



San Bernardino County
DEPARTMENT OF BEHAVIORAL HEALTH
Mental Health Services Act

**Workforce Education And Training
Component**

**Three-Year Program And Expenditure Plan
Fiscal Years 2006-07, 2007-08, 2008-09**

July 30, 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: San Bernardino

Date: 7-30-08

San Bernardino 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 San Bernardino 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 our 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 San Bernardino 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 San Bernardino County's Workforce Education and Training component together address this county's workforce needs as indicated in Exhibits 3 through 6.

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

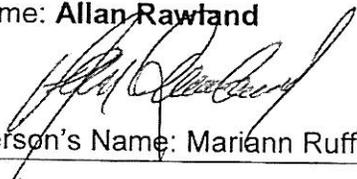
All proposed education, training and workforce development programs and activities contribute to developing and maintaining a culturally competent workforce, to include individuals with client and family member experience who are capable of providing client- and family-driven services that promote wellness,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

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

County Mental Health Director

Printed Name: **Allan Rawland**

Signature:



Street Address (or, PO Box): 268 W. Hospitality Lane, Suite 400

City, ZIP Code: San Bernardino, CA 92415

Phone #: 909-382-3133

Fax #: 909-382-3105

E-mail address: arawland@dbh.sbcounty.gov

Contact Person's Name: Mariann Ruffolo

Phone #: 909-873-4483 Fax #: 909-873-4466

E-mail: mruffolo@dbh.sbcounty.gov

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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.

San Bernardino County has made extensive use of stakeholders throughout the planning process for all stages of the Mental Health Services Act (MHSA), and the Workforce Education and Training component is no exception. The Department of Behavioral Health (DBH) has convened two separate workgroups specifically to address the county's workforce education and training needs. One workgroup consists of DBH employees and addresses education and training needs of the department's employees. This workgroup meets monthly and receives recommendations for training and education from a variety of in-house sources, evaluates the suitability of the training and adherence to the fundamental concepts of MHSA to include wellness, recovery and resilience; cultural competence; a client/family driven mental health system; an integrated service experience; and community collaboration. Education and training that meets the fundamental concepts and implements the strategies in Section 5822 of MHSA is approved by the workgroup and scheduled for presentation to consumers, family members, county employees and to contract agency staff, as appropriate. The second workgroup the Workforce Development Committee, also meeting monthly, includes DBH employees, contract agency staff, consumers/family members, other county departments, local colleges and universities. This group continues to consider the workforce development needs of the mental health system throughout San Bernardino County and to develop strategies and educational programs that meet the identified needs and support the MHSA philosophy and concepts. See Attachment 1 for a list of the participants.

The DBH has entered into partnerships with California State University, San Bernardino (CSUSB) and with Loma Linda University to begin to develop education and training components for attracting students to careers in mental health, for assisting consumers and family members in obtaining employment in mental health occupations and for advancing the education of current employees within the mental health system. Specifically, CSUSB will develop outreach strategies to community colleges and high schools aimed at creating a diverse pool of students and employees and identify strategies that facilitate communication with high school teachers, high school counselors, and community college instructors and counselors. Discussions will be held to identify mental health career events that are attractive to students. CSUSB will develop a mental health career path from high school to local community colleges, undergraduate and graduate education. One faculty member from each of the collaborating departments at CSUSB will be included in this effort. In addition, CSUSB will provide advice on curriculum materials that address wellness, recovery, and resilience, line worker core training, and distance learning models; development and implementation of plans for facilitating field placement of students and on developing stipend programs for social work, MFT and nursing students.

Leaders from the five (5) behavioral health disciplines (Marriage and Family Therapy, Nursing, Psychiatry, Psychology, and Social Work) at Loma Linda University (LLU) will engage designated DBH staff to consider materials issued by DBH regarding the MHSA Workforce Education and Training Plan. LLU will provide leadership training for consumers, family members, DBH and contract agency staff members by engaging county personnel and stakeholders to identifying needs and propose competencies; identifying and proposing training components including, but not limited to, competency-based curricula addressing the shared knowledge and

behavioral requirements of all levels of leadership; specialized training specific to personnel differentiations such as clinical supervisors, unit managers, and administrators; specialized leadership training addressing discipline specific roles and functions; and customized leadership assessment and coaching personnel; and proposing training structure/s.

San Bernardino County's unprecedented county-wide collaborative planning effort for the MHS Community Services and Supports Plan reached out to approximately 3,000 county residents in order to engage their thoughts, beliefs, concerns, needs, preferences, and creative ideas on the types of programs and services that would address the mental health needs of our communities. This planning activity was accomplished through the completion of need assessment surveys (in English, Spanish, and Vietnamese); participating in community public forums, focus groups, age specific work groups, and a mental health stakeholders advisory group. The county's community planning process was developed and accomplished according to the instructions and requirements provided by DMH. Ideas and recommendations concerning workforce development received throughout this process have been included in this Workforce Education and Training component.

DBH formed the Community Policy Advisory Committee (CPAC), a stakeholder group consisting of members of the Mental Health Commission, law enforcement, the educational system, social services, the health care system, the courts, consumers and family members, community based organizations, contractors and others, to ensure meaningful community involvement in the planning and implementation of the MHS Community Services and Supports component in San Bernardino County. CPAC assists the county in ensuring that the program strategies identified through the community planning process are pursuant to the vision and intent of MHS. Specifically, CPAC provides general guidance to DBH in the preparation of the various implementation and funding plans for MHS program components. As part of their duties, CPAC has received monthly updates from DBH staff on planning efforts for the Workforce Education and Training component, has made suggestions and recommendations on the content, has reviewed this document, provided additional input, and approved the contents.

DBH chairs a Wellness and Recovery Committee that includes consumers and family members. This Workforce Education and Training plan was presented to that committee and their comments and suggestions were incorporated into the plan. DBH also participates in the monthly Association of Community Based Organizations (ACBO) meetings. ACBO as well as CPAC and the Wellness and Recovery Committee have been continually apprised of the progress in workforce development and have provided input on the direction the county is taking.

The first draft of the Workforce Education and Training plan was discussed at the Workforce Development Committee meeting held on March 27, 2008. At that time comments, additional action items, and other input was gathered and incorporated into the plan. From March 27, 2008 through April 24, 2008 workgroup leaders, workgroups and DBH administrative staff reviewed and provided additional input on the plan. The final draft of the plan was presented to the Community Policy Advisory Committee on May 15, 2008 for approval. The thirty (30) day public comment period began on May 30, 2008 with posting of the plan on the DBH website at http://www.sbcounty.gov/dbh/Mental_Health_Services_Act.htm. The County's Mental Health Commission held a public hearing of the Plan on 7-16-08. All public comments were reviewed and modifications were made to the final document to reflect those comments.

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 1

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)			
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)				
A. Unlicensed Mental Health Direct Service Staff:													
County (employees, independent contractors, volunteers):													
Mental Health Rehabilitation Specialist	80	1	17										
Case Manager/Service Coordinator	71	1	33										
Employment Services Staff	5	0	6										
Housing Services Staff	0	0	9										
Consumer Support Staff	10	0	15										
Family Member Support Staff	10	0	14										
Benefits/Eligibility Specialist	0	0	5										
Other <i>Unlicensed</i> MH Direct Service Staff	3	0	12										
<i>Sub-total, A (County)</i>				179	2	111	59	38.25	33	9	2	7	148.25
All Other (CBOs, CBO sub-contractors, network providers and volunteers):													
Mental Health Rehabilitation Specialist	91.3	1	12										
Case Manager/Service Coordinator	60.5	1	15										
Employment Services Staff	1	0	0										
Housing Services Staff	0	0	1										
Consumer Support Staff	16.5	1	8										
Family Member Support Staff	24	1	12										
Benefits/Eligibility Specialist	5.9	0	2										
Other <i>Unlicensed</i> MH Direct Service Staff	87	1	16										
<i>Sub-total, A (All Other)</i>				286.2	5	66	89.3	48.9	70.4	10.8	3	7.9	230.3
Total, A (County & All Other):				465.2	7	177	148.3	87.1	103.4	19.8	5	14.9	378.5

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



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



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.....	46	1	24							
Psychiatrist, child/adolescent.....	10	1	16							
Psychiatrist, geriatric.....	0	1	1							
Psychiatric or Family Nurse Practitioner.....	0	1	3							
Clinical Nurse Specialist.....	0	1	3							
Licensed Psychiatric Technician.....	18	1	10							
Licensed Clinical Psychologist.....	16	1	6							
Psychologist, registered intern (or waived).....	22	0	6							
Licensed Clinical Social Worker (LCSW).....	27	1	18							
MSW, registered intern (or waived).....	57	0	15							
Marriage and Family Therapist (MFT).....	41	1	23							
MFT registered intern (or waived).....	48	0	12							
Other Licensed MH Staff (direct service).....	0	0	7							
<i>Sub-total, B (County)</i>	285	9	144	127	41	24	43	7	22	264
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Psychiatrist, general.....	9.8	1	4							
Psychiatrist, child/adolescent.....	8.3	1	1							
Psychiatrist, geriatric.....	0	0	0							
Psychiatric or Family Nurse Practitioner.....	0	0	0							
Clinical Nurse Specialist.....	1	0	1							
Licensed Psychiatric Technician.....	12	1	3							
Licensed Clinical Psychologist.....	8.3	1	1							
Psychologist, registered intern (or waived).....	3	0	0							
Licensed Clinical Social Worker (LCSW).....	21.6	1	11.5							
MSW, registered intern (or waived).....	25.6	1	12							
Marriage and Family Therapist (MFT).....	43.5	1	25							
MFT registered intern (or waived).....	90.3	1	23							
Other Licensed MH Staff (direct service).....	4	0	2							
<i>Sub-total, B (All Other)</i>	227.4	8	83.5	131.8	36.7	43.4	11.5	1	4	228.4
Total, B (County & All Other):	512.4	17	227.5	258.8	77.7	67.4	54.5	8	26	492.4

