduate school through our career pathway programs.
- Produce 20 to 40 masters or doctorate graduates per year who apply to the Orange County public mental health system for positions.
- Coordinate the supervision and recruitment of graduate interns through a collaborative effort between the County and its CBO contractors.
- Document the number of interns that get jobs in the public mental health system and their retention rate.

Budget justification:

8 FTE Licensed Supervisor positions at \$76,512 per position, per year	\$612,096
.5 FTE Licensed Coordinator	\$47,289
Equipment, supplies, rent, travel	\$111,633
15% Administrative cost	\$115,653

Orange County Workforce Education and Training Plan.

Budgeted Amounts: FY 2006-07	FY 2007-08	FY 2008-09 \$886,671

D. RESIDENCIES AND INTERNSHIPS - *Continued*

Action #14– Title: Supervision for High School Interns, AA Interns and Bachelor’s Level Interns

Description: At the present time there are virtually no undergraduate interns within the public mental health system in Orange County. Neither the closest BA program in Social Work, nor the Human Services BA program at the California State University in our County offers fieldwork placements in our county mental health system for undergraduate students. Our stakeholder meetings with high school personnel and community colleges indicated that there is a need for internships for their students within the county mental health system. These internships will help those students to learn about careers in mental health, about wellness and recovery, and integrated service delivery models and develop some basic helping skills. This would be one of the primary ways of attracting ethnic minority, bilingual students into the field of mental health. The chief deterrent to developing such internships is the lack of staff time to supervise interns. Such internships would need to be organized and coordinated with the academic programs that contributed students into them.

In addition, providing funds for supervision of consumers and family members in the consumer training program and for consumers in either AA or BA programs would help the development of internship positions for these students in both county programs and in those programs operated by community-based organizations that contract with the County. This would further promote the inclusion of consumers and family members in the mental health system.

Objectives:

- Increase the number of ethnically diverse and bilingual students entering county service in the public mental health system by providing supervision to approximately 120 student interns per year.
- Establish collaborative partnerships with high schools, community colleges and Bachelor’s degree institutions.
- Insure adequate supervision of consumer and family member interns in the public mental health system, both county and community-based contract agencies.
- Support public mental health tracks in local AA and BA programs in social work, psychology and human services.
- Document the number of Interns who obtain jobs in the public mental health system and their retention rates.

Budget justification:

6 FTE non-licensed supervisory positions at \$68,712 for each per year(to be hired as 14 half-time staff)	\$412,272
1 FTE non-licensed supervision coordinator	\$58,600
Equipment, supplies, rent, travel	\$77,069
15% Administrative cost	\$82,191

Budgeted Amounts: FY 2006-07	FY 2007-08	FY 2008-09 \$630,130
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.RESIDENCIES AND INTERNSHIPS – *Continued*

Action #15– Title: AA/BA/MA Program Recruiter

Description:

MHSA calls for the establishment of a program with dedicated funding to remedy the shortage of qualified individuals, particularly persons from underserved ethnic and linguistic groups and consumers and family members, to provide services to address severe mental illnesses. Developing a position specifically to recruit these individuals is key. The person in this position would be able to educate the community about the many plans the county has for recruiting qualified bilingual and bicultural individuals and would promote a transformation in community and potential workforce to a more inclusive, integrated, wellness and recovery model of mental health services. These plans include stipend and scholarship programs offered in return for a commitment to employment in Orange County’s public mental health system and 20/20 work/school programs available to current employees of the mental health system who want to obtain Associate of Arts, Bachelor of Arts, Masters Degrees, or Doctoral degrees. In addition, we will be able to offer stipends modeled after the federal Title IV-E program for persons enrolled in academic institutions who want to be employed in the mental health system. Another strategy will be to establish regional partnerships among the mental health system and the educational system to: expand outreach to multicultural communities, increase the diversity of the mental health workforce, and reduce the stigma associated with mental illness.

