

**Training & Education 1**  
**Training & Education Program**  
**(E1)**

**Training & Education 1 (E1) 2005/2006**

<b>EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY</b>		
County: Orange	Fiscal Year: 2005-2006	Program Work Plan Name: Training & Education
Program Work Plan: E1		Estimated Start Date: June 2006
<p><b>1. a) Description of Program:</b> The Training Program designed to support system development as a one-time funded activity will address training of clients and family members, community partners, and mental health administrators and behavioral health staff who work with clients of all ages. The topics to be addressed by training are as follows:</p> <ol style="list-style-type: none"> <li>1. Early identification of mental illness</li> <li>2. Cultural competency, including training of staff and outreach to underserved cultural groups to reduce stigma with materials in threshold and emerging languages</li> <li>3. Training of clients and family members to work within the mental health services system</li> <li>4. Training of community partners (education, criminal justice, social services, housing community, medical community, etc.)</li> <li>5. Training of behavioral health staff, including consumer and family member staff, to improve working with families, including outreach and support to families of clients and potential clients who may be involved with child welfare, juvenile justice, corrections, primary health care, the educational system, or elder services.</li> <li>6. Training of staff on co-occurring disorders and integrated treatment</li> <li>7. Training of staff and consumers in methods of benefits acquisition</li> <li>8. Development of a nonprofit Training Institute with consumer and family member direction, to pursue continued funding of recovery-based training and evaluation activities after the end of the one-time funding period</li> </ol>		
<p><b>1. b) Priority Population:</b> Because this program addresses training for staff, consumers, family members, the community and community partners, the population to be served by the program includes SED children who are unable to be mainstreamed at school, are in danger of out-of-home placement, are involved with the juvenile justice system or are members of underserved ethnic groups. It also includes SED TAY who are unable to be mainstreamed or failing in school, homeless, in danger of out-of-home placement, or experiencing a first episode of psychosis, suffer from co-occurring SMI and substance abuse disorders, or are members of underserved ethnic groups. Adults with SMI who are homeless, in danger of being homeless, involved with the criminal justice system, frequently hospitalized, or who suffer from co-occurring SMI and substance abuse disorders, or are members of underserved ethnic groups will also be served. Older adults who suffer from co-occurring SMI and substance abuse disorders, who are frequently hospitalized or users of emergency rooms, who are in restrictive living accommodations, such as SNFFS for IMDs and need supportive housing, or who are members of underserved ethnic groups will be served.</p>		

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d)						
	Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Training of family members to work in the mental health system and training of consumers and family members as well as staff to work with families will encompass the strategy of <i>Family Partnership Programs</i> , which will serve clients of all ages	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Culture and gender-sensitive outreach</i> will be a strategy utilized in the cultural competence training and the training of community partners and will serve all age groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Development of services for gay, lesbian, bisexual and transgender youth</i> will be a strategy promoted through the cultural competence training to serve TAY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
✓ <i>Education of the children/youth and family regarding mental health services</i> will be a strategy promoted through training of consumers and family members and training of staff to work with families to serve children and youth and TAY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Integrated services for clients with co-occurring mental health and substance abuse disorders</i> will be a strategy promoted through training on integrated treatment of co-occurring disorders to serve all age groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Parent mental health education with language access and culturally appropriate approaches</i> will be a strategy promoted through training on early identification of mental illness and cultural competence to serve children and youth and TAY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Infrastructure and attitudinal changes to assist in the development of youth/family-run programs</i> will be a strategy promoted through training of consumers and family members to work in the mental health system and training of staff to work with families and will serve all ages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Cross-agency and cross-discipline training</i> will be a strategy promoted through training of community partners, and will also involve training of behavioral health staff by the community partners during mutual training experiences and will serve all ages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Integrated county/community level service planning</i> will be a strategy promoted through training of community partners and will serve all ages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Values-driven, evidence-based practices</i> will be a strategy promoted through training in early identification of mental illness, integrated treatment of co-occurring disorders and through the development of a training institute and will serve all ages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d)						
	Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ <i>Education for youth and family</i> will be a strategy promoted through training of staff to work with families and will serve children and youth and TAY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
✓ <i>On-site services in primary care clinics or other health-related sites</i> will be a strategy promoted through training of our community partners and will serve clients of all ages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Culturally appropriate services to reach persons of racial/ethnic cultures who may be better served or more responsive to services in culture-based settings</i> will be a strategy promoted through training in cultural competence and will serve clients of all ages	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Self-help and client-run programs</i> will be a strategy promoted through training of consumers and family members to work within the mental health system and will serve TAY, adults and older adult clients	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>On-site or collaborative services with primary care health clinics and health care services to reduce barriers to access and increase integration of physical health and mental health services</i> will be a strategy promoted through training in early identification of mental illness and training of community partners and will serve clients of all ages, but particularly children and older adult clients	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Housing services, child care, transportation, vocational training and supported employment services, educational benefits</i> are strategies promoted by benefits acquisition training in which both staff and consumers will learn how to access benefits to support client recovery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Training & Education 1 (E1) 2006/2007**