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



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



EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 3

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes' 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)									
				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)			
C. Other Health Care Staff (direct service):													
County (employees, independent contractors, volunteers):													
Physician	4	1	3.1										
Registered Nurse	23	1	8										
Licensed Vocational Nurse	0	0	0										
Physician Assistant	0	0	1										
Occupational Therapist	15	1	5										
Other Therapist (e.g., physical, recreation, art, dance).....	0	0	1										
Other Health Care Staff (direct service, to include traditional cultural healers).....	28	0	7										
<i>Sub-total, C (County)</i>				70	3	24.1	15	4	6	4.2	0	0	29.2
All Other (CBOs, CBO sub-contractors, network providers and volunteers):													
Physician	0	0	0										
Registered Nurse	14	1	5										
Licensed Vocational Nurse	29.3	1	1.5										
Physician Assistant	0	0	0										
Occupational Therapist	5	0	1.25										
Other Therapist (e.g., physical, recreation, art, dance).....	2	0	1										
Other Health Care Staff (direct service, to include traditional cultural healers).....	70	0	1										
<i>Sub-total, C (All Other)</i>				120.3	2	9.75	40.8	18	60	6	0	1	125.8
Total, C (County & All Other):				190.3	5	33.85	55.8	22	66	10.2	0	1	155

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)							# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)		
D. Managerial and Supervisory:											
County (employees, independent contractors, volunteers):											
CEO or manager above direct supervisor.....	34	1	3	(Managerial and Supervisory; Sub-Totals Only) ↓							
Supervising psychiatrist (or other physician)	1	1	4								
Licensed supervising clinician.....	46	1	11.25								
Other managers and supervisors.....	25	0	5								
<i>Sub-total, D (County)</i>	106	3	23.25	47	4	5	7	0	7	70	
All Other (CBOs, CBO sub-contractors, network providers and volunteers):											
CEO or manager above direct supervisor.....	38.3	1	4	(Managerial and Supervisory; Sub-Totals and Total Only) ↓							
Supervising psychiatrist (or other physician)	1.2	0	0								
Licensed supervising clinician.....	27	1	8.5								
Other managers and supervisors.....	71.75	1	15								
<i>Sub-total, D (All Other)</i>	138.25	3	27.5	89.1	16	20	9	1	4.2	139.3	
Total, D (County & All Other):	244.25	6	50.75	136.1	20	25	16	1	11.2	209.3	
E. Support Staff (non-direct service):											
County (employees, independent contractors, volunteers):											
Analysts, tech support, quality assurance.....	59	0	6	(Support Staff; Sub-Totals Only) ↓							
Education, training, research	10	0	1								
Clerical, secretary, administrative assistants	253	1	41								
Other support staff (non-direct services).....	72	0	1								
<i>Sub-total, E (County)</i>	394	1	49	289	152	84	65	9	38	637	
All Other (CBOs, CBO sub-contractors, network providers and volunteers):											
Analysts, tech support, quality assurance.....	26.2	1	14	(Support Staff; Sub-Totals and Total Only) ↓							
Education, training, research	9	0	5								
Clerical, secretary, administrative assistants	96	1	25								
Other support staff (non-direct services).....	55.7	0	0								
<i>Sub-total, E (All Other)</i>	186.9	2	44	72.1	72.3	29	7	1	3	189.39	
Total, E (County & All Other):	580.9	3	93	361.1	224.3	113	72	10	41	914.4	

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)						
				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)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
County (employees, independent contractors, volunteers) (A+B+C+D+E).....	1034	18	351.35	411.4	183.2	116.3	97.8	13.2	56.4	878.3
All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E)	959.05	20	230.75	423.1	191.9	222.8	44.3	6	20.1	908.2
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	1993.05	38	582.1	834.5	375.1	339.1	142.1	19.2	76.5	1786.5

F. TOTAL PUBLIC MENTAL HEALTH POPULATION

				Race/ethnicity of individuals planned to be served -- Col. (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)	All individuals (5)+(6)+ (7)+(8)+ (9)+(10) (11)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
F. TOTAL PUBLIC MH POPULATION	Leave Col. 2, 3, & 4 blank			15,064	10,314	5849	747	402	1773	34,149

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. Unlicensed Mental Health Direct Service Staff:			
Consumer Support Staff.....	19	1	16
Family Member Support Staff	38	1	8
Other Unlicensed MH Direct Service Staff	15.5	1	5
Sub-Total, A:	72.5		29
B. Licensed Mental Health Staff (direct service).....	9.2	1	8
C. Other Health Care Staff (direct service)	4	1	4
D. Managerial and Supervisory	7	1	4
E. Support Staff (non-direct services).....	6.25	1	4
GRAND TOTAL (A+B+C+D+E)	98.95		49

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 182.4 Others 64	Direct Service Staff 90 Others 30	Direct Service Staff 272.4 Others 94
2. Vietnamese	Direct Service Staff 4 Others 0	Direct Service Staff 1 Others 0	Direct Service Staff 5 Others 0
3. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
4. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
5. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____

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.

San Bernardino County conducted a Workforce Needs Assessment Survey of all DBH staff as well as contract agencies in November and December, 2007. Through vigorous follow up the DBH was able to achieve a 100% response rate. Prior to the Workforce Needs Assessment, DBH distributed a county workforce survey to individuals and contract agency staff for completion. Finally, the Department of Behavioral Health prepared a report to the Equal Opportunity Commission that was presented in April, 2008. Information from all three sources has been analyzed to prepare these remarks. As with all surveys, the surveys used in this analysis are reflective of a point in time and are representative of the workforce needs of San Bernardino County when this analysis was completed.

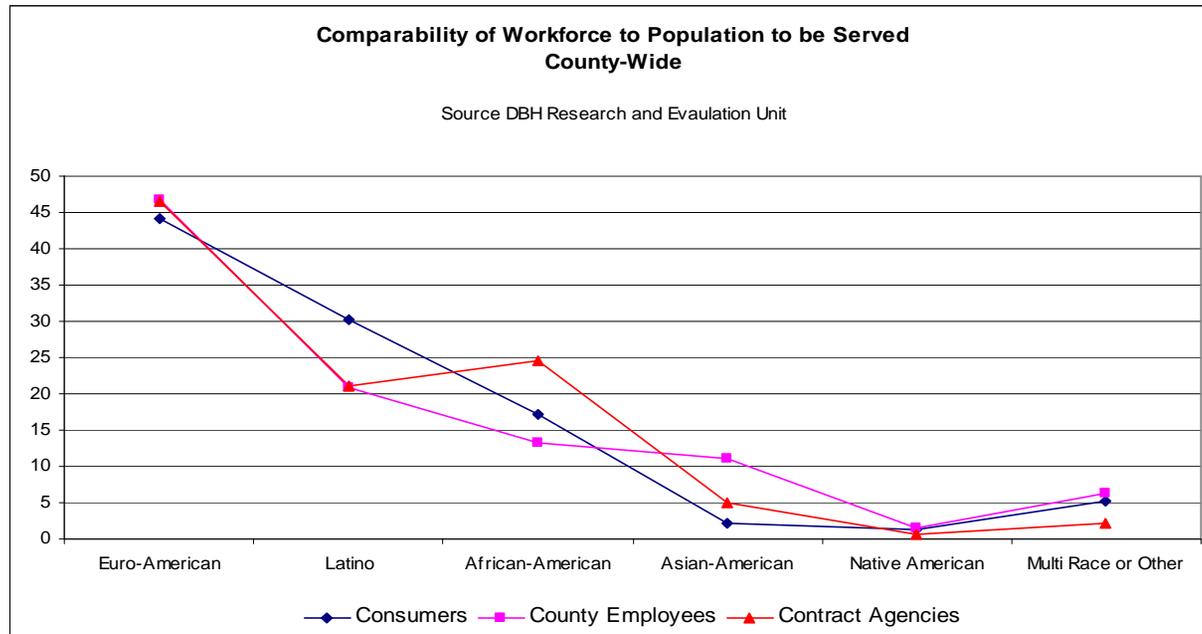
A. Shortages by occupational category:

DBH utilizes the services of specialized medical personnel, including psychiatrists and physicians for the treatment of mentally ill adults and children. San Bernardino County has experienced shortages in finding and retaining qualified Psychiatrists, Lead Child Psychiatrists, licensed clinical therapists and Internists due to shortages in the professions as well as the fact that in late 2006 the California prison system approved pay raises of 55% to 65% for psychiatrists. In San Bernardino Patton State Hospital competes directly with DBH for qualified personnel and due, in part, to the State's higher pay rates, many individuals choose employment at Patton. On March 11, 2008, the County Board of Supervisors approved pay increases for Psychiatrists that provide mental health services at DBH clinics in an attempt to alleviate or resolve shortages in this professional area, but it will take some time to evaluate the effectiveness of the raises in attracting needed personnel. DBH staff as well as contract agencies stated difficulty in filling clinical therapist positions and one contract agency voiced a need for more adult psychiatrist time to cover the number of adults seeking services. DBH has a disproportionate number of pre-licensed staff compared to licensed service providers, 57.2% of DBH's Clinical Therapists are pre-licensed.

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

Both the size of the county and the differences between the urbanized populated areas and the more rural, mountain and desert areas of San Bernardino County necessitates analysis of workforce and population by broad geographical areas as well as from a county-wide perspective. The DBH Research and Evaluation Unit performed an analysis of the workforce ethnicity of DBH as well as contract agency staff compared to the race/ethnicity of the mental health population that will be served divided into two county regions. The "central valley" region includes the valley cities and county areas from the City of Redlands, west to the Los Angeles County line. The "mountains/desert" region includes Big Bear Lake and Lake Arrowhead as well as other mountain communities and the desert areas of Victorville and Barstow to the Nevada state line and to the southeast, the city of Needles.

