

**Riverside County
Department of Mental Health**



Mental Health Services Act (MHSA) Annual Plan Update FY15/16



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**2015/16 MHSA Annual Plan Update
County Compliance Certification**

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Riverside County

☐ Three-Year Program and Expenditure Plan

☒ Annual Update – FY15/16

Local Mental Health Director	Program Lead
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I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Jerry Wengerd, MH Director
Local Mental Health Director (PRINT)


Signature Date

2015/16 MHSA Annual Plan Update

County Fiscal Accountability Certification

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Riverside County

- ☐ Three-Year Program and Expenditure Plan
☒ Annual Update
☐ Annual Revenue and Expenditure Report

Local Mental Health Director Name: Jerry Wengerd Telephone Number: 951-358-4500 E-mail: wengerd@rcmhd.org	County Auditor-Controller Name: Paul Angulo, CPA, MA-Mgmt Telephone Number: 951-955-3800 E-mail: pangulo@co.riverside.ca.us
Local Mental Health Mailing Address: 4095 County Circle Drive, Riverside, CA 92503	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

Jerry Wengerd, MH Director
Local Mental Health Director (PRINT)


Signature

Date

I hereby certify that for the fiscal year ended June 30, 2012, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is dated December 20, 2012 for the fiscal year ended June 30, 2012. I further certify that for the fiscal year ended June 30, 2012, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.

For Paul Angulo, Auditor/Controller
County Auditor Controller (PRINT)


Signature

Date

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

Message from the Director

It is my pleasure to provide our stakeholders and community partners with this Fiscal Year 15/16 Annual Update of Riverside County's Mental Health Services Act (MHSA) components and services. I think you will find hope and innovation in the variety and quality of the programs contained in this report. As a Department we are proud to share with you this Update because it reflects the collaborative nature of our relationship with our community partners, the strong community planning process, and the innovative thinking that has helped keep Riverside County Department of Mental Health ahead of the curve as it relates to mental health care.

Along with the continuation of previously updated initiatives, in this Annual Update you will find a host of new initiatives that are coming into fruition. On the very near horizon is the opening of our new Rustin offices. The new facility will house 12 of the Department's programs, including a new Children's Clinic with integrated health, mental health, and substance use treatment on-site. The new building will also have a Conference Center with 12 conference rooms where the Department can host trainings, meetings, and conferences.

Another new initiative we have begun, and will continue to expand in the coming year, is our Crisis Services continuum of care. In the first phase we have already begun implementing our Crisis Response Teams which are designed to divert people to outpatient, voluntary care, rather than unnecessary involuntary care. At full implementation each region of the County will have two teams to respond to crises in the community. One team will respond to, and support, local emergency rooms and other sites where people are seen in psychiatric emergencies. The other team in each region will accompany law enforcement officers in responding to calls involving people with a mental illness. Future phases of this initiative will include the opening of three crisis services centers and an expansion of crisis residential beds.

I am also very excited about the opening of a new Teaching Clinic, The Lehman Center (TLC), which is a single clinic with two campuses - one for adults and one for children and families. Students are closely supervised by professional clinicians who monitor and instruct their practice, and services are available in bilingual Spanish and for Veterans. Lehman not only provides services to our system of care consumers, but also acts as a referral resource for the aforementioned crisis services by offering same or next day appointments for individuals diverted from hospitalization or who need more immediate intakes or assessments.

The Department also partners with the Riverside County Sheriff's and Riverside Police Departments to provide Crisis Intervention Training (CIT). The goal of CIT is to train all law enforcement in Riverside County on how to de-escalate a situation when dealing with someone with mental health issues. Last year a total of 928 Correctional and Sworn Riverside County Sheriff's Deputies were CIT trained. Riverside Police has had all officers trained and are planning the next cycle of trainings for 2015 incoming officers. This Law Enforcement Collaborative also supports the new Crisis Teams by orienting them to how Law Enforcement is trained and operates, policies and protocols, and how to create stronger partnerships with them.

These are just a few of the newer program highlights I wanted to share with you. I appreciate you taking the time to review this Annual Update and to read about all the exciting programs happening as a result of MHSA. We continue to see the positive outcomes and impacts on the communities served across Riverside County. We are committed to informing and updating our stakeholders on MHSA progress and your voice and perspective are an important part of this process.

Jerry Wengerd

Mental Health Director

Mental Health Services Act Overview

What is the Mental Health Services Act (MHSA)?

The Mental Health Services Act (MHSA) is a ballot measure passed by California voters in November 2004 that provides new funding for public mental health services. The Act imposed a 1% taxation on personal income exceeding \$1 million. This funding provides for an expansion and transformation of the public mental health system with the expectation to achieve results such as a reduction in incarcerations, school failures, unemployment, and homelessness for individuals with severe mental illness.

The programs funded through MHSA must include services for all ages: Children (0-16), Transition Age Youth (16-25), Adults (26-59), and Older Adults (60+). The MHSA Administrative Department manages the planning and implementation activities related to the five main required MHSA components which are:

1. Community Services and Supports
2. Workforce Education and Training
3. Prevention and Early Intervention
4. Capital Facilities and Technology
5. Innovation

MHSA funds cannot be used to supplant programs that existed prior to November 2004.

What is the Purpose of MHSA Annual Update?

Last year Riverside County submitted a new Three-Year Program and Expenditure (3YPE) Plan for MHSA. The 3YPE outlined the programs and services to be funded by MHSA and allowed for a new three-year budget plan to be created. It also allowed the County an opportunity to re-evaluate programs and analyze performance outcomes to ensure the services being funded by MHSA are effective. The 3YPE covers fiscal year (FY) 2014/15 through FY2016/17.

MHSA regulations require counties to provide community stakeholders with an update to the MHSA 3YPE on an annual basis. Therefore Riverside County engaged community stakeholders by providing them with an update to the programs being funded in the 3YPE. The community

process allows stakeholders the opportunity to provide feedback from their unique perspective about the programs and services being funded through MHSA.

Once the draft Annual Update is completed, it must be posted for public review for a minimum of 30 days. During the 30-day posting period the County will accept community feedback on the FY15/16 Annual Update and document the input accordingly. Following the posting period the Department calls upon the Riverside County Behavioral Health Commission (BHC) to hold a Public Hearing so they may receive face-to-face feedback on the content of the FY15/16 Annual Update.

Following the Public Hearing the BHC reviews all public comments and recommends any substantive changes that need to be made to the plan. Once the plan is finalized it must be approved and adopted by the Riverside County Board of Supervisors and then sent to the Mental Health Services and Accountability Commission within 30 days.

MHSA Annual Update Introduction

As specified earlier, MHSA regulations require counties to provide an update on its 3-Year Plan on an annual basis. All programs and components are highlighted in this update and progress reports on their status are included. This is an opportunity for any stakeholder to learn about the types of services funded by MHSA and to see how they are performing. The department invites and encourages stakeholders to share their perspectives and opinions so they may be considered in the strategic planning and review of the MHSA plans.

There are numerous programmatic strategies and work plans embedded within the five specified MHSA components. These programs are what allow the Department to achieve the goals and outcomes not only outlined by MHSA but needs identified by our stakeholder community. The specific program work plans are outlined below.

Community Services and Supports

CSS-01 Children's Integrated Services Program

CSS-02 Integrated Services for Youth in Transition

CSS-03 Comprehensive Integrated Services for Adults

CSS-04 Older Adult Integrated System of Care

CSS-05 Peer Recovery and Supports Services

Workforce, Education and Training

WET-01 Workforce Staffing and Support

WET-02 Training and Technical Support

WET-03 Mental Health Career Pathways

WET-04 Residency and Internship

WET-05 Financial Incentives for Workforce Development

Prevention and Early Intervention

PEI-01 Mental Health Outreach, Awareness, and Stigma Reduction

PEI-02 Parent Education and Support

PEI-03 Early Intervention for Families in Schools

PEI-04 Transition Age Youth (TAY) Project

PEI-05 First Onset for Older Adults

PEI-06 Trauma-Exposed Services for All Ages

PEI-07 Underserved Cultural Populations

Capital Facilities/Technology

Western Region Adult Consolidation (Rustin)

Behavioral Health Information System (BHIS)

Innovation

INN-02 Recovery Learning Center

INN-03 Family Room

INN-04 Older Adult Self-Management Health Team Project

MHSA Budget Summary

Over the past nine months MHSA monthly distributions have been in line with our projections. Realignment II stabilized several mental health funding sources and improved cash flow starting in FY11/12. However, increasing demands by EPSDT (Early Periodic Screening Diagnostic and Treatment) and Katie A. services are threatening to impact MHSA (Mental Health Services Act) cash utilization on an ongoing basis. All the major mental health funding sources (1991 Realignment, Realignment II, EPSDT, Managed Care, and MHSA) with the exception of Medi-Cal are tied to sales taxes and personal income taxes. Both of these funding sources can fluctuate considerably based on the State's economy. Should this trend continue, it will put increased strain on MHSA funds in the future. MHSA funding is now projected to increase by approximately 5% in FY15/16 compared to FY14/15.

County Demographics

Riverside County stretches 200 miles across from Orange County to the Arizona border. Geographically Riverside County is the fourth largest county in the state, comprising over 7,200 square miles, and is home to diverse geographical features, including deserts, forests, and mountains. There are 28 cities in Riverside County, large areas of unincorporated land, and several Native American tribal entities. The western portion of the county, which covers approximately one-third of the land area, is the more populous region and has faced higher population growth pressures; the desert areas are less densely populated.

At slightly more than 2.2 million residents (2,270,485), Riverside County is also the fourth largest county in California in terms of population according to 2013 population estimates. Since 2000, the population has grown by approximately 46%; and the county experienced the highest population growth of all California counties. Population growth is expected to continue to grow at an average annual rate of 2%. The largest ethnic group reported by Riverside County residents was Hispanic/Latino, comprising 46% of the county population in 2013. The next largest racial group was reported as White at 39% of the county population. Black/African American and Asian/Pacific Islander were each reported as 6%; the Native American population was less than 1% of the total population. A small percentage (2%) of county residents reported multi-racial or other as their race/ethnicity. The most common language spoken at

home is English and the most common Non-English language is Spanish. Riverside County's population is relatively young, with a median age of 34 years and nearly 27% of residents under age 18. However, older adults are a significant proportion of the population at 12%.

Employment in Riverside County declined in 2008 and 2009 but rebounded in 2010 and continued to rise. It is estimated that the Riverside/San Bernardino metro area will experience rising employment from 2013 to 2018. The unemployment rate fell to 8.4% in 2014 after reaching a high of 14% in June 2011. Despite gains, Riverside County unemployment rate has been higher than the state and nation since 2007. Poverty estimates for Riverside County indicate that 17.2% of residents live below the poverty level; and 40% of residents live between the poverty level and 200% of poverty level.

Community Planning and Local Review

Local Stakeholder Process

Riverside County engages in a year-round MHSA Community Planning Process, which this year focused on the FY15/16 Annual Update. The Department relies on age-specific planning committees (Children's/TAY/Adult/Older Adult) to help advise and inform MHSA program planning and decision making. These cross-collaborative committees are comprised of partner/community agencies and providers, consumers/family members, Board/Commission representatives, and a variety of other subject matter experts.

The other critical element involved in the process is the inclusion of the Cultural Competency/Reducing Disparities Committee to provide ethnic and culturally-specific feedback and perspectives. Additionally there are several cultural and ethnic specific sub-committees including the Latino Advisory, African American, Native American LGBTQ, Deaf and Hard of Hearing, Spirituality and Promotores that share perspective on the planning process.

Last year the Department decided to create a better structure to engage Consumer and Family members in the process. Thus the Consumer Wellness and Recovery Coalition was developed and acts as a forum to involve peer perspectives on a variety of topics including the FY15/16 Annual Plan Update. MHSA is also a standing agenda item for the Behavioral Health Commission to ensure they act as an advisory body on all aspects of MHSA planning.

Once the 3YPE was completed, copies were circulated to the stakeholder community for reference and review. Stakeholders were encouraged to continue to provide feedback on the initiatives outlined in the 3YPE verbally or in writing through the completion of a survey instrument. Surveys were distributed to all Planning Committees, the Behavioral Health Commission, Wellness and Recovery Coalition, Family Advocates, Schools, Parent Support, NAMI, and community providers.

The Department also convened two steering Committees, one for Prevention and Early Intervention (PEI), and the other for Workforce Education and Training (WET). The purpose was to assemble subject matter experts in each of these areas to provide a focused look at each of these Work Plans and lend their opinions and feedback.

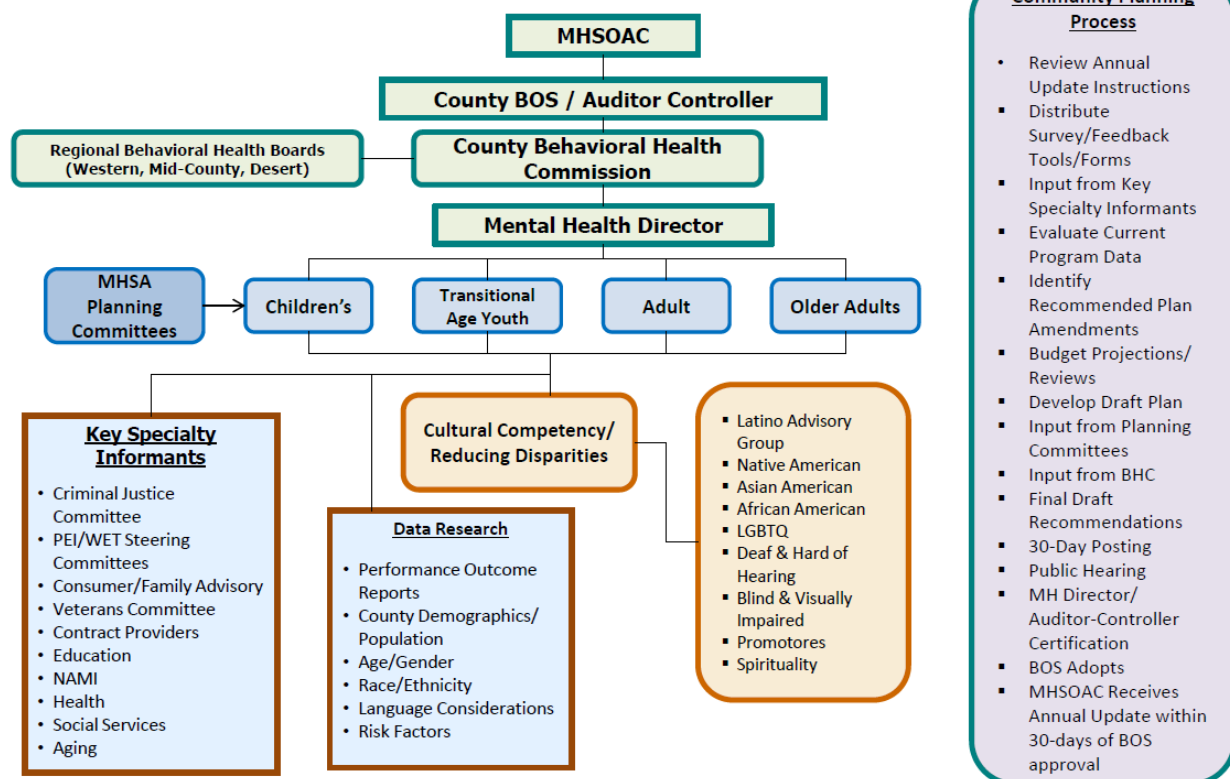
The PEI Steering Committee was comprised of representatives from education, community-based providers, Cultural Competency, Office on Aging, Health, and County PEI staff. The WET Steering Committee was comprised of stakeholders from academia, employees of the public mental health system, and individuals with lived experience as consumers and family members or who had clinical expertise.

Stakeholder Description

Stakeholders include consumers, family members, and parents of children affected by mental illness. Also included were a variety of educational entities such as community colleges, universities, and the Riverside County Office of Education. Embedded within the Planning Committees are representatives from Office on Aging, Probation, Social Services, Health, Law Enforcement, NAMI, Inland Empire Perinatal, Senior Peer Support Specialists, Family Advocates, Cultural Brokers, and Department/County Staff. Also broader groups were engaged such as the Consumer Wellness Coalition and the Cultural Competency/Reducing Disparities Committee.

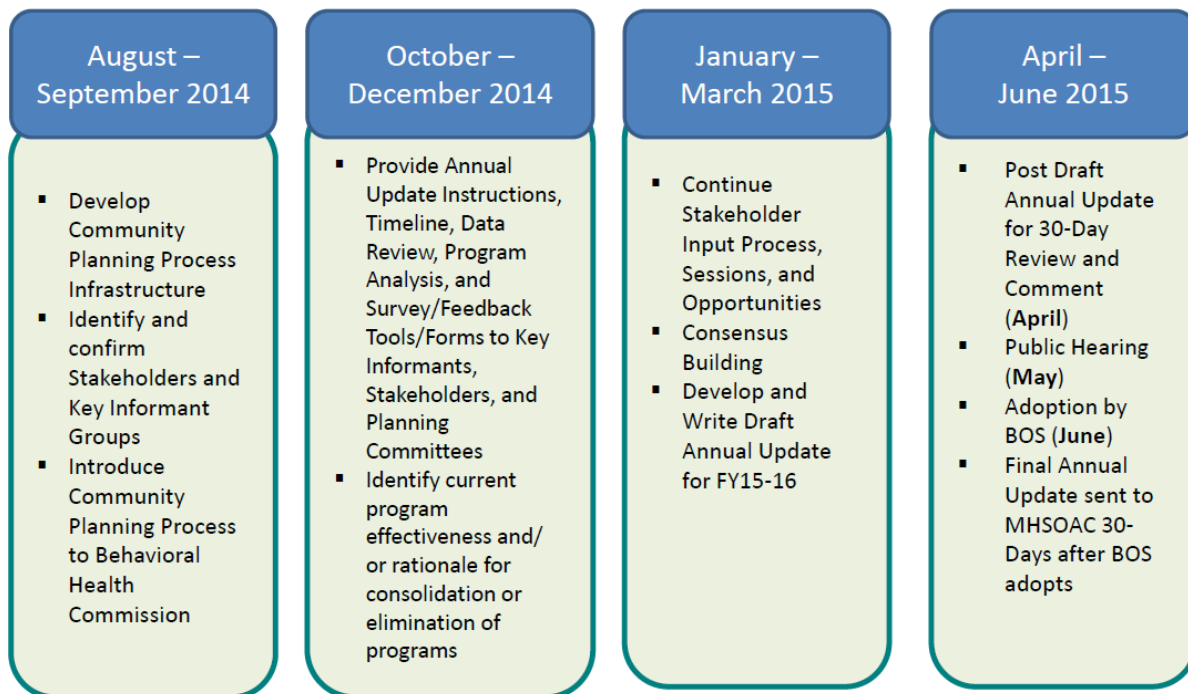
MHSA Annual Update FY15/16 Planning Structure

Mental Health Services Act (MHSA) Annual Update FY15/16 Planning Structure



MHSA Annual Update FY15/16 Time Line

Mental Health Services Act (MHSA) Annual Update FY15/16 Time Line



30-Day Public Comment

The Draft MHSA Annual Plan Update was posted for a 30-day public review and comment period, from April 1, 2015 through May 5, 2015.

Circulation Methods

The Draft Plan Update and Feedback Forms were available in English and Spanish and posted on the Department website, at County Clinics, disseminated at all county libraries as well as distributed through the Behavioral Health Commission, Regional Behavioral Health Boards, and all MHSA Planning and Steering Committees. Advertisements for the Public Hearing were posted for publication in the Press Enterprise and Spanish Unidos newspapers which are distributed in all regions of the County. It was also advertised in local regional newspapers such as the Desert Sun and The Valley Chronicle.

Public Hearing

After the 30-day public review and comment period, a Public Hearing was held by the Behavioral Health Commission (BHC) on May 6, 2015. Spanish, ASL, and Korean translators were available at the Public Hearing. The Public Hearing was held in Riverside with live webcasts to Indio (Desert Region) and Lake Elsinore (Mid-County).

All community input and comments were reviewed with an Ad Hoc BHC Executive Committee for review and to determine if changes to the Work Plans were necessary. All input, comments, and Commission recommendations from the Public Hearing are documented and included in this Update (see page 173).

Community Services and Supports (CSS)

Community Services and Supports (CSS) provide integrated mental health and other support services to those whose needs are not currently being met through other funding sources. Community Services and Supports is the largest component of the MHSA and focuses on community collaboration, cultural competence, client- and family-driven services and systems, wellness focus (which includes concepts of recovery and resilience), integrated service experiences for clients and families, as well as serving the unserved and underserved. Housing is also a large aspect of the CSS component.

In Riverside County services were introduced by Work Plans designed by age span as well as Peer Support and Recovery. Integrated Service models referred to as Full Service Partnerships (FSP) are the most intensive services offered to individuals with serious mental illness or serious emotional disturbances. FSPs are 24/7, wraparound type programs designed to include treatment, case management, transportation, housing, crisis intervention, education/training, vocational and employment services as well as socialization and recreational activities.

Also highlighted in this update are non-FSP initiatives such as clinical enhancements/expansions, Mental Health Court, Peer Initiatives, and Parent/Family supports to name a few. Again, this Annual Update will outline the programs developed through the 3YPE and provide you with an update on how they are performing and any new developments that may have occurred over the last year.

CSS-01 Children's Integrated Services Program

Full Service Partnership

Multi-Dimensional Family Therapy (MDFT)

Western Region (Riverside)

Mid-County Region (Lake Elsinore/Perris)

Desert Region (Indio)

Treatment Foster Care Oregon (TFCO) (Formerly Multi-Dimensional Treatment Foster Care)

County-Wide

Parent Child Interaction Therapy (PCIT)

Lake Elsinore

Pre-School

System Development

Parent Support

Social Service Re-Design/Team Decision Making (TDM)

Mentoring

Youth Hospital Intervention Program (YHIP)

Clinic Enhancements and Expansion: Cognitive Behavioral Therapy (CBT), Aggression Replacement Training (ART), Parent Child Interactional Therapy (PCIT), Incredible Years (IY), and Parent Partners

Riverside, Corona, Banning, Moreno Valley, San Jacinto, Perris, Temecula, Blythe, and Indio

The Children's Integrated Services Program successfully implemented the growth opportunities outlined in last year's 3YPE. These include expansion of the Multi-Dimensional Family Therapy program by one team in the Western Region, additional Parent Support positions, and enhanced out-patient services in Western Riverside. The previously approved Full Service Partnership Programs continue to operate in all regions of the County which include Multi-Dimensional Family Therapy, Treatment Foster Care Oregon (TFCO) (formerly Multi-Dimensional Treatment Foster Care), and Parent Child Interaction Therapy.

The System Development programs also continued with full implementation including the Parent Support Unit, Mentoring Contract, Youth Hospital Intervention Program, and the Out-Patient Clinic Enhancements/Expansions Initiatives. Important to note is that the Desert Hot Springs expansion mentioned in the 3YPE was not executed due to space limitations.

In previous years there have been some concerns over the low numbers of foster youth being served in the Treatment Foster Care Oregon program. As a result the TFCO program was broadened this year to include some Therapeutic Foster Care placements in order accommodate the community for several reasons. First, the admission criterion for the program is very narrowly focused. There is a large need for treatment foster care homes which had been left unmet. Second, the California Katie A vs. Bonta class action litigation settlement requires that each dependent of the child welfare system be offered a Therapeutic Foster Care home via Medicaid, when appropriate. Thus, the Department needed to respond to this litigation. Any expansion costs incurred by this expansion of the program will be funded by EPSDT Medi-Cal, and will not impact MHSA dollars. Please see implementation Progress Updates to the Children's Work Plan below.

Children's Integrated Services programs have continued to provide an array of services through interagency service enhancements and expansions: evidence-based practices in clinic expansion programs, full service partnership programs, and continued support of Parent Partners employed as permanent county employees. Parent Partners welcome new families to the mental health system through an orientation process and work as part of the clinical team in the clinic where they are assigned. Parent orientations provide the opportunity to inform parents about the clinic processes and offer support/advocacy in a welcoming setting. Parent Partner services are invaluable in promoting engagement from the first family contact, providing support and education to families, and supporting the parent voice and full involvement in all aspects of their child's service planning and provision of services. (See Parent Support and Training, page 137, for more details.)