<b>EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY</b>		
County: Orange	Fiscal Year: 2006-2007	Program Work Plan Name: Training & Education
Program Work Plan: E1		Estimated Start Date: June 2006
<p><b>1. a) Description of Program:</b> The Training Program designed to support system development as a one-time funded activity will address training of clients and family members, community partners, and mental health administrators and behavioral health staff who work with clients of all ages. The topics to be addressed by training are as follows:</p> <ul style="list-style-type: none"> <li>9. Early identification of mental illness</li> <li>10. Cultural competency, including training of staff and outreach to underserved cultural groups to reduce stigma with materials in threshold and emerging languages</li> <li>11. Training of clients and family members to work within the mental health services system</li> <li>12. Training of community partners (education, criminal justice, social services, housing community, medical community, etc.)</li> <li>13. Training of behavioral health staff, including consumer and family member staff, to improve working with families, including outreach and support to families of clients and potential clients who may be involved with child welfare, juvenile justice, corrections, primary health care, the educational system, or elder services.</li> <li>14. Training of staff on co-occurring disorders and integrated treatment</li> <li>15. Training of staff and consumers in methods of benefits acquisition</li> <li>16. Development of a nonprofit Training Institute with consumer and family member direction, to pursue continued funding of recovery-based training and evaluation activities after the end of the one-time funding period</li> </ul>		
<p><b>1. b) Priority Population:</b> Because this program addresses training for staff, consumers, family members, the community and community partners, the population to be served by the program includes SED children who are unable to be mainstreamed at school, are in danger of out-of-home placement, are involved with the juvenile justice system or are members of underserved ethnic groups. It also includes SED TAY who are unable to be mainstreamed or failing in school, homeless, in danger of out-of-home placement, or experiencing a first episode of psychosis, suffer from co-occurring SMI and substance abuse disorders, or are members of underserved ethnic groups. Adults with SMI who are homeless, in danger of being homeless, involved with the criminal justice system, frequently hospitalized, or who suffer from co-occurring SMI and substance abuse disorders, or are members of underserved ethnic groups will also be served. Older adults who suffer from co-occurring SMI and substance abuse disorders, who are frequently hospitalized or users of emergency rooms, who are in restrictive living accommodations, such as SNFFS for IMDs and need supportive housing, or who are members of underserved ethnic groups will be served.</p>		