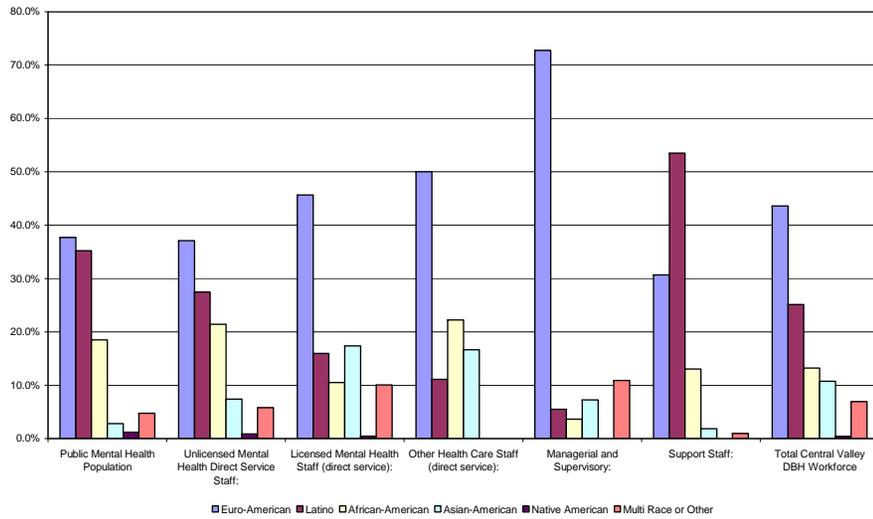
County-wide the comparison of workforce to population looks like this:



Analysis of data on a county-wide basis reveals that the Latino population is underrepresented in every service provider category with the exception of support staff. Euro-Americans are overrepresented in all categories except unlicensed direct service staff with a heavy concentration in managerial and supervisory positions. African-Americans are generally overrepresented in unlicensed direct service staff and underrepresented in licensed direct service staff. Asian-Americans comprise 2.2% of the mental health population to be served throughout the county and approximately 4.9% of the workforce. Native Americans at less than 2% of the population to be served have some representation in the workforce, but both DBH and contract agencies need to work to recruit service providers from this population. Lastly, the analysis indicates the need to recruit multi race and other races into the mental health workforce.

An examination of the information by regional areas shows some differences. The public mental health population differs in the central valley region of the county from the mountains and desert in that Euro-Americans account for 37.7% in the central valley but 61.2% in the desert and mountain areas; Latino consumers account for 35.2% in the central valley but only 19.6 in the desert and mountains. African-American consumers are 18.5% of the individuals planned to be served in the central valley and 14.0% in the desert and mountains.

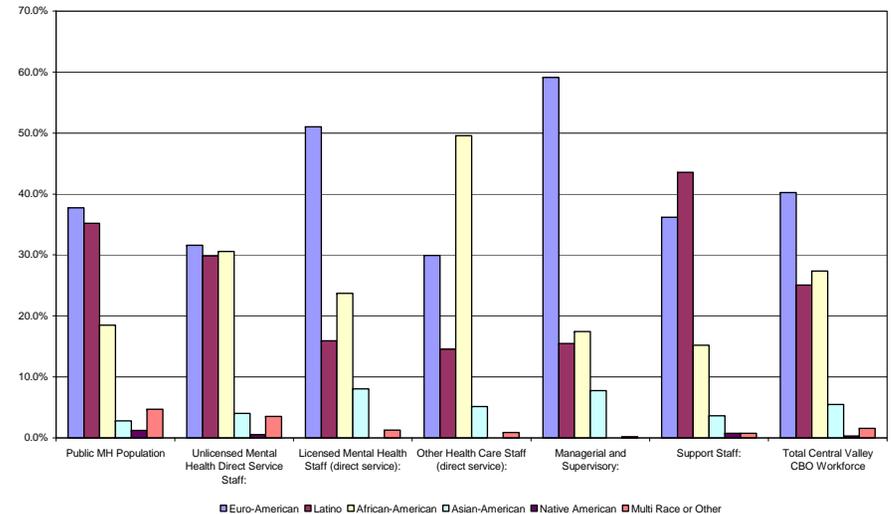
Comparability of Workforce to Population to be Served
Central Valley DBH
 Source: DBH Research and Evaluation Unit



The county-wide characterizations hold true for the central valley DBH and contract agency statistics. The chart to the left shows that in DBH there is an overrepresentation of Euro-Americans in the managerial and supervisory category as well as licensed and other health care staff illustrating the need for recruitment of an ethnically diverse workforce. Latinos are overrepresented in the support staff category.

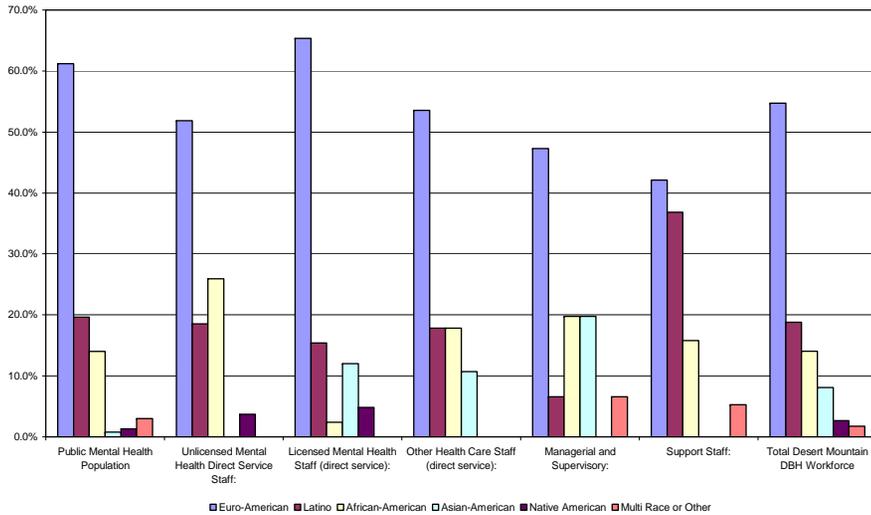
Looking at the central valley contract agency chart to the right, Euro-Americans are slightly underrepresented in unlicensed direct service staff and other direct care health care staff and the Latino population is underrepresented in all categories with the exception of support staff.

Comparability of Workforce to Population to be Served
Central Valley Contract Agencies
 Source: DBH Research and Evaluation Unit



The two charts on this page represent the comparability of the workforce to the population to be served in the desert and mountain areas of the county.

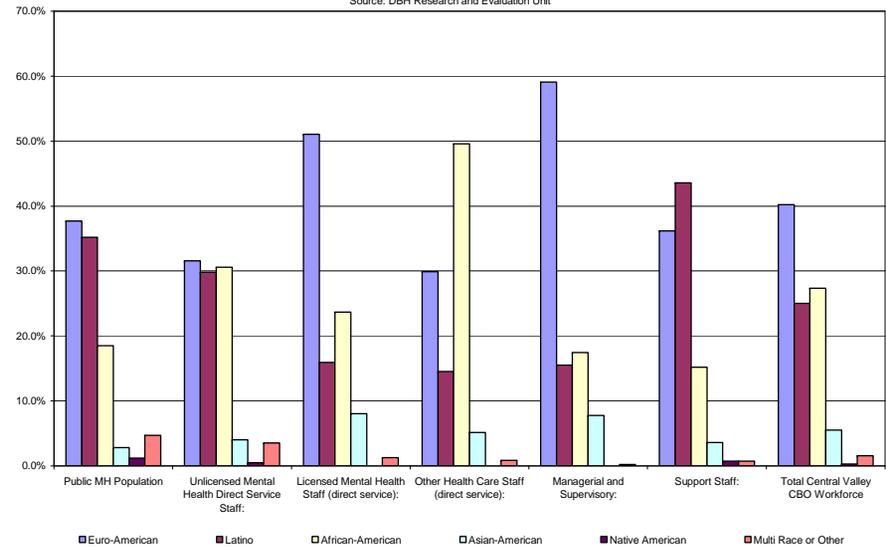
**Comparability of Workforce to Population to Be Served
Desert and Mountain DBH**
Source: DBH Research and Evaluation Unit



Both charts on this page are reflective of the overrepresentation of Euro-Americans in the workforce.

The information in this section clearly illustrates the need for the recruitment of a more ethnically diverse workforce.

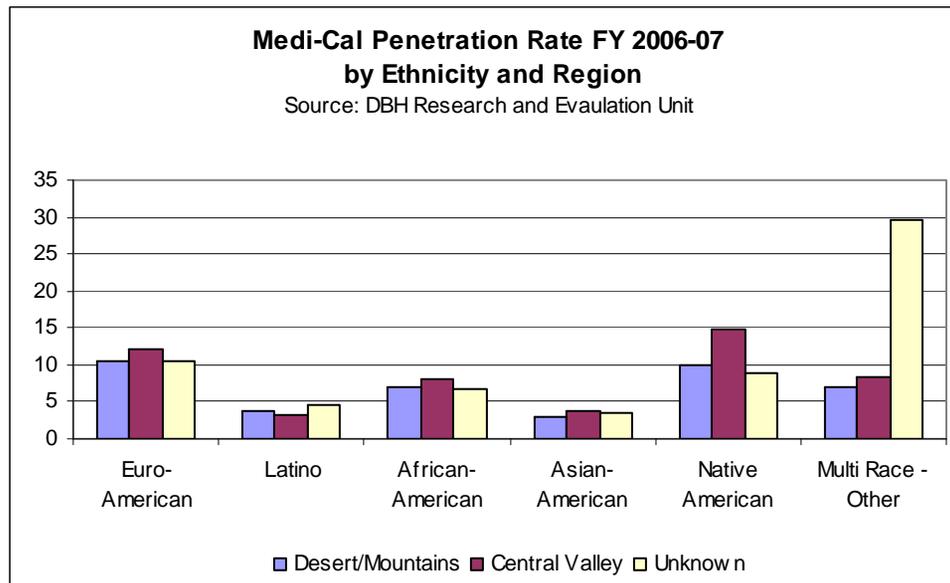
**Comparability of Workforce to Population to Be Served
Desert and Mountain Contract Agencies**
Source: DBH Research and Evaluation Unit



Anecdotally, comments from DBH staff as well as the contract agencies on the Survey described differences in the comparability of the workforce to the target population. While some DBH clinic supervisors and contract agencies stated that their staff was comparable to the consumers served, others commented on the need for a more diverse staff pool. One commented, “It is sufficiently difficult to secure licensed staff with the overall labor shortage, but to secure licensed staff within any of the various ethnic categories is just that much more difficult.”