Priority populations identified for Children/Youth were those with Serious Emotional Disturbances (SED) under the jurisdiction of the juvenile court (wards and dependent) and those suffering from a co-occurring disorder.

Issues identified for children/youth during the planning process included children/youth involved in the juvenile justice system, those with co-occurring mental illness and substance use disorders, youth transitioning to the adult system of care, homeless youth, and children 0-5 years old.

In total Children's Integrated Service programs served 15,104 (10,469 youth; and 4,635 parents and community members) in FY13/14. Across the entire Children's Work Plan the demographic profile of youth served is 44% Hispanic/Latino, 8% Black/African American and 18% Caucasian. A large proportion (30%) of youth served was reported as other race/ethnicity. Asian/Pacific Islander youth are underrepresented at <1% served compared to 5% in the population, and Caucasian youth are underrepresented at 18% served compared to 26% in the population. The Black/African American youth are overrepresented at 8% served compared to 6% in the county population. Some specific examples of Children's programs are described in the following summary.

Integral to the Children's Work Plan were service enhancements with interagency collaboration and the expansion of effective evidence-based models, as well as parents or caregivers as part of the support and treatment process.

Team Decision Making (TDM) is an interagency collaborative service component that supports the Family-to-Family approach adopted in Riverside County as part of Social Services Re-Design. TDMs are conducted with Department of Mental Health clinical staff and Department of Public Social Service staff to problem solve around the safety and placement of the child/children when there is risk that they may be removed from their family. Staff conducting TDM meetings served 1,290 youth in FY13/14.

Service enhancements for Therapeutic Behavioral Services (TBS) provided additional staff to case-manage youth receiving TBS. TBS services are provided to children with full scope Medi-Cal and a number of youth without Medi-Cal through Behavioral Coaching Services (BCS). TBS and BCS services are provided to minors at risk of hospitalization or higher level placements. TBS expansion staff coordinated referrals and provided case management to 310 youth. Supports for parents facing the challenges of raising a child with Serious Emotional Disturbances has been a key component of the Children's Work Plan.

The Youth Hospital Intervention program is assigned to work with youth presenting in crisis at the County Emergency Treatment Services (ETS) facility. The YHIP provides follow-up linkage and parent/caregiver support. YHIP staff served 155 youth and families in FY13/14. A multifaceted approach to assistance for parents continued throughout FY13/14 with Parent Support Staff (Parent Partners) in each clinic providing direct support services to clients and

their families; and a Central Parent Support Team to provide a variety of assistance to parents including: community outreach; a parent support warm line; and Educate, Equip, and Support (EES) classes. Parent Partners provided a number of support services impacting 1,737 individual youth and families. Some of the families and youth served were follow-up contacts after youth hospitalizations. The Department's EES classes served 158 parents. Additional contacts were provided to 2,887 parents through community engagement and outreach efforts at community events. Parent Partners participated in community events and meetings with diverse traditionally underserved communities.

Clinic expansion programs also included Behavioral Health Specialists assigned in each region of the county to address the needs of youth with co-occurring disorders, providing groups and other services. Mentoring services have also been provided to 52 children that have an open case file in the children's clinics. Evidence-based practices (EBP) expanded in the children clinics include Cognitive Behavioral Therapy (CBT) and Parent Child Interaction Therapy (PCIT) both of which were implemented to address the unique needs of the youth population (youth transitioning to the adult system and young children). Cognitive behavioral therapy continued to expand with the availability of Trauma-Focused CBT for youth with symptoms related to significant trauma experiences. PCIT was provided within the context of a full service partnership program to 85 youth. Outcomes for PCIT have consistently shown reductions in externalizing/disruptive behaviors and decreases in parental stress as measured by Eyberg Child Inventory (ECBI) and Parental Stress Index (PSI).

Youth involved in the Juvenile Justice system have benefitted from the implementation of Aggression Replacement Therapy (ART) in several youth juvenile justice settings. ART is an EBP that focuses on the development of strategies to manage anger and improve social skill competence. The ART program served 63 youth during FY13/14.

The Multidimensional Family Therapy (MDFT) Full Service Partnership program was specifically implemented to serve youth with a co-occurring disorder. Four regionally based teams provided MDFT services to a total of 145 FSP youth in FY13/14. Collaborations with County Probation have resulted in referrals from the youth Probation Department to MDFT with nearly 70% of youth served referred through the Probation Department. Children's FSP programs served a diverse group of consumers. The majority served by the MDFT Full Service Partnership programs were Hispanic/Latino youth (59%). Recent outcomes from MDFT FSP programs

showed improvements in youth behaviors with a 59% decrease in the number of arrests, and a 73% decrease in admissions to the emergency room for psychiatric reasons. The number of youth hospitalized dropped 57% compared to baseline. School suspensions decreased by 84% compared to baseline. Measures of externalizing behaviors showed a statistically significant change in pre to post scores on the Youth Outcomes Questionnaire (YOQ).

Full Service Partnership services were also provided to 13 youth in the foster care system through Treatment Foster Care Oregon (TFCO). Program services emphasize skill development to reduce externalizing behaviors and/or co-occurring substance abuse problems. The TFCO program utilizes treatment foster homes to serve wards and dependents of the court as an alternative to group home placement. Treatment foster homes are certified, and licensed in collaboration with Probation and Social Services.

CSS-02 Integrated Services for Youth in Transition

Full Service Partnership

Integrated Services Recovery
Center-West - The Journey
(county operated)

Integrated Services Recovery
Center-Mid-County

Integrated Services Recovery
Center-Desert

System Development

Peer Support and Resource
Centers (see CSS-05 Peer
Supports)

Transition to Independence
Process (TIP) training

Crisis and Adult Residential
Treatment (CRT) (ART)

Evidence Based Practices (see
Children's Clinic Enhancements
CSS-01)

The Services to Transition Age Youth (TAY) programs continue to be implemented as originally designed in the 3YPE. The Full Service Partnerships continue to operate in all regions of the County and the Western Region program, "The Journey" will move into a new location in FY15/16. The Peer Support and Resource Centers expanded capacity last year with an added location in the Desert and slight budget increases to the newly awarded contracts for FY15/16. Crisis and Adult Residential Treatment remain a viable option for TAY, although they are funded through the Adult Integrated Services Work Plan.

Emergency and Permanent Housing are also available to TAY through our HHOPES program outlined in the Adult program. Progress reports for all the programs listed in the TAY Work Plan are described below.

Services to Transition Age Youth (TAY) were designed to facilitate successful transitions for youth by reducing incarcerations, homelessness, and hospitalizations; as well as promoting independent living. TAY with a serious persistent mental illness that are high utilizers of crisis or hospital services, or that are experiencing incarcerations and/or homelessness were an identified service priority. CSS strategies to support transition age youth continued during FY13/14: Integrated Services Recovery Centers, Peer Support and Resource Centers and Crisis Residential Services were designed to address the issues identified for TAY youth during CSS planning. TAY, with co-occurring disorders, were also a priority. TAY Integrated Services

Recovery Centers (ISRC) established in each region of the county (Western, Mid-County, and Desert) continued to provide Full Service Partnerships services focusing on youth transitioning to adult services. A variety of services and supports are available at the TAY ISRCs including mental health services, housing supports, vocational counseling, substance abuse counseling, peer support, and psychiatric services. A total of 329 TAY youth were served by the FSP programs with 103 youth served in the Western Region; 131 youth served in the Mid-County Region; and 97 served in the Desert Region. The TAY FSP program shows good progress with regard to racial/ethnic disparities. The ethnic/race groups served by the TAY FSP programs nearly reflect the proportion of Caucasian and Hispanic/Latino population in the Riverside County population with more Hispanic/Latino TAY (40%) youth served than other ethnic/race group. The Black/African American group at 14% is overrepresented in the TAY FSP relative to the county population and the Asian group is underrepresented. Recent outcomes evaluation for TAY FSPs showed a 75% reduction in the number of arrests; a 76% reduction in the number of admissions to the emergency room for psychiatric reasons; and a 46% reduction in the number of inpatient psychiatric hospital admissions.

Crisis Residential Treatment (CRT) services have been available to TAY age youth to stabilize youth in acute crisis in order to eliminate or shorten the need for inpatient hospitalization. CRT services were established in the Western and Desert Regions. CRT services operating in the Western and Desert Regions provided this community-based alternative to 114 TAY age youth. In addition three TAY youth benefitted from the Adult Residential Treatment program which provides a therapeutic residential treatment setting for up to six months for the purposes of transitioning the consumer to a less restrictive living situation. This program serves as a step-down bridge from a more restrictive IMD setting, and provides the services and structure needed to assist consumers with removing barriers to discharge, and optimizing re-integration into the community.

Transition to Independence Process (TIP) is the most researched, evidence-supported practice for engaging TAY in their own futures planning process and assisting TAY with greater self-sufficiency and goal achievement across life domains. TIP-trained sites are utilizing core competencies of Strengths Discovery, Futures Planning, Rationales, In-Vivo Teaching, Social Problem-Solving (SODAS), Prevention Planning for High Risk Behaviors, and Medication with Young People and Other Key Players (SCORA) in their work with TAY. The TIP Site-Based

Trainer process continued in order to support fidelity to the model and sustainable implementation across the county. The Site-Based Trainers undergoing the rigorous certification process as outlined by the model developer and purveyors, delivered a three-day TIP Training to staff of the six TAY sites in December 2013. They are now assisting staff with daily implementation of TIP guidelines and practices with their TAY consumers. The Trainers were observed delivering the training as part of the final certification process. It is anticipated that final certification will occur in FY14/15.

Peer Support and Resource Centers provide another avenue for TAY youth to receive educational and vocational support as well as peer mentorship. Progress of the Peer Support and Recovery Centers is included under the Peer Support and Recovery Center Work Plan (CSS-05).

CSS-03 Comprehensive Integrated Services for Adults

Full Service Partnership

Integrated Services Recovery Centers

ISRC West

ISRC Bridges (Western/Mid-County)

ISRC (Riverside Integrated Service Expansion (RISE) – for High Utilizers

ISRC Mid-County

ISRC Desert

System Development

**Adult Residential Treatment (ART)
Mid/Desert**

Safehaven West/Desert

Housing (HHOPES)

Mental Health Court

Augmented Board and Care (ABC)

Crisis Residential Treatment (CRT)

Crisis Stabilization (Desert)

Family Advocate Program (FAP)

**Peer Support and Resource Centers
(see CSS-05)**

Clinic Enhancements/Expansions
(Integrated Health/Co-Occurring/
Recovery Management/CBT/Peer
Supports)

Riverside (Blaine Clinic, Health and
Wellness), Rubidoux, Banning, Lake
Elsinore, Hemet, Corona, Perris,
Temecula, Blythe, and Indio

The Comprehensive Integrated Services for Adults (CISA) program continues to offer Full Service Partnership (FSP) programs in all regions of the County. As reported in last year's 3YPE two new aspects of care were introduced: the "Bridge" and "RISE" FSP programs. The "Bridge" acts as an intermediate level of care to step individuals down to a lower level of care, and the "RISE" which offers intensive services to "High Utilizers of Service". Both programs were successfully implemented last year and capacity should increase over the course of FY15/16. All System Development programs continue to be operational with the exception of the Augmented Board and Care (ABC) and the Desert Hot Springs clinic expansion. Unfortunately

the contract provider for the ABC Program was unable to provide the services and the Department is actively seeking a new provider to deliver the program. The Desert Hot Springs expansion was stalled due to space limitations. Otherwise all other programs are fully operational including the Adult Residential Treatment Program, Safehaven, Mental Health Court, Crisis Residential and Stabilization program, Family Advocate, and Clinic Enhancements/Expansions. All CISA programs are provided an implementation progress report below.

The Comprehensive Integrated Services for Adults (CISA) Work Plan continues to provide a broad array of integrated services and a supportive system of care for adults with serious mental illness. The priority issues identified during the CSS planning process for adults were focused on the unengaged homeless, those with co-occurring disorders, forensic populations, and high users of crisis and hospital services. CISA Work Plan strategies include a combination of program expansion, full-service partnership programs, and program enhancements throughout the Adult System of Care. These strategies are intended to be recovery oriented, incorporating both cultural competence and evidence-based practices. Peer-Support Specialists working in the clinics as regular Department employees provide continual support for consumers' recovery. Family Advocates who have a family member with a serious mental illness contribute a unique perspective to supportive services provided in the clinics and in the community. (See Family Advocate Program, page 133, for more details.)

Three regional Integrated Services Recovery Centers have continued to provide Full Service Partnership services for adults with a service array that includes: mental health services, vocational counseling, substance abuse counseling, peer support, and psychiatric services. In total 582 adults were served in the FSP programs; with the Western Adult program serving 382 FSP consumers, the Mid-County serving 205 FSP consumers, and the Desert serving 161 FSP consumers. Adult FSPs have some disparities with regard to the proportion of Hispanic and Caucasian consumers served when compared with the county general adult population. The Caucasian group served is larger than the proportion in the Riverside County general population and the Hispanic/Latino group served is less than the proportion of Hispanic/Latinos in the county's population. The Adult FSP programs racial/ethnic distribution showed the majority served are Caucasian (52%) followed by the Hispanic/Latino group at 23% of those served. An initial FSP Outcomes Retreat has evolved into quarterly meetings for FSP program management

and supervisors including contract providers. FSP outcome reports have been presented which provided an avenue for further discussion with staff with regard to outcomes and target populations. Overall FSP outcome results have been positive. Recent FSP outcomes data showed an 89% decrease in the number of arrests at follow-up. Acute inpatient hospital admissions decreased by 67% compared to baseline; and the number of consumers with admissions to the emergency room for psychiatric reasons has decreased visits 94% compared to baseline data. Comparisons of consumers' residential status at intake and their most recent residential status showed that homelessness decreased and consumers living on their own in an apartment, house, or rented room increased.

As outlined in last year's 3YPE, via stakeholders and FSP Committee recommendations, the decision was made to expand FSP capacity through the creation of alternative program tracks. Thus the ISRCs were expanded to include an intermediate level of care called the "Bridge". Although early in inception, the programs have been implemented and have thus far served 29 in Western Region and 28 in Mid-County. The expectation is this program will allow for an additional 140 FSP slot for consumers.

The other priority need identified through the 3YPE planning process was to create an FSP that focused on "High Utilizers of Service". As a result the RISE (Riverside Integrated Services Expansion) was developed to engage individuals on LPS conservatorships who are transitioning back to the community after treatment in a secure long-term care facility. The RISE program is also early in implementation and thus far served 35 individuals in FY13/14.

For the adult forensic population, dedicated mental health staff provides assessment, linkages, and case management for consumers referred through the superior court system. Adults with serious mental illness can, when appropriate, receive treatment rather than incarceration. The model is an interagency collaborative that includes the Riverside County Superior Court, District Attorney, Public Defender, Sheriff, Probation and Mental Health. Consumers who are successfully engaged, and who agree to participate in the program, are linked by the Mental Health Court program to one of the Integrated Service Recovery Centers, or other appropriate county clinic or community resource based on the consumer's needs and recovery goals. The Mental Health Court program served 741 consumers in FY13/14; and has shown that nearly 80% of participants have successfully remained in the community with no new arrests during

their program year. (See page 104 for a full description of the Mental Health and Veterans Court Programs.)

The employment of Peer Support Specialists is part of the adult CISA clinic enhancements. Peer Support Specialists have continued to serve as an important part of the clinic treatment team by providing outreach, peer support, recovery education, and advocacy.

Recovery Management and Co-Occurring Disorder groups are evidence-based practices offered in the adult clinics and supported through the Adult Work Plan. Training and continued staff support to ensure program fidelity has been a key component in offering these groups to consumers. Many consumers have benefitted from this therapeutic group service. Outcomes from recovery management showed that knowledge of illness and self-management strategies improved from initial measurement to follow-up. In total 13,058 consumers have benefitted from clinic expansion and enhancements.

Family Advocates are an additional enhancement to clinic services. Family Advocates posted in each of the three county regions serve as liaisons and advocates for families and consumers accessing services through the county. In addition the Family Advocate unit provides a variety of informational and support services to assist families of mentally ill adult and TAY consumers in the community who may not be currently utilizing the county system. Typical Family Advocate activities include assistance with navigating access to clinic services and connections to self-help support groups like NAMI. The Family Advocate Program provided support to 1,724 family members and provided outreach at community events to 494 people.

Crisis Residential Treatment services and the Adult Residential Treatment program are also a part of the CISA program expansion. Six-hundred and eighteen adults benefitted from access to the CRT, which provides a short-term alternative to an acute psychiatric hospital admission. The CRT supports stabilization and discharge planning in a residential treatment setting for up to two weeks. The Adult Residential Treatment program served 13 adults enabling them to stay in a therapeutic residential treatment setting for up to six months before transitioning to a less restrictive living situation. This program allowed the consumers to receive assistance with removing barriers to living more independently and maximized the opportunity for a successful re-integration into the community.

CSS-04 Older Adult Integrated System of Care

Full Service Partnership

SMART (Specialty Multi-Disciplinary Aggressive Response Teams)

(SMART) West

(SMART) Mid-County

(SMART) Desert

(SMART) Bridge

System Development

Peer and Family Supports

Housing

Network of Care

Clinic Enhancements and Expansions

Older Adult Clinics

(Western, Mid-County, and Desert Regions) Tyler Village Riverside, Lake Elsinore, Temecula, Hemet, San Jacinto, and Desert Hot Springs

The Older Adult Integrated System of Care continues to offer SMART (Specialty Multi-Disciplinary Aggressive Response Teams) Full Service Partnership programs. In last year's 3YPE the FSP services were expanded to include a "Bridge" level of care that allowed for an additional 70 slots per region. The "Bridge" expansion was successfully implemented in all regions over the course of the last year. The Department is committed to sustaining all other programs listed in the Older Adult Integrated work plan including Peer and Family Supports, Housing, Network of Care, and Clinic Enhancements. The other exciting development planned for FY15/16 is the relocation of the main older Adult clinic. Formally referenced as Tyler Village, the new site will allow for an upgraded physical space and will be renamed, "Wellness and Recovery Center for Mature Adults".

Older Adult Integrated System of Care (OAISC) is providing integrated services, which includes a Full-Service Partnership (FSP) Program and other supportive services. The OAISC Work Plan included strategies to enhance the staff available to serve older adults at regionally-based older adult clinics and through designated expansion staff located at adult clinics. Older adult clinic programs served 1,778 older adult consumers. Recovery Management and Co-occurring

Disorder groups, case management and other supports provided by Peer Support Specialists are some of the services available. The proportion of older adults served across the county closely reflected the county population with 22% Hispanic/Latino served and a county population of Hispanic/Latino older adults at 21%. The Caucasian group served was 46% and the Black/African American group served was 9%. The Asian/Pacific Islander group served at 2.6% was slightly less than the county population of 6% Asian/Pacific Islander.

The OAISC Work Plan also includes full service partnership services through a multi-disciplinary team approach. Three regionally based multi-disciplinary service teams, called the Specialty Multi-Disciplinary Aggressive Response Treatment (SMART) Teams have continued to provide FSP services including: mobile outreach assessments (which incorporate health and mental health assessments), intensive case management, medication management services, crisis assessment, intervention and stabilization, rehabilitation services, linkage to community resources, and short-term treatment (6–8 visits). The SMART model encompasses mobile home-based treatment services, consultation with primary care physicians, psycho-educational services, support, and education to families, integration of substance abuse services into the treatment process and referrals to other service providers. A total of 270 older adults were served through the SMART FSP teams with 103 served in the Western Region, 94 served in the Mid-County Region, 82 served in the Desert Region.

Outcomes for the SMART FSP program consumers showed a 76% decrease in the number of admissions to an emergency room for psychiatric reasons. Acute psychiatric hospitalizations decreased by 57%. The number of older adults with an arrest decreased by 75%. SMART programs were successful at engaging 30% of those identified with a co-occurring substance use problem into treatment services. Follow-up data on residential status showed fewer FSP older adults in emergency shelter or homeless. The demographic profile of FSP older adults served somewhat reflects the county older adult population. With a county population of 21% Hispanic/Latino older adults, 16% were served. The Caucasian group represented 61% of FSP consumers, which is slightly less than the percentage found in the county general population. The Black/African American group served was overrepresented at 8% while the Asian/Pacific Islander group served at 1% was less than the county population of 6%.

CSS-05 Peer Recovery Support Services

System Development

Peer Support and Resource Centers (PSRC)

(PSRC) West

(PSRC) Mid-County

(PSRC) Desert

(PSRC) Art Works

Consumer Affairs

Veterans Liaison (Peer Support Services funded through PEI-01, MH Outreach, Awareness, and Stigma Reduction)

Consumer Employment and Recovery Training

Consumer Employment

The key Peer initiatives supported through the 3YPE included Peer Employment, Peer Employment and Recovery Training, and Peer Support and Resource Centers. The Department continues to support individuals with lived experience to be trained and employed as Peer Support Specialists. With last year's expansion the Department now employs close to 200 individuals to provide peer to peer supports. The Peer Support and Resource Center Expansion supported through the 3YPE was also fully implemented last year. This allowed for 400 adult and 80 TAY consumers to receive support services in each region. The expansion also called for an additional Peer Center in the Western Coachella Valley to act as an FSP step-down, which was also implemented.

Last year the Peer Center contract went back out to Competitive Bid Process and a new operator was selected to provide the Desert Region Services. Recovery Innovations will now operate the Peer Centers in all 3 regions and they will refer to them as "Wellness Cities". Provided below is an update to all the programs listed in the Peer Recovery Support Services Work Plan.

Peer Support and Resource Centers are a key component of the Peer Support Services Work Plan. These centers are consumer-operated support settings for current or past mental health consumers and their families needing support, resources, knowledge, and experience to aid in their recovery process. The Centers offer a variety of support services including vocational and educational resources and activities to support the skill development necessary to pursue personal goals and self-sufficiency. Three regionally located centers, operated by contract providers (Oasis Rehabilitation and Recovery Innovations), served a total of 1,778 mental health consumers in FY13/14. In the Western Region, Recovery Innovations provided support services to 345 adults and 35 transition age youth. Recovery Innovations also operates a Peer Center in the Mid-County Region where 367 adults and 18 transition age youth received services. See page 110 for additional information on the Recovery Innovations program. In the Desert Region, 830 adults and 183 TAY were served by Oasis at the Harmony Peer Support and Resource Center. See page 122 for additional information on the Harmony Center activities. See page 125 for a full description of a variety of Consumer Empowerment Initiatives such as Employment, Supportive Education, and Training highlights.

The Department is committed to continue funding for a Senior Peer Support Specialist (Veterans Liaison) position to provide a variety of support services to veterans in our system. This position will also conduct community outreach to veterans, participate in the VALOR Committee to reduce homelessness among veterans in Riverside County, participate in the Behavioral Health Commission's Veterans Committee, and continue the development of veteran-specific resource materials. The Liaison will also be responsible for development of the intake and referral forms necessary for the clinics to adequately identify veterans in our system and ensure they are linked to appropriate resources and services. The Department also plans to fund pocket resource guides for distribution to veterans and is exploring financial means to assist veterans in need of identification and Social Security cards. The Department has also tasked the Veterans Committee to explore additional staffing infrastructure needed to support veterans in our clinic system of care. See page 130 for further description of veteran activities within the Department.

Workforce Education and Training (WET)

“Education. Vocation. Transformation.”

When the framers of the Mental Health Services Act (MHSA) envisioned a transformed public mental health service system, they knew that true transformation could only transpire in conjunction with a skilled and dedicated workforce. As a result, they included Workforce Education and Training (WET) as an integral part of the MHSA.

WET was not only to imagine the training necessary to keep public practitioners informed and engaged, but to see beyond: to create programs that identified early career pathways into public mental health careers; to attend to employee retention issues; and to address service disparity by attracting a diverse candidate pool into service. Keeping with the central values of the entire MHSA, WET was to also respect the inclusion of people with lived experience – peers, family members, and parents – into the workforce.