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d)						
	Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Training of family members to work in the mental health system and training of consumers and family members as well as staff to work with families will encompass the strategy of <i>Family Partnership Programs</i> , which will serve clients of all ages	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Culture and gender-sensitive outreach</i> will be a strategy utilized in the cultural competence training and the training of community partners and will serve all age groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Development of services for gay, lesbian, bisexual and transgender youth</i> will be a strategy promoted through the cultural competence training to serve TAY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
✓ <i>Education of the children/youth and family regarding mental health services</i> will be a strategy promoted through training of consumers and family members and training of staff to work with families to serve children and youth and TAY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Integrated services for clients with co-occurring mental health and substance abuse disorders</i> will be a strategy promoted through training on integrated treatment of co-occurring disorders to serve all age groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Parent mental health education with language access and culturally appropriate approaches</i> will be a strategy promoted through training on early identification of mental illness and cultural competence to serve children and youth and TAY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Infrastructure and attitudinal changes to assist in the development of youth/family-run programs</i> will be a strategy promoted through training of consumers and family members to work in the mental health system and training of staff to work with families and will serve all ages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Cross-agency and cross-discipline training</i> will be a strategy promoted through training of community partners, and will also involve training of behavioral health staff by the community partners during mutual training experiences and will serve all ages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Integrated county/community level service planning</i> will be a strategy promoted through training of community partners and will serve all ages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Values-driven, evidence-based practices</i> will be a strategy promoted through training in early identification of mental illness, integrated treatment of co-occurring disorders and through the development of a training institute and will serve all ages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d)						
	Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ <i>Education for youth and family</i> will be a strategy promoted through training of staff to work with families and will serve children and youth and TAY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
✓ <i>On-site services in primary care clinics or other health-related sites</i> will be a strategy promoted through training of our community partners and will serve clients of all ages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Culturally appropriate services to reach persons of racial/ethnic cultures who may be better served or more responsive to services in culture-based settings</i> will be a strategy promoted through training in cultural competence and will serve clients of all ages	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Self-help and client-run programs</i> will be a strategy promoted through training of consumers and family members to work within the mental health system and will serve TAY, adults and older adult clients	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>On-site or collaborative services with primary care health clinics and health care services to reduce barriers to access and increase integration of physical health and mental health services</i> will be a strategy promoted through training in early identification of mental illness and training of community partners and will serve clients of all ages, but particularly children and older adult clients	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Housing services, child care, transportation, vocational training and supported employment services, educational benefits</i> are strategies promoted by benefits acquisition training in which both staff and consumers will learn how to access benefits to support client recovery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Training & Education 1 (E1) 2007/2008**

<b>EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY</b>		
County: Orange	Fiscal Year: 2007-2008	Program Work Plan Name: Training & Education
Program Work Plan: E1		Estimated Start Date: June 2006
<p><b>1. a) Description of Program:</b> The Training Program designed to support system development as a one-time funded activity will address training of clients and family members, community partners, and mental health administrators and behavioral health staff who work with clients of all ages. The topics to be addressed by training are as follows:</p> <ul style="list-style-type: none"> <li>17. Early identification of mental illness</li> <li>18. Cultural competency, including training of staff and outreach to underserved cultural groups to reduce stigma with materials in threshold and emerging languages</li> <li>19. Training of clients and family members to work within the mental health services system</li> <li>20. Training of community partners (education, criminal justice, social services, housing community, medical community, etc.)</li> <li>21. Training of behavioral health staff, including consumer and family member staff, to improve working with families, including outreach and support to families of clients and potential clients who may be involved with child welfare, juvenile justice, corrections, primary health care, the educational system, or elder services.</li> <li>22. Training of staff on co-occurring disorders and integrated treatment</li> <li>23. Training of staff and consumers in methods of benefits acquisition</li> <li>24. Development of a nonprofit Training Institute with consumer and family member direction, to pursue continued funding of recovery-based training and evaluation activities after the end of the one-time funding period</li> </ul>		
<p><b>1. b) Priority Population:</b> Because this program addresses training for staff, consumers, family members, the community and community partners, the population to be served by the program includes SED children who are unable to be mainstreamed at school, are in danger of out-of-home placement, are involved with the juvenile justice system or are members of underserved ethnic groups. It also includes SED TAY who are unable to be mainstreamed or failing in school, homeless, in danger of out-of-home placement, or experiencing a first episode of psychosis, suffer from co-occurring SMI and substance abuse disorders, or are members of underserved ethnic groups. Adults with SMI who are homeless, in danger of being homeless, involved with the criminal justice system, frequently hospitalized, or who suffer from co-occurring SMI and substance abuse disorders, or are members of underserved ethnic groups will also be served. Older adults who suffer from co-occurring SMI and substance abuse disorders, who are frequently hospitalized or users of emergency rooms, who are in restrictive living accommodations, such as SNFFS for IMDs and need supportive housing, or who are members of underserved ethnic groups will be served.</p>		