San Bernardino County has also considered Medi Cal penetration rates as a method of determining the need to recruit a more ethnically diverse workforce. Low penetration rates coupled with mental health prevalence data available from the state suggest that if the workforce were more diverse more consumers might seek treatment and would be served in a more culturally competent manner.

The chart below shows the penetration rates by geographic region for San Bernardino County:



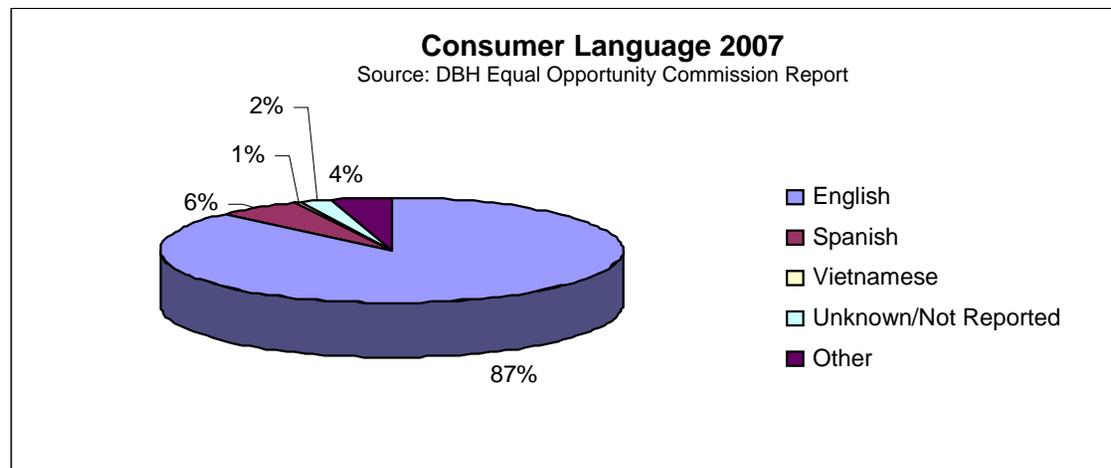
C. Positions designated for individuals with consumer and/or family member experience:

The San Bernardino County Department of Behavioral Health has designated three job classifications specifically for consumers of mental health services and family members, the Peer and Family Advocate series. Peer and Family Advocate I (PFA I) is the entry level position in the series. PFA Is provide crisis response services, peer counseling, and linkages to services and supports for consumers of DBH services; assist with the implementation, facilitation and on-going coordination activities of all MHPA requirements. The journey level in the series, Peer and Family Advocate II, have more experience and are assigned more responsible and complex duties that require more skills and knowledge than the PFA I. Peer and Family Advocate III is the more advanced level and requires more experience than the lower level classifications and is expected to perform a wider variety or more responsible and complex duties with emphasis on program development and training.

Comments from the contract agencies regarding positions designated for individuals with consumer and /or family member experience reveal differences among the agencies. One agency states “All workers have family member experience”, while another stated, “Many have the passion but not the basic proficiency to be successful with the demands of the job.

D. Language proficiency:

The report to the Equal Opportunity Commission states that of 28 non-English languages spoken by DBH consumers Spanish is the largest at approximately 6%. Vietnamese is the only other non-English language reported by more than 100 consumers as their primary language.



Analysis of the responses to the Workforce Needs Assessment shows that there is a need for additional direct service staff who speak Spanish. While 182.4 direct service staff speaks Spanish, the assessment shows a need for an additional 90 to be proficient in Spanish an increased need of 33%. For non-direct service staff, 64 employees are proficient in Spanish with a need for 30 additional Spanish speakers, an increased need of 32%. Written comments on the Workforce Needs Assessment corroborate these statistics. Contract agencies as well as DBH itself state the difficulty of hiring Spanish speaking clinicians and psychologists. Specifically, one DBH clinic stated a need for more Hispanic and Spanish speaking Peer and Family Advocates.

E. Other, miscellaneous:

The geographic size and diversity of San Bernardino County make the provision of services to all who are in need of mental health services a challenge. Large areas of the county are remote from services and it is hard to interest professional staff in locating in the remote areas. Portions of San Bernardino County have received the Federal designation as Mental Health Professional Shortage Areas (MHPSA). These areas have a shortage of psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists and marriage and family therapists. The purpose of the MHPSA is to assure that mental health services are available and accessible to underserved populations; to assist in the retention and recruitment of mental health providers in designated areas, and; to assist in the determination of unusually high mental health needs. The designation as an MHPSA hopefully will help the county attract professionals to these underserved areas.

Much attention has been focused on the aging of the workforce and that the first of the “baby boomer” generation turned 60 in 2006. DBH conducted a study of the county’s behavioral health workforce to determine if retirement is a consideration in workforce development. Two factors were considered in this study, employees who are over age 50 and have more than 20 years of service.

DBH Retirement Analysis

Source: DBH Research and Evaluation Unit

	Licensed Direct Service Staff	Unlicensed Direct Service Staff	Administrative Staff
Over Age 50/20 Years Service	7.00%	2.60%	8.30%
Over Age 50 Less than 20 Years	48.20%	25.60%	27.40%
Under Age 50/20 Years Service	0.40%	0.60%	1.10%
Under Age 50 Less than 20 Years Service	44.30%	71.20%	63.20%

A small percentage of the workforce met both criteria, over age 50 with 20 years or more of service. These are the individuals who are eligible for retirement now. A larger proportion of licensed direct service staff, 48.2% are old enough to retire, but lack the years of county service to do so.

While San Bernardino County does not see succession planning for the current workforce as a major factor in recruitment the surrounding counties may be facing a different situation. If Riverside, Orange or Los Angeles County see a large number of retirements in their workforce that could place a drain on San Bernardino County as employees seek opportunities for advancement in those counties.

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.

A. WORKFORCE STAFFING SUPPORT

Action #1 – Title: **Expand Existing Training Program**

Description: Overall facilitation of all aspects of the Workforce Education and Training component, as well as all training within DBH, is the responsibility the Workforce Education and Training Administrative Manager. DBH hired a full-time Workforce Education and Training Coordinator, at the Administrative Manager level, who started on February 18, 2008. In addition to responsibility for the overall coordination of MHSA funded workforce development programs and education and training within DBH as well as coordinating with DBH contract agencies for training and staff development and other resources, the Administrative Manager has responsibility for the Intern Program, the Volunteer Services Program, the Residency Program and the DBH Training Unit. These responsibilities align themselves with the fundamental concepts of MHSA. The Workforce Education and Training Manager will ensure that all training presented exemplifies wellness, recovery and resilience; is culturally competent; ensures a client/family driven mental health system; promotes an integrated service experience; and has received input through the community collaboration process.

A Training Unit charged with responsibility for staff development is necessary for any system of care that aspires to provide treatment services that are culturally appropriate, mindful of the interaction between substance abuse and psychological problems and based in recovery principles. The expanded Training Unit will provide consumers and family members; all levels of our diverse workforce; and contract agencies, as needed and requested, with the education and training needed to advance the vision and business strategies adopted by DBH as well as the fundamental concepts of MHSA, placing emphasis on supporting employees with client and family member experience.

Originally, the DBH Training Unit consisted of one (1) Training and Development Specialist and one (1) Office Assistant III. The Training Unit was expanded with Workforce Education and Training Early Implementation funding with the addition of one (1) Training and Development Specialist, one (1) Staff Analyst II; one (1) Social Worker II; and one (1) Office Assistant III. The Workforce Education and Training Administrative Manager has identified the need for one (1) Peer and Family Advocate III and one (1) Secretary I in addition to the current Training Unit. The addition of a Peer and Family Advocate III to the staff will help the other unit members develop training for consumers and family members as well as providing input on ways to improve DBH's provision of a client/family driven mental health system in San Bernardino County. The additional staff members of the Training Unit enables DBH to identify, prepare, present, and/or identify outside training sources necessary to implement the actions contained in this Workforce Education and Training Plan and adhere to the fundamental principles of MHSA.

Action #1 – Continued on next page

A. WORKFORCE STAFFING SUPPORT - *Continued*

Action #1 – Expand Existing Training Program – Continued

The Training Unit shares a joint responsibility with the Office of Cultural Competence and Ethnic Services (OCCES) to build a culturally competent workforce through the use of the five essential elements of cultural competence (e.g., valuing diversity, institutionalization of cultural knowledge, understanding the dynamics of difference, cultural self-assessment, and adaptation by ensuring the provision of cultural competency and recovery training for staff, contract agencies, interns, residents and volunteers. Additionally, the OCCES will aid in developing career pathways programs for ethnic minorities and culturally diverse individuals through outreach to high schools and community colleges targeting ethnic minority and cultural groups who are underrepresented in the behavioral health workforce. The OCCES will offer content expertise to be included in the development of core competencies, leadership development and peer and family initiatives. These workforce objectives will be the responsibility of the Program Manager I included in this Action.

In addition to the responsibilities listed above, the OCCES has the responsibility to ensure the provision of linguistically appropriate services through staff development and coordination. DBH has requested a job classification study for a Linguistic Specialist who will be charged with this responsibility. The Linguistic Specialist will coordinate linguistic service delivery by bilingual staff to behavioral health consumers; assist DBH staff in obtaining language services for consumers through vendors and bilingual paid employees; provide technical assistance with county language contractors; assist clinic staff in coordinating schedules for bilingual services to be delivered by bilingual paid staff in all clinics; provide in-service training, consultation, translation and interpretation services as needed and requested throughout DBH; and refine language policies and procedures to include field testing translated documents.