Last year, during the MHSA 3-Year-Plan process, stakeholders provided feedback to update Riverside’s WET plan to include or expand some new and interesting programs. Many of these first steps have yielded solid momentum in forwarding WET’s mission.

WET-01 Workforce Staffing Support

Though WET has expanded program actions within the plan and reached greater academic and workforce development contacts, WET’s staffing has only increased modestly. WET’s current organizational structure has allowed for maximizing productivity and oversight, while continuing to look toward growth and innovation.

The Community Resource Educator (CRE), designed to ensure awareness and timely access of mental health and support referrals, was examined to determine best fit between duties and job classification. Because this position required a more sophisticated technical knowledge of electronic media, as well as related software, the position was reclassified from a Behavioral Health Specialist II to a Public Information Specialist. The CRE will continue to report directly to the WET Manager, but will also work closely with the Department’s Senior Public Information Officer. Though currently vacant, the CRE is in active recruitment.

The Lehman Center (TLC), WET's teaching clinic staffed primarily by student practitioners, opened its doors in October 2014. To ensure adequate operation, clinical instruction and oversight, TLC hired a Mental Health Services Supervisor, an Office Assistant III, and two Clinical Therapist IIs. The success and progress of TLC is reviewed later in this update under the Residency and Internship section.

At the direction and recommendation of the Riverside County Behavioral Health Commission Sub-Committee on Veterans, the Veteran Services Liaison (VSL) position was reclassified as a Clinical Therapist in order to provide direct clinical services to military veterans who carry a diagnosis in addition to continuing the outreach and engagement duties already established. The VSL is not a formal position in the WET plan, but reports directly to the WET Manager. This position is currently vacant, though some duties have been maintained by a volunteer veteran, and is also in active recruitment.

WET-02 Training and Technical Assistance

More than 150 days of training were coordinated, scheduled, and managed by WET staff during the year, not including program-specific training for law enforcement (see Crisis Intervention Team training) and training for student interns (see Graduate Internship Field and Traineeship Program). Based upon our original stakeholder input, general training for Riverside County's public mental health workforce was concentrated into three areas: 1) Evidence-Based Practices (EBP); 2) Advanced Treatment Skills (ATS); and, 3) Recovery Skills Development (RSD). Training audiences not only included RCDMH employees, but also employees at partner agencies like the Public Defender's Office, student and faculty at our academic stakeholders, and the Veterans Administration. All instructors, whether contracted or Department staff, were provided with the 5 Essential Elements of the MHSA – 1) Community Collaboration; 2) Cultural Competency; 3) Client and Family-Driven; 4) Wellness Focus which includes Recovery and Resilience; 5) Integrated Services – and directed to incorporate these concepts into their curriculum where appropriate. Over 3,000 people, both Department staff and community stakeholders, received mental wellness-related training.

WET brought back many existing, well-received trainings, as well as scheduled some exciting new training opportunities which included: Clinical Supervision; Child and Elder Adult Reporting; Law and Ethics; Nonviolent Crisis Intervention; Building Bridges with Adolescents; Human

Trafficking; Play Therapy; DSM-5 Crosswalk; Dialectal Behavior Therapy; and our job classification series for our paraprofessional staff and our office assistant staff. WET also continued to supply the primary trainers for the 5150 authorization course necessary for non-law enforcement professionals to determine legal risk and to facilitate safety protocols in a mental health crisis. In order to enhance assessment skills and critical thought regarding alternatives to hospitalization, WET revised the 5150 authorization curriculum to include an expanded training for clinical application and piloted the training with the Department's new Crisis Response Teams. WET took an active role in the orientation of the Crisis Teams that included additional training on working with consumers who experience psychosis and a review of the Crisis Intervention Team training received by law enforcement.

The WET developed training addressing Compassion Fatigue which was not only conducted for Department direct service staff, but also tailored specifically for Department supervisors, for our partners at the Riverside County Office on Education, and for our graduate students. In accordance with the Board of Supervisors' initiative, WET coordinated "Healthy Metro" events to help address employee wellness through exercise and nutrition, as well as the "Whole Health/Facing Up" training to address overall health and wellness of Department consumers.

Enhancing our staff's development of cultural competency, WET coordinated these additional trainings as well: Caring for Women Military Veterans; Spirituality in Mental Health; and our comprehensive cultural competency training – the California Brief Multicultural Scale (CBMCS) training. WET developed and conducted specialized training on working with the LGBTQ population, for our Peer Support, Family Advocate, and Parent Partner staff.

WET-03 Mental Health Career Pathways

Consumer and family member integration into the public mental health service system continued to expand. The Office of Consumer Affairs, in conjunction with WET, developed and implemented a Peer Intern Program, providing a stipend for graduates of the Peer Pre-employment Training with an opportunity to apply their knowledge and receive on-the-job training. This is in addition to the Peer Volunteer Program, an already successful program, welcoming peers to give back while also gaining experience in peer-related duties. WET has also successfully partnered with the Parent Support Program and the Family Advocate Program.

Additionally, recent movement in peer employment has been centered on supporting peers to become credentialed in recovery. WET provided consultation to the Office of Consumer Affairs regarding credentialing recommendation.

The Clinical Licensure and Support (CLAS) Program was designed to support our journey-level clinical therapist with their professional development and prepare them for licensing examination. Associate therapists that were 1,000 hours or less away from license examination eligibility were invited to join CLAS. CLAS participants received one on-line practice test, a one-hour weekly study group attendance, and centralized workshops on critical areas of skill development. In the past year, WET offered CLAS participants four centralized workshops to develop their clinical skills, including specific training on psychotherapy theory and treatment planning. Thirty-three staff have licensed since the induction of the program in 2012. WET also launched a clinical supervision support program for our unlicensed clinicians, meeting the State required supervision for approximately 30 Department employees.

Since Volunteer Services Coordination was assigned to WET management, volunteer opportunities have expanded to include career pathways development. The Volunteer Services Coordinator oversees approximately 100-120 volunteers per month. Career Outreach to local school districts has resulted in four affiliation agreements to support mental health curriculum in high school health academies, including development of public mental health careers. Classroom presentations are conducted 1-2 times per month. WET is also developing a high school level summer internship program that is scheduled to begin in the summer of 2015.

WET-04 Residency and Internship

When student therapists begin the practice component of their education, they begin a service perspective that can influence the rest of their careers. It is not just about the craft of the job, but also the purpose and commitment behind it. Riverside County understands that the dedication a student receives during this crucial, inexperienced time of his or her development can lead to the same dedication that a student provides to those in need. A good field education can create a lasting employee and enduring service philosophy. WET recognizes that our student programs are not just about creating a larger pool of job applicants, but rather a larger cohort of well-rounded, successful, and recovery-oriented partners in transformation.

Our Graduate Intern, Field, and Traineeship (GIFT) Program remained one of the most highly sought training programs in the region. We received over 150 applications for approximately 55 placement slots per academic season of students interested in our comprehensive program. Our Staff Development Officer of Education interviewed every applicant, screening to identify students who met MHSA values and Department workforce development needs; were passionate about public, recovery-oriented service; committed to the underserved; had lived-experience as a consumer or family member; or, had cultural or linguistic knowledge required to serve consumers of Riverside County. WET had affiliation agreements with more than 30 educational institutions, including every graduate program that has a specialty in Mental Health.

Every student committed to, and received, pre-placement training to enhance their field learning in RCDMH. These trainings were coordinated and conducted by WET in partnership with Quality Improvement staff and included: Welcoming and Orientation to Department Mission; Recovery and Service Delivery Structure; Psychosocial Assessment and Differential Diagnosis for both Adults and Children; Non-Violent Crisis Intervention and Mental Health Risk; and Electronic Management of Records (ELMR) and standards of documentation.

In addition to the initial training and orientation, all students received weekly individual supervision and WET staff provided over 60% of the field supervision required by the students' universities. WET also served as a central backing for all members of the learning team: the clinic field site, the student, and the university. This allowed for standardized support, monitoring, and oversight.

Fifty-three students were placed into Riverside County Department of Mental Health clinics, including 7 bachelor's degree students and one alcohol and other drug counselor intern who concentrated her study on meeting the needs of people in co-occurring recovery. Forty percent of our student cohort is bilingual: in addition to English speaking Spanish, Tagalog, or American Sign Language. Our graduate student interns must go through the same competitive hiring process as any applicant in order to become a Clinical Therapist in the Department. Last year alone, over 80% of our student cohort was hired by the Department – not only meeting our workforce development needs for this hard-to-fill job classification but confirming that our GIFT program had prepared them to succeed in public mental health service.

Students also received other supplementary, centralized training. These included a winter workshop on intervention strategies and a spring meeting on professional transition and preparation for job seeking. Unique to Riverside County, students were also offered a two-day, Cultural Immersion training. Students were offered a one-day lecture from a cultural expert on the unique history, traditions, and healing perspectives of a specific cultural community, and then, on the second day were immersed into a community agency that served people from that same culture. This allowed WET to successfully partner with a number of our cultural stakeholders. Participating students unanimously expressed both profound learning and enjoyment of this experience. Pre and post training surveys revealed that 100% of students indicated a greater knowledge of the identified cultural community as well as increased confidence in addressing the mental health needs of people from a culture other than their own.

Additionally, WET partnered with California State University, San Bernardino (CSUSB) to develop and implement a model of an administrative social work internship. University Social Work programs have long been challenged on how best to educate their administrative learners; and this kind of university and public agency partnership was unprecedented in this arena. This collaboration produced a model that was so successful that it was adopted by our Department and the University. During competitive interviews for stipend awards, the first two graduates of this model demonstrated a more complex and sophisticated understanding of administrative and community service planning than did their colleagues. WET and CSUSB were invited to present this model at the prestigious National Council on Social Work Education Conference in 2014.

During the latter part of 2013 and the start of 2014, WET planned for the opening of The Lehman Center (TLC), a teaching clinic primarily staffed by student practitioners serving system of care consumers. Named after Judy Lehman, the retired Department supervisor who helped found our centralized student placement coordination; TLC opened its doors on October 1, 2014. Lehman is a single clinic with two campuses – one for adults and one for children and families. Students are supervised by seasoned, professional clinicians whose sole responsibility is to oversee and instruct the students' practice. Six of the students are bilingual Spanish and two are female United States military veterans. To date, more than 100 consumers and their families have been served by TLC, providing same or next day appointments to people who

were diverted from hospitalization by our new crisis teams, and providing sooner intake appointments and reassessments for saturated outpatient programs.

WET-05 Financial Incentives for Workforce Development

Utilization of financial incentives to encourage and support mental health career development has been recognized as a national workforce strategy for recruitment and retention of public mental health employees. The concept of “growing our own” is not unique to mental health service and is universally regarded as a successful approach to producing dedicated and loyal employees who understand the people and communities in which they serve.

The Riverside County Department of Mental Health 20/20 and Paid Academic Support Hours (PASH) Program is a workforce development strategy directed at regular status employees who are eligible to earn a MSW or MFT graduate degree. The 20/20 and PASH Program enables selected participants to maintain a full-time salary while modifying up to 50% of their work hours to attend school. Employees have to demonstrate their commitment to public mental health service as well as their ability to address the disparities in our workforce needs. Participants sign a binding agreement to work for RCDMH for the same amount of time that they received academic support. A new cohort of 5 employees was added to this program in the past year.

With the encouragement of Riverside County Board of Supervisors’ policy, and in partnership with Riverside County’s Educational Support Program, WET developed and continued to manage the Tuition Reimbursement Program. Employees can seek reimbursement for technical and administrative studies when related to their job classification, not just clinical coursework. Employees have two options: A) Achieving a degree or certificate that supports current work duties or creates a promotional career pathway; or B) Taking a single course that enhances work related skills and serves as a return-to-school trial. Nine new employees were added to this program during 2014.

In addition, WET maintained an active role in State-administered workforce financial incentives. WET provided Riverside County representatives to our local MSW and MFT stipend programs to assist in the selection process of MHSA stipend awards, as well as maintaining a seat on the Mental Health Loan Assumption Program (MHLAP) Advisory Board. Fifteen of our student cohorts are State stipend recipients. The MHLAP provided up to \$10,000 to qualified applicants

in exchange for a year of continued service in the public mental health service system. Sixty-seven public mental health service employees were awarded the MHLAP in Riverside County last year, resulting in more than a half of a million dollars invested in the retention of Riverside County public mental health practitioners.

Prevention and Early Intervention (PEI)

PEI-01 – Mental Health Outreach, Awareness and Stigma Reduction

Outreach and Engagement

Toll Free 24/7 “HELPLINE”

Network of Care

Call To Care

“Dare To Be Aware” Youth Conference

National Alliance on Mental Illness
(NAMI) Signature Programs **

Parents and Teachers as Allies

Breaking The Silence

In Our Own Voice

Stigma Reduction Programs *

Speakers Bureau

Mental Health Awareness Program for
Schools

Media and Mental Health Promotion and
Education Materials

Ethnic and Cultural Leaders in a
Collaborative Effort

Promotores de Salud Mental

Community Mental Health Promotion
Program

* Added

** Eliminated

PEI-02 Parent Education and Support

Triple P - Positive Parenting

Mobile Mental Health Clinics

Strengthening Families Program

PEI-03 Early Intervention for Families in Schools

Families and Schools Together
(FAST)

Peace 4 Kids Program

PEI-04 Transition Age Youth (TAY) Project

Stress and Your Mood Program
(SAYM)

TAY Peer-to-Peer Services

Outreach and Reunification Services
to Runaway TAY

Active Minds

Teen Suicide Prevention Program

TAY Un-Conventions

Prevention and Early Intervention (continued)

PEI-05 First Onset for Older Adults

Question, Persuade and Refer (QPR) for Suicide Prevention

Cognitive-Behavioral Therapy for Late-Life Depression

Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)

Caregiver Support Groups

Mental Health Liaisons to the Office on Aging

CareLink

PEI-06 Trauma-Exposed Services for All Ages

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

Safe Dates

Seeking Safety

Trauma Focused Cognitive Behavior Therapy (TF-CBT)

Trauma Informed Care

PEI-07 – Underserved Cultural Populations

Hispanic/Latino

Mamás y Bebés (Mothers and Babies)

African American

Building Resilience in African American Families – Boys Program

Effective Black Parenting Program (EBPP) **

Guiding Good Choices *

Africentric Youth and Family Rites of Passage Program

Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)

Building Resilience in African American Families – Girls Program

Native American

Incredible Years

Guiding Good Choices (GGC)

Asian American/Pacific Islander (AA/PI)

Strengthening Intergenerational /Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families

* Added

** Eliminated

PEI Overview

The Prevention and Early Intervention (PEI) plan was approved in September of 2009, and since that time significant strides have been made towards full implementation of the plan. The annual update planning process has allowed for ongoing community and stakeholder input regarding the programs that have been implemented, an opportunity to evaluate those programs and services that had not yet been implemented and look at new and expanded programs and services. As mentioned earlier, a PEI Steering Committee met to review input from the community, RCDMH committees, and stakeholder groups as well as review the outcomes of programs currently being implemented in order to make informed decisions about the annual update.

In fiscal year 13/14 many programs continued full implementation, serving many communities throughout Riverside County. The PEI Unit continues its commitment to providing training and technical assistance for the evidence-based and evidence-informed models that are being implemented as well as booster training related to those models and other PEI topic-specific trainings. In FY13/14 there were 79 training days with 1,101 people trained. Please refer to the list of trainings in the Training and Technical Assistance section of this report (page 80).

The PEI unit includes four Staff Development Officers (SDOs) who are licensed clinicians. The SDOs participated in trainings and, when available, participated in the train-the-trainer opportunities. Each SDO worked with their assigned PEI providers to offer support, problem solve, and evaluation of model fidelity. The SDO positions were built into the overall PEI implementation plan to ensure that model fidelity remains a priority as well as to support providers in the ongoing implementation of new programs within the community.

PEI-01 Mental Health Outreach, Awareness, and Stigma Reduction

The programs that are included in this Work Plan are wide-reaching and include activities that engage unserved and underserved individuals in their communities to increase awareness about mental health with an overarching goal to reduce stigma related to mental health challenges.

Outreach and Engagement Activities for FY13/14

During FY13/14, the Outreach Coordinators conducted 905 community events and meetings and contacted 3,635 individuals for further follow-up. In order to reach and engage under and unserved populations, there has been outreach targeted to a range of specific community groups and also strategies for ethnic outreach. Brochures, handouts, and training/educational materials were distributed at all outreach activities. The Outreach Coordinators responded to community requests for presentations about mental health topics and mental health system information. They also provided short-term mental health services upon request.

Toll Free, 24/7 "HELPLINE": The "HELPLINE" has been operational since the PEI plan was approved and in FY13/14 the hotline received 7,318 calls from across the county. The HELPLINE is currently going through the process to become a nationally accredited hotline. This means that any person from Riverside County that calls the National Hotline (1-800-273-TALK) will be automatically redirected to the "HELPLINE". This has many benefits for the caller as it allows for access to local supports and services because the "HELPLINE" is connected to Riverside County 211. The operators also make community presentations regarding suicide prevention.

Network of Care: Network of Care is a user-friendly website that is a highly interactive, single information place where consumers, community members, community-based organizations, and providers can go to easily access a wide variety of important information. The Network of Care is designed so there is "No Wrong Door" for those who need services. RCDMH hosted two trainings that were provided by the developers of the Network of Care to ensure that staff know how to utilize this valuable resource.

Call To Care: The Call to Care program is designed to train and educate non-professional caregivers in the art of care giving. The training and education allows participants connected to underserved populations to increase their awareness and knowledge of mental health and mental health resources, and to increase their readiness to identify potential mental health issues and eliminate stigma and discrimination associated with mental illness. Training includes mental health awareness and beneficial resources; cultural awareness and sensitivity necessary to provide quality care giving; active listening and communication; self-care for the care giver

and helping others deal with grief and loss. In FY13/14, the Call to Care program provided 7 training groups with 80 participants and 8 continuing education summits with 141 participants.

“Dare To Be Aware” Youth Conference: This conference for middle and high school students was held in November 2013 with 285 youth attending the conference. Students from 3 middle schools, 15 high schools, and 2 RCDMH program were represented from all regions of the county. At-risk and leadership students are identified by school counselors to attend. There was a change in format for the 2013 conference in that the entire day focused on one topic - resilience. There were four dynamic and engaging speakers that presented throughout the day. The students were tasked with developing an action plan to build and maintain their own resilience and they shared those at their tables. Schools were contacted after the conference by RCDMH staff and reported that the students were implementing their action plans. The Youth Conference will continue annually and will be moving to a larger venue that will allow approximately 1,000 students to attend.

NAMI Signature Programs: The three National Alliance on Mental Illness (NAMI) Signature Programs included in this initiative are:

- **Parents and Teachers as Allies** - This program, created by NAMI, is designed to help families and school professionals identify the key warning signs of early-onset mental illnesses in children and adolescents in school.
- **In Our Own Voice Program** - This program, also developed by NAMI, is an interactive public education program in which two trained consumer speakers share their personal stories about living with mental illness and achieving recovery.
- **Breaking The Silence: Teaching School Kids About Mental Illness** - This program, which is another NAMI program, is an educational package that teaches students in upper elementary school, middle school, and high school about serious mental illness.

In FY13/14 two community-based organizations continued implementation of these programs by outreaching to entities such as schools, community-based providers, as well as faith-based and service organizations. There were 106 In Our Own Voice (IOOV) presentations made across the county, reaching 1,837 people. Audience members were asked to complete a questionnaire which included questions about how the presentation changed their perception of

mental illness. Overall, as a result of the IOOV presentations, 84% of audience members feel that recovery is possible and 77% also reported that they would feel comfortable working alongside someone who has a mental illness. It is also important to note here that the IOOV presentation continued to be delivered monthly to law enforcement through their training academy. Developing relationships with school districts continued to prove to be somewhat of a struggle; however, there was some success. As a result there were 22 Parents and Teachers as Allies presentations, reaching 210 people including district nurses and health clerks, school counselors, school psychologists and parents. The Breaking The Silence Program was a focus in FY13/14, which resulted in 34 presentations. The curriculum was only reported to have been used by 7 of the school personnel that were trained to use it.

In October 2014 Riverside County Department of Mental Health, Prevention and Early Intervention received a forwarded email written by the NAMI California Director of Programs which stated, "all NAMI programs must be coordinated, managed and overseen by an authorized NAMI affiliate" and because of that the contracts that RCDMH has with the community-based providers need to end on 6/30/15, allowing the programs to complete their current year contractual obligations. RCDMH cannot provide funding for programs without the ability to oversee the implementation of the programs, so as a result the NAMI signature programs are being removed from the RCDMH PEI plan. The PEI Steering Committee was made aware of the change of circumstances for the NAMI programs and that stigma reduction activities remain a priority identified through stakeholder input. The decision was made for PEI staff to research and identify other stigma reduction activities that include speaker bureaus and mental health awareness training for school staff.

Since the release of the Draft Annual Update, RCDMH has been informed that NAMI National and NAMI California are open to a discussion with the Department and the local affiliates to determine if RCDMH can continue contracts with the current providers until their natural sunset date of June 30, 2016. RCDMH is committed to exhausting all efforts to renew the contracts with the current providers. If this proves unsuccessful, a Request for Proposal (RFP) will be released to secure providers for stigma reduction activities.

In FY13/14 an additional family advocate was added to the Family Advocate Program to support the NAMI affiliates as requested. PEI also supported the purchase of needed materials for several signature programs as well as informational materials for the public, including brochures

and publications. The PEI family advocate will also begin working with schools to share the family perspective of children with mental health challenges, and will also work with department clinics to assist families as their children bridge to adult services.

Media and Mental Health Promotion and Education Materials: RCDMH continued to contract with a marketing firm, Civilian (formerly names AdEase), to continue and expand the Up2Riverside anti-stigma campaign in Riverside County. The campaign included television and radio ads and print materials reflective of Riverside County and included materials reflecting various cultural populations and ages as well as individuals, couples and families. The website, Up2Riverside.org, was promoted through the campaign as well as word of mouth and as a result there was a total of 41,572 site visits in FY13/14. The website was developed to educate the public about the prevalence of mental illness and ways to reach out and support family and community members. Video digital personal stories began to be added in December 2011. Digital Storytelling provides a three-day workshop for individuals during which they identify a “story” about themselves that they would like to tell and produce a 3 to 5 minute digital video to tell their story. This activity gives the individual a unique way to communicate something about their life experiences, which could include trauma, loss, homelessness, etc. At the end of the workshop, the participants are then asked to invite whomever they would like to a viewing party. The digital stories are developed in conjunction with the Up2Riverside campaign and can be viewed on at www.Up2Riverside.org. There are currently 15 digital stories available for viewing on the Up2Riverside website. They include videos developed by a veteran, a Transition Age Youth, a parent, and one is in Spanish. The Up2Riverside website also incorporates the statewide suicide prevention campaign “Know the Signs”. The Up2Riverside campaign was acknowledged by the PEI Steering Committee as having a positive impact with community members that they know. A recommendation from the Committee in 2014 was to develop a narrowcasting (dissemination of information to a narrow audience, rather than to the broader public) focused on educators. This has not yet been completed but will be discussed with Civilian as a priority for FY15/16. The Community Planning Process supports the continuation of the Up2Riverside campaign because of its positive impact

African American Family Wellness Advisory Group Report - Outreach and Education

Initiatives for FY13/14: African American Outreach and Education efforts over the past year have focused primarily on educating the community on ways to get involved, and ultimately, influence public policy. An emphasis continues to be played on the recruitment of effective individuals, representing a diverse group of African Americans throughout Riverside County. Attendance at community events and meetings by the consultant and African American Family Wellness Advisory Group (AAFWAG) members helped increase involvement. The primary goal has been to reduce stigma about mental health services and increase knowledge of services and available resources. The following have been accomplished by the AAFWAG:

- In October 2014 the AAFWAG conducted a one day workshop to increase awareness of depression in African American women and provide information on RCDMH resources to assist families identify symptoms of depression and access resources to address this mental health issue. One hundred and eleven (111) women participated in this event. The conference used the theme: Celebrating African American Women's Health Through Song, Dance, and Sister Circles. These three areas were covered using culture and history of African Americans. The AAFWAG is planning to conduct two annual events focusing on women's wellness. One event will be in Western Riverside County and the second event will be in Eastern Riverside County.
- In February 2014 the AAFWAG began a partnership with Riverside County DPSS to address the issues of racial disparity and over representation of African American children in the county's foster care system. Three members of the AAFWAG are working with DPSS manager within Children's Services Division. Two members are involved with the Perris area as Team Decision Making volunteers working with families assigned to the Children and Family Services Division. One member of the AAFWAG has become a community advocate for African American families that have a family member in the foster care system or who are foster parents.
- In June 2014 the African American Family Wellness Advisory Group and the Children's Division of Riverside County Mental Health Department partnered to form the African American Family Wellness Roundtable. Out of this partnership the Children's Mental Health Division participates in the monthly meetings of the AAFWAG identifying issues and sharing information on services and resources. The Children's Services Division has

increased its presence in the African American community in Western Riverside County by attending community meetings and events. This group meets every two months and includes input of the AAFWAG on discussions related to African American children and their families. The goal of the Roundtable is to reduce stigma and increase cultural competence in the delivery of services.