Representatives from both our local Bachelor and Masters programs have already expressed a desire to collaborate with the County in developing the recruiter position and creating greater access to higher education. Our stakeholder process specified the desirability of hiring a consumer or family member with a multicultural background to fill this position. The participating institutions of higher education agreed to fund half of such a position with their own program funds.

Objectives:

- Recruit bilingual bicultural and consumer/family member students into career pathway programs leading to degrees in mental health related fields.
- Increase the diversity of the public mental health system workforce.
- Increase the inclusion of consumers and family members in the public mental health workforce.
- Support regional educational partnerships.
- Document the number of students recruited and the number that graduate.
- Document the number of students that obtain jobs in the public mental health system.

Orange County Workforce Education and Training Plan.

Budget justification:

A .5 FTE position that would be filled by a consumer/family member or ethnic minority to recruit qualified individuals intent on a career in mental health. \$29,300

Equipment, supplies, rent, travel \$10,432

15% Administrative cost \$5,960

Budgeted Amounts: FY 2006-07	FY 2007-08	FY 2008-09 \$45,692
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D. RESIDENCIES AND INTERNSHIPS – *Continued*

Action #16– Title: Psychiatry Residencies and Fellowships

Description:

Public mental health has been faced with a shortage of psychiatrists, particularly those who have received training in the public mental health system and the wellness and recovery model. Orange County has experienced a particular shortage with regard to child psychiatrists, geriatric psychiatrists and community psychiatrists with a recovery focus. In our early implementation plan, Orange County requested the costs of supervising .6 FTE child psychiatry resident, who might then join our public mental health system upon completing his/her residency. We plan to continue this program, which has resulted in additional child psychiatry services from the residents funded via CSS money. It has also created greater appreciation of the recovery and integrated service delivery model, based on the training and supervision residents receive. We have been involved in a collaborative effort devoted to plan a community psychiatry fellowship program with UCI Medical School Department of Psychiatry. To launch such a program, it is necessary to fund additional faculty time for training in community psychiatry and additional supervision time for the fellows. In addition, we will provide training for fellows that stresses the wellness and recovery model, raises their awareness about the philosophy of inclusion of consumers and family members in service delivery and increases their knowledge of multicultural issues and the diverse community we serve. Initially, we will plan this program utilizing a wellness and recovery-oriented psychiatrist to work with the medical school to develop the program. We will then launch it with up to two full-time fellow positions.

Objectives:

- Increase the number of child psychiatrists and community psychiatrists working in the public mental health system who are trained in the recovery model and are dedicated to providing an integrated service experience for clients and their families.
- Increase the number of child and community psychiatrists working in the public mental health system who are trained in the multicultural issues presented by our diverse population and appreciate the value of including consumers and family members in the service delivery system.

Budget justification:

.5 FTE Medical School faculty for developing a community psychiatry fellowship program	\$100,000 per year
.33 FTE Staff time for wellness and recovery trained staff psychiatrist to assist in planning a collaborative program between the County and medical school	\$88,785 per year
Supervision time for .6 FTE child psychiatry residents	\$11,838
Supervision for 1-2 community psychiatry fellows:	\$18,555
15% Administrative cost	\$32,877

Orange County Workforce Education and Training Plan.

Budgeted Amounts: FY 2006-07	FY 2007-08 \$20,286	FY 2008-09 \$252,055
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E. FINANCIAL INCENTIVES PROGRAMS

Action #17- Title: Financial Incentives to Increase Workforce Diversity: AA and BA Stipends & 20/20 Program

Description:

These funds would support undergraduate and certificate program educational and living costs for members of underserved groups and consumers and family members to attend a certificate program in psychosocial rehabilitation or an undergraduate program in human services, psychology or social work. Recipients would be required to repay their support by agreeing to work for the Orange County public mental health system for one year for every year of support received. Current employees of the public mental health system would be eligible for support for attending class for field work placement in the form of a 20/20 or 30/10 program (based on amount of time away from work), in which a portion of their salary would be paid for by WET funds. Funds would support approximately 25 students per year.