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d)						
	Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Training of family members to work in the mental health system and training of consumers and family members as well as staff to work with families will encompass the strategy of <i>Family Partnership Programs</i> , which will serve clients of all ages	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Culture and gender-sensitive outreach</i> will be a strategy utilized in the cultural competence training and the training of community partners and will serve all age groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Development of services for gay, lesbian, bisexual and transgender youth</i> will be a strategy promoted through the cultural competence training to serve TAY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
✓ <i>Education of the children/youth and family regarding mental health services</i> will be a strategy promoted through training of consumers and family members and training of staff to work with families to serve children and youth and TAY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Integrated services for clients with co-occurring mental health and substance abuse disorders</i> will be a strategy promoted through training on integrated treatment of co-occurring disorders to serve all age groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Parent mental health education with language access and culturally appropriate approaches</i> will be a strategy promoted through training on early identification of mental illness and cultural competence to serve children and youth and TAY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Infrastructure and attitudinal changes to assist in the development of youth/family-run programs</i> will be a strategy promoted through training of consumers and family members to work in the mental health system and training of staff to work with families and will serve all ages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Cross-agency and cross-discipline training</i> will be a strategy promoted through training of community partners, and will also involve training of behavioral health staff by the community partners during mutual training experiences and will serve all ages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Integrated county/community level service planning</i> will be a strategy promoted through training of community partners and will serve all ages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Values-driven, evidence-based practices</i> will be a strategy promoted through training in early identification of mental illness, integrated treatment of co-occurring disorders and through the development of a training institute and will serve all ages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d)						
	Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ <i>Education for youth and family</i> will be a strategy promoted through training of staff to work with families and will serve children and youth and TAY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
✓ <i>On-site services in primary care clinics or other health-related sites</i> will be a strategy promoted through training of our community partners and will serve clients of all ages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Culturally appropriate services to reach persons of racial/ethnic cultures who may be better served or more responsive to services in culture-based settings</i> will be a strategy promoted through training in cultural competence and will serve clients of all ages	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Self-help and client-run programs</i> will be a strategy promoted through training of consumers and family members to work within the mental health system and will serve TAY, adults and older adult clients	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>On-site or collaborative services with primary care health clinics and health care services to reduce barriers to access and increase integration of physical health and mental health services</i> will be a strategy promoted through training in early identification of mental illness and training of community partners and will serve clients of all ages, but particularly children and older adult clients	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ <i>Housing services, child care, transportation, vocational training and supported employment services, educational benefits</i> are strategies promoted by benefits acquisition training in which both staff and consumers will learn how to access benefits to support client recovery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Education & Training (E1) – Continued

### **2. Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.**

All of the training activities listed below will be preceded by a system assessment of the specific training needs in that area, the state of the current system with regard to the knowledge and skills being addressed, barriers to acceptance of such training, review of best training practices in each area, assessment of needs with regard to post-training implementation of new skills, development of training materials and monitoring tools, assessment of fidelity to training models, need for ongoing, post-training consultation and methods of assessing outcomes of the training. The specific areas to be addressed are as follows:

1. Training in early identification of mental illness will address the following issues: stigma, cultural competency, use of evidence-based screening and assessment tools and direct training to community members, educators, the medical community, law enforcement and social services and mental health staff. It will also address the identification of high-risk environmental indicators such as domestic violence, substance abuse, child abuse, socioeconomic stressors (e.g. poverty, homelessness, etc.) and disabilities. Both identification of signs of mental illness in young children and identification of the early signs of the development of serious mental illness in TAY, adults and older adults will be addressed. The goals of developing cultural competence, of using values-driven evidence-based practices and reducing stigma will be advanced by this training.
2. An advanced program to address cultural competency training issues will be developed. This program will not only target traditional staff members, but include new hires that are consumers/family members as well. Due to the swiftly changing demographics of Orange County, training will focus on those unserved populations of ethnic and linguistic cultures, in addition to cultures such as the elderly, LGBT, etc. Training will also focus on working within diverse communities, assisted by already established community leaders, to provide outreach and education not only on mental health issues, but on the myriad of services offered by the County.
3. Training of clients and family members to work within the mental health services system will encompass a variety of methods of training and employment practices that can use consumers and family members, including development of consumer and family member-operated services such as club-houses, housing services, educational, outreach and employment support services. Training would also include preparing consumers and family members for positions as case-managers and peer mentors. Some of this training will be pre-employment training for individuals who will work within the system and other training will be in how to develop businesses for those who develop consumer and family member-operated programs as well as outreach and engagement services.

4. Training of community partners (education, criminal justice, social services, housing community, medical community, etc.) will involve co-training behavioral health and community partner administrators and staff in collaboration, early identification, the recovery model, consumer empowerment and cultural competence. Training will include problem solving on how to best work together and reach the goals of the MHSA as a community. The goal of this training will be to develop collaborative and cooperative functioning of the various public and private components of the community and to explore how different areas of the community can assist in providing better services to the county's mentally ill.
5. Training of behavioral health staff, including consumer and family members in empirically supported interventions that will create an effective collaboration between consumer, staff and family. This training will include family consultation, family support, family education, family psycho-education and family therapy skills. Specific content areas of training may include: "Family to Family", medication management, problem solving, communication skills, resource awareness and development to include life skills training (e.g. dealing with SSI/SSDI requirements, securing medical benefits and housing), physical fitness training, and vocational training (e.g. computer skills, workplace conduct, etc.). Training will also include basic recovery and engagement skills to assure staff, client and family share a common treatment strategy and vision.
6. Training of staff regarding co-occurring disorders and integrated treatment will involve training of all staff, both those who work with in mental health services and those who work in substance abuse services to be able to recognize, assess and treat co-occurring disorders using evidence-based methods of assessment and treatment. Training of administrative staff, including a thorough systems assessment of Behavioral Health Services will assist administrators in developing system-wide integrated services for co-occurring disorders.
7. Training of staff, consumers, and family members will develop core competencies in screening, assessing, applying for, obtaining, utilizing, and maintaining those benefit services to which consumers are entitled. Such services will strengthen progress toward recovery, support access to healthcare, improve residential options, increase independent functioning, facilitate education and training, and promote return to employment and other meaningful use of time. Additional, specialized training of selected staff will increase efficiency and effectiveness of benefits acquisition services.
8. Development of a nonprofit Training Institute with consumer and family member direction, to pursue continued funding of recovery-based training and evaluation activities after the end of the one-time funding period. This Institute will operate as a nonprofit, 501 (c) (3) public benefit corporation organized to research, promote and support the implementation of mental health activities within Orange County, California that embody the principles of wellness, recovery, resilience,

cultural competence, consumer driven and operated services, integrated service delivery and values-driven, evidence-based practices. The Institute's activities will involve the organization of training and demonstration activities involving the community, consumers, family members, and mental health service providers and that promote the use of practices that reflect the above principles, as well as evaluation activities aimed at determining the effectiveness of mental health practices and services. It is the goal of the Institute to seek and secure ongoing funding for its activities from government and foundation grants and contracts.