- In 2014, four members of the AAFWAG participated in the Pathways to Wellness (formerly known as Katie A.) meetings to provide community input. They are working with the Department of Public Social Services to provide community input to ensure that services are culturally relevant.
- In response to violence in the City of Riverside's eastside, African American and Latino pastors have formed the Eastside Reconciliation Coalition (ERC) to help reduce violence. The AAFWAG will work with the ERC's Chaperones on the Street Program, which is a program that provides community volunteers to accompany elementary and middle school youth to school as a means of reducing trauma and stress caused by neighborhood violence. The AAFWAG will assist in promoting the program by recruiting volunteers and serving as a co-sponsor of violence prevention and intervention programs.
- In 2014 the AAFWAG worked with PEI Staff Development Officer to provide feedback regarding the needs of African American girls in Riverside County and make recommendations on components that should be a part of the girls' Building Resiliency in African American Families (BRAAF) Program. In 2015, two representatives from the AAFWAG will participate with the PEI consulting team to develop the framework for the girl's program.
- The African American Family Wellness Advisory Group will continue to educate the public and reduce stigma associated with mental health services especially in African American communities throughout Riverside County. AAFWAG will participate in the community engagement activities that celebrate African American culture including, but not limited to, Black History events, Juneteenth celebrations, community programs that celebrate significant cultural events in the African American community (i.e. Kwanza), and Martin Luther King Day events.

Asian American Task Force (AATF) Goals for FY15/16:

1. To actively promote RCDMH services and resources to the Asian American community, and identify opportunities for partnership in community events geared toward reaching Asian American communities and other ethnic groups with whom Asian Americans socialize (e.g., in business, religious services, collaborations surrounding educational activities, etc.).
2. To establish a “go to” ready resource to the underserved and under-informed Filipinos and other Asian Americans in Riverside County, by providing a list of services and entities that provide culturally competent/responsive services (e.g., clinics, legal assistance, and other social/health needs).
3. To conduct seminars and workshops that increase community awareness of mental health, and for education to turn into actions that will ultimately lead to healthier attitudes about mental health and lead to the maintenance of healthy mental well-being.
4. To collaborate with local business and non-profit organizations, such as the Perris Valley Filipino American Association (PVFAA), and Asian Americans serving churches/spiritual organizations, through an active participation in cultural traditions (such as festivals and dedicated history and heritage celebration activities), to increase cultural pride and a sense of connectedness, which is connected to healthy mental well-being.
5. To advocate for community awareness of the mental health needs of young people in the Asian American population, especially for those with ongoing special needs in schools. (This may require a preliminary survey of the degree of, or types of, student needs in the local schools.)

Asian American Task Force - Specific Objectives for FY15/16

1. Expand the youth workshops to include a separate event for adults (i.e., parents and older adults), in addition to those for college-bound and middle school-aged youth.

This objective was achieved at the API Emotional Wellbeing Workshop on May 17, 2014 in Perris targeting families of parents and youth from the Perris Valley Filipino American Association (PVFAA). Separate workshops were conducted for adults (parents) and youth. They were “How Much is Too Much Stress? Recognizing Signs and Symptoms in

My Family", "Balancing Parental and Peer Pressures While Staying Motivated for My Success" and "Nutrition for the Mind, Body and Soul".

2. Participate in the Summer Family Sports Event, organized by the PVFAA, and collaborate with local businesses for sponsorships, in support of sports as a means to maintain healthy mental states, positive attitudes, and overall good health.

This objective was achieved at the PVFAA Sport Fest on August 16, 2014. A mental health booth was available to conduct outreach and promote mental health awareness.

3. Dedicate a special forum, seminar, or workshop activity as part of the celebration month of Filipino History Month in October, and a similar celebration for Vietnamese, Korean, Chinese, and other Asian Heritage Commemorative Events in 2014.

This objective was achieved at the Filipino Heritage Month celebration on October 11, 2014. In addition to RCDMH staff sharing bilingual mental health brochures, CalMHSA contractor "Your Social Marketers", was invited to participate. They shared information, posters, and brochures in both English and Tagalog of the "Know the Signs", suicide prevention campaign.

This objective was achieved again on January 31, 2015 when staff and volunteers from the Asian American Task Force (AATF) participated at the RCDMH booth at the annual Lunar Fest in the city of Riverside. A total of 20 volunteers and staff conducted outreach and engagement and encouraged 200 people from diverse backgrounds to complete a survey about their perception of mental health issues/needs and their preference for outreach, education, and services. In addition, each person received a red bag filled with goodies such as pens, medication organizers, and mental health brochures on a variety of topics such as anxiety, depression, schizophrenia, and bipolar disorder in English, Chinese, Tagalog, Vietnamese, and Cambodian. CalMHSA was again present and distributed materials on the "Know the Signs" program. Over 500 goody bags were distributed. Children were invited to try Chinese Calligraphy by copying the Chinese character for sheep in celebration of the Year of the Sheep.

4. Create a brochure or pamphlet that lists entities and services that are viable, culturally competent/responsive resources, to be disseminated to the Asian American community.

This objective is challenging as there are not many culturally competent and responsive services for the Asian American Pacific Islander (AAPI) population in Riverside County. The AAPI consultant distributed copies of RCDMH's Guide to Services at the last AATF meeting on February 26, 2015. Members were requested to share this Guide with their family and friends and bring back their suggestions on how to use this Guide and how to make it more culturally relevant and useful to the AAPI residents in Riverside County. After such preliminary discussions, the consultant will work with AATF members and staff to develop a more viable plan. Finally, the consultant is working with a few Bachelor of Social Work (BSW) students to conduct a review of the 211 resource line for relevance to this project.

5. Continue to connect with the churches and spiritual organizations to determine opportunities to serve the mental health needs of adult and youth, through spirituality and mental health integration dialogues and/or trainings for church leaders on assisting parishioners who have mental health needs.

This objective is ongoing and progressing. The AATF now has three pastors, two from the Korean community and one from the Filipino community. All three members were registered for the Mental Health First Aid training in April 2015.

6. Establish a Consultation Contract with a community Asian American mental health expert to serve as liaison with the Asian American community in Riverside County and lead the AATF.

This objective was achieved in August, 2014 when Gladys C. Lee, LCSW joined the Cultural Competency Program as the consultant for the AAPI outreach and to guide and facilitate the AATF meetings and activities. Ms. Lee has over 30 years of experience in advocacy, public policy, program development and management for underserved communities especially the AAPI communities in Los Angeles County.

Asian American Task Force Proposed Activities for FY15/16

Since Ms. Lee started with RCDMH Cultural Competency Program, she led the effort to review data on the Asian American and Pacific Islander (AAPI) population in Riverside County and utilization data of RCDMH services by AAPIs. The data based on the U.S. Census Bureau 2010 information indicates that the AAPI population is 6% of the total population at 138,326. This

total population is extremely diverse with Filipino Americans at 51,003, followed by Chinese at 15,341, Vietnamese at 14,623, Korean at 12,189, Asian Indian at 11,509, Pacific Islander at 5,998, and Other AAPI at 20,243. This Other group includes Bangladeshi, Bhutanese, Cambodian, Hmong, Indonesian, Japanese, Laotian, Malaysian, Nepalese, Pakistani, Sri Lanka, Taiwanese, and Thai. The utilization data, based on FY13/14 client data, indicates that only 562 out of a total of 46,929 clients served were of Asian descent. This number is approximately .4% of the total AAPI population in Riverside County and 1.2% of total clients served. In addition, Riverside County covers a huge geographic area. The tremendous diversity of the AAPI population, the low utilization of mental health services by AAPIs, the lack of bilingual workforce and the large geographic spread of Riverside County pose a huge challenge to bring prevention and early intervention services to this underserved population in Riverside County. Culturally competent outreach and engagement require approaches that resonate with the target groups. For AAPIs, it is critical to frame mental health with “wellness”, “healthy living”, and “education” themes. Such materials need to be developed to engage their attention so that mental health issues can be shared. Parent Education classes can be very effective in reaching this target group.

Based on the above challenges, the Task Force has recommended the AATF and Cultural Competency Program consider the following activities, which are based on the population data, availability of resources including volunteers and community organizations interested in working with RCDMH to reach their communities, to bring PEI services to this diverse groups, and to reduce the disparity in mental health access and services.

- Develop a Resource Directory for AAPIs which lists all available social services including any bilingual services.
- Develop a Mental Health Brochure that includes bilingual services and insurance accepted.
- Explore the Perris Valley Filipino American Association's (PVFAA) desire to develop a Resource Center in Perris.
- Develop a “Wellness Packet” for the Hmong community in the Banning area using CalMHSA's Hmong materials.

- Develop culturally appropriate and relevant wellness materials to accompany mental health promotion information.
- Develop Promotores-like training programs that are competent for the AAPI population and train natural caregivers from the AAPI communities who are skilled at connecting with their community members to promote mental health, identify at-risk families/individuals, and conduct referral and linkage.
- Explore curriculum for parent education such as the evidence-based practice, SITIF (Strengthening Intergenerational/Intercultural Ties in Immigrant Families) and the community-defined evidence AAFEN (Asian American Family Enrichment Network). Promote and offer parent education services to target AAPI families.
- Increase access to direct treatment services for AAPIs including data collection, consumer outreach and engagement and other relevant tasks to reduce disparities.
- Continue to provide outreach and mental health promotion services at community events such as the Lunar Fest on January 31, 2015 in downtown Riverside and with AAPI community groups such as the PVFAA.
- Continue to recruit members to join the efforts of the AATF.
- Develop spirituality-based activity based on priorities from the Spirituality Committee.
- Provide more information on MHSA to the AATF and community members and encourage their participation in the PEI stakeholder planning and input process.

Deaf and Hard of Hearing Outreach and Engagement Report: The vision for this Outreach and Engagement Project is to have the RCDMH, in collaboration with community organizations, address the full range of mental health needs of the Deaf and Hard of Hearing (DHH) community, by providing both Prevention Early Intervention (PEI)/Outreach and Support activities and direct mental health outpatient treatment, county-wide.

Deaf and Hard of Hearing (DHH) Goals for FY15/16

- Continue the Coachella Valley DHH Outreach and Engagement Program, focusing on increasing community participation and incorporating different approaches to target the diversity of the community.

- Establish a county-wide Outreach and Engagement Program to reach communities in Mid-County and Western Regions.
- Enhance the community-available classes provided by the Family Advocates and the Parent Partners with American Sign Language (ASL) interpretation services to facilitate the participation of DHH individuals.
- Establish a Consultation Contract with a DHH mental health provider to serve as a liaison with the DHH community.
- Develop videos for the DHH community on 5 mental health topics identified by the DHH community as the priorities.

Community Advocacy for Gender and Sexuality Issues (CAGSI) - LGBTQ Wellness Collaborative – FY13/14 Report:

The Community Advocacy for Gender and Sexuality Issues (CAGSI) is a LGBTQ Wellness Collaborative and was formerly known as the LGBTQ Taskforce. CAGSI is a county-wide coalition of LGBTQ related organizations, consumers, and providers. The goal of CAGSI is to assist the RCDMH in reducing disparities in the mental health system by ensuring the implementation of culturally competent services and advocating for, and implementing, prevention and early intervention strategies for the LGBTQ community. In response to both RCDMH and the community's desire to reduce stigma and disparities around mental health care for the LGBTQ community, CAGSI engaged in the following activities in 2013/14:

- The LGBTQ Community Peer Educator Program (C-PEP) – Community-based focus groups conducted to introduce the approved C-PEP curriculum. C-PEP is the grassroots education LGBTQ Community Mental Health 101 Project. Facilitators strategic sessions include "Coming Out", "Suicide within the LGBTQ Community"; and "Depression" to ascertain relatability, effectiveness of approach and accessibility to average audience.
- Transgender Youth Empowerment Program (TYEP) - TYEP targets vulnerable transgender youth who possess leadership potential, but lack opportunities to develop it in a positive way. Teens, ages 13 to 21, are taught leadership skills, civic engagement, critical thinking, team building, and assisted in the development of other vital areas through monthly empowerment sessions. This year the focus was Parent and Community Education through the Trans*Formation Series. The Trans*Formation Series

provides education, training and support to help create a gender-sensitive and inclusive environment for children, teens and their families.

- In October 2014, in conjunction with PFLAG Temecula, Trans*Formation Project shared the story of the Handzlik Family and their journey as a family when their son Jaden began transitioning as a male.
- In November 2014, the Trans*formation series focused on being a Trans Ally, Resilience of Trans Youth featuring Neuropsychologist, Dr. Giorgio Jovani Di Salvatore from Alvorad Unified School District.
- In addition to program development activities, CAGSI participated in the following activities:
 - Community Outreach Subcommittees, Desert Region Health Access for Trans-Community (Palm Springs) TDOR Palm Springs.
 - Conducted Community Workshops on Aging in LGBT community for Inland Empire Health Plan and First Congregational Church Riverside.
 - Hosted a Booth at the May is Mental Health Month event, co-sponsored with the Unity Fellowship for Social Justice Ministry, and provided presentations on mental health and the LGBTQ community.
 - Participated in the Palm Springs Pride, where we provided mental health education to interested Pride participants.
 - Completed Community Education and Outreach, by giving 35 presentations to 750 participants in diverse groups including, but not limited to: the faith community, foster parents, RCDMH staff, and consumers and family members of consumers, and other community groups.

Native American Committee Report for FY13/14

Part of reducing mental health disparities among the Native American Community in Riverside County is identifying ways in which wellness and illness are understood, as well as looking at current practices for addressing these issues. Because of the impact of historical trauma and colonization within Native American communities, reducing mental health stigma becomes more complicated when mental health disease and wellness definitions, as well as interventions and

healing modalities, are embedded within a Western framework. Over the last year, the cultural consultant has spoken with several Native American community members who have a strong cultural lens with which to look at these issues. The focus of this group has been on decolonizing approaches related to the reduction of health disparities through redefining “mental health stigma” and revitalizing and increasing access for American Indians to culture, tradition, and contemplative practices. Feedback from an earlier American Indian Advisory Group meeting was incorporated into a plan to create a proposal for a series of traditional gatherings in a retreat style setting with American Indian Community Helpers and their families. It was also recommended that the traditional gatherings feature a community lecture series and community practices.

Native American Community Team members include:

- Dr. Renda Dionne, Turtle Mountain Chippewa, a Cultural Consultant and Clinical Psychologist;
- Dr. James Fenelen of the Lakota Nation, an American Indian Professor at California State University, San Bernardino;
- Larry Bannegas, MSW, a Barona tribal member; and
- Manual Hamilton, a Ramona Tribal Member, and former Tribal Chairman.

Other consultants include:

- Dr. Bonnie Duran, an American Indian, Doctor of Public Health Education, and Director of the Indigenous Wellness Research Institute at the University of Washington;
- Dr. Betsy Davis, of the Cherokee Nation, and American Indian Evaluator and Research Scientist at the Oregon Research Institute;
- Delores Rock, MSW, of the Navajo Nation.

The committee represents a diverse group of American Indians, with knowledge of colonization and mental health issues among the American Indian population. The Riverside County American Indian population is an extremely diverse tribal group and includes twelve tribes within Riverside County, including Cahuilla, Torres Martinez, Agua Caliente, Cabazon, Twenty Nine Palms, Soboba, Pechanga, Ramona, Santa Rosa, Morongo, Augustine, and Chemehuevi; and a large population of urban American Indians from tribes throughout the country.

Other activities centered around engaging the American Indian Committee to participate in the Spirituality Initiative Community Dialogues, which took place at the Grove Community Church in Riverside on August 29, 2013 and at the Golden Era Golf Club in Gilman Hot Springs on November 14, 2013; and in the RCDMH diversity committee.

Spirituality Initiative

Through the Spirituality Initiative, RCDMH has hosted community forums throughout the county. One of the recommendations that came out of the forums was to provide training to, and assist members of, the faith-based community regarding mental health signs and symptoms. In the next three years, an RFP will be developed and released to identify an organization that can work with experts to develop a curriculum for the faith community and provide training on the curriculum to:

1. Establish ongoing collaboration with community faith-based organizations.
2. Provide First Aid Mental health training curriculum in response to the identified needs of the faith community leaders.
3. Distribute the community dialogues findings and Implementation of recommendations and priorities.
4. Develop Mental Health Providers Guidelines on Spirituality and Mental Health Services.

Promotores de Salud Mental Activities for FY13/14: Promotores de Salud Mental Program is an outreach program that addresses the need of the county's diverse Latino Community. Program implementation began in July 2011. During fiscal year 2013/2014, Promotores de Salud Mental provided a total of 2,410 mental health education and/or modular presentations. Across the three types of formats 46% were mental health education presentations, 46% were modular presentations, and 4% were participation in health fairs/public events.

A total of 14,452 Riverside County residents attended either a mental health education, modular presentation or community event. In addition Promotores also engaged in the following activities:

- Outreach: Promotores de Salud Mental conducted targeted outreach to Spanish-speaking members of the Latino community by going door-to-door and setting up information tables in 87 apartment complexes and public shopping centers.
- Door to Door Planned Events: Coordinated strategically, culturally, and linguistically competent activities to provide and distribute information.
- Tabling: Coordinated strategically, culturally, and linguistically competent venues to distribute information in local community small businesses.
- Health Fairs: Participated in 106 local community events with several agencies and vendors to provide and distribute information. Through the health fairs, specific contacts were made with 3,982 community members.

Satisfaction surveys were completed by 14,300 attendees. Overall, the presentations were well received by the participants. Results indicated that 94% strongly agreed or agreed that the information presented made them more aware of prevention and early intervention for mental health and gave them a better understanding of the early signs of mental health issues. Almost 90% of people strongly agreed or agreed that as a result of the presentation they are better able to talk about mental health issues with family and friends. A suggested addition to the activities of the Promotores identified through the PEI Steering Committee is to provide training to run peer-to-peer support groups.

Community Mental Health Promotion Program: Due to the success of the community health worker (Promotores) model, an RFP was released in late 2013 to expand the program as a model for other cultures. It is the Ethnically and Culturally Specific Community Mental Health Promotion Program (CMHPP). It is anticipated that beginning in FY14/15, the following cultures will develop a similar model in order to reach many people who would not have received mental health information and access to supports and services: Native American, African American, LGBTQ, Asian American/Pacific Islander, and Deaf and Hard of Hearing.

PEI-02 Parent Education and Support

Triple P (Positive Parenting Program): The Triple P Parenting Program is a multi-level system of parenting and family support strategies for families with children from birth to age 12. Triple P is designed to prevent social, emotional, behavioral, and developmental problems

in children by enhancing their parents' knowledge, skills, and confidence. In FY13/14 RCDMH continued the contracts with four providers to provide the Level 4 parenting program in targeted communities throughout Riverside County. The service delivery method of Level 4 Triple P is a series of group parenting classes with active skills training focused on acquiring knowledge and skills. The program is structured to provide four initial group class sessions for parents to learn through observation, discussion, and feedback. Following the initial series of group sessions, parents receive three follow-up telephone sessions to provide additional consultation and support as parents put skills into practice. The group then reconvenes for the eighth and final session where graduation occurs. A total of 533 parents were served through the Triple P classes. Evaluation of the impact of change in parenting as a result of the classes indicated significant improvement in positive parenting as well as overall decreases in inconsistent discipline. In addition to pre and post surveys that look at parenting practices, the parents complete pre and post surveys regarding their children's behaviors. Analysis of the data received from these measures showed statistically significant decreases in both the intensity and frequency of problem behaviors. This was the third year of program implementation of the Triple P program and the overall impact continues to be very positive. PEI staff shared with the PEI Steering Committee the challenges of some of the contracted providers to engage people in the program so there have been times when providers have facilitated the classes in locations that are not a part of the PEI plan, such as substance use rehabilitation facilities. The direction of the Steering Committee is for PEI staff to ensure that they are engaging general community members. The PEI unit also continued to coordinate Triple P Level 4 trainings which included contract providers but also invited Department staff including Parent Partners. A Request For Proposal was released in FY13/14 to identify providers to continue providing this program in all three regions of the county. Proposals are in the evaluation process and new contracts will begin in FY15/16.

Mobile Mental Health Clinics (Previously known as PCIT Mobile): There are three mobile units that travel to unserved and underserved areas of the county to reach populations in order to increase access. The mobile units allow children, parents and families to access services that they would not have been able to access previously due to transportation and childcare barriers. Twelve different school sites were served each week. Services include Parent-Child Interaction Therapy (PCIT), consultation for teachers regarding students' behaviors

and appropriate interventions, training for school staff, Triple P tip sheets regarding specific problem behaviors and small groups for children whose parents are incarcerated. In FY13/14, 132 children and families received PCIT through the mobile units. There was a statistically significant decrease in parents' views of their child's behavior as a problem as well as a statistically significant decrease in the frequency of problematic behaviors. Outcome measures also revealed a significant decrease in parental stress. An update to the research protocol was made in FY14/15 in order to capture the additional services provided by the staff. Each unit is also equipped, stocked, and prepared to respond locally and to other counties if called upon in response to disasters through regional mutual aid agreements. The staff takes the mobile units to community events to provide outreach and education to underserved communities. One example is that a request was made by CalMHSA to have one mobile unit drive up to Sacramento for the May is Mental Health Month event at the capitol. In November 2013 the mobile mental health clinics received the Challenge Award from the California State Association of Counties. This unique award recognized the creative spirit of Riverside County to find innovative, effective, and cost-saving ways to provide programs and services to our community members.

Strengthening Families Program (6-11) (SFP): SFP is an evidence-based program that emphasizes the importance of strong family relationships and building family resiliency. The program seeks to make family life less stressful and reduce family risk factors for behavioral, emotional, academic, and social problems in children. This program brings together families for 14 weeks, for 2 ½ hours each week. FY13/14 was the first year of implementation of the program. Two community-based providers were chosen in September 2013, training occurred in October 2013, and the first cycles of the program began in January 2014. In the first year 130 families were served in the program. Individuals who completed the program were offered the opportunity to participate in a focus group facilitated by the Staff Development Officer and the PEI unit's MSW student. The goal of the focus group was to gather participant information in order to support the implementation of SFP. Thirty-four program graduates participated in the focus group. Participants reported an increase in positive parenting skills, an increase in positive communication and a decrease in behavior problems in their children.

PEI-03 Early Intervention for Families in Schools

This project includes two evidence-based programs as a result of the community and stakeholders continuing to ask for programs on school campuses in order to increase access for students and their families.