There is a need for bilingual/bicultural Latino and Vietnamese staff. Thus, there will be an emphasis on providing these financial incentives to potential employees who could help meet the need for a more diverse workforce or increase the inclusion of consumers and family members in the workforce. This emphasis would be demonstrated either by giving priority to students who might fill the gaps in the current labor force or by providing such applicants a higher level of support. Steps to accomplish this include the following.

- Develop a collaborative process with educational institutions in the local community to establish contracts for awarding stipends and scholarships that promote our goals of increasing the diversity of our workforce and the inclusion of consumers and family members and are otherwise consistent with MHS Essential Elements.
- Develop policies and procedures for award and payback of stipends and scholarships for potential staff.
- Develop criteria for selection of persons eligible to receive stipends and/or scholarships.
- Establish an inclusive process that has participation by key stakeholders for reviewing applications and deciding who shall receive stipends and scholarships.

Objectives:

- Grant a minimum of 25 scholarships, stipends or 20/20 awards annually.
- Increase workforce diversity.
- Increase the number of consumers and family members in the public mental health system.
- Allow current staff to obtain further education without losing salary for the time they are in school.
- Increase collaboration with local institutions of higher education around issues of workforce diversity, consumer and family member inclusion, and the teaching of the wellness and recovery model.
- Document the number of program participants that obtain jobs in the public mental health system and their retention rate.

Orange County Workforce Education and Training Plan.

Budget Justification:

25 AA or BA level stipends, scholarships, 20/20 or 30/10 awards at an average of \$15,000 each for a total of \$375,000.
15% Administrative cost \$56,250

Budgeted Amounts: FY 2006-07	FY 2007-08	FY 2008-09 \$431,250

E. FINANCIAL INCENTIVES PROGRAMS - *Continued*

Action #18– Title: Financial Incentives to Increase Workforce Diversity: Graduate Degree Stipends

Description:

MHSA calls for the expansion of postsecondary education to meet the needs of identified mental health occupational shortages. These include plans for stipends and scholarship programs offered in return for a commitment to employment in California’s public mental health system and 20/20, work/school programs available to current employees of the mental health system who want to obtain Associate of Arts, Bachelor of Arts, Masters Degrees, or Doctoral degrees. In addition MHSA calls for the creation of a stipend program modeled after the federal Title IV-E program for persons enrolled in academic institutions who want to be employed in the mental health system. Our needs assessment has identified licensable mental health staff as a priority.

California Social Work Education Center (CALSWEC) funds are available for second year social work graduate students, and state-administered stipend programs for MFT and psychology students are planned for the future. However, the latter are not currently in place and the former have produced few applicants to Orange County positions over the last two years. By using these local funds we would be able to support full-time students who primarily represent the underserved ethnic groups within our community, and have been identified in our needs assessment or consumers and family members seeking higher degrees leading to employment or promotion in the mental health system. Stipends will be provided to graduate programs in psychology, social work, marriage and family therapy, and psychiatric nursing. Students would be expected to repay any support on a year for a year basis by working for either the County or one of its contract agencies.

Objectives:

- Fund approximately 20 graduate students per year in mental health fields.
- Increase the number of licensed professionals committed to working in the public mental health system.
- Increase the ethnic diversity of these licensed professionals.
- Increase collaboration between the public mental health system and local graduate programs in the mental health professions.

Budget justification:

20 graduate stipends at \$18,500 each, for a total of \$370,000.

15% Administrative cost \$55,500

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY2008-09: \$425,500 ⁴⁶
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E. FINANCIAL INCENTIVES PROGRAMS - *Continued*

Action #19 – Title: Financial Incentives to Increase Workforce Diversity: 20/20 Programs for Public Mental Health Employees to Attend Graduate School

Description:

California State University Fullerton, School of Social Work will open the doors of a new part-time MSW program in social work in 2008. In a collaborative effort with the County of Orange, the school has allowed only county employees and the employees of its contract agencies to enroll in the program. This program will provide an opportunity for county staff (in either clinical or support positions) to gain an advanced degree that will allow them to join the mental health workforce at an advanced level without having to give up their jobs to do so.