Since the goal of the Institute is to reflect the value of consumer empowerment, the Board of Directors of the Institute will include no less than 51% consumer and family membership. The remainder of the Board positions would be allocated to members who represent the public and private county agencies serving the mentally ill as well as other interested community members. These would include the County Behavioral Health Services Director, the Director of the County Department of Social Services, representatives of the criminal justice system, education, colleges and universities and other individuals and representatives of private organizations who are interested in the quality of services to the mentally ill.

**3. Describe any housing or employment services to be provided.**

The training program will not provide any direct housing. However, training in benefits acquisition will assist consumers access existing housing programs.

Employment services will be provided in two ways:

- a) Training of consumers and family members to be mental health service providers or to develop consumer-operated services will require training stipends provided to trainees as pre-employment salaries.
- b) In all aspects of the training program consumers and family members will be sought as trainers and as consultants to assist in the development of training. Many of these positions will be paid positions.

Persons who work within the housing and employment fields providing services and support for consumers with SMI will be the recipients of training in cultural competence and training of community partners.

**4. Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.**

The training program does not involve full-service partnerships.

**5. Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.**

The training program directly addresses cultural competence, consumer and family-operated services, consumer driven services and system planning, family empowerment, integrated services, values-driven, evidence based practices, and stigma reduction. The goal of all of these training activities is to promote a recovery and resilience philosophy to both mental health professionals, consumers and family members, as well as the community at large. Transformation of the mental health system will not be achieved without training and education for all members of the community in the values and practices that support a recovery and resilience model.

**6. If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.**

The primary source of training in mental health related practices in the Orange County community is through professional continuing education training to licensed mental health service providers. Such training rarely addresses issues related to recovery or resilience, though it does include training in evidence-based practice, cultural competence, and integrated treatment of co-occurring disorders. Virtually all of the training provided by the County of Orange Behavioral Health Services is brief, one-time workshop style training with little or no follow-up of transfer into day-to-day practices. Under this proposal, each training activity would be preceded by a system assessment of the training needs, best training practices, implementation strategies, and follow-up evaluation of the training's effectiveness. Train-the-trainer models will be incorporated whenever appropriate and a training system that includes video conferencing, and on-line training capability will be put into place. The expectation is that these changes to our existing training practices will result in customized Orange County trainings, and will benefit the County beyond the actual training event. By implementing the system assessment, recommendations for system change and the necessary training of staff and administration, transformation can occur.

**7. Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.**

Consumers and family members will have an opportunity to work within all of the training programs. The training of consumers and family members to work within the mental health system and to develop consumer-operated services will provide stipends or other remuneration for trainees while in training. The Training Institute will have a Board of Directors that is at least 51% consumers and family members so the direction and activities of the Institute will be consumer driven.

**8. Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.**

The Training priorities within this program as well as the overall percentage of one-time funding to be devoted to training activities was proposed, discussed, and approved through the Steering Committee, which was composed of representatives of the justice system, education, colleges and universities, social services, the local Mental Health Board, the Alcohol and Drug Board, the county Board of Supervisors, consumer and family groups, ethnic and cultural groups, etc, as detailed in Table 1 of this document. A significant portion of the training is devoted to training of community partners and the Training Institute portion of the training proposal includes many of these same stakeholder groups as Board Members. Integration of community services is a focus of several of the training areas, both in early identification activities, partner training, and integrated treatment. *Cross-agency and cross-discipline training* and *Integrated county/community level service planning* will be strategies promoted through training of community partners. *On-site or collaborative services with primary care health clinics and health care services to reduce barriers to access and increase integration of physical health and mental health services* will be a strategy promoted through training in early identification of mental illness and training of community partners.

**9. Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.**

In order for a program to be competent, it must be culturally appropriate. With this in mind, cultural competency training will be an essential component of all of the above-mentioned trainings, in addition to being an advanced stand-alone training program. The cultural competency training program will provide training, education and support to the programs funded through the MHSA with the intent of increasing knowledge of various cultural systems to ensure meaningful service delivery and thus reduce treatment disparities.