The Training Unit will obtain the supplies and technology necessary to provide training opportunities throughout the county. San Bernardino County, with an area that encompasses 20,052 square miles, is geographically the largest county in the contiguous United States. The ability to provide training to DBH staff and contract agencies in remote venues is critical to an effective training program. Possession of the tools necessary to provide that training is essential. The DBH Training Unit presents and creates classes needed to promote wellness recovery and resilience; cultural competence; a client/family driven mental health system; integrated service experiences; and community collaboration. Through the use of an electronic learning system with distance learning capabilities some training will be provided that can be accessed from an employee's desk at a time that is convenient for the employee and does not interrupt services to consumers.

Action #1 – Continued on next page

A. WORKFORCE STAFFING SUPPORT – *Continued*

Action #1 – Expand Existing Training Program – *Continued*

Another method of providing distance learning for employees is through video conferencing. To overcome the challenge of providing training for staff throughout the county, video conference equipment including microphones, wireless network capabilities, computers and software to operate the system, band-width upgrades, video recording, TV monitors and carts will be added in six (6) locations. DBH has staff located in the urbanized areas of the county as well as in the more remote desert and mountain regions. Requiring staff to travel to San Bernardino to attend training sessions consumes a great deal of time and resources. Video conferencing benefits include: increased productivity, improved communication and relationships, reduced travel time and expense. The capabilities provided with the upgrades described here will make distance learning, community collaboration and meaningful inclusion a reality for DBH and it's partners.

Objectives:

1. Complete and submit Workforce Education and Training Plan to State of California.
2. Implement all actions funded by the Workforce Education and Training Plan.
3. Complete annual updates to the Workforce Education and Training programs.
4. Coordinate and evaluate all training activities for the Department of Behavioral Health.
5. Ensure that activities of the Training Institute meet the fundamental concepts of MHSA.
6. Develop training programs to support consumers and family members transitioning from being a client/family member receiving mental health services to a provider of mental health services.
7. Strengthen the mental health workforce through recruitment and retention of bilingual, multi-cultural employees.
8. Coordinate with the MHSA Community Services and Supports, Prevention and Early Intervention and Capital Facilities components.
9. Video conferencing capabilities at six (6) locations throughout the county. To be included in the DBH request for Capital Facilities/Technological Needs component.
10. DBH will collaborate with community partners to assist in developing supports for ethnic minorities and cultural groups to become part of the behavioral health workforce.

Exhibit 4: Work Detail – page 4

A. WORKFORCE STAFFING SUPPORT – Continued

Action #1 – Expand Existing Training Program – Continued

Budget justification:

The Workforce Education and Training Coordinator is a full-time Administrative Manager position. The combined elements of the geographical size of the county, the number of DBH and contract agency employees (almost 2000) who require training, and the number of and complexity of the training programs provided require appropriate staffing levels to ensure the provision of quality training that supports the fundamental concepts of MHSA.

1. 1 FTE Administrative Manager
2. 1 FTE Program Manager
3. 1 FTE Bilingual Coordinator (Linguistic Specialist)
4. 1 FTE Training and Development Specialist
5. 1 FTE Staff Analyst II
6. 1 FTE Social Worker II
7. 1 FTE Office Assistant III
8. 1 FTE Peer and Family Advocate III
9. 1 FTE Secretary I
10. Administration and supplies to support the Workforce Education and Training component.
11. Computer equipment and software to support the Training Institute. To be included in the DBH request for Capital Facilities/Technological Needs component.
12. Library Materials and subscriptions

Budgeted Amount:	FY 2006-07: \$0	FY 2007-08: \$612,314	FY 2008-09: \$3,718,810
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B. Training and Technical Assistance

Action #2 – Title: Training to Support the Fundamental Concepts of the Mental Health Services Act

Description: During the stakeholder process, DBH identified the need for training in several areas that will empower DBH and contract agency staff to provide services that are based in the wellness, recovery and resilience model, that are culturally competent, that support the philosophy of a client/family driven mental health system, integrates services and includes community collaboration. The training subjects outlined below will be presented to DBH staff members, contract agencies and consumers/family members. All training developed and/or presented in this Action will be open to contract agency staff members as requested.

Recovery is an approach to behavioral health issues that emphasizes and supports an individual's potential for recovery. Recovery is seen as a personal journey requiring hope, a secure base, supportive relationships, empowerment, social inclusion, coping skills, and finding meaning. The California Institute for Mental Health (CIMH) will provide additional training in the following areas for DBH: orientation to Wellness, Recovery, Discovery for staff, contract agencies, clients, families, and other stakeholders; dissemination of state and national information and research; system changes and the models of system transformation to recovery; system planning and implementation issues: problem identification, identifying possible solutions and making decisions, and training in other areas identified. The movement to recovery is essential to implementation of MHSA and DBH staff as well as contract agencies and consumers and family members must receive information and training in this area.

Evidence-based practice is defined as “programs or practices that effectively integrate the best research evidence with clinical expertise, cultural competence and the values of the person receiving services. These programs or practices have consistent scientific evidence showing improved outcomes for clients, participants or communities.”

The California Institute for Mental Health (CIMH) has outlined a planning project designed to support the efforts of the County of San Bernardino Department of Behavioral Health in preparing a portion of it's workforce to implement evidence-based mental health and alcohol and other drug services programs. This project includes three phases:

- I. Introductory training in the principles and application of evidence-based practices that allows audiences to understand the use of evidence-based practices.
- II. Data and values driven priority needs identification and practice selection that identifies priority populations, outcomes, services, etc. that will be addressed by future service implementation.
- III. Selection and initial planning for implementation of specific evidence-based practices. Once priority practices for evidence-based services are selected, CIMH will guide a planning process to support future implementation.

Action #2 – Continued on next page

B. Training and Technical Assistance-- Continued

Action #2 – Title: Training to Support the Fundamental Concepts of the Mental Health Services Act - Continued

Another avenue of education is training by and for consumers of behavioral health services and their families. The National Alliance on Mental Illness (NAMI) has developed programs to provide critical education that helps consumers and family members gain knowledge and skills for successful living with mental illness as well as an information program for communities. The educational programs include Family to Family, Peer to Peer and In Our Own Voice. As part of this Action, San Bernardino County will recruit additional consumers and family members as presenters, ensure that all new presenters receive NAMI approved training as presenters and schedule presentations in all areas of San Bernardino County. Peer to Peer training is aimed at consumers and contains individual relapse prevention planning, debriefing/storytelling, and an advance directive for psychiatric care. Family to Family is a course for family caregivers of individuals with severe mental illnesses that discusses the clinical treatment of these illnesses and teaches the knowledge and skills that family members need to cope more effectively. In Our Own Voice is a public education program, in which two trained consumer speakers share their compelling personal stories about living with mental illness and achieving recovery. In Our Own Voice presentations are given to consumer groups, students, law enforcement officials, educators, providers, faith community members, politicians, professionals, inmates, and interested civic groups. These NAMI educational programs give consumers and family members experience in making public presentations and In Our Own Voice educates various community groups, giving them insight into living with mental illness and making consumers “real” to the audience. NAMI embodies wellness, recovery and resilience in every aspect of their programs, the programs are culturally competent, and use consumers and family members as presenters. DBH is committed to expanding the provision of NAMI training for DBH staff, contract agencies, government agencies and interested parties throughout San Bernardino County.

Cultural Competence - In an effort to promote culturally and linguistically competent, recovery-oriented service delivery, the Department of Behavioral Health is committed to organizational assessment, provision of education and training, recruitment and retention of bilingual/bicultural direct service employees, and the development of culturally appropriate programs and services that address the needs of consumers, family members, and other community stakeholders with the ultimate goal of the elimination of barriers to mental health service access, as well as promotion of knowledge, awareness and sensitivity within DBH and throughout the service delivery system. To ensure the uninterrupted provision of culturally competent services, DBH will continue to provide the California Brief Multicultural Competency Scale-Based Training (CBMCS) for all direct service providers as well as to contract for a modification to the CBMCS to train non-clinical staff. DBH will contract for development of a program evaluation tool for the

Action #2 – Continued on next page

B. Training and Technical Assistance -- *Continued*

Action #2 – Title: Training to Support the Fundamental Concepts of the Mental Health Services Act - *Continued*

CBMCS training component to measure the effectiveness and impact of the overall CBMCS training curriculum in increasing the behavioral competencies of individuals employed at all levels of the behavioral health system. Additionally, DBH will develop or contract for various multicultural education and training opportunities to enhance the knowledge, awareness, sensitivity and inclusion of all DBH employees, consumers, family members and community stakeholders.

Linguistic Training - Provision of training for bilingual staff is required to increase their skills. Utilization of mental health interpreters training to orient bilingual staff members to the roles, responsibilities, duties and resources of an interpreter in a mental health setting. This Action will allow DBH to implement additional training to increase bilingual employees' proficiency in medical and psychiatric terminology developing proficient interpreters with the ability to explain, rather than simply translate in the behavioral health setting, thus increasing cultural competence and client/family driven mental health services.

Other Training - The members of the Training Institute are working with all of the DBH stakeholders to identify training courses and objectives that will further the acceptance and adoption of the concepts embodied in MHSA: wellness, recovery and resilience; cultural competence; client/family driven mental health system; integrated service experience; and community collaboration. All proposed training, whether provided by county staff members or through a contract, is evaluated prior to presentation for these concepts. The county will provide statistics and information to presenters to ensure that information imparted is relevant to the population of San Bernardino County and the consumers of mental health services. Training will also be provided to improve services to consumers and ensure quality improvement in the fundamental concepts of MHSA.

The Department of Behavioral Health is currently using a web-based learning management system that includes distance learning capabilities. Employees at DBH contract agencies have access to the learning management system, can register for and attend live and on-line courses and receive CE credits upon completion. DBH will use this system to build upon the core competencies discussed in Action #4 for all levels of staff. This is one example of using technology to increase access to and the effectiveness of training. Staff members can log on to the system, register for live and on-line classes, complete on-line classes and receive proof of completion without leaving their desks. Management is able to assign and track courses completed by their employees. Continuation of a web-based learning management system allows DBH to provide additional training for staff that is consistent with the Workforce Education and Training component in a convenient and employee-friendly manner with the least impact on departmental operations.