There will be an emphasis on recruiting students from underserved ethnic groups and consumers/family members. Recruitment will also target those who are bilingual in either Spanish or Vietnamese (the two threshold languages of Orange County). The program will require half-time field work placements during two of the four years in which a student is enrolled. Placements within the public mental health system will give students experience with the wellness and recovery model as practiced within an integrated service delivery system. Funding will pay for up to 20 employees per year to attend this or other similar graduate programs. Students must continue in county positions after they receive their degrees for one year for every year of support while in school. This program is a final step in a series of career pathways involving actions to be made available to both members of underserved ethnic groups and to consumers and family members.

Objectives:

- Fund 20 half-time salaries per year for employees of the public mental health system enrolled in part-time graduate programs in mental health related fields.
- Increase the number and ethnic diversity of the licensed professionals who will commit to working in the Orange County public mental health system.
- Increase the proportion of consumers and family members in the licensed public mental health workforce in Orange County.
- Allow current staff to obtain further education without losing salary for the time that they are in school.
- Promote collaboration between the County of Orange, its community based contract agencies and the public graduate educational system to promote wellness and recovery education for graduate students in mental health professions.
- Document the number of program participants that remain in jobs in the public mental health system for five years after graduation.

Orange County Workforce Education and Training Plan.

Budget justification:

20 half-time salaries for 20/20 funding of students at \$24,350 each for a total of \$487,000.

15% Administrative cost \$73,050

Budgeted Amounts:	FY 2006-07	FY 2007-08	FY 2008-09 \$560,050
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Orange County Workforce Education and Training Plan.

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_: Workforce Education and Training (WET) Coordination	X	X	X	X	X	X	X	X	X	X		X	X
Action #_2_: Consumer Employment Specialist Services	X	X	X	X	X	X	X					X	X
Action #_3_: Liaison to Regional Workforce Education and Training Partnership	X	X	X	X	X	X		X		X		X	X
Action #_4_: Training on Evidence-based Practices	X	X	X	X	X		X	X				X	X
Action #_5_: Training Provided by Consumers and Family Members for Staff, Consumers/Family Members, and the Community	X	X	X	X	X	X		X				X	X
Action #_6_: Cultural Competence Training for Staff and the Community	X	X	X	X	X		X	X					X

Orange County Workforce Education and Training Plan.

Action #_7_: Training for Foster Parents and Others Working with Foster Children and Youth	X	X	X	X	X								X
Action # 8 : Mental Health Training for Law Enforcement	X	X	X	X	X								X
Action #_9_: Training Consumers and Family Members for Employment in the Mental Health System	X	X	X	X	X		X		X			X	X
Action #_10_: The High School Academy	X	X	X	X	X			X				X	X
Action # 11: Community College and Undergraduate Certificate Programs	X	X	X	X	X			X	X			X	X
Action #_12_: Recovery Institute	X	X	X	X	X		X	X	X	X		X	X
Action #_13_: Graduate Student Interns	X	X	X	X	X		X	X		X		X	X
Action #_14_: Supervision for High School Interns, AA Interns and Bachelor’s Level Interns	X	X	X	X	X		X	X		X		X	X
Action #_15_: AA/BA/MA Program Recruiter	X	X	X	X	X		X	X		X		X	X
Action #_16: Psychiatry Residencies and Fellowships	X	X	X	X	X		X	X				X	X
Action #_17_: Financial Incentives to Increase Workforce Diversity: AA and BA Stipends & 20/20 Program	X	X	X	X	X		X	X	X			X	X

Orange County Workforce Education and Training Plan.