A training program to address service delivery in a transformed system will be essential in the proposed programs success. To this end, the cultural competency training program will work with experts/leaders in the local cultural communities to develop training appropriate to our target populations. There will be a focus on training the consumer/family members' work force on how to effectively work with other consumers and family members in a culturally and linguistically competent manner

The Cultural Competency training program will ensure that all written materials are available in the threshold and emerging languages of the County to further reduce

disparities in treatment. This is an area that is monitored within the Cultural Competency department, which tracks demographics changes annually in the county.

The Cultural Competency training program will also work with local colleges/universities to develop a Spanish language training course for staff entitled Spanish for Healthcare Providers, specifically behavioral healthcare. This will provide an additional layer of linguistic competency, as many Spanish speaking staff are proficient in the general language, but lacking in the language of mental health.

**10. Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.**

Cultural Competency training will encompass all appropriate cultures beyond ethnic and linguistic cultures. The culture of sexual orientation will be an integral part of the cultural competency training for all staff. This is of particular importance as sexual orientation is viewed very differently in many cultures and the understanding of that is paramount in the way staff will work with consumers who may also be LGBT. Additionally, training will focus on the culture of gender and how various cultures (ethnic, age, etc) come into play with each consumer. Males and females are socialized differently in almost all cultures, and this will impact the way services will be received.

**11. Describe how services will be used to meet the service needs for individuals residing out-of-county.**

Individuals residing out of county who would profit from the training program are primarily those who are children and youth or TAY with SED who may be in residential placement out of county either through the special education system or through social services, children with SED who are in the foster care system in out-of-county placement, adults with SMI who are hospitalized in IMDs and state hospitals out of county, or TAY or adults with SMI who are in the correctional system out of county. None of the training programs address direct services to these individuals while they are out-of-county, but training of community partners (education, criminal justice, social services) and training of behavioral health staff, including consumer and family member staff, to improve working with families, as well as training of staff on co-occurring disorders and integrated treatment will, serve to make it more likely that these individuals can be provided services within the Orange County in their homes or in community settings.

**12. If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.**

All of the strategies proposed in this program are listed in Section IV and promote the goals of the MHSA as described in (2) above.

**13. Please provide a timeline for this work plan, including all critical implementation dates.**

Implementation will follow the timeline below.

- Board of Supervisors approval is expected to be in December 2005
- Requests for proposals will be issued beginning in January 2006
- DMH approval is expected in March 2006
- It is anticipated that services may commence as early as April 2006

**14. Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budget and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.**

See **Exhibit 5**.

**15. A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.**

See **Exhibits 6 & 7** (Data for Exhibit 7 will be provided at the end of the first quarter that services are provided.)

## EXHIBIT 5a – E1 Year 1

### Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: <u>Orange</u>	Fiscal Year: <u>2005-2006</u>
Program Workplan No: <u>E1</u>	Date: <u>11/11/05</u>
Program Workplan Name: <u>Education &amp; Training</u>	Page 1 of 1
Type of Funding: <u>System Development</u>	Months of Operation: <u>3</u>
Proposed Total Client Capacity of Program/Service: <u>6,700</u>	New or Expanded: <u>New</u>
Existing Client Capacity of Program/Services: <u>0</u>	Prepared by: <u>Megan MacDonald</u>
Client Capacity of Program/Service Expanded through MHSA: <u>6,700</u>	Tel. No.: <u>(714) 834-5598</u>

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditure</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment & Education Support				\$0
e. Other Support Expenditures (provide detail in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
e. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpretation Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures (when services provides are unknown)</b>			\$0	\$0
<b>6. Total Proposed Program Budget</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP Only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General fund				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenue	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP Only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General fund				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>			<b>\$5,100,000</b>	<b>\$5,100,000</b>
<b>D. Total Funding Requirements</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,100,000</b>	<b>\$5,100,000</b>
<b>E. Percent of total funding requirements for FSPs</b>				