Families and Schools Together (FAST): The FAST program is an outreach and multi-family group process in schools designed to build protective factors in children, empower parents to be the primary prevention agents for their children, and build supportive parent-to-parent groups. The overall goal of the FAST program is to intervene early to help at-risk youth succeed in the community, at home, and in school thus avoiding problems such as school failure, violence, and other delinquent behaviors. FY13/14 was the third full year of implementation of the program. The FAST program utilizes a team of 4 (one school administrator, one parent partner from the school, and two community-based organization staff) to implement the program at each school site. The teams received training from a PEI Staff Development Officer who has been certified to train in the model and completed two cycles of the 8 week program at each school site. The partnerships between the schools and the provider led to very effective outreach to families at the schools to engage them in the program. In addition, providing the program at the school sites de-stigmatized the intervention and increased families' willingness to attend. FAST served families with youth who attended Kindergarten through 5th grades. One hundred and twenty one families participated in the program. Pre- and post-measures were completed by adult participants as well as school staff. Parents reported an improved sense of social connectedness to their community and slight improvement in accessing emotional support. At the end of the FAST program, both the social support provided and received by the parents increased significantly. Although family functioning remained almost the same from pre to post, family conflict showed significant decreases. Parents also reported increased involvement in their child(ren)'s school activities and parent to school contact improved. Teachers reported more communication between parents and teachers and improvements in relationships between parents and teachers. Both parents and teachers reported improved behaviors in the children. Through the competitive bid process, RCDMH identified providers for the program to start in early 2015.

Peace4Kids: FY13/14 was the first full year of implementation of the Peace4Kids program. The program is based on Aggression Replacement Training and is designed to improve skills acquisition and performance, improve anger control, decrease the frequency of acting out behaviors, and increase the frequency of constructive behaviors. There is a parent component built into the program as well. The program is the result of an agreement between Palm Springs Unified School District and RCDMH to provide the program in the two middle schools in Desert Hot Springs. RCDMH staff was trained in the program during the summer of 2013 and 253 students received the program throughout the fiscal year. Pre and post measures were completed by the students, parents, and teachers. Students' rating of their behavioral difficulties improved significantly and their pro-social skills showed a statistically significant improvement. Parent ratings also demonstrated a statistically significant decrease in problem behaviors and an increase in pro-social behaviors.

PEI-04 Transition Age Youth (TAY) Project

This project includes multiple activities and programs to address the unique needs of TAY in Riverside County. As identified in the PEI plan this project focuses on specific outreach, stigma reduction, and suicide prevention activities. Targeted outreach for each activity focused on TAY in the foster care system, entering college, homeless or runaway and those who are Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ).

Stress and Your Mood (SAYM): SAYM is an evidence-based early intervention program used to treat Transition Age Youth who are experiencing depression. This was the third year of implementation of the program in targeted communities throughout Riverside County. In FY13/14, 214 youth were enrolled in the program, which is significantly more than the previous fiscal year when 117 youth were enrolled. This increase is attributed to effective outreach by the providers as well as positive word of mouth about the program. The outreach efforts to reach underserved youth were effective in that 68% of those enrolled were Hispanic and 10% of the youth reported being LGBTQ. The youth receiving the services were given pre and post measures to assess their depressive symptoms and level of functioning. The results were very positive in that before the intervention, almost 96% of the youth scored in the range that indicated clinically significant depressive symptoms and the post scores indicated statistically significant reduction in symptoms which put them below the clinical level of depression. The clinician also completes a measure after each module. Of note is that the clinician rating of

change after the first two modules was minimal; however, statistically significant changes were noted after the final module, suggesting youth should complete the intervention in its entirety. Each youth was also given a measure of overall functioning and these measures also indicated statistically significant improvements in mood and behavior. The satisfaction surveys were also very positive. Of note is that 90% of the youth indicated that they “agree or “strongly agree” that as a result of the program they know how to obtain help for depression and 92% indicated that they “agree” or “strongly agree” that they learned strategies to help them cope with stress. PEI staff shared with the Steering Committee that there is a waiting list in every region for this program. The Steering Committee recommends PEI staff expand capacity because of the positive outcomes. This program will continue to be funded through the next two years at which time it will go out for competitive bid.

TAY Peer To Peer Services: This program is one in which Transition Age Youth (TAY) Peers provide formal outreach, informal counseling and support/informational groups to other TAY who are at high risk of developing mental health problems. Specific target populations within TAY include homeless youth, foster youth, LGBTQ youth, and youth transitioning into college. The providers also educate the public and school staff about mental health, depression, and suicide. In order to provide additional structure to the providers around activities the TAY providers were given training on how to develop a Speakers Bureau as well as the Coping and Support Training program (CAST). CAST is an evidence-based curriculum with three major goals: Mood Management, Drug Use Control, and Using School Smarts. Each CAST cycle consists of a screening session and 12 sessions focused on skill development. The “Cup of Happy” TAY program has become well known in the Western and Desert regions and in FY13/14 the provider for the Mid-County region focused on outreach to become known in the targeted communities. There were a total of 1,092 various Peer to Peer events throughout the county with a total attendance of 8,106. The youth continue to find many creative and innovative methods to reach TAY that have been very effective. Some examples include open mic nights, chalk talk, and coping skills. A Facebook page continued to maintain and updates and videos were posted to YouTube. The TAY attended large health fair events, passed out mental health related information on the streets, held support groups for LGBTQ youth in a local coffee shop, and hosted a weekly event at a community center where TAY could come and

present their original spoken word works. Outreach also resulted in 54 individual contacts and 19 of those individual contacts resulted in linkage to the Stress and Your Mood program.

Outreach and Reunification Services to Runaway Youth: This program includes targeted outreach and engagement to this population in order to provide needed services to return them to a home environment. Outreach includes going to schools to provide students with information on available resources, including crisis shelters; going to places where youth naturally congregate, such as malls; and working with organizations most likely to come in contact with the youth. Crisis intervention and counseling strategies are used to facilitate reunification of the youth with an identified family member.

Active Minds: Active Minds is a student run group on college and university campuses to promote conversation among students, staff, and faculty about mental health. In FY10/11 and FY11/12, RCDMH provided seed funding for four campuses in Riverside County to start up their chapters on campus. The college and university campuses that now continue to have Active Minds chapters are: University of California Riverside, College of the Desert, Palo Verde College, and Riverside City College. In FY13/14, Mount San Jacinto College and Moreno Valley College started a chapter on their campuses and received funding to begin activities on their campuses. Student activities include providing information to students and faculty regarding mental health topics and promoting self care. The development of the chapters and the positive working relationships between county mental health and the local college campuses continued to be of interest both at the local and State level. RCDMH was also once again offered the opportunity to fund the Send Silence Packing display on September 10, 2013 at Riverside Community College. Send Silence Packing is a nationally recognized travelling exhibition of 1,100 donated backpacks, representing the number of college students lost to suicide each year. The program is designed to raise awareness about the incidence and impact of suicide, connect students to needed mental health resources, and inspire action for suicide prevention. At the exhibit of Send Silence Packing 1,100 backpacks were displayed in a high-traffic area of campus, giving a visual representation of the scope of the problem and the number of victims. RCDMH is once again working with Active Minds to bring the display back to Riverside County in 2015.

Teen Suicide Prevention and Awareness Program: Riverside County Community Health Agency, Injury Prevention Services (CHA-IPS) continued to implement the teen suicide prevention and awareness program in 4 school districts throughout Riverside County. The

districts served were Moreno Valley, Coachella, Beaumont, and San Jacinto. CHA-IPS changed their approach in FY13/14 in that they contracted at the district level to serve all high schools in the district. This ensured school district support of the program. CHA-IPS staff provided the Suicide Prevention (SP) curriculum training to a leadership group at each campus. The primary goal of the SP program is to help prevent teen suicide by providing training and resources to students, teachers, counselors, and public health workers. The staff then assisted the students to facilitate a minimum of two campus-based mental health awareness and suicide prevention activities. These activities included handing out SP cards at open house and other school events and making PSA announcements. This helped to build momentum around suicide prevention and reduce the stigma associated with seeking mental health services. Some examples of the activities that the students developed and implemented on their campuses are: friendship grams with the local Helpline information printed on them, positive message posters placed around campus, skits on ways to ask for help performed during lunch time, and organizing meet and greet sessions with the school counselors. A suicide prevention walk was coordinated at one site and another site passed out buttons displaying positive quotes to the student body. The program supported 26 school sites in FY13/14. As a result, there were 28 suicide prevention curriculum trainings conducted for over 472 high/middle school students, 11,400 help card and mental health related brochures were distributed, and there were 53 suicide prevention campaigns impacting approximately 35,145 students across Riverside County. The Community Planning Process identified suicide prevention and school-based programs as priorities for youth and this program addresses each. FY13/14 also introduced two new components to the program: parent education and staff development. The parent education component provided parents with a 1 to 2 hour presentation on the warning signs, risk factors, and resources available to youth in crisis. The Statewide Know The Signs team assisted staff in developing the presentation. The staff development component consisted of providing the ASIST (Applied Suicide Intervention Skills Training) 2 day workshops.

Transition Age Youth (TAY) Un-Conventions: As a result of a Community Capacity Building grant two TAY Un-Conventions were held in the Desert Region of the county in FY12/13. The purpose was to bring together TAY and TAY serving organizations to identify and develop plans to address the needs of TAY. As a result a comprehensive resource guide was developed and widely distributed. Through the Community Planning Process a recommendation was made to

duplicate those TAY Un-Conventions in the Western and Mid-County Regions. As a result, these are being added to the plan with the goal of having the Un-Conventions completed and a resource directory developed by each region by the end of FY16/17.

PEI-05 First Onset for Older Adults

There are currently six components to this Work Plan and each of them focuses on the reduction of depression in order to reduce the risk of suicide.

Cognitive-Behavioral Therapy for Late-Life Depression: This program focuses on early intervention services that reduce suicide risk and depression. Cognitive Behavioral Therapy (CBT) for Late-Life Depression is an active, directive, time-limited, and structured problem-solving approach program. The PEI Staff Development Officer continued to provide training and consultation in the program to new staff. There continued to be a great deal of outreach activities that occurred during FY13/14 in an effort to reach those unserved and underserved communities and to build relationships with referring agencies. In FY13/14, 117 older adults were served in this program. The largest percentage of participants were ages 60-69 (48%) and 11% of those served were 80-90 years of age. Of note is that 49% of those served identified as LGBTQ. One of the providers exclusively serves the LGBTQ community in the Desert Region of the county. As with other PEI programs, pre and post measures were given to program participants and those tools were used to evaluate the effectiveness of the program. Outcomes included statistically significant reduction in depressive symptoms, which is the primary goal of the program. In addition, participants reported a statistically significant increase in their quality of life as well as participation in social activities. This program has demonstrated positive outcomes since implementation began.

Program to Encourage Active Rewarding Lives for Seniors (PEARLS): This program is a home-based program designed to reduce symptoms of minor depression and improve health related quality of life for people who are 60 or older. This program is being implemented through RCDMH Older Adult Services staff. PEARLS staff continued efforts to outreach and educate the community, as well as organizations, about the program. A total of 122 older adults were enrolled in the program in FY13/14 and 81% of those enrolled were female. Fifty percent of those served are between the ages of 60 – 69 and 4% of those served were 90+ years old. Outcomes demonstrated a statistically significant decrease in depressive symptoms

for those who completed the sessions. In FY13/14 the General Anxiety Disorder-7 (GAD7) measure was added to the Research Protocol to measure reductions in general anxiety. Outcomes demonstrated a statistically significant decrease in anxiety from intake to follow up. In addition, PEARLS program participants reported an increase in satisfaction with their life in general and reported greater feelings of well being. Participation in social activities and the frequency of pleasant activities are integral components to the PEARLS model. Average rating on both of these items showed a statistically significant increase. One PEARLS participant wrote on their satisfaction survey, "I was looking for help for my depression and I GOT help. I was shown different ways to think about "things" and that was what I needed!!".

Care Pathways - Caregiver Support Groups: A Memorandum of Understanding (MOU) was continued with the area Office on Aging (OoA) to provide the groups in all three regions of the county. The support groups target individuals who are caring for older adults who are receiving prevention and early intervention services, have a mental illness or have dementia. Their program, called "Care Pathways", consists of a 12-week cycle that provides education and support on a variety of topics that caregivers face. These include preventing caregiver burnout, talking to doctors about medication, learning from our emotions and stress reduction techniques. They continued to have great success in marketing the program. The OoA served 301 individuals in FY13/14. Seventy-eight percent of participants were female and 56% of program participants had been caregiving for 3 years or less. The race/ethnicity of the participants were reflective of the county older adult population, with 61% Caucasian, 23% Hispanic, and 4% African American. There was a statistically significant decrease in depressive symptoms which were recorded prior to beginning the group and at the end of the 12-week series. Caregivers were also given a pre/post overall self-assessment tool that asked them to rate their stress level, crying spells, and feelings of being overwhelmed. There were statistically significant reductions in scores as well. OoA group facilitators reported that some of the caregivers were in need of short term additional support; and as a result one of the Mental Health Liaisons embedded in the OoA was assigned to assist with those who needed that extra support. This included individual therapy and/or connection to community resources and supports. On November 22, 2013, the RCDMH PEI Coordinator and the Program Manager of the Office on Aging Care Pathways program presented the Care Pathways program at the 2013 California Association of Area Agencies on Aging (C4A) Annual Meeting and Allied Conference in

Los Angeles. The focus of the presentation was to share the Care Pathways model and to highlight the integration of key services from multiple county agencies, ensuring a seamless delivery to older adults and caregivers. In addition, the Care Pathways program received the C4A Aging Achievement Award and was highlighted in the 2014 best practices publication that was provided to all conference attendees. The Office on Aging also hosted a two-day caregiver conference titled, "A Caregiver's Voice: The Power Within" where approximately 200 caregivers attended at no charge to them. The conference focused on emotional and physical well-being and resiliency of caregivers.

QPR for Suicide Prevention: QPR stands for Question, Persuade, and Refer. The QPR suicide prevention model will be used to train gatekeepers who interact with older adults in order to look for depression and suicidal behaviors and refer them for assistance. This training model was not implemented as efforts continued to focus on development of programs to provide prevention and early intervention for older adults. It is anticipated people will be identified to go through the Train the Trainer program and the QPR gatekeeper trainings will begin in FY15/16.

Mental Health Liaisons to the Office on Aging - Four RCDMH Clinical Therapists are embedded at the two Riverside County Office on Aging locations (Riverside and La Quinta). They provide a variety of services and activities including: screening for depression, providing the CBT for Late Life Depression program, providing referrals and resources to individuals referred for screening, educating Office on Aging staff, and other entities serving older adults, about mental health related topics, as well as providing mental health consultations for Office on Aging participants. The Mental Health Liaisons participated in 180 outreach events within the 13/14 fiscal year. They also processed 169 referrals which resulted in 19 of those referrals being enrolled in Cognitive Behavioral Therapy or the PEARLS program. Fifty percent of the referrals they received were referred to other non PEI programs to meet their needs. The liaisons also provided the CBT for Late Life Depression program to 45 older adults in FY13/14. Of those served 86% were female, 38% were ages 60-69 and 27% were 70 years of age and older. A proportion of clients under 60 years of age were also served by this program. The Office on Aging provides services to disabled adults as well as older adults, and some of the disabled adults were identified as clients that could benefit from this treatment model for depression. Rather than turn these clients away or refer them to some other program, the in-

house liaisons provided services to them. Program participants are asked to complete the Beck Depression Inventory (BDI) and the Quality of Life (QOL) measure prior to receiving the program as well as at the conclusion of service. The BDI pre to post scores showed a statistically significant improvement of symptoms of depression. Overall, depression reduced from moderate to low. QOL survey results indicated that program participants felt better about life in general, increased relaxation and improvement in emotional well-being. The Office on Aging Director gave each of the Mental Health Liaisons a Certificate of Excellence for the work they do for their clients.

CareLink Program: CareLink is a care management program for older adults who are at risk of losing placement in their home due to a variety of factors. This program includes the implementation of the Healthy IDEAS (Identifying Depression Empowering Activities for Seniors) model. Healthy IDEAS is a depression self-management program that includes screening and assessment, education for clients and family caregivers, referral and linkages to appropriate health professionals, and behavioral activation and is most often provided in the home. In FY13/14, 159 individuals were served through the CareLink program and of those, 42 people were identified as at risk for depression and were enrolled in the Healthy IDEAS program. Depressive symptoms for Healthy IDEAS participants did showed a statistically significant decrease. Program staff received additional coaching in the enrollment criteria for the program as well as the use of the model to ensure that program participants are receiving the model as it was designed. A Quality of Life survey was also given at the beginning and conclusion of the programs. There were positive changes reported with regard to how the participants felt about their emotional well-being, their relationship with family, and their health in general. Changes were also positive in how participants spent their time with other people and the amount of relaxation in their life.

PEI-06 Trauma-Exposed Services for All Ages

The Work Plan includes 5 evidence-based practices and provides programs for individuals in elementary school, young adults, adults and older adults.

Cognitive Behavioral Intervention for Trauma in Schools (CBITS): This is group intervention designed to reduce symptoms of Post Traumatic Stress Disorder and depression in children who have been exposed to violence. Providers have developed partnerships with

school districts to provide the program on school campuses. In FY13/14, 1,219 were screened for the program which was a significant increase from 319 youth the previous year. One school district allowed the provider to screen every student at one of their middle schools. As a result, 222 youth were enrolled in the program and 132 (68%) attended 8+ sessions. Overall, the largest numbers of participants were Hispanic females. Of particular note is that a part of the model is that the clinicians meet individually with the students, the parent/caregiver, and a teacher. Participants completed pre/post outcome measures to measure the impact on depression and symptoms of trauma. Comparison of data from pre to post revealed that program participants showed a statistically significant decrease in traumatic and depressive symptoms. Average scores for depression were reduced to below the clinical level. An RFP was released in early 2014 to identify providers to continue implementation of the program countywide. It is anticipated that contracts for selected providers will begin July 1, 2015.

Seeking Safety: This is an evidence-based present focused coping skills program designed for individuals with a history of trauma. The program addresses both the TAY and adult populations in Riverside County. A total of 369 individuals were enrolled and participated in at least one topic session. Forty-four percent of those served were TAY. The most frequently reported traumatic experiences included death (19%), family issues (16%), domestic violence (10%), removal of children by CPS (8%), health related (7%), sexual abuse (6%) and physical abuse (5%). Participants were asked to provide information about their trauma-related symptoms before they began the program and when they completed. Changes in the frequency and intensity of traumatic symptoms showed a statistically significant change. Comparison of pre/post scores on the COPING Inventory showed an improvement in positive coping responses and a decrease in negative coping responses to life stressors. Program participants also reported that they would use the coping skills they learned in the program on an ongoing basis and would recommend the program to a friend. An RFP to continue the implementation for the program was released in the spring of 2014. It is anticipated that contracts for selected providers will begin July 1, 2015.

Safe Dates: This dating violence prevention program was not implemented in FY13/14 primarily due to the need to prioritize the implementation of PEI programs. The projection is that this program will be implemented in FY16/17.

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT): Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat post-traumatic stress and related emotional and behavioral problems in children and adolescents. Initially developed to address the psychological trauma associated with child sexual abuse, the model has been adapted for use with children who have a wide array of traumatic experiences, including domestic violence, traumatic loss, and the often multiple psychological traumas experienced by children prior to foster care placement. The treatment model is designed to be delivered by trained therapists who initially provide parallel individual sessions with children and their parents (or guardians), with conjoint parent-child sessions increasingly incorporated over the course of treatment. TF-CBT is generally delivered in 12-16 sessions of individual and parent-child therapy. This model has been implemented successfully within RCDMH children's clinics and has not demonstrated the same barriers to implementation as previously discussed programs. Outcomes from the program demonstrate significant reduction in traumatic symptoms and improvement in behavioral difficulties. RCDMH and the Riverside County Department of Social Services are collaborating to serve children who are brought into the foster care system, including providing clinical intervention when needed.

Trauma-Informed Care: The Community Planning Process continued to identify trauma as an area of high need in Riverside County. In January 2014 the members of the PEI Steering Committee discussed in length how to best address this need through PEI efforts. The discussion centered around not focusing efforts on direct service for adults who have experienced trauma, but rather to develop a trauma-informed system and communities. The PEI Steering Committee tasked the PEI Unit with identifying programs that would train mental health providers and community members in general about trauma. Models of trauma-informed care will be identified and reviewed in FY15/16. The goal is to identify a model that will include RCDMH staff as well as community-based organizations, schools, faith-based organizations and any other interested organizations. Implementation of the selected model(s) would occur in FY16/17.

PEI-07 Underserved Cultural Populations

This Work Plan includes programming for each of the underserved ethnic populations within Riverside County. The programs include evidence-based practices that have been found, through research, to be effective with the populations identified for implementation. In addition

to the programs identified below it is important to note that each of the populations were identified as priority populations in all of the PEI programs being implemented. Demographic information, including ethnicity and culture, is gathered for PEI programs in order to ensure that the priority populations are receiving the programs. The mental health awareness and stigma reduction activities also include focus on the unserved and underserved populations throughout the county.

Native American communities: The two programs included for this population focus on parent education and support.

- **Incredible Years – SPIRIT:** This program is a Native American adaptation to the Incredible Years parenting program in which the facilitator provides the service to parents in their home. Incredible Years is a parent training intervention which focuses on strengthening parenting competencies, fostering parents' involvement in children's school experiences to promote children's academic and social skills and reduce delinquent behaviors. The provider serves the Native American population throughout Riverside County. Staff that provided the service were trained in the Incredible Years model as well as the Native American adaptation. In FY13/14, 168 parents received the program in their home. Comparison of pre to post data collected from the parents demonstrated a statistically significant decrease in depressive symptoms and total parental stress and significant changes in children's behavior problems.
- **Guiding Good Choices:** The program is a prevention program that provides parent education to parents of children ages 9-14 years old with the goals of strengthening and clarifying family expectations for behavior in order to enhance the conditions that promote bonding within the family and teach children the skills to successfully resist drug use. As with the previous program the provider does serve the Native American population throughout Riverside County. This five week parent education program was provided to 89 individuals in FY13/14.

An RFP will be released in the Spring of 2015 as the current contract is expiring.

Building Resilience in African American Families (BRAAF) Boys Program: This project was identified through the Community Planning Process as a priority for the African American community. The project includes three programs:

- **Africentric Youth and Family Rites of Passage Program:** This is a nine month after school program for 11–15 year old males with a focus on empowerment and cultural connectedness. The youth meet 3 times per week and focus on knowledge development and skill building. The program includes caregivers and family members who participate in family enhancement dinners. The providers initially focused their efforts on outreach through personal contacts, marketing and presentations in order to facilitate referrals. This included outreach to faith-based organizations, community providers, schools and the health fairs. A total of 51 youth and their families participated in the program in FY13/14. Pre to post surveys revealed a statistically significant increase in overall ethnic identity scores. This outcome is the goal of the program because positive ethnic identity represents a strong protective factor for these youth.
- **Effective Black Parenting Program:** This is a parent education program for parents of African American children. As with the Rites of Passage Program there was extensive outreach to schools and community providers to solicit referrals for the program. A total of nine 14-week groups were held in FY13/14 serving 63 parents with 45 of those parents completing the program. Program participants showed increases in parenting skills, positive reinforcement of their children's behaviors and increased cultural awareness.
- **Cognitive Behavioral Intervention for Trauma in Schools (CBITS):** As stated earlier in this update, this is group intervention designed to reduce symptoms of Post Traumatic Stress Disorder and depression in children who have been exposed to violence. Nine youth between the ages of 10-15 received the program in FY13/14. Outcome evaluations of youth completing the program showed significant decreases in traumatic and depressive symptoms.

In preparation for the release of an RFP for the BRAAF project, PEI staff attended the African American Family Wellness Group (AAFWG) and attended a focus group in the desert region to share outcomes from the programs and to solicit feedback specifically regarding the parent education component. PEI staff shared that participation in the EBPP has steadily decreased over the life of the contract. Reasons shared from providers include the difficulty in recruiting parents to attend a 15-week, 3 hours per week program. In addition, the program developer

has retired, thus making training and program materials unavailable. Feedback from the AAFWG and focus group was to identify another parent education program, particularly one that is shorter in length. Staff shared that PEI has the ability to train to Guiding Good Choices, a five-week prevention program that provides parent education to parents of children 9-14 years old with the goals of strengthening and clarifying family expectations for behavior in order to enhance the conditions that promote bonding within the family and teach children the skills to successfully resist drug use. Additional feedback through the planning process was to include a new component of parent support and provide clinical interventions as needed to the youth and their families in addition to CBITS. The RFP will be released in the Spring of 2015.