Action #2 - Continued on next page

B. Training and Technical Assistance -- *Continued*

Action #2 – Title: Training to Support the Fundamental Concepts of the Mental Health Services Act – *Continued*

Each training topic presented and presenters will be evaluated by participants as well as the Training Unit staff to determine if future sessions will be scheduled. Evaluations and additional needs identified by staff will determine topics for presentations and presenters scheduled each year.

Objectives:

1. Provide training on Recovery Models to direct service staff.
2. Develop Evidence-Based Practices training for San Bernardino County and provide training to appropriate direct service staff members.
3. Increase the provision of NAMI training in the county through the provision of NAMI education in DBH clinics by consumers and family members.
4. Utilize the California Brief Multicultural Competency Scale-Based Training (CBMCS) for direct service providers.
5. Develop and provide a CBMCS based curriculum for non-clinical staff.
6. Evaluate the effectiveness and impact of the CBMCS training.
7. Provide multicultural education and training opportunities for staff, consumers, family members and community stakeholders.
8. Increase the proficiency of bilingual employees from translators to interpreters.
9. Increase the use of distance learning models to improve the provision of training while lessening the impact on departmental operations.

Budget justification:

DBH employees as well as staff members in contract agencies require training to assure that the fundamental concepts of MHSA are understood by staff and that those concepts are implemented in daily practice with consumers.

1. Develop curricula to train and retrain staff to provide mental health and other supportive services in accordance with MHSA.
2. Ongoing cultural competency training to include the CBMCS as well as cultural and ethnic specific trainings.
3. Conduct an organizational cultural competency self-assessment.
4. Distance Learning Management System.

Budgeted Amount:	FY 2006-07: \$0	FY 2007-08: \$33,723	FY 2008-09: \$773,853
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B. Training and Technical Assistance -- *Continued*

Action #3 – Title: Development of Core Competencies

Description: Core competencies represent the core knowledge and skills that staff should have based upon their job classification. Beginning with a master template that lists all courses that direct services, supervisory and clerical staff must have DBH has developed training maps listing all training that has been requested and discussed by the internal workforce development workgroup. Additionally, DBH has developed career ladders for all groupings of job classifications within DBH and is working to identify pathways leading from one classification group (e.g. clerical) to another classification group (e.g. unlicensed direct service staff). Courses included in the core competency areas must be mindful the fundamental concepts of MHA and relate to the training identified in Action #2 of this document. The activities in this Action build upon the DBH Career Ladder, the competencies DBH is adding to the learning management system, and collaboration with California State University San Bernardino (CSUSB). CSUSB will advise on curriculum materials that address wellness, recovery and resilience, line worker core training, distance learning models, identify core competencies by occupational category, show the logical progression through the core competencies and help build on DBH developed training maps to clearly show career advancement opportunities within DBH.

DBH will negotiate with the county’s Human Resources Department to accept courses offered in the core competency areas as meeting educational requirements for job openings within DBH.

Objectives:

1. Develop core competencies for each job classification level using an electronic learning management system supplemented with live training.
2. Tie core competencies to the Work Performance Evaluation and goal setting for each employee.
3. Obtain approval from the county’s Human Resources Department to accept DBH offered classes as meeting educational requirements for job advancement.
4. Collaborate with the community to develop core competencies.

Budget justification:

1. Agreement with CSUSB, a CalSWEC partner.

Budgeted Amount:	FY 2006-07: \$0	FY 2007-08: \$21,563	FY 2008-09: \$0
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C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action #4 – Title: Outreach to High School, Adult Education, Community College and Regional Occupational Program (ROP) Students

Description: Recruiting students into the mental health field is a challenge. Many students are not aware of the wide array of vocations available in the field. To increase awareness of the opportunities for employment in behavioral health services, DBH has entered into a collaborative relationship with California State University San Bernardino (CSUSB), a member of the CalSWEC coalition, to develop activities and programs for high school and community college students to interest them in careers in the public behavioral health system. As part of this action, CSUSB will work with the Community Colleges to develop an Associate of Arts degree for students interested in pursuing a career in the behavioral health system that provides a clear route for entrance into the CSUSB Bachelor's Degree programs for Social Work and Nursing. This recruitment effort will serve as a model for reaching out to other areas of San Bernardino County including the remote Victorville and Yucca Valley/Twenty-nine Palms areas.

A consultant with extensive experience in the Adult School setting will assist DBH in developing agreements with adult schools throughout the county to provide federally mandated adult vocational training in DBH facilities. Experience with the Adult School in the City of San Bernardino has shown that the provision of educational opportunities in DBH Team House and Clubhouses creates awareness among consumers and family members of the many opportunities for employment behavioral health careers beginning with the Peer and Family Advocate series.

The Department of Behavioral Health will begin to network with local high schools that provide Health Training Academies to ensure that mental health professions are well represented in the academies. DBH will also contact and work with high schools that are planning to establish and those do not have Health Training Academies to develop methods of introducing public behavioral health careers to high school students. DBH employees will contact schools and offer to make presentations or set up booths at career fairs and events.

Separately from the activities that CSUSB will conduct with the high schools and community colleges, DBH will collaborate with the community colleges located throughout San Bernardino County to begin to develop certificate programs for careers in mental and /behavioral health occupations to expand the capacity of postsecondary educational institutions to meet the needs of identified mental health occupational shortages in San Bernardino County.

This Action to outreach to high school, adult education, community college and ROP students will increase the prevalence of mental health occupational training in San Bernardino County.

Action #3 - Continued on next page

C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action # 4 Title Outreach to High School, Adult Education, Community College, and Regional Occupational Program (ROP) Students - *Continued*

Objectives:

1. CSUSB will begin talks with the community colleges in all areas of the county to develop a career path from high school through graduation from university for careers in the mental health system.
2. CSUSB will develop activities for presentation on high school and community college campuses to interest students in careers in the mental health system.
3. DBH will work with school district and ROP health training academies to ensure that mental health careers are represented in the curriculum.
4. DBH will work with Adult Schools in the outlying areas to develop and present training for consumers and family members seeking employment in mental health occupations.
5. DBH will target schools in the underserved areas of the county to attend career fairs in junior high and high schools in districts/schools that do not have health training academies.
6. DBH will outreach to community colleges in San Bernardino County to develop certificate programs in mental/behavioral health occupations.
7. Collaborate with the community to help identify underserved and unserved communities.

Budget justification:

DBH expects it to take several years to reach all school districts in San Bernardino County.

1. Agreement with CSUSB, a CalSWEC partner.
2. Expand mental health career development education outside the City of San Bernardino.
3. DBH will purchase or develop outreach materials for career fairs and events.

Budgeted Amount:	FY 2006-07: \$0	FY 2007-08: \$25,000	FY 2008-09: \$131,076
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C. MENTAL HEALTH CAREER PATHWAY PROGRAMS - Continued

Action #5 – Title: Leadership Development Program

Description: - San Bernardino County has identified a need to implement a leadership development program for staff and contract agencies. DBH has contracted with Loma Linda University, a member of the CalSWEC coalition, to plan for the leadership development program. Loma Linda has undergone an extensive effort to build a leadership program for university staff. Under this agreement, Loma Linda will work with DBH to adapt the program to the needs of DBH and to ensure that the specialized content (i.e., recovery, cultural competency, and clinical and consumer service areas) is addressed. Through this program, DBH will develop leaders from existing staff, begin succession planning for future leadership of DBH, begin to make leadership based assignments, and build leadership into supervisory training. Traditionally, clinicians have experienced difficulty in moving from direct service provision to supervision, administrative positions and management. Participation in the leadership program will give these employees the tools to make the move a positive one.

Development of the Leadership Program evolves through a five step process:

1. Development of a DBH Leadership Perspective/Vision which requires the involvement of key leaders within DBH;
2. Identification of leaderships needs through the development of data collection tools, implementation of data collection tools; and an analysis and report back to DBH of the findings;
3. Engagement of key informants in the development of an organizational framework for the leadership competencies; presentation of a draft set of competencies; and review and revision of competencies, as needed;
4. Utilization of leadership competencies to identify curriculum needs; and
5. Development of an implementation plan.

Objectives:

1. Engage county personnel, stakeholders and community members to identify needs and propose leadership competencies.
2. Identify and propose training components (including, but not limited to, competence-based curricula addressing the shared knowledge and behavioral requirements of all levels of leadership; specialized training addressing discipline specific roles and functions; and customized leadership assessment and coaching of identified personnel); and
3. Propose training structures (including, but not limited to: “Train the Trainers”, recommended training cycles; online courses; university-based didactic courses supporting to degree completion; and customized leadership assessment and coaching of identified personnel).
4. Provide training for new supervisors to develop supervisory skills and ease the transition from staff to supervisor.

Action # 5 - Continued on next page

C. MENTAL HEALTH CAREER PATHWAY PROGRAMS - *Continued*

Action #5 – Title: Leadership Development Program - *Continued*

Budget justification:

1. Agreement with Loma Linda University.
2. Training to support new supervisors.

Budgeted Amount:	FY 2006-07: \$0	FY 2007-08: \$0	FY 2008-09: \$226,106
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C. MENTAL HEALTH CAREER PATHWAY PROGRAMS - Continued

Action #6 – Title: Peer and Family Advocate Workforce Support Initiatives

Description: Peer and Family Advocates are mental health consumers and/or their family members who provide crisis response services, peer counseling, and linkages to services and supports for consumers of DBH services; assist with the implementation, facilitation and on-going coordination of activities of the CSS plan in compliance with MHSA requirements; and perform related duties as required. DBH provides training for consumers and their family members as well as volunteers who want to become Peer and Family Advocates as well as training for newly hired Peer and Family Advocates to assist them in making the transition from consumer to provider of behavioral health services. All training provided to Peer and Family Advocate staff is designed to promote the inclusion of mental health consumers and family members in the mental health system.

The initial training volunteers, consumers and family members can receive is the Certificate program for Peer and Family Advocates. Currently, this training consists of 40 hours training (four hours per week for ten weeks) at DBH Team House in the City of San Bernardino. This Action will expand the number of trainings and locations providing the Peer and Family Advocate Certificate program from the City of San Bernardino only, to training throughout San Bernardino County, including the West End and remote desert and mountain areas. When the 40-hour training is completed participants are awarded a certificate that is accepted by the county's Human Resources Department.