### EXHIBIT 5b – E1 Year 1

#### Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: <u>Orange</u>	Fiscal Year: <u>2005-2006</u>
Program Workplan No: <u>E1</u>	Date: <u>11/11/05</u>
Program Workplan Name: <u>Education &amp; Training</u>	Page 1 of 1
Type of Funding: <u>System Development</u>	Months of Operation: <u>3</u>
Proposed Total Client Capacity of Program/Service: <u>6,700</u>	New or Expanded: <u>New</u>
Existing Client Capacity of Program/Services: <u>0</u>	Prepared by: <u>Megan MacDonald</u>
Client Capacity of Program/Service Expanded through MHSA: <u>6,700</u>	Tel. No.: <u>(714) 834-5598</u>

Classification	Function	Client, FM&CG FTEs <sup>a/</sup>	Total No. of FTEs	Salary, Wages & Overtime per FTE <sup>b/</sup>	Total Salaries, Wages & Overtime	
<b>A. Current Existing Positions</b>					\$0	
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0	
<b>B. New Additional Positions</b>					\$0	
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
	<b>Total New Additional Positions</b>	0.00	0.00		\$0	
<b>C. Total Program Positions</b>		0.00	0.00		\$0	

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
 b/ Include any bi-lingual pay supplemental (if applicable). Round each amount to the nearest whole dollar.

## **Program Description**

### **A) Expenditures**

#### **1. Client, Family Member and Caregiver Support Expenditures**

As the service provider is not yet known, no detailed data is available at this time.

#### **2. Personnel Expenditures**

As the service provider is not yet known, no detailed data is available at this time.

#### **3. Operating Expenditures**

As the service provider is not yet known, no detailed data is available at this time.

#### **4. Program Management**

As the service provider is not yet known, no detailed data is available at this time.

#### **5. Estimated Total Expenditures when service provider is not known**

To facilitate the availability of funding for the array of training solutions identified, the County of Orange is requesting approval by the State Department of Mental Health for an additional 20% of the one-time MHSA funding. These funds will be used for the training activities described in this budget narrative.

Training estimates were based on the variety of training to be provided and the amount of individuals likely to participate. Estimated clients served reflects the participation of County and Contract provider staff, community members and community partners in many specialized and crossover training programs. Total expenditures for a planned amount of 6700 participants will total the requested \$5,100,000 in one-time training funding.

### **B) Revenues**

#### **1. Existing Revenues**

This is a new program, so there are no existing revenues.

#### **2. New Revenues**

The training program will not receive any new revenues.

### **C) One-Time CSS Funding Expenditures**

One-time system development funding in the amount of \$5,100,000 will fund the complete Training program. Training funding will initially support a system wide assessment of specific training needs and review of best training practices and areas of greatest need. Training will additionally focus on the early identification of mental illness, and an advanced program will be developed to address cultural competency, which will also be incorporated throughout individual training programs. Focus on training clients and family members to work within the mental health services system will encompass a variety of methods of training and employment practices, and will include preparing consumers and family members for positions as case-managers and peer mentors. Community

partners from all service areas (education, criminal justice, social services, housing community, medical community etc.) will join behavioral health and community partner administrators and staff in training on collaboration, the recovery model and consumer empowerment. Training will be provided on empirically supported interventions to further create an effective collaboration between consumer, staff and family. Staff training will additionally cover co-occurring disorders, the development of core competencies in screening, assessing, applying for and attaining entitled benefits. Finally, training funding will support the development of a nonprofit Training Institute with consumer and family member direction, to pursue continued funding of recovery-based training and evaluation activities after the end of the one-time funding period. The Institute will work to seek and secure ongoing funding for training purposes in future years.

The one time funding request will support planned training stipends provided to trainees as pre-employment salaries. Additionally, consumers and family members serving in training and planning roles will receive compensation as paid consultants.