The Executive Directors for each of the three providers continue to meet as a Leadership Team along with RCDMH staff. The BRAAF Leadership Team meets regularly to support the implementation of the evidence-based practices included in the BRAAF project. After initial implementation of the project, it became evident that a more coordinated effort among the three different programs, representing the three regions of Riverside County, was needed to address some critical issues. In FY13/14 the Leadership Team developed the manual of core modules for the after school Rites of Passage program and facilitated trainings on the manual for a ROP staff. The goal of the Leadership Team in FY14/15 is for the three providers and their staff to host a Unity Day at which all ROP youth will come together to highlight their activities.

Building Resilience in African American Families (BRAAF) Girls Program: The BRAAF Girls project, currently in development, is the result of community feedback requesting a culturally tailored program for African American girls in Riverside County. RCDMH hosted two 4-hour workgroups with the members of the African American Wellness Advisory Group, which includes many community stakeholders. The workgroups were provided with current data regarding risk factors associated with the African American community in Riverside County. In addition, information about three potential programs was provided. Workgroup members were asked to review the information provided and return with recommendations for an after school program for African American girls. The recommendations were gathered and the development of the program has begun. Working closely with the developer of the existing boys' Rites of Passage program, RCDMH has organized a consulting workgroup made up of experts in the field as well as community representation and individuals with lived experience of receiving a

culturally-tailored after school program. The workgroup will build upon an existing after school program to incorporate all of the recommendations from the community and include the most current data and research to create a comprehensive after school program for African American middle school-aged youth and their families. The workgroup will meet during FY14/15 and it is anticipated that an RFP will be released in FY15/16.

Hispanic/Latino communities: A program with a focus on Latino women was identified within the PEI plan.

- **Mamás y Bebés (Mothers and Babies) Program:** This is a manualized 9-week mood management course during pregnancy and includes 3 post-partum booster sessions with the goal of decreasing the risk of development of depression during the perinatal period. In FY13/14, 167 women were served in the program with 83% of them completing the program. Eighty percent of the women enrolled in the program identified as being Hispanic, Latina or Spanish and 79% identified Spanish as their primary language. Of note is that 27% of the participants were in the 15 – 24 year old age range. Post data indicated that depressive symptoms were significantly decreased at the conclusion of the program, falling below the clinical cutoff. Satisfaction with the program was also high with 97% of those completing the satisfaction survey marking “Yes” or “Definitely” when asked if they learned new methods to cope with feelings of sadness, if they know how to get help for depression after the birth of their baby, and if participation in the program helped to prevent feelings of sadness and depression. An RFP was released in early 2014 to identify providers to continue implementation of the program countywide.

The PEI MSW student also facilitated two focus groups for participants who completed the program to gather information in order to support the implementation of the program and better serve participants in the future. The women reported that as a result of the program they were better able to identify symptoms of depression and manage their mood. They also stated that their ability to communicate with family, spouses, and children improved.

Asian American/Pacific Islander:

- **Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF):** A Curriculum for Immigrant Families: This is a selective intervention program for immigrant parents that include a culturally competent, skills-based parenting program. As identified through the Community Planning Program, building relationships within the Asian American/Pacific Islander communities is the essential first step prior to offering any program. Significant focus was placed on identifying a consultant from the community to continue the outreach that was begun over the past few years by the Department. Although progress has been made in this area, additional relationship building is needed prior to beginning to look at program implementation. An Asian American/Pacific Islander task force has been formed to engage representatives from communities with the goal of relationship building, identifying culturally appropriate ways to increase awareness of promoting health, and developing a plan to implement the SITIF program. The plan is for an RFP to be released once that process is complete.
- RCDMH staff attended the Asian American/Pacific Islander Task Force meeting to solicit feedback specifically around identification and use of the SITIF program and to solicit feedback regarding implementation. The Task Force Chair provided information on the Asian American Family Enrichment Network (AAFEN) Program and asked that the program be considered for implementation in addition to, or in place of, the SITIF Program. The primary reason for this request is that the AAFEN Program is implemented by family specialists who do not need clinical training, which is the case for the SITIF Program. RCDMH staff will work with the Task Force in FY15/16 to further explore and make a decision on which program will be implemented in order to move forward with planning the implementation of the model that is selected.

Other PEI Activities

One of the ongoing goals of the PEI unit is to respond to training needs of providers as needed, which includes training on topics other than specific evidence-based practices. An example of these types of trainings for FY13/14 includes “booster” training for providers to support ongoing learning related to the evidence-based practices. PEI staff developed and provided a two-day group facilitation training that includes experiential activities to enhance provider skills.

The Prevention and Early Intervention Unit held the 2nd Annual PEI Summit in July of 2013. The overall purpose of the Summit is to bring together all PEI providers to learn about the other programs that are being implemented and to share the outcomes of programs with all of the partners. In addition, participants heard keynote speeches focused on team building and effective outreach strategies. One hundred and ninety-six providers attend the Summit and the overall evaluations were very positive. A third Summit was held in July 2014 and will continue to be held annually.

RCDMH continues to participate in the Inland Empire Perinatal Mental Health Collaborative. One of the missions of the collaborative is to provide an annual conference on a topic related to maternal mental health. RCDMH supports the conference every other year. In 2013 the PEI unit sponsored the conference in which 195 people from Riverside and surrounding counties attended. The focus of the conference in 2013 was "Post-Partum Psychosis: A Medical and Legal Perspective". The conference included a keynote presentation by George Parnham, the attorney who defended Andrea Yates, who killed her five children in 2001. RCDMH provided funding for the conference held in April 2015.

Following the Sandy Hook Elementary tragedy in December of 2012, the Board of Supervisors requested that RCDMH partner with Riverside County Office of Education to host a Safe Schools Summit. The Summit was held in Palm Springs with over 300 people attending. An evening session was held to allow parents to attend. RCDMH will continue to partner with RCOE to offer the Safe Schools Summit.

In order to further support the implementation of the PEI plan, RCDMH continued to contract with The Foundation for Cal State San Bernardino, Palm Desert Campus to host a series of Mental Health Summits with a focus on providing information to providers and community members on the topic of depression and to assist providers in developing an action plan for their organization to provide mental health resources to individuals that come through their doors. The third Summit will bring the same providers back together to assess their success in implementing their action plans.

PEI staff received several requests to present information mental health-related topics throughout the year. One example is the request for a presentation around suicide prevention

at the Corona Norco Unified School District's "S.O.S Students Offering Solutions - Preventing Suicide Town Hall" attended by over 100 students, parents and school staff.

Prevention and Early Intervention Statewide activities:

In 2010, Riverside County Department of Mental Health committed local PEI dollars to a Joint Powers Authority named the California Mental Health Services Authority (CalMHSA). The financial commitment was for four years and expired June 30, 2014. Through the community planning process for the 2014/2017 Plan, the decision was made to continue to support the Statewide efforts and explore ways to support the statewide campaigns at a local level as a way of leveraging on messaging and materials that have already been developed. This will allow support of ongoing statewide activities including the awareness campaigns. Locally, this may include providing training and materials to PEI providers and other community agencies and local stakeholders in the campaigns.

The purpose of CalMHSA was to provide funding to public and private organizations to address Suicide Prevention, Stigma and Discrimination Reduction and a Student Mental Health Initiative on a statewide level. This resulted in some overarching campaigns including Each Mind Matters (California's mental health movement) and Know The Signs (a suicide prevention campaign) as well as some local activities. Several PEI staff and community partners were trained as trainers in two suicide intervention strategies: SafeTALK and ASIST (Applied Suicide Intervention Strategies Training). SafeTALK is a 3-hour training that prepares community members from all backgrounds to become suicide aware by using four basic steps to begin the helping process. Participants learn how to recognize and engage a person who might be having thoughts of suicide, to confirm if thoughts of suicide are present, and to move quickly to connect them with resources who can complete the helping process. ASIST is a two-day workshop that equips participants to respond knowledgeably and competently to persons at risk of suicide. Just as "CPR" skills make physical first aid possible, training in suicide intervention develops the skills used in suicide first aid. Over 20 trainings have occurred in these models since the trainers have become certified. The PEI Steering Committee continues to recommend that funding be allocated to continue these gatekeeper trainings since there is now capacity to train community members on a widespread basis. Another local impact is the collaborative partnership that RCDMH and Riverside County Office of Education (RCOE) developed to participate in the K-12 Student Mental Health Initiative. This initiative included the implementation of the Olweus

Bullying Prevention Program (OBPP) at 4 school demonstration sites and has since included training at 4 additional school sites. Two PEI Staff Development Officers and one RCOE Program Manager participated in the OBPP Train the Trainer process and are completing the certification process. Addressing bullying was one of the themes that came out of the Community Planning Process and as a result the PEI Steering Committee continues to recommend that there be funding allocated to be able to offer the training to other interested schools. In FY13/14, a Student Wellness Series was offered for school administrators, counselors, and teachers. The topics included Trauma-Informed Care, SafeTALK, Suicide Prevention Toolkit for High Schools and Parents and Teachers as Allies. There is another Student Wellness Series scheduled for the winter and spring of 2015.

Training, Technical Assistance and Capacity Building

In the original Training, Technical Assistance and Capacity Building proposal submitted on 7/15/2009, the Department requested funding to support Evidence-Based Practices through the expansion of our CIBHS contract, Law Enforcement Collaborative training, consumer training and vocational supports. This funding was made available through Prevention and Early Intervention one-time funds that have now expired. The Department acknowledges the importance of sustaining all of these initiatives and plans to continue their support and implementation through the local PEI budget. The CIBHS contract will allow the Department to support trainings related to Evidence-Based and Promising Practices identified in the MHSA Plans. In addition to staff participation the intent is to continue to offer training opportunities to our community providers and agencies as well as cross-county opportunities that may present themselves in the Southern Region. The Law Enforcement Collaborate training continues to be offered on a monthly basis and consumer employment training and support continues to surface through our stakeholder process as a primary need. Below are trainings that were conducted during Fiscal Year 2013/2014.

Training Conducted During FY13/14

2013 TRAININGS

DATE	TRAINING	LOCATION
7/1	Family and Schools Together (FAST)	Metro
7/2, 7/10, 7/16, 7/24	CA Brief Multicultural Competency Scale (CBMCS)	Metro
7/9	Psychological First Aid	Metro
7/9	Fundamentals in Disaster in Mental Health	Metro
7/11	Support Staff Training Series	Metro
7/15	(Nonviolent Crisis Intervention) NCI Certification	Metro
7/22	Asian/Pacific Islander	Metro
7/23	Problem Gambling	Metro
7/23	Substance Abuse for Older Adults	Tyler Village

7/29, 7/30	Leading and Coaching	Metro
7/31	Leading and Coaching Refresher	Metro
8/5	Healthy Employee Kickoff Event	Metro
8/6	Screening, Brief Intervention, Referral to Treatment (SBIRT)	Metro
8/7	Mental Health Risk	CGE, #10
8/12	Co-Occurring Disorder in Adolescents	Metro
8/15	Substance Abuse for Older Adults	San Jacinto
8/19	Group Facilitation	Metro
8/20	I Love My Job But... (Compassion Fatigue)	Indio
8/20, 8/21	NCI Children Certification	Metro
8/22	Child Abuse Reporting	Metro
8/22	Elder/Dependent Adult Abuse Reporting	Metro
8/23	Evidence Based Solutions	Metro
8/27, 8/28, 8/29, 9/3, 9/5	Student Trainings	Metro
8/28	Substance Abuse for Older Adults	Cathedral City
9/9	Understanding Vet Culture	Metro
9/10, 9/11	Applied Suicide Intervention Skills Training (ASIST)	Metro
9/10, 9/12, 9/17	Advanced Recovery Practices	Indio
9/12	What Does the Law Expect of Me? Part 3	Metro
9/13	Building Resilience in African American Families (BRAAF)	Metro
9/17, 9/18	Clinical Supervision	Metro
9/23	New Employee Orientation	Metro
9/24	Assessment and Diagnosis for Adults	Metro
9/26	Dialectical Behavior Therapy (DBT) Consultation	Metro
10/1	NCI Enhanced Verbal Skills	Metro
10/2, 10/8, 10/15, 10/24	CBMCS	Indio

10/7	Blindness Awareness Sensitivity	Metro
10/9	NCI Recertification	Indio
10/17	I Love My Job But... (Compassion Fatigue)	Metro
10/22	Assessment and Diagnosis for Children	Metro
10/30	Healthy Employee Event	Metro
10/31 & 11/1	Olweus (Bullying Prevention Program)	Metro
11/4	Student Winter Workshop	Metro
11/4	Providing Interpretation Services	Indio
11/5	Katie A: Core Practice Model	Metro
11/12	Pet Assisted Therapy	Metro
11/13	Communication and Counseling	Metro
11/14	Transition to Independence Process/Site-Based Trainers (TIP SBT)	Metro
11/15	TAY Speaker Bureau Training	Metro
11/18	Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	Metro
11/21	Hoarding	Metro
12/3	New Employee Orientation	Metro
12/9, 12/10, 12/11	TIP Training	Metro
12/12	DBT Consultation	Metro
12/17	Counseling Theories in Practice	Metro

2014 TRAININGS

DATE	TRAINING	LOCATION
1/6, 1/7 & 1/9	Coping and Support Training (CAST) Peer to Peer	Metro
1/8	End of Life Issues	Tyler Village
1/8	I Love My Job But...(Compassion Fatigue)	Tyler Village
1/14	Self-Injury	Metro
1/15	I Love My Job But...(Compassion Fatigue)	Indio

1/16	NCI Certification	Metro
1/23	Recovery Management	Metro
1/23	Mental Health Risk	Indio
1/28	End of Life Issues	San Jacinto
1/28	I Love My Job But...(Compassion Fatigue)	San Jacinto
1/27 – 1/30	Advanced Peer Practices	Metro
1/29 & 1/30	Bridges Out of Poverty	MV Conf
2/3	Healthy Employee Event	Metro
2/6	How to Work Effectively with Families	Metro
2/10 & 2/11	Safe Talk: Train the Trainer	Metro
2/13	Diagnostic and Statistical Manual of Mental Disorders (DSM) - DSM 5	Metro
2/18	Safe Talk	Metro
2/19	Field Instructor Conference	Metro
2/20	Advanced Motivational Interviewing	Metro
2/20	Law, Ethics and Boundaries for Paraprofessionals	Indio
2/24-2/27	Whole Health/Facing Up Training	Metro
2/26	End of Life Issues	Cat City
2/26	I Love My Job But...(Compassion Fatigue)	Cat City
2/27	DSM 5	Indio
3/5	Communication and Counseling	Indio
3/6	New Employee Orientation	Metro
3/6	DSM 5	Indio
3/11	DBT Consultation	Metro
3/12	Graduate Internship Field and Training (GIFT) Student Spring Training	Metro
3/13	Support Staff Training Series	Indio
3/20	NCI Enhanced Verbal Skills	Metro

3/25	Support Staff Training Series	Indio
3/25 & 3/26	ASIST	Metro
3/26	Supervision for Universal Wellness and Inclusion in the Workplace	Flood Control
4/1	DSM 5	Metro
4/2	Network of Care	Metro
4/3	I Love My Job But...(Compassion Fatigue)	Metro
4/4	Rites of Passage	Metro
4/8	What Does the Law Expect of Me? Part 4	Metro
4/9	Support Staff Training Series	Indio
4/9/13	Trauma Informed	Metro
4/10	Atypical Aging	Metro
4/15	Mental Health Risk	Metro
4/15 & 4/16	NCI Children Certification	Indio
4/17	Personality Disorder	Metro
4/22	NCI Certification	Metro
4/23	DSM 5	Metro
4/24	Family Engagement	Metro
4/24	Support Staff Training Series	Indio
4/29	Providing Interpretation Services	Metro
5/1	Asian Pacific Islander	Metro
5/1	DSM for Paraprofessionals	Indio
5/5	Healthy Employee Event	Metro
5/6	Family-Based Treatment for Eating Disorders	Metro
5/8, 5/13, 5/15	Advanced Recovery Practices	Metro
5/16	DSM 5 for Contractors	Metro
5/19 & 5/20	NCI Children	Metro
5/27, 28, 29	Triple P	Metro
5/29	Parent Child Interaction Therapy	Riverside

		Convention Center
6/2	Healthy Employee Event	Metro
6/3	Theories Workshop	Metro
6/5	New Employee Orientation	Metro
6/5	I Love My Job But...(Compassion Fatigue)	Indio
6/9-6/12	Recovery Coaching	Metro
6/17	Law, Ethics and Boundaries for Paraprofessionals	Metro
6/19	DBT Consultation	Metro
6/19	NCI Recertification	Indio
6/20, 6/23	NAMI Provider Education	Metro
6/24	NCI Enhanced Verbal Skills	Metro
6/26 & 6/27	Seeking Safety	Metro
6/30 & 7/1	Group Facilitator	Metro

Law Enforcement Collaborative

A committee of Mental Health/Riverside County Regional Medical Center professionals was created to continually review, revise, and present training to correctional and patrol employees of the Riverside County Sheriff and Police Departments. Currently this collaborative is led and maintained by a Department of Mental Health professional who partners with Law Enforcement to provide Crisis Intervention Team (CIT) training, a certified training by the Commission on Peace Officer Standards and Training (POST). The current training team also consists of presenters from Recovery Innovations who present NAMI's signature In Our Own Voice presentations, as well as partners from the Parent Partner and Family Advocate Programs. These individuals provide panel discussions for the purpose of providing a perspective by sharing their stories, recovery, and experiences. The panels also invite questions and suggestions from law enforcement regarding how to further educate the community, consumers, and families about police intervention. This is then reciprocated as our panels offer input and feedback to law enforcement and provide them with a number of resources to connect the community to mental health services.

Together the CIT training team reinforces and models the importance of collaboration and offers education and awareness while reducing stigma. The main focus and goal of CIT is to train all law enforcement staff, including dispatchers, on how to de-escalate an encounter with someone with a mental illness before it turns into a crisis. Currently, many city, county, state, and federal police agency representatives have been trained. This training has been well received, and a permanent schedule for the CIT is in place. Deputy Sheriffs and Police Officers from other counties and agencies have also attended the training.

Last year a total of 928 Correctional and Sworn Deputies of the required Sheriff's Department members have attended CIT, which according to our Sheriff's Department partners, "is right in line" with the Sheriff's training goal. Training consistently is held 2-3 times a month. Our local Riverside Police Department currently has the majority of all officers that are CIT trained and will be preparing to schedule our next CIT training for new RPD officers and personnel in 2015.

As a result of the strengthened collaboration and relationship, the Sheriff's Department has requested additional training for their dispatchers and has also requested that the Department of Mental Health be the permanent trainers for their Basic Correctional Academy and Deputy

Sheriff Supplemental Core Course covering mental health-related issues. In addition, the Riverside Police Department has asked the CIT Coordinator to participate and audit the third day of CIT training – Defense Tactics - to offer input and suggestions on how to improve interventions.

The CIT training team has reported that CIT continues to be beneficial for both the community and for law enforcement agencies, as reported by consumers and families, who have “seen a difference”, and by officers and deputies, who are saying “It works”. Team members have reported that consumers and/or family members, when calling 911, will oftentimes now ask for a “CIT officer”.

In addition, per our CIT evaluations, law enforcement is consistently asking to extend CIT training, providing feedback and input to improve program, and also asking about ways to become part of the CIT training team.

The Mental Health CIT Coordinator has also been asked to train, assist, and support the staff of the Department’s new Crisis Response Teams, who will be working directly with and responding to law enforcement and emergency hospital personnel in need of mental health intervention and assessment.

Future considerations: Further extend CIT training to private city police stations, continue collaboration and implementation of new ideas regarding curriculum and program, and perform the ongoing needs assessment to stay current and up to date with CIT trends and community needs.

Consumer Employment, Support, Education, and Training Initiatives are reported on page 125. Recovery Innovations Peer Employment Training (PET) information is provided in the Recovery Innovations narrative (page 118)

Innovation (INN)

The Innovation component provides counties with the opportunities to learn how to do something using new or changed mental health practices that you create, pilot, and evaluate. Innovation programs are designed to accomplish one of the following: (a) introduces new mental health practices or approaches, including but not limited to prevention and early intervention (b) makes a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community, or (c) introduces to the mental health system of a promising community-driven practice or approach or a practice/approach that has been successful in non-mental health contexts or setting.

By virtue of the Innovation projects being piloting or demonstrations they are time-limited and are one-time funded. Since inception of the Innovation component Riverside County has introduced four projects. The first Innovation project, INN-01, Recovery Arts Core, completed its program cycle on 6/30/2012. The other three projects are still in process and being evaluated for effectiveness. Progress updates are provided below.

Also important to note is that in last year's 3YPE planning a new TAY Innovation project was proposed. The concept that surfaced was the development of a TAY One-Stop Drop-In Center. The TAY Collaborative was tasked with the planning and design for the Innovation project which they have been conducting over the last year. Unfortunately the Department was unable to secure consensus on the model and will continue to work with the MHSOAC on an acceptable project.

Recovery Learning Center

- Proposed Start Date
04/2011
- Actual Start Date
Western Region
04/2011
- Actual Start Date
Desert Region 05/2012
- End Date 04/2016

Family Room Project

- Proposed Start
Date 07/2011
- Actual Start Date
12/2012
- End Date
05/2017

Older Adult Self Management Health

- Proposed Start
Date 07/2011
- Actual Start Date
04/2012
- End Date 04/2016

INN-02 Recovery Learning Center (RLC)

Western Recovery Learning Center

RLC Western is a non-traditional mental health program currently staffed with diverse, multicultural, and linguistic mental health providers. The program's activities are focused on helping consumers to develop a plan for their mental health recovery and the practice of skills and activities that are a part of that plan. The program reached a capacity of 201 consumers enrolled, with active participation in different program activities.

The RLC holds five (5) Wellness and Recovery Action Plan (WRAP) groups a week, in English and Spanish to accommodate each consumer's individual needs. This includes WRAP in Spanish, WRAP in English both day and evening, WRAP for Transitional Aged Youth, and for Co-occurring Recovery. During the WRAP groups each individual is able to create a list of wellness tools, identify triggers, and develop a plan to prevent a mental health crisis. Each member of the RLC will graduate from the program once they complete WRAP and achieve their personal goals for recovery.

The activities at the RLC are designed with the goal of supporting members in implementing these new wellness tools into their daily lives. The groups provided in addition to the WRAP are an exploration and practice of an individual wellness tool. The individual wellness tools practiced include art, music, cooking, and other activities. The following groups are offered at RLC to learn about Wellness tools:

- Art - Explores wellness tool of art in imaginative ways.
- Be Active in Recovery - Explores wellness tool of various options for staying fit.
- COLOR (Co-Occurring Life of Recovery) - A peer choice topic group focused on recovery from mental health and addiction challenges.
- Cooking with Katie - Get basic budgeting and cooking skills while utilizing the art form of culinary as a wellness tool.
- Creating a Place of Peace - Explores wellness tools of meditation and drumming.
- Creative Writing - Utilize the art of writing as a wellness tool.

- Get Out and Flourish - This group focuses on utilizing wellness tools that take your recovery into the community.
- Facing Up - Explores the multiple facets of health and how to apply them as wellness tools.
- Happiness Group - A bi-monthly group focusing on building skills and utilizing various activities to increase happiness in an individual's life.
- Healthy Cooking - Explores wellness tool of healthy food options and healthy living.
- Meds for Success - This group empowers you to take an active role in advocating your needs and communicating with your Recovery Team. This also includes how to use medications as a part of your Recovery Plan.
- Music Group - Utilize the wellness tool of music as an outlet while building community and support.
- Shelter Buddies - Explores wellness tool of volunteering at an animal shelter.
- TAY Group - If you are between the ages of 18-25 years old, this group for Transitional Aged Youth is perfect for you. Get a chance to meet other RLC members your age to learn skills needed in this important time of your early adulthood and gain support through it.
- WELL - Stands for Wellness Empowerment in Life and Living. This recovery group assists persons with finding and continuing wellness in all aspects of daily life.
- Women's Group - Explores wellness tools for topics related to support, self-help, self-care and beauty, general information, parenting, girl talk and getting empowerment as well as positive affirmations.
- Creating a place for Peace - Building a place of peace and harmony using diverse approaches including meditation and drumming. Come and find new ways to find your Center.
- Art Group - Come and express your creativity by exploring new recovery tools such drawing and coloring with oil paint and much more.