Once hired Peer and Family Advocates receive META Peer Employment training. This 16 module, 70-hour course prepares consumers and family members to work in the behavioral health field. This course is taught from a peer support model not a clinical model perspective. META Peer Employment training provides trainees with the essential recovery principles, which combined with their life experiences with recovery, creates the ultimate competency to inspire hope and transformation.

DBH has identified the need to provide ongoing educational opportunities for Peer and Family Advocates to facilitate their success and advancement in the behavioral health workforce as well as the provision of services that meet the fundamental concepts of MHSA. One area of additional training already identified and considered necessary for the Peer and Family Advocates is basic computer skills. Many DBH training opportunities are offered through an interactive "E-learning" product. DBH policies and procedures are also posted on DBH's Intranet website. The provision of basic computer skills for the Peer and Family Advocates is required to help them flourish in the work environment and provide culturally competent services to consumers. Additional training identified as beneficial including workplace skills and cultural competence will be provided for Peer and Family Advocates as a method of moving up the DBH career ladder to unlicensed direct service positions.

Action #6 - Continued on next page

C. MENTAL HEALTH CAREER PATHWAY PROGRAMS - Continued

Action #6 – Title: Peer and Family Advocate Workforce Support Initiatives - Continued

DBH will collaborate with the California Department of Rehabilitation (DOR) on a project to assist consumers in career training for the mental health professions. DOR works in partnership with consumers and other stakeholders to provide services and advocacy resulting in employment, independent living, and equality for individuals with disabilities. Through the vocational rehabilitation program, DOR will provide employment counseling, guidance and training for consumers with an affinity for work in behavioral health professions. Through DOR’s job search and placement component, trained consumers will be directed to jobs with DBH and local organizations that provide behavioral health services.

Peer and Family Advocate specific training designed to promote employment will be developed to assist Peer and Family Advocates as well as clerical staff to move up within the Department of Behavioral Health. As envisioned, this program will focus on progression to Mental Health Specialist and other unlicensed mental health direct service staff occupations. Working with the Leadership program developed under this action, the curriculum will also include leadership skills as part of the training.

Objectives:

1. Collaborate with family members consumers, contract agencies and community members to expand training for volunteers, consumers and family members
2. Peer and Family Advocates working for DBH will provide culturally competent services to consumers.
3. Peer and Family Advocates who wish to advance within the PFA series or to occupations beyond the scope of the PFA job description will be able to explore options and receive educational counseling and assistance in reaching their goals.

Budget justification:

1. Expand training to promote the employment of mental health clients and family members in the mental health system.
2. The cost of the META Peer Employment Training is \$1195 per person.
3. Other training.

Budgeted Amount:	FY 2006-07: \$0	FY 2007-08: \$0	FY 2008-09: \$176,323
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D. RESIDENCY, INTERNSHIP PROGRAMS

Action #7 – Title: Expand Existing Internship Program

The county's Workforce Needs Assessment clearly shows the need to identify ways of increasing the numbers of direct service staff members in Social Work; Marriage and Family Therapy; and Clinical Psychology. The county has experienced a loss of clinical psychologists to the criminal justice and state hospital systems, and social workers have accepted positions in the State and VA hospital systems. These losses are attributed to higher salaries at the criminal justice and state hospital systems. In addition, recent policy changes have allowed Marriage and Family Therapists to be hired at the VA hospitals. Providing internship opportunities is a way to increase the number of people working at DBH and in contract agencies in the behavioral health professions.

This action describes plans to increase internships within DBH as well as coordinate Intern Programs with contract agencies and allow interns from those agencies to attend group supervision sessions conducted by DBH, thereby increasing the potential of recruiting them as future employees. In addition, this action will provide additional clinical supervisors to the internship program to further the goals of enhanced supervisor competencies; supplement supervision of interns created by staff shortages; provide licensing preparation support to pre-licensed clinicians; and create an employee internship program for current DBH staff who have been accepted into a Master's level program in behavioral health. As shown in the workforce needs assessment, DBH and partnering contract agencies need to recruit employees from underrepresented populations to work in licensed direct service positions. The Intern Supervisors will work with local universities to recruit interns from underrepresented populations identified in the Workforce Needs Assessment.

The creation two (2) additional FTE Clinical Therapist II positions to provide supervision for pre-licensed Clinical Therapists and interns and licensing preparation training for pre-licensed employees. One of the Clinical Therapist positions will be a licensed Psychologist and this person will provide psychotherapy supervision for the residency program. These positions mitigate the impact on current supervisors allowing for increased intern supervision. Clinical Therapists hired for these positions must have training, be skilled in wellness and recovery and cultural competence, and utilize those skills in their supervision and training of interns and pre-licensed employees. With the implementation of MHSA, San Bernardino County increased the number of interns and intern supervisors. Currently, DBH has six Bachelor's level Social Work interns, six Master's level Social Work interns, six Masters level Marriage and Family Therapist interns, and six Clinical Psychology interns with three FTE Intern Supervisors. Supporting the Intern Supervisors are DBH clinical supervisors who provide the day-to-day supervision of interns. The new positions will spend a portion of their time in direct supervision of interns and pre-licensed Clinical Therapists in the clinics and a portion of their time working with pre-licensed DBH employees training and preparing for licensing examinations.

DBH will implement a placement program for interns to fulfill their payback obligation.

Action #7 - Continued on next page

D. RESIDENCY, INTERNSHIP PROGRAMS

Action #7 – Title: **Expand Existing Internship Program - Continued**

DBH will also contract for part-time intern supervision when staffing shortages or departmental operations indicate the need to do so. The critical shortage of intern supervision caused DBH to begin to contract for part-time supervision (under the guidance of one of the Intern Supervisors) for interns in Fiscal Year 07/08. Continuation of this practice will allow DBH to offer uninterrupted internship opportunities to students regardless of staffing shortages. The number of contract positions will be determined each year based on need.

The Intern Program Supervisors will track the number of interns who obtain employment with DBH or with local community based organizations and will begin to develop strategies for retaining interns in the public behavioral health field.

San Bernardino County has identified a need to assist current employees in completion of their educational goals. Implementation of the Employee Internship Program assists not only current employees but DBH as well. To be considered for the Employee Internship Program, employees must show proof of acceptance into a Master's level program. Employees in the program must agree to continue employment with DBH as a condition of participation on a year-for-year basis. Those who receive educational assistance for one academic year are required to continue to work for DBH for one calendar year. This program benefits DBH by providing programs with additional staff assistance and the ability to complete special projects; assisting clinical staff and other employees in meeting educational goals; increasing morale; improving retention of staff; enhancing the employees' current skills and competence; and increasing productivity and efficiency. This program will embody the five fundamental concepts of MHSA as those principles have been incorporated into DBH's daily business activities. The DBH will earmark funds to establish a pool of employees that are able to "back fill" positions while participants in the program are fulfilling their internship duties.

Working in collaboration with California State University San Bernardino and with their guidance, DBH will begin talks to explore the possibility of developing nursing internships within DBH for both Bachelor's Nursing students and Nurse Practitioners. In addition to the development of a nursing internship program, DBH will develop and implement an Alcohol and Drug Counselor internship program to assist staff in progression up the DBH career ladder.

Action # 7 - Continued on next page

D. RESIDENCY, INTERNSHIP PROGRAMS

Action #7 – Title: **Expand Existing Internship Program - Continued**

Over the past two years DBH has been able to increase the number of clinical staff due to realignment and the implementation of MHSA. Currently, 57.2% of DBH Clinical Therapists are “pre-licensed”. This workforce tends to be younger and less experienced than licensed staff and requires additional supervision. As outlined above, the new Clinical Therapist IIs will spend a portion of their time training and preparing staff members for licensing exams. Purchase of discipline specific license preparation programs will assist the Clinical Therapists in this endeavor. Use of a consistent curriculum for each discipline ensures that the same level of preparation is provided to each person. DBH will track the number of pre-licensed staff members who receive the license preparation help, take the appropriate license exam and the number that pass the exams to assess the effectiveness of this program. The need for license preparation for staff will decrease over time as employees that participate in this program obtain licensure.

Supplies are needed to support the Internship Programs as described in this Action. In addition to basic supplies required for any additional staff members, supplies that assist the programs to increase supervisory competencies and support current clinical practices are required, as well as equipment to assist interns in completion of their programs. A subscription to an on-line database that offers full text coverage of professional journals in psychology and behavioral science with availability to anyone in DBH with internet access will help staff keep up to date on subjects in their respective fields and relating to the guiding principles of MHSA. DBH will also explore the use of a web based intern placement tracking system

Objectives:

1. Provide competency in clinical supervision for interns and pre-licensed staff.
2. Prepare interns for, encourage and increase employment in community behavioral health.
3. Prepare interns to be competent and effective clinicians.
4. Provide license preparation support for pre-licensed clinical staff.
5. Increase the licensure rate for current pre-licensed employees.
6. Document and improve the number of interns that obtain employment in the public mental health system
7. Assist DBH employees in achieving educational goals.
8. Improve retention rates for current employees who complete advanced educational degrees.
9. Create an Employee Internship Program.
10. Address mental health shortages and diversity needs in collaboration with county personnel, stakeholders and community members.

Action # 7 - Continued on next page

D. RESIDENCY, INTERNSHIP PROGRAMS

Action #7 – Title: Expand Existing Internship Program - Continued

Budget justification:

1. 1 FTE Intern Program Supervisor for the Marriage and Family Therapy internship program.
2. 2 FTE Clinical Therapist II Positions
3. 1 FTE Office Assistant III
4. Intern Stipends
5. Administration and supplies to support the internship programs.
6. Contract Supervision for interns for FY 08/09 -\$15,600.
7. Discipline specific License Preparation Materials
8. Equipment and supplies
9. Fund to backfill part time positions created due to a 20/20 employee internship program.