Action #_18_ : Financial Incentives to Increase Workforce Diversity: Graduate Degree Stipends	X	X	X	X	X		X	X	X	X		X	X
Action #_19: Financial Incentives to Increase Workforce Diversity: 20/20 Programs for Public Mental Health Employees to Attend Graduate School	X	X	X	X	X		X	X	X	X		X	X

EXHIBIT 6: BUDGET SUMMARY

Fiscal Year: 2006-07			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:			
B. Training and Technical Assistance			
C. Mental Health Career Pathway Programs			
D. Residency, Internship Programs			
E. Financial Incentive Programs			
GRAND TOTAL FUNDS REQUESTED for FY 2006-07			

Fiscal Year: 2007-08			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:	\$533,865		\$533,865
B. Training and Technical Assistance	\$97,646		\$97,646
C. Mental Health Career Pathway Programs			
D. Residency, Internship Programs	\$20,286		\$20,286
E. Financial Incentive Programs			
GRAND TOTAL FUNDS REQUESTED for FY 2007-08			\$651,797

Orange County Workforce Education and Training Plan.

Fiscal Year: 2008-09			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:		\$983,042	\$983,042
B. Training and Technical Assistance		\$1,479,736	\$1,479,736
C. Mental Health Career Pathway Programs		\$1,921,277	\$1,921,277
D. Residency, Internship Programs		\$1,562,493	\$1,562,493
E. Financial Incentive Programs		\$1,668,855	\$1,668,855
GRAND TOTAL FUNDS REQUESTED for FY 2008-09			\$7,615,403

APPENDIX 1

Mental Health Board Agenda and Approval



County of Orange

Mental Health Board

405 W. TEL: (714) S8a3n4t-a5 54A8in 1Sa ,t/ r CeFeAAt X, 9S: 2(te77 105410) 1 8 34-4586

Email: dhopson@ochca.com

Thursday, May 8, 2008

8:00 a.m. - 11:30 a.m.

Hall of Administration

Planning Commission Hearing Room

10 Civic Center Plaza

(333 West Santa Ana Blvd.)

Santa Ana, CA 92701

AGENDA

I. MHB Call to Order Janice DeLoof, Chair

May Mental Health Board Study Meeting

II. Roll Call Danielle Hopson, BHS

III. Approval of Minutes Janice DeLoof, Chair

April 10, 2008

IV. Behavioral Health Services Update Mary Hale,

Chief of Operations, BHS

V. Committee Reports Board Members

VI. Report from MHB Chair Janice DeLoof, Chair

VII. Open Public Hearing Janice DeLoof/Casey Dorman

Mental Health Services Act: WET Plan

VIII. Close Public Hearing Janice DeLoof, Chair

Action Item: Call for the Vote, MHSA WET Plan

IX. Public Comment (on matters not previously discussed)

At this time members of the public may address the Chair regarding any item within the subject matter of this board's authority provided that no action is taken on off-agenda items unless authorized by law. Comments shall be limited to three to five (3-5) minutes per person.

X. Meeting Adjourned

Orange County Workforce Education and Training Plan.

Next Meeting: The next Mental Health Board meeting will be held on May 28, 2008 from 9:00 a.m. to 10:30 a.m., 10 Civic Center Plaza, Hall of Administration, Planning Commission Hearing Room.

Persons wishing to address any of the above agenda items or speak under Public Comments must complete the "Public Comment Speaker Form" available on each table. Submit the form to staff at their request. Public wishing to speak will only be called if a form is completed.



County of Orange Mental Health Board

405 W. 5th Street, Ste 501
Santa Ana, CA 92701
TEL: (714) 834-5481 / FAX: (714) 834-4586
Email: dhopson@ochca.com

**Thursday, May 8, 2008
8:00 a.m. - 11:00 a.m.**

**Hall of Administration
Planning Commission Hearing Room
10 Civic Center Plaza
(333 West Santa Ana Blvd.)
Santa Ana, CA 92701**

MINUTES

The regular meeting of the Orange County Mental Health Board was held on Thursday May 8, 2008, at The Hall of Administration, 333 W. Santa Ana Blvd. Santa Ana, CA 92701.

During the regular meeting, a Public Hearing was held to consider the Mental Health Services Act Workforce Education and Training Component Three-Year Program and Expenditure Plan. There were approximately 35 people in attendance with 2 individuals providing public comments.

At the conclusion of the Public Hearing the Mental Health Board, with ten members in attendance, voted unanimously in favor of approving the Mental Health Services Act Workforce Education and Training Component Three-Year

Orange County Workforce Education and Training Plan.