- Transformation in Action - A support group where people express how they feel and learn from each other.

Consumers are welcomed to the program at the RLC through weekly Orientation groups in both English and Spanish. New Consumers are oriented to the RLC philosophy and how it differs from a traditional clinic, along with the commitment it requires. These Orientation groups are also open to family members and community at large to learn about the opportunities available of becoming a member of the RLC.

Consumers who complete the program are encouraged to continue to be involved in a different role. Graduates are offered a monthly Alumni group, in which they offer each other support and information. Graduates are encouraged to attend Peer Employment Training, as well as volunteering at the RLC. Graduates are given the opportunity to give back to community.

Western Region RLC Challenges/Opportunities

- Challenges exist transitioning consumers' expectations from that of a traditional mental health treatment to RLC's innovative approach and level of participation for consumers.
- Challenges exist in assisting Consumers in the transition of graduation and beginning the independent practice of their Wellness tools.
- Opportunities exist in helping the consumer who graduates to create a supportive network of Alumni.

Future Plans

There are several new groups based on developing wellness tools:

- Yoga/ Tai Chi groups
- Ceramics groups
- Gardening groups

Additionally the program plans to increase its involvement with the PAIR program by bringing volunteer therapy animals into the clinic and continuing to refer consumers to Equine Therapy.

The program will also work to engage with family of consumers and the community at large. The goal is to have the RLC with innovative programs serve as a link or first contact to

underserved groups in Mental Health such as Asian American and Pacific Islanders or LGBTQ community. To that end there are a series of community events planned:

- Second Annual Community Luau BBQ Event
- Nar-Anon group after hours for member's family
- Family WRAP Group
- Family Night Open House Events for both English and Spanish-speaking families
- AAPI Task Force partnership and outreach

Desert Recovery Learning Center

RLC continues to grow by addition of two new Recovery Coaches, new program development, and members meeting individualized recovery goals. RLC received 52 new referrals and welcomed 35 new members into the program.

The RLC added a vocational component "Pathways to Success". This included the hiring of a Recovery Coach who works as an Employment Coach to members interested in obtaining employment. This position collaborates with the Department of Rehabilitation and Oasis Community Services to connect members to employment opportunities and prepare them for work readiness.

A co-occurring recovery group called "Dual Journeys" was implemented for RLC members that address all types of addiction issues (drug and alcohol use, internet, gaming, sex, spending, and eating issues). The COLOR (Co-Occurring Life of Recovery) curriculum (developed by Senior PSS) was just approved for use in the RLC, so future plans are to utilize COLOR curriculum in Dual Journeys.

A WRAP group specifically designed for TAY population was implemented and a Recovery Coach was identified as the TAY Liaison. He works in collaboration with Indio Children's Services to identify 16-18 year olds who would like to work on a WRAP plan. TAY WRAP has graduated 3 groups and TAY LIFE began in February with the graduates from TAY WRAP. TAY LIFE is the TAY version of Moving Forward, where youth will discover wellness tools within our local

community. Plans include collaboration with the WIN center, Mia St. Johns Stone Art, Active Minds, and Coachella Valley Animal Campus.

The RLC has adopted "Kato" as the Animal Assisted Therapy dog. Kato attends WRAP and Dual Journeys currently. He has helped numerous members overcome fears and brings joy to the group. Kato was also instrumental in de-escalation of a 5150 crisis in the Indio Clinic. Kato has attended outings with the Moving Forward group. He is so popular in the RLC, that group members in Indio Adult Services have requested their own AAT animal. Kato's handler and co-handler are both RLC Recovery Coaches and do a fantastic job working with Kato.

The Facing Up program has been implemented, which is a group dedicated to Whole Health. Facing Up meets weekly and members are enjoying learning tips and tricks to stay well in all dimensions of their life.

RLC is holding their 2nd annual graduation on June 18, 2015 and plans to graduate 10-12 members.

RLC has also partnered with Coachella Valley Animal Campus. Three Recovery Coaches went through the training to become volunteers. Members have enjoyed going to the Coachella Valley Animal Campus and assisting with volunteer activities. One member adopted a puppy from the shelter.

RLC's Moving Forward group identified many natural supports in the community that support their wellness and recovery. Outings included Coachella Valley Preserve, Coachella Valley Historical Society, Idyllwild Wilderness Trip, Whitewater Ravine, Sunnylands Estates, Palm Springs Movie Colony, Palm Desert Civic Center Park, and many more.

Desert Region RLC Challenges:

- No dedicated Senior Peer Specialist assigned to the RLC.
- Space difficulties for holding groups.
- Space challenges for staff (all staff are co-located in one room).
- RLC has not met member capacity (15 members per 1 Recovery Coach).

Desert RLC Future Plans for FY15/16

- Continue to expand the TAY component of RLC.
- Hire a 5th Recovery Coach when office space becomes available (currently there is no workstation to house a 5th Coach).
- Reach program capacity (75 enrolled members)
- Consider replicating RLC model “without walls” in other clinics throughout the Desert Region (Banning, Blythe).

INN-03 Family Room Project

The Family Room is a new modality of service delivery, which means that mental health services are being provided within the context of a partnership among the person needing services, family, supportive individuals, and the provider. Overall, this new modality is an integration of treatment planning, program content and collaboration with family members and/or individuals who have an important role in the life of the person receiving services. The approach is based on the premise that serious mental illness frequently derails individual and family lives by creating losses of dignity, hope, respect, uniqueness, and self acceptance. In addition, there are also losses due to stigma, poverty, lack of choices, social isolation, and lack of opportunities. Therefore the Family Room not only works with the individual who is receiving services but also provides education, skill training and support to the family members and loved ones who are important in the life of the person. In providing these services the focus is on regaining back what was once lost.

This new way of delivering services also makes great effort to create a culture of acceptance, purposeful interpersonal interactions, personal power, and motivation. The primary interventions to achieve these goals are family engagement, trauma reduction, personal motivation, knowledge building, relationship enhancement, and restoring self determination for individuals and their family members. Also, in this process of building a new clinic culture, a great emphasis is given to the physical environment and appearance (with warm paint colors and comfortable furnishings in the lobby, clinic offices, and group rooms), so that psychological barriers are lowered, and service effectiveness enhanced. The clinic has created a family-friendly lobby by rearranging the reception area, removing the glass in the reception window,

and creating a Welcome and Information Center. Additionally, so-called “family (group) rooms” were designed to resemble a family living room.

The Family Room employs “Family Peer Specialists”, who have lived experience with loved ones receiving mental health services, and all staff are trained to provide services inclusive of family members. Currently, the Family Room employs five Family Peer Specialists who, together with other staff, provide programs such as “Family Support Group” (in English and Spanish), “Peer Support Group” (in English and Spanish), “From Crisis to Stability”, and “Recovery Up-Front”, in addition to individual services. The Family Room clinic also works closely and collaborates with the Department’s Family Advocate and a Family Room Advisory Council (FRAC), consisting of consumers and family members. Efficacy is being established by measuring outcomes utilizing both service utilization data and data collected from specific measures.

Outcomes data collection was developed with input from a family and peer support focus group. A single survey document was created that includes the Recovery Assessment Scale, State Hope Scale, BASIS-24 symptoms measure, and several Quality of Life items related to social connections and family relationships. Housing stability was also included as an item on the survey document. A space for qualitative comments was also provided. The protocol included pre to post data collection for this consumer-completed survey document. Satisfaction surveys for both family members and consumers were developed as well. The first year of data has been collected and analysis will proceed over the next few months.

INN-04 Older Adult Self Management Health Team Project

The Integrated Health Innovation project established an Older Adult Self-Management Health Team program, the Healthy Living Partnership (HeLP), for direct consumer engagement and empowerment and health care self-management, education and support. The program is designed for older adults 60 years and older with serious and chronic mental illnesses and multiple chronic physical health conditions that need support and assistance managing mental health services and physical health care services. This project employs the Chronic Disease Self-Management Program (CDSMP), an interagency collaboration, coordination of care, and peer support to empower and assist consumers with persistent mental illness and with at least 3 chronic medical health problems.

The goal of the HeLP Program is to increase consumer choice, empowerment, and the quality of services to this population by monitoring the outcomes of intensive coordinated medical, behavioral and mental health care received by the clients in this program. Services include ongoing medication management; intensive collaboration and coordination with primary care providers; and a Peer Support Specialist involvement to provide ongoing supports, facilitate consumer use of the HeLP resource room, and support consumers in locating and utilizing community activities. The Registered Nurse is a pivotal team member for coordinating medical and behavioral health care and medication services and provides consultation and case management services to the consumer.

The CDSMP group is a 6 to 8-week specialized intervention that addresses topics including 1) skill-building techniques to cope with issues such as depression, stress, anger, sleep, frustration, fatigue, pain/physical discomfort, and isolation; 2) appropriate exercises for maintaining and improving power, flexibility, and endurance; 3) appropriate use of medications; 4) functional communications with family, friends, and health care providers and other stakeholders; 5) nutrition and wellness; and 6) strategies to evaluate new medical and behavioral health treatments.

Outcome measures are used to evaluate the efficiency and effectiveness of the program and include lab tests at entry and every 6 months and pre and post treatment measures assessing factors including consumer perception of health and well-being, activity level, and use of coping skills.

Program implementation was in April 2012, starting with the staff training in the delivery of the CDSMP group treatment program. As of 2014 to 2015, 138 referrals were received by the program. Of that number, 61 have been enrolled and 35 consumers have been discharged from the program. Preliminary outcomes evaluation did not show improvements in adherence to medications, understanding of medications, and communications with her or his doctor. Satisfaction with physical health and well-being and reductions in activity limitations also did not show improvements. Outcomes data is preliminary as not all consumers served have completed follow-up measures. Data collection for evaluation will continue to ensure a greater sample size and to ensure that the consumers enrolled into the program include the target population of those with chronic health conditions who are struggling with managing their physical and behavioral health care.

Capital Facilities/Technological Needs (CFTN)

Capital Facilities allows counties to acquire, develop or renovate buildings to house and support MHSa programs. Technology supports counties in transforming and modernizing clinical and administrative information systems as well as increasing consumer and family members' access to health information and records electronically within a variety and private settings.

In the original CFTN guidelines counties were allowed to declare the percentage of funding to be split between the areas which were referred to as the CFTN Component Plan.

Thus far two significant Capital Facilities projects were completed, the Desert Safehaven Drop-In Center (the PATH) and the Western Region Children's Consolidation in Riverside. The Technology aspect, Behavioral Information System (BHIS) has been fully implemented. See updates on each of the components below.

Capital Facilities

In last year's new MHSa Three-Year Program and Expenditure Plan (3YPE), the Department amended the Component Plan to accommodate another Capital Facilities project. This amendment was submitted and approved through last year's 3YPE planning process. The project calls for the purchase of a 147 square foot building (Rustin) to house and consolidate a variety of MHSa Clinical and Administrative units. Approximately twelve programs will be housed in the new location including: MHSa Administration; Prevention and Early intervention; Workforce, Education and Training; Peer Support Services/Consumer Affairs; Family Advocate; Cultural Competency; Research and Technology; Western Children's and Adult Out-Patient expansion; Older Adult Services; Transition Age Youth Integrated Services Recovery Center; and Community Access, Referral, Evaluation, and Support (CARES) Lines.

The Rustin Building was completed in late February 2015, and a staggered move-in schedule started the first week of April 2015. The Department also continues to prioritize the need for new program space in the Mid-County/Hemet area. These efforts were stalled due to community opposition to the services being proposed. The Department is committed to collaborating with County Facility planners to work through these barriers and hopefully identify a site to lease. Through the Capital acquisitions there were significant lease savings that can be applied to future lease and/or service projects.

Technological Needs

On March 14, 2008, the State Department of Mental Health released the guidelines for the MHSA Capital Facilities and Technology Component. Technology supports counties in transforming and modernizing clinical and administrative information systems as well as increasing consumer and family members' access to health information within a variety of public and private settings.

RCDMH received approval to use MHSA Technology funding for implementing the Behavioral Health Information System (BHIS), as well as approval regarding the specific details for how funds will be used to implement the BHIS.

This implementation plan for BHIS includes: (1) purchasing and configuring hardware, (2) purchasing software, (3) professional fees associated with customizing the software for RCDMH, (4) additional staff for development, implementation, maintenance, and training.

The county has replaced the legacy INSYST and eCura software applications with a fully integrated BHIS for Practice Management, Managed Care, and Clinical EHR (Electronic Health Record). The new BHIS has been implemented in phased releases. Phase I included Practice Management, Administrative Workflow, Managed Care, Billing and Accounting, and all state mandated reporting. Phase 2 involved the implementation of a Clinical EHR function.

Phase 1 was completed at the very beginning of FY11/12, and Phase 2 was completed at the beginning of FY12/13. The second phase of the implementation primarily focused on the Clinical Workstation (CWS) module. This included the actual clinical content of the Electronic Health Record. Basically, it replaced all of RCDMH's hard copy charts with electronic charts. This second phase went live on July 2, 2012. In addition to CWS, other modules were implemented as well: Executive Report System (ERS), Document Management for scanning various documents into the clinical record, Client Fund Management System (CFMS), and signature pads for recording clients' signatures.

Electronic Health Record Implementation FY13/14

In 2013/2014, a majority of the effort was focused on refining business workflow. This included revising existing forms, improving training materials, and introducing additional instructions. Representatives from various work groups in the Department continued to meet

to identify challenges and develop solutions for making things run smoother. Billing practices were refined and additional reports were developed for catching errors.

In addition, a great deal of effort went into working with the vendor to address software bugs and make improvements to the network infrastructure. Efforts focused on identifying whether problems were site-specific or impacted our entire network. In many situations, network connections were upgraded for improved performance. During this time, we also began to implement a function called ScriptLink which helped (a) reduce errors going into the system by validating data before it was submitted and (b) pre-populate some forms in order to remove redundancy in work flow.

Improvements were made to Order Connect to permit doctors to electronically submit lab orders and electronically receive lab results. Forms were created for Integrated Healthcare. Electronic Interfaces were established with Inland Empire Health Plan, our Managed Care Plan, and with the Sheriff's detention computer system.

Plans for FY15/16

The final year of the budget for this implementation was FY13/14. At this time, the Department continues to make changes in the spirit of continuous quality improvement and continues to work towards getting the system to meet Federal Meaningful Use Requirements. Federal Meaningful Use Requirements continue to be revised and updated, so this will require ongoing monitoring and work.

MHSA Housing

MHSA Housing Activities, July 1, 2013 - June 30, 2014

The Riverside County Department of Mental Health (RCDMH) continued to operate two Safehaven facilities, The Place and The Path, which follow a low-demand, drop-in model for providing homeless outreach and permanent supportive housing to homeless individuals with serious mental health conditions. Both facilities are operated using a nonprofit provider whose program model emphasizes peer-to-peer engagement and support. Those seeking permanent housing at either location must have a diagnosed mental illness and be considered chronically homeless. Ninety-nine percent of provider staff has received mental health services themselves (as consumers of care or peers) and many have also experienced prolonged periods of homelessness. The Path and The Place are partially funded by HUD permanent supportive housing grants. The RCDMH HUD grants have successfully been renewed in order to support these programs through FY16/17.

The Place, located in Riverside, was opened in 2007 and provides permanent housing for 25 adults, along with supportive services, laundry and shower facilities, meals, referrals, and fellowship for drop-in center guests. The drop-in center operates 24/7/365 and serves as a portal of entry for hard-to-engage homeless individuals with a serious mental health disorder. The permanent housing component operated at above 89% occupancy during 2013/2014, with any vacancies quickly filled. During FY13/14, The Place had an average of 685 drop-in guests each month. There were 6 individuals that moved on from their residency at The Place to live independently in their own apartments. Overall, more than 89% of residents of The Place maintained stable housing for one year or longer.

The Path, located in Palm Springs, was opened in 2009 and provides permanent supportive housing for 25 adults on the campus of Roy's Resource Center. It is located immediately adjacent to a Full Service Partnership clinic that is operated by RCDMH. Nearly 89% of the individuals who have resided in The Path maintain stable housing for one year or longer. The Path had an average of 290 drop-in guests each month during FY13/14. In addition, there were 8 individuals that moved on from their residency at The Path to live independently in their own apartments.

Recovery Innovations Jefferson Transitional Programs operate both facilities under contract with RCDMH and both continue to operate at or near full capacity. The success of The Path and The Place, together with the prominent role they play in the continuum of housing for RCDMH consumers, positions these programs for continued success as a valuable contact point for homeless individuals with severe mental illness.

During FY13/14, MHSA funding for temporary emergency housing was continued. These funds were combined with other grant funds (Emergency Housing and Shelter Grant) in order to provide access to emergency motel housing or rental assistance. Using MHSA funding, the staff of the HHOPE program at RCDMH provided a total of 19,182 emergency bed nights to 982 individuals or families with children across all age groups.

The MHSA permanent supportive housing program continued to advance its efforts during FY13/14. Cedar Glen, a new construction project in Riverside, was completed and is now occupied. The project included 15 MHSA units that were embedded in the affordable housing multi-family community. Cedar Glen is centrally located near a transportation hub, mental health supportive services, shopping centers, a library, and medical services.

Perris Family Apartments began construction in FY13/14. As with all other MHSA-funded Department projects, the Perris Family Apartments will include 15 integrated supportive housing units within the 75-unit complex. The community will include a full-time onsite RCDMH-funded support staff with a dedicated office. This multi-family affordable housing project is located in the City of Perris. The project is scheduled for occupancy in April/May 2015.

With the completion of the Perris Family Apartments, RCDMH will have committed and expended all available MHSA housing development funds held in trust by the California Housing Finance Agency (CalHFA). RCDMH will continue to support affordable housing development and development projects as funding becomes available, and will continue providing strong advocacy for special needs housing for very low-income residents, particularly those who are homeless or at risk of homelessness and have severe and persistent mental illness. Existing units of MHSA permanent supportive housing will remain available to eligible residents for a minimum period of 20 years from the date of initial occupancy.

RCDMH leveraged more than \$19 million in MHSA funds for permanent supportive housing to support the development efforts associated with the creation and planning of more than 850 units of affordable housing throughout Riverside County. Integrated within each MHSA-funded project were 15 units of permanent supportive housing scattered throughout the apartment community. The affordable housing communities that received MHSA funding from the RCDMH for permanent supportive housing are identified below.

Region	Project Name and Population Served <i>(All facilities are open for occupancy unless otherwise noted)</i>	Number of affordable housing units in the community	Number of MHSA units embedded in the community
Desert	Legacy - All consumers	80	15
Desert	Verbena Crossing - All consumers	96	15
Mid-County	Perris Family Apartments - All consumers (under construction)	75	15
Mid-County	The Vineyards at Menifee – Older Adults	80	15
Western	Cedar Glen – All consumers	Phase 1 – 78 (open) Phase 2 – 75 (in planning)	15
Western	Rancho Dorado – All consumers	Phase 1 – 70 Phase 2 - 75	15
Western	Vintage at Snowberry – Older Adults	224	15

The MHSA units within each of these communities operate at near 100% occupancy and experience very little turnover. There continues to be a waiting list of more than 100 eligible consumers for housing of this kind.

In addition to providing support to MHSA residents in these communities, the HHOPE Housing Resource Specialist position that is funded through MHSA provides ongoing support to scattered site housing managers and residents. During FY13/14, the staff of the HHOPE Program provided property management and resident supportive services to consumers residing in 168 HUD-funded supportive housing apartments across Riverside County.

Looking Ahead to FY15/16 through FY17/18

Funding for the development of new MHSA supportive housing projects is no longer available. RCDMH is working closely with the Riverside County HUD Continuum of Care and various Veteran Service Partners to explore the possibility of establishing a partnership, if feasible, to apply for funds that are available through Proposition 41 (the California Veterans Housing and Homeless Prevention Bond Act), which was approved in June 2014. This effort, if successful, would provide supportive housing units for veterans as part of Phase 2 of Cedar Glen.

There will be a total of 105 new units of MHSA permanent supportive housing delivered to mental health consumers in Riverside County when the final MHSA-funded project is completed in 2015. There are more than 100 MHSA-eligible consumers who are presently on a waiting list for permanent supportive housing in Riverside County. Permanent supportive housing for people with mental illness is an integral part of the solution to homelessness in Riverside County. There are ongoing efforts to collaborate and join with developers and community partners to capture any funding opportunity that will support the production of affordable housing that includes units of permanent supportive housing for MHSA-eligible consumers. The loss of Redevelopment Agency funding in recent years (without any viable alternative), together with the continuing transformation of the complex financial structures that are necessary to develop affordable housing, create uncertainty about the ability to expand upon the success of the MHSA permanent supportive housing program. The need for this housing continues to outpace the supply.

MHSA Mental Health Court

Riverside Mental Health Court

Western Riverside County's Mental Health Court has been operational since November 2006, after re-establishing under Proposition 63/MHSA funding. This program has expanded from one Clinical Therapist and one Office Assistant in 2006 to current levels of ten full-time employees and one student intern.

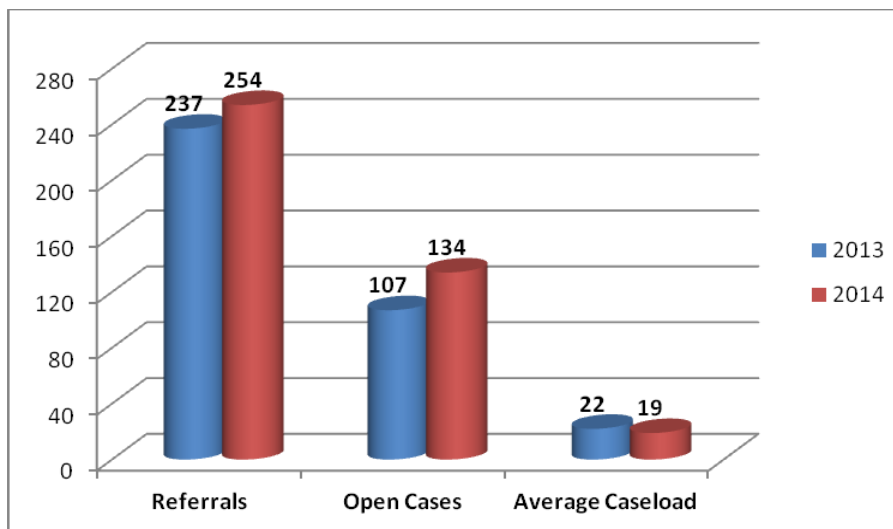
Current staffing levels:

- 1 Mental Health Services Supervisor (MHSS)
- 4 Clinical Therapists assigned to MH Court
- 4 Behavioral Health Specialists
- 1 Office Assistant III

There is currently a candidate for the MHSS position waiting to complete the HR process. Mental Health Court has no vacant Clinical Therapist positions in Riverside.