IT equipment and software. To be included in the DBH request for Capital Facilities/Technological Needs component.

Budgeted Amount:	FY 2006-07: \$0	FY 2007-08: \$25,000	FY 2008-09: \$3,904,072
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D. RESIDENCY, INTERNSHIP PROGRAMS

Action #8 – Title: Psychiatric Residency Program

Description: As identified in the Workforce Needs Assessment, San Bernardino County has trouble attracting and employing qualified psychiatrists in the public behavioral health system. The development of a psychiatric residency program will help fill the existing gap in the provision of care so that quality behavioral health services can be provided to the residents of the county. Experience in teaching hospitals has shown that the majority of residents who train in an area eventually remain in the region upon completion of training.

The DBH Medical Director will lead the county’s initiative to establish a psychiatric residency training program within DBH to enable residents to specialize in child or geriatric psychiatry, public mental health or multidisciplinary psychiatry and work one or two years in county and/or community public agency settings, such as psychiatric emergency clinics, urgent care centers, or community out-patient clinics once training is complete. Both DBH and the hospital shall provide residents with a variety of clinical educational experiences.

The initial psychiatric residency program will be certified through the county hospital, Arrowhead Regional Medical Center (ARMC) through an eight to ten year plan developed by ARMC. Patton State Hospital as well as DBH will provide clinical educational experiences for the residency program. Not all residents will be present in DBH clinics at the same time.

Beginning in June, 2008 four (4) Psychiatry students will begin their residencies at ARMC with an eventual goal of 32 resident positions when the program is fully implemented. The initial four residents will participate in a Doctor of Osteopathy program. Four new residents will join the program each year until the 32 positions are filled. DBH will begin receiving interns rotating through clinics in January, 2009. ARMC will be responsible for appointing a Program Director with the overall authority and responsibility for operation of the residency program. DBH will be responsible for appointing a Training Supervisor for General Psychiatry. One of the Clinical Therapists funded in Action 7 will provide psychotherapy supervision for the Residency Program. Residents will be on the premises of the Department of Behavioral Health for the exclusive purpose of training and will be evaluated by the faculty on a specified basis, in accordance with the program’s guidelines.

Objectives:

1. Begin the Psychiatric Residency Program in June 2008.
2. Increase the number of Psychiatrists who specialize in child and geriatric psychiatry and work in the public mental health field.

Budget justification:

1. DBH Training Supervisor for the Psychiatric Residency Program.

Budgeted Amount:	FY 2006-07: \$0	FY 2007-08: \$0	FY 2008-09: \$997,706
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E. FINANCIAL INCENTIVE PROGRAMS

Action #9– Title: Scholarship Program			
<p>Description: DBH will implement an employee scholarship program to help current DBH and contract agency employees continue their education and to advance their careers in the mental/behavioral health professions. Candidates for the Scholarship Program must show proof of enrollment in a certificate, Associate of Arts, Bachelors, Masters or Doctoral degree program for consideration. Scholarships will not be available to candidates for the employee internship program. The funds provided by the scholarship program will supplement funding for education that is offered to county employees through the various negotiated Memoranda of Understanding.</p> <p>The majority of funding for the Scholarship Program will be aimed at employees in lower paying classifications to assist them in promoting to higher paying positions. The employee Scholarship Program is one way of addressing the over abundance of bilingual staff members in non-direct service positions by helping them continue their education and move to direct service staff.</p> <p>Acknowledging that many current employees may apply for scholarships DBH will develop eligibility criteria for the program to include work performance evaluation minimum standards, length of employment with DBH or the contract agency and other criteria deemed necessary.</p> <p>Once the program has been implemented and scholarships have been provided, the program will be evaluated and based on the success of the program it may be expanded in future years.</p> <p>Scholarships for current employees and contract agency staff members who seek to become direct behavioral health direct service providers expands career pathways for these individuals and will increase the number of providers available to provide services to consumers.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Assist current employees in advancing in behavioral health direct service occupations. <p>Budget justification:</p> <ol style="list-style-type: none"> 1. Scholarship fund for employees pursuing certificate, associate, bachelor, master or doctoral degrees. 			
Budgeted Amount:	FY 2006-07: \$0	FY 2007-08: \$30,000	FY 2008-09: \$126,035

E. FINANCIAL INCENTIVE PROGRAMS

Action #10– Title: Increase Eligibility of Federal Workforce Funding

Description: A Mental Health Professional Shortage Area is a federal designation and is defined as an area having a shortage of professional mental health providers based on the availability of psychiatrist and mental health professionals. While San Bernardino County has ten MHPSAs, six are relevant to DBH: (1) Big Bear Lake/Running Springs, (2) Argus/Trona; (3) Baker/Newberry Springs; (4) Lytle Creek/Wrightwood; (5) Big/River/Needles; and (6) Joshua Tree/Landers/Morongu/Rimrock/Yucca Valley;

DBH is currently working to have MHPSA designations approved for four additional areas of the county. These areas are: (1) Cadiz/Twenty-nine Palms; (2) Adelanto/Phelan/Pinon Hills/Victorville Northwest; (3) Lucerne and (4) Barstow/Daggett/Lenwood/Nebo Center/Oro Grande/Yermo.

The benefits of an MHPSA include loan repayment for mental health service providers, the criteria varies by profession; Medicare incentives paid directly to the physician; enhanced federal grant eligibility for DBH; and improved recruitment possibilities through the National Health Service Corps Scholar placement program.

San Bernardino County will use the MHPSA designations to recruit and employ professional mental health providers in the remote areas of the county.

Objectives:

1. Obtain additional MHPSA designations
2. Work with the county’s Human Resources Department to use the MHPSA designation as a recruiting method for interested individuals.

Budget justification:

1. Recruiting and advertising.

Budgeted Amount:	FY 2006-07: \$0	FY 2007-08: \$7,000	FY 2008-09: \$2,521
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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: Expand Existing Training Program	✓	✓	✓	✓	✓	✓					✓	✓	✓
Action #2: Training for DBH, Contract Agencies and Consumers/Family Members to Support the Fundamental Concepts of the MHSA	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
Action #3: Outreach to High School and Community College Students	✓	✓	✓	✓	✓		✓			✓	✓	✓	✓
Action #4: Develop Core Competencies	✓	✓	✓	✓	✓		✓	✓		✓		✓	✓
Action #5: Leadership Development	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Action #6: Peer and Family Advocate Initiatives	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Action #7: Internship Programs	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
Action #8: Psychiatric Residency Programs	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓
Action #9: Scholarship Program	✓	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓
Action #10: MHPSA	✓	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓

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:	0	0	0
B. Training and Technical Assistance	0	0	0
C. Mental Health Career Pathway Programs	0	0	0
D. Residency, Internship Programs	0	0	0
E. Financial Incentive Programs	0	0	0
GRAND TOTAL FUNDS REQUESTED for FY 2006-07			0

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:	612,314	0	612,314
B. Training and Technical Assistance	55,286	0	55,286
C. Mental Health Career Pathway Programs	25,000	0	25,000
D. Residency, Internship Programs	25,000	0	25,000
E. Financial Incentive Programs	37,000	0	37,000
GRAND TOTAL FUNDS REQUESTED for FY 2007-08			754,600

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:	0	3,718,810	3,718,810
B. Training and Technical Assistance	0	773,853	773,853
C. Mental Health Career Pathway Programs	0	533,505	533,505
D. Residency, Internship Programs	0	4,901,778	4,901,778
E. Financial Incentive Programs	0	128,556	128,556
GRAND TOTAL FUNDS REQUESTED for FY 2008-09			10,056,502

**San Bernardino County Department of Behavioral Health
Participants in the Workforce Development Workgroup**

Name	Title	Organization
Sharon Alston	Staff Analyst II	San Bernardino County Department of Behavioral Health
Beverly Ary	Executive Director	Morongo Basin Mental Health Services Association, Inc.
Beverly Buckles	Dean, School of Science and Technology	Loma Linda University
Susan Davis	Intern Program Supervisor	San Bernardino County Department of Behavioral Health
Marina Espinosa	Ethics and Compliance Coordinator	San Bernardino County Department of Behavioral Health
Douglas Fazekas	Housing Manager	San Bernardino County Department of Behavioral Health
Terrence Forrester	Assoc. Prof. of Social Work and Social Ecology	Loma Linda University
Eric Guerra	Human Resources Officer	San Bernardino County Human Resources Department
Keith Harris	Program Manager	San Bernardino County Department of Behavioral Health
Linda Hart	Prevention Specialist	Inland Behavioral Health and Health Services, Inc.
Lawrence Havert	Intern Program Supervisor	San Bernardino County Department of Behavioral Health
Vicki Hayek	Grant Writer	Independent Consultant
Gwen Knotts	CEO	Knott's Family & Parenting Institute for Child Excellence
Robbin Huff-Musgrove	Cultural Competency Officer	San Bernardino County Department of Behavioral Health
Claire Karp	Associate Divisional Director, Desert Region	Pacific Clinics
Renee Keres	Executive Director	South Coast Children's Society
Arelis Martinez	Intern Program Supervisor	San Bernardino County Department of Behavioral Health
Marsha Matthews	Program Manager	MHS Therapeutic Behavioral Services
Lisa McGinnis	Program Manager II	San Bernardino County Department of Behavioral Health
Theresa Morris	Chair, Department of Social Work	California State University San Bernardino
Gloria Morrow	Therapist	Private Practice
Lynn Neuenswander	Mental Health Education Consultant	San Bernardino County Department of Behavioral Health
Alicia Perez	Human Resources Analyst	San Bernardino County Human Resources Department
Bruce Powers	Human Resources Officer	Vista Guidance Clinics
Raquel Ramos	Secretary I	San Bernardino County Department of Behavioral Health
Lauretta Ross	Office of Consumer and Family Affairs	San Bernardino County Department of Behavioral Health
David Schoelen	Education and Training Coordinator	Riverside County WET Program
Stacy Smith	Executive Director	Inland Valley Recovery Services
Robert Sudol	Clinic Supervisor	San Bernardino County Department of Behavioral Health