Program and Expenditure Plan as written and authorized that the Plan be submitted to the Orange County Board of Supervisors for approval.

Officially submitted by:

Next Meeting: The next Mental Health Board meeting will be held on May 28, 2008 from 8:00 a.m. to 11:00 a.m., 333 W. Santa Ana Blvd. Santa Ana, CA 92701, Planning Commission Hearing Room.

APPENDIX 2

Board of Supervisors Approval



Grants Report

County Executive Office/Legislative Affairs

May 20, 2008
Item No. 46
Vol. II, No. 11

County of Orange Report on Grant Applications/Awards

The Grants Report is a condensed list of grant requests by County agencies/departments that allows the Board of Supervisors to discuss and approve grant submittals in one motion at a Board meeting. County policy dictates that the Board of Supervisors must approve all grant applications prior to submittal to the grantor. This applies to grants of all amounts, as well as to new grants and those that have been received by the County for many years as part of an ongoing grant. Receipt of grants under \$50,000 is delegated to the County Executive Officer. This report allows for better tracking of county grant requests, the success rate of our grants, and monitoring of County's grants activities. It also serves to inform Orange County's Sacramento and Washington, D.C. advocates of county grant activities involving the state or federal governments.

On May 20, 2008, the Board of Supervisors approved the following actions:

RECOMMENDED ACTIONS

Orange County Workforce Education and Training Plan.

New Grant Applications

1. Approve– Health Care Agency- Funding for Mental Health Services Act (MHSA) Workforce Education and Training Component – (\$7,615,403)
2. Approve- District Attorney’s Office- FY 2008-2009 Workers’ Compensation Insurance Fraud Grant Program – (\$3,281,140)
3. Approve- Orange County Sheriff’s Department- FY 08 Emergency Management Performance Grant – (\$446,880)
4. Approve and Adopt Resolution- Orange County Sheriff’s Department- Emergency Management Performance Grant
5. Receive and File Grants Report

Receive Grant Awards

None

ACTION ITEMS

Approve- Health Care Agency- Funding for Mental Health Services Act (MHSA) Workforce Education and Training Component

Requester: Health Care Agency
Program: Funding for Mental Health Services Act (MHSA) Workforce Education and Training Component
Amount Requested: \$7,615,403
Match/Cost: N/A
Application Due Date: N/A
Grantor: California Department of Mental Health

Under the Mental Health Services Act, the Health Care Agency will receive funding for Workforce Training and Education. The allocation for Orange County is \$8,267,200 for the fiscal years 2006-2007, 2007-2008, and 2008-2009. Of this amount, \$651,797 was requested on May 22, 2007 and received as funding for planning activities for this component and for implementing a limited number of training activities. On July 14, 2007 the California Department of Mental Health (DMH) issued guidelines for requests for funding for the balance of the \$8.2 million to support activities under the MHSA Workforce Education and Training Component. The amount to be requested is \$7,615,403. There is no due date for the application. The DMH will review and approve Requests for Funding, and this is expected to take approximately 60 days.

The purpose of the grant is to fund activities that fall within the scope of the MHSA Workforce Education and Training component and are aimed at developing a mental health workforce that is trained to offer effective, recovery-oriented services, is culturally competent, reflects the diversity of the Orange County community, and empowers consumers and their families. The activities funded in the grant were developed through a community stakeholder process involving over 350 participants, followed by approval by the

Orange County Workforce Education and Training Plan.

MHSA Steering Committee composed of 60 community representatives, a public comment period of 30 days, a public hearing and approval by the Orange County Mental Health Advisory Board.

The request will fund 8.25 current county positions. Six new positions will be requested through the Quarterly Budget Review process. Other funds will be used to procure services from consultants, contracted staff, and contracted training services. There is no county match required for this grant.

Meetings with Social Services, Probation, and the Department of Education and the Sheriff's Department were held to determine mutual training needs. These agencies were involved in determining training and workforce development activities to be funded under this grant.