2014 YTD Stats as of December 31, 2014:

- Referrals - 254
- Open cases -134
- Average caseload -19



Mid-County Mental Health Court

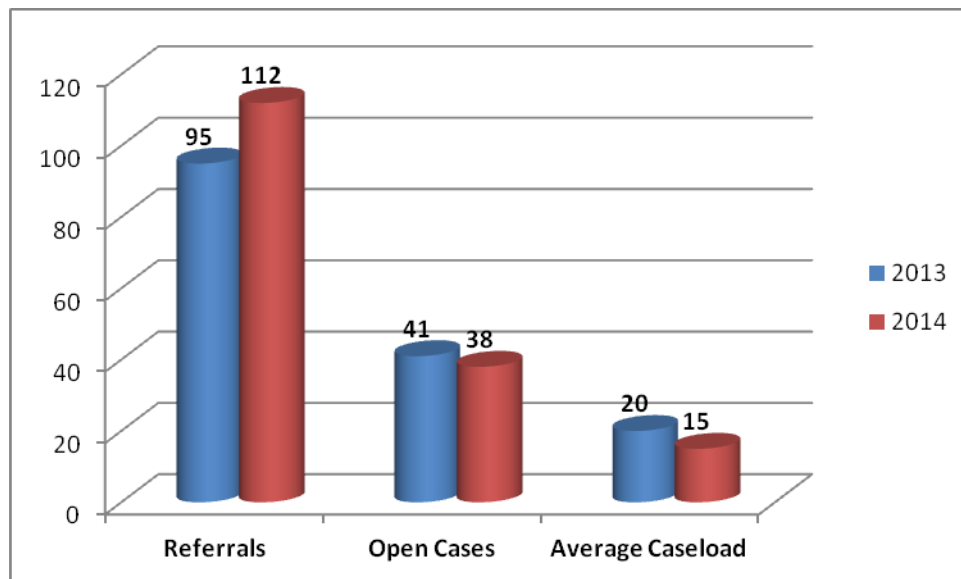
The Mid-County/Southwest Mental Health Court was established in September of 2009.

Current staffing levels:

- 1 Clinical Therapist
- 2 Behavioral Health Specialists
- 1 Office Assistant

2014 YTD Stats as of December 31, 2014:

- Referrals – 112
- Open cases – 38
- Average caseload – 15



Indio Mental Health Court

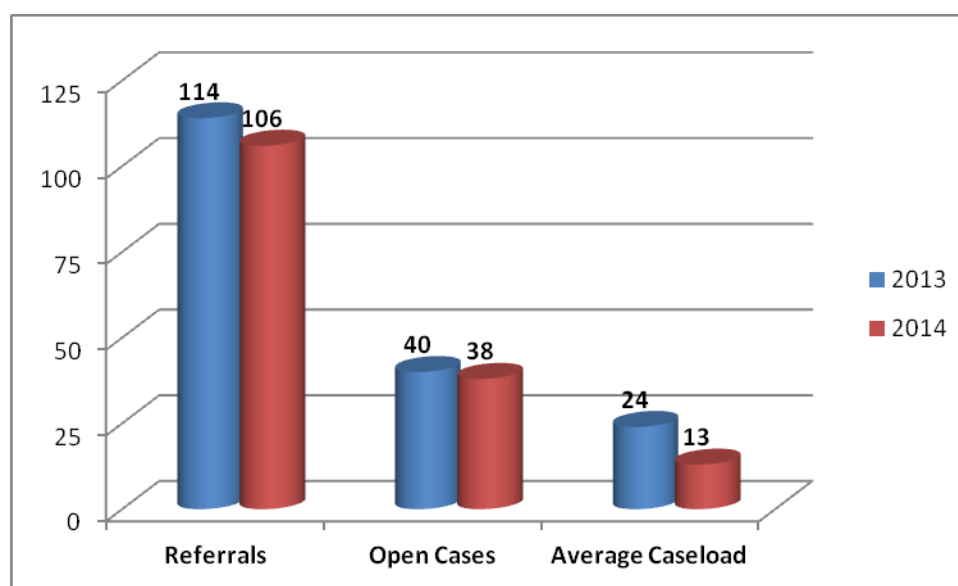
The Desert region's Indio Mental Health Court was established in May of 2007.

Current staffing levels:

- 1 Clinical Therapist
- 2 Behavioral Health Specialists
- 1 Office Assistant

2014 YTD Stats as of December 31, 2014:

- Referrals – 106
- Open cases – 38
- Average caseload - 13



While Prop 47 is having a significant impact upon Mental Health Court, the program continues to be a viable and highly sought after alternative here in Riverside County.

California Proposition 47, the Reduced Penalties for Some Crimes Initiative, reduces the classification of most "nonserious and nonviolent property and drug crimes" from a felony to a misdemeanor.

Veterans Court

On January 5, 2012, Veterans Court convened for the very first time in Department 31 under the leadership of Superior Court Judge Mark Johnson. Veterans Court is a joint effort between the Riverside County Superior Court, Veterans Administration (VA), and several Riverside County and City agencies including the District Attorney, Public Defender, Probation, Mental Health, Riverside Police Department, and other county veteran agencies. The Court specifically addresses the needs of Riverside County Veterans charged with criminal offenses, and it is a 12 to 18 month program that provides treatment and rehabilitation to Veterans.

A key component of the program continues to be mentoring. It has been tried and proven that when individuals feel a sense of universality ("I am not in this alone.") the participation and response are much greater. Veteran mentors are pre-screened volunteer veterans and are very critical to the success of the participants. Mentors provide support and guidance to the veterans in a way that is culturally competent, as they understand and relate to the military culture so ingrained in Veterans Court participants. These volunteers dedicate countless hours each week to support the veterans and the program. Currently, there are two (2) veteran mentors.

The goal of entry into the program is that three weeks (21 days) from arraignment, the Veterans Court referral form is completed by the client's attorney early in the court process, and the case is set in Department 31 for an eligibility hearing seven to fourteen days out. At this time the court requests mental health clinical assessments, which are done by the Clinical Therapist assigned to the Veterans Court. The Superior Court designated up to 50 participants in the program at one time but raised it to 100 in 2014.

The success of the program, both economically and socially, is reflected in many different ways. Veterans Court saves State and County funds in the avoidance of prison costs (\$134.25 per day State, and \$142.92 per day at local jails) when participants are in treatment in lieu of incarceration. Also when the Veterans Administration provided the treatment services, County treatment services were not utilized, saving in both duplication of services and cost. And of course, the most significant savings remains that of human life and dignity for the veterans who fought for our Country and their families who sacrificed so much as a result.

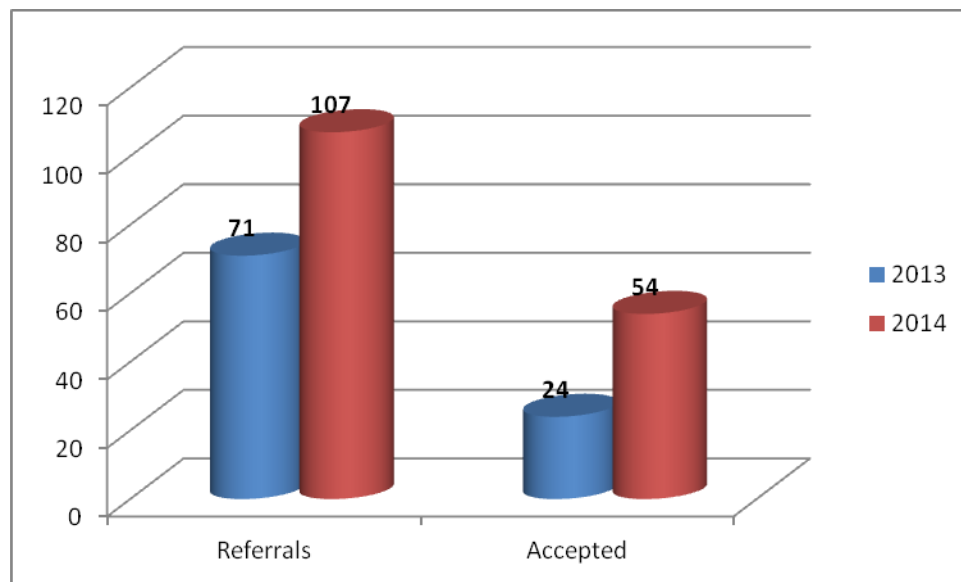
The very first Veterans Court Graduation was held on July 26, 2013. There were a total of 4 Veterans that graduated, with over 100 people in attendance at the event. There were several agencies that attended this event including Public Defender, District Attorney, Sheriff's Department, Probation, Riverside Superior Court, Mental Health Department, and a representative for Congressman Raul Ruiz.

The second Veterans Court graduation was held on January 31, 2014. There were a total of 7 Veterans that graduated, with over 80 people in attendance. This event also had several agencies attend including Public Defender, District Attorney, Sheriff's Department, Probation, Mental Health Department, and a representative from Assemblyman Medina's Office.

The third Veterans Court graduation is tentatively scheduled for May 22, 2015. We expect to graduate 4 Veterans, and anticipate continued support and attendance from family and friends of the Veterans, as well as members of other Federal, State, and County agencies, including the Public Defender, District Attorney, Sheriff's Department, Probation, Mental Health Department, Veteran's Affairs, and representatives from the County BOS and local Assemblyman's Office.

2014 YTD Stats as of December 31, 2014:

- Referrals-107
- Accepted-54



Participation in Community Veteran Events

The Valor Veteran Stand Down event was held October 17-18, 2014 at the Perris Fair Grounds. Veterans Court staff had a table at the event and provided free information regarding the Mental Health Veteran Court program as well as other Mental Health brochures. The event was successful, as it has been for the past few years.

On Saturday January 31, 2015 the 6th Annual Pass Area Veterans Expo was held in Beaumont at the Beaumont Civic Center. Mental Health staff hosted a table at this event and distributed free information regarding the Mental Health Veterans Court program and other Mental Health brochures.

Recovery Innovations

(Western and Mid-County Peer Support and Resource Centers)

Peer Support and Resource Centers

Overview of Services
Recovery Education
Community Integration
Resource Center
Peer Support
Community Supports and
Partnerships
Western Region Service data
Mid-County Region Service data

NAMI Programs

In Our Own Voice
Parents and Teachers as Allies
Breaking the Silence

Peer Employment Training

PET Service Data

Art Works Programs

Gallery Classes
Special Events
Recovery In Motion

The Mission of Recovery Innovations is to *"create opportunities and environments that empower people to recover, to succeed in accomplishing their goals and to reconnect to themselves, others, and meaning and purpose in life"*. In Riverside County, Recovery Innovations is honored to partner with the Riverside County Department of Mental Health to provide several of such recovery opportunities.

Western and Mid-County Wellness City Programs (Peer Centers)

Wellness City is founded on the recovery principles of hope, choice, empowerment, an environment of wellness and spirituality and community enrichment by contribution. Wellness City is made up of individuals embarking on or expanding their recovery journey. A staff of well-trained peers who have experienced their own recovery successes share what they have learned and work alongside other practitioners and educators. Those who attend our programs are "citizens" of Wellness City who both receive from and give to the community replicating the

good citizenship throughout the larger society. Citizens learn to identify personal strengths and challenges and develop personalized action plans that incorporate their dreams for the future. Each citizen of Wellness City partners with a Recovery Coach who understands the challenges and is standing by ready to offer support. Strong and trusting relationships grow and are nurtured between Wellness City citizens. These relationships are the key ingredient that will allow the City to be a healing recovery community. The healing dynamics of Wellness City include the following services to support wellness and recovery in the nine dimensions of wellness. We provide:

- **Recovery Education:** The goal of Wellness City is to offer groups and activities that support each citizen in directing their own recovery journey. All activities will be useful, engaging, and fun, guided by the Recovery Pathways of Hope, Choice, Empowerment, Recovery Culture, and Spirituality. At the City Hall meetings, each citizen will be invited to share and celebrate their progress and seek support from other Wellness City citizens. Within our centers, classes are offered daily, and are taught by program participants, staff, and community partners. Individuals are encouraged to participate in recovery classes and activities, where people can practice wellness in all its dimensions: Social, Emotional, Intellectual, Occupational, Spiritual, Physical, Financial, Recreation, Home and Community.
- **Community Enrichment Activities:** To ensure that Wellness City offers a comprehensive program of wellness, community enrichment activities are scheduled monthly. Each citizen is invited to participate in enjoyable and meaningful activities that are free or low-cost. Through these events, citizens are encouraged to explore personal interests, engage in new experiences, develop friendships, and discover welcoming places that will increase their quality of life.
- **Resource Center:** Each Wellness City is equipped with computers that utilize Microsoft Office applications and have Internet access. Citizens are encouraged to use the resource center to find information according to their own needs and goals.
- **Support:** Each citizen will be welcomed and offered the opportunity to spend time with a Recovery Coach who will provide an orientation to the activities provided in Wellness City and assists them in developing a "Personal Wellness Plan". Each citizen will select a

Recovery Coach who will walk alongside them and encourage them as they carry out the actions they have listed in their "Personal Wellness Plan".

At Wellness City, citizens are aided in connecting with community resources and supports in order to promote community integration, physical wellness, and social participation. Examples of these resources include but are not limited to:

- Riverside Community College's Disabled Services Center
- Housing and Urban Development Office
- SSI Advocacy Firms
- Legal Aid
- Transportation Assistance Program (TAP)
- Department of Rehabilitation

Community Partnership, Fairs, and Support:

- Lorna Linda University's Nursing Department developed and facilitates Physical Health Awareness classes.
- Canyon Lake Festival and Fair
- Rubidoux Community Fair
- Perris Youth Summit
- Seams of Gold Temecula
- Moreno Valley College Health Fair and Blood Drive
- Perris Valley Family Resource Center's Annual Community Resource Fair

FY14/15 Activities

For FY14/15, Recovery Innovations Wellness City Programs activities/accomplishments include the following breakdown for both the Western and Mid-County Regions:

Western Region:

- The Adult Program provided support and services to three hundred forty-five (345) unique individuals.
- The Transitional Age Youth (TAY) Program provided support and services to thirty-three (33) unique individuals.

Mid-County Region:

- The Adult Program provided support and services to three hundred sixty-seven (367) unique individuals.
- The Transitional Age Youth (TAY) Program provided support and services to eighteen (18) unique individuals.

Program Milestones

- Employment support was provided for one hundred nineteen (119) individuals, who were exploring options regarding employment as a pathway to recover. Nineteen (19) citizens obtained gainful employment and celebrated achievement of sustaining employment for a minimum of ninety (90) days.
- Educational support was provided for ninety-three (93) individuals, considering options for obtaining their GED, High School Diploma and/or enrolling in a trade school or college. Twenty-three (23) individuals successfully achieved their educational goals.
- Supported forty-nine (49) people applying for benefits (SSI/SSDI, Work Incentives, GR, food stamps, and Medical). Eleven (11) individuals reported that they had received the benefits they were seeking.
- Provided translation services for fifteen (15) individuals
- Provided forty (40) Enrichment Activities to support individuals in building social connections in the community.

NAMI Programs

Recovery Innovation's contract to provide NAMI Signature Programs in the Western and Mid-County regions of Riverside County began in Sept. 2011. This team consists of two part-time Coordinators (one in each region), a full-time Program Supervisor, and many Program

Presenters trained by NAMI to lead these presentations throughout these regions. The program has two office locations, one in the Recovery Innovations Wellness City in Riverside (Western) and the other at the Recovery Innovations Wellness City in Perris (Mid-County). The NAMI Signature Programs Recovery Innovations provides are:

- In Our Own Voice
- Parents and Teachers as Allies
- Breaking the Silence

These programs are presented in the following target communities:

- Mid-County Region: Perris, Lake Elsinore, Romoland, San Jacinto, and Winchester
- Western Region: Eastside Riverside, Casa Blanca, Rubidoux, Moreno Valley, and Arlanza

NAMI Signature Program: In Our Own Voice - In Our Own Voice (IOOV) is an education and recovery presentation given by trained presenters who are living full and productive lives while personally overcoming their mental health challenges.

This program provides the community with practical, useful information about mental health. Over 58 million Americans live with a mental health challenge each year. Our presenters, who model recovery while living with serious mental health challenges, speak about their personal journeys of recovery. Thus, IOOV presentations consist of compelling and personal testimonials, a short video, and time for audience questions and discussion.

Target audiences include persons living with a mental health diagnosis, mental health service providers, families, students, law enforcement personnel, professionals, faith communities, and anybody wanting to learn about mental illness.

The presentation takes 60-90 minutes and is intimate and candid. Presenters engage audiences with their brave and gripping personal journeys. They touch on the various phases of recovery including: Dark Days; Acceptance; Treatment; Coping Skills; and Successes, Hopes, and Dreams.

For FY13/14 there were 33 IOOV presentations in the Western Region with a total audience attendance of 482, and 38 presentations in the Mid-County Region reaching 636 audience members. Here are some comments from those who attended our presentations:

- I appreciate the courage of the presenters for being genuine about sharing their lives. There's always light behind the dark days.
- I would like to thank the ladies that came to speak to us and share such personal experiences. It opens my mind to my own illness.
- Great presentation; very enlightening. Thank you.
- Sincerely appreciate your expertise in sharing your personal experiences.
- Very inspiring! Thank you for sharing your stories and the hope!
- It was very commendable that the presenters themselves speak from personal experience.
- I am diagnosed with anxiety, depression, and BPD. The presentation was very beneficial / familiar to me.
- The stories were very inspiring and to me both speakers were the true heroes.
- Very good presentation. Thank you for sharing. I have a better understanding of mental illness.
- It's admirable that you are able to share your story. It was very impactful and I would recommend it to everyone.

In addition, Recovery Innovations provides IOOV presentations to law enforcement. These consist primarily of presentations at Crisis Intervention Trainings at the Ben Clark Training Center but also include presentations to Riverside Police Department, Department of Probation staff, Department of Public Guardian staff, Mental Health Court staff, and other law enforcement personnel. In FY13/14 there were a total of 26 presentations given to a total of 779 audience members. Following are some comments from attendees:

- Very professional presentation. Having a face to put a story with makes the education stick more compared to just reading text from a book.
- Excellent presentation. Departmental decision makers need to be exposed to this presentation. Good job!
- Excellent speakers and very inspiring.

- Very informative. Thank you for being so brave.
- Great class. I learned a lot!
- This is a tough audience. You all did an awesome job. Thank you for your time.
- Very brave to speak openly about such personal issues, especially with cops. Great job! And God bless you both.
- Great class - very insightful/touching.
- It was wonderful to hear first hand experiences. Both speakers were great. Thank you for the info. I count it as a benefit.
- Extraordinary people with extraordinary stories. Very informative.
- Thank you for sharing your stories. You are very brave and inspirational.

Recovery Innovations coordinated one IOOV Presenter Training

- March 7-8, 2014 in Perris. There were a total of 14 graduates.

NAMI Signature Program: Parents and Teachers as Allies - Parents and Teachers as Allies is designed for teachers, administrators, school health professionals, parents, grandparents and others in the community who are interested in mental health training

This one-to-two hour presentation focuses on helping school professionals and family members better understand the early warning signs of mental illness in children and adolescents and how best to intervene so that youth with mental health treatment needs are linked with services. It also covers the lived experience of mental health experiences from the perspectives of a teacher, the parent of a child who experienced mental health challenges in school, and a student who tells their personal story. PTA supports schools in developing ways to best communicate with families about mental health-related concerns. During FY13/14 there were 8 presentations done in Mid-County to a total of 61 people and 13 presentations done in Western to a total of 99 audience members. Audience comments follow:

- Very educational and informative.
- Creo que es muy importante.
- Really liked the presentation. I was enlightened by some of the experiences.

- This was an excellent presentation. It's unfortunate that mental illness is still so stigmatized.

Through perseverance and community networking, Recovery Innovations worked closely with Moreno Valley Unified School District, Perris Unified High School District, Jurupa School District, and Lake Elsinore Unified School District. These relationships will carry forward to FY15/16, opening doors for us to present to parents and school staff across the both regions. Schools have been very interested in using our program to educate, enlighten, and empower both parents and staff to understand mental illness and the community resources available to them. Trained teams of presenters are able to do PTA presentations in both English and Spanish.

NAMI Program: Breaking the Silence - Breaking the Silence Teaching the Next Generation About Mental Illness.

One in five of our children will have a mental health challenge at some point in their lives. Mental illness has never been more treatable, but there is a deafening silence about it in our classrooms. Fully scripted innovative lessons and suggested activities for upper elementary, middle school and high school put a human face on mental health challenges and confront the myths that reinforce the silence.

Students learn that mental illness it is not a character flaw; what some of the early warning signs look like; and how to fight the stigma that surrounds mental illness. Staff will demonstrate the use of the material to the school personnel to equip them to use the lesson plans in their classrooms. Presentations are done with interested teachers and counselors who, in turn, teach the curriculum to their students with prepared curriculum especially for Upper Elementary, Middle School, and/or High School age groups.

During FY14/15, there were 5 presentations done in Mid-County to 16 school staff members, and in Western region there were 6 presentations to 43 school staff members. Their comments included:

- We could definitely use information from your agency for our population.
- Great presentation...to the point with great information breaking the stigma of mental illness and a great need in our community.
- Very awesome! Very powerful!

- We would benefit from the upper elementary and middle school curriculum.
- The “hearing voices” simulation was a great example to explain the symptoms of schizophrenia and a wonderful way to explain the illness to children.
- I truly appreciated the presentation, the simulation activity, and the personal stories.
- Very informative and the book is a great strategy to use and teach to bring awareness. Thank you.
- It was very informative and made me feel more comfortable discussing mental illness.

Community Support

Program staff attended regular community meetings; Multi-Agency Collaborative, Behavioral Health Commission, Children’s, CFLC Advisory Partnership, Older Adult, Regional Advisory Board, Adult System of Care, NAMI affiliate meetings, Faith-Based Collaborative, Eastside Community Health Partnership, and Cultural Competence Reducing Disparities Committee to network with the community and provide resources to these organizations. They also participated in various Health Fairs in Riverside County and the May is Mental Health Month event at Fairmount Park.

Peer Employment Training (PET)

Recovery Innovations (RI) continues to provide training to equip peers who want to work as Peer Support Specialists in the County of Riverside. For FY14/15, RI was contracted to provide six classes. The 72-hour classroom training and graduation celebration provides a very positive opportunity for peers to demonstrate empowerment in peer recovery. For FY13/14 there were a total of 131 graduates from the six classes listed below.

Date	Region	Class Name	Graduates
Aug 12 - 23, 2013	Desert	Shifting Sands of the Desert	21
Oct. 14 - 25, 2013	Western	Hopeful Heros	26
Dec. 2 - 13, 2013	Mid-County	Peers for Peers	25
Feb. 3 - 14, 2014	Desert	Raise of Hope	15
March 31 - Apr 11, 2014	Western	Proud Peers	23
June 2 - 13, 2014	Mid-County	Peer-Servance	21

Art Works Programs`

The mission of Art Works is to educate and empower individuals with mental health experiences to use creative arts for wellness and recovery. Art Works combines creative arts instruction, vocational training / opportunities, mental health peer support, and anti-stigma outreach. These various aspects of Art Works' programs and projects are designed to improve the quality of life for those participating and provide supports for students to continue these positive trends in their lives.

Art Works Gallery Class Attendance:

Art Works Gallery held 293 workshops and classes in FY14/15, utilizing 25 specific curricula. There were approximately 887 students served.

Classes include our featured Glass Works component. Glass Works is a premiere Art Works project. Dawn Woodruff—Hemet-based glassworker and jewelry artist—provides a series of monthly glass working classes at Art Works Gallery. Monthly projects vary in design and scope. During each class, up to 10 students create 2-4 glass art pieces. Once fired, each student chooses one of the pieces to keep and puts the remaining 1-3 pieces on consignment with Art Works Gallery. The Glass Works consignment agreements are standard for the gallery. This opportunity allows students with mental health challenges to delve into this exquisite and expensive art form and to make money while doing so.

After Works Workshop Attendance:

There were 50 After Works workshops during FY14/15 with a total of 399 separate attendances. Many of these workshops were presented to audiences of 15 or greater, including: Gregory Adamson's "Life as a Blank Canvas" (23), Dawn Woodruff's Fused Glass (16), Laura Ryan's "Morph Me" collage (32) and Trapeze Doll Pendants (15), and Bailey Milligan's Holiday Wreaths (17).

Instructors:

During FY14/15, there were 31 separate instructors for all Art Works Gallery and After Works workshops and classes. Some instructors taught only a single class or workshop, while others taught a series of classes or workshops. Of these 31 instructors, 18 have personal lived experience with mental health challenges.

Special Events:

Art Works' FY14/15 community outreach touched many lives throughout Riverside County. This was accomplished through Art Works Gallery's participation in the monthly Riverside Downtown Arts Walk on the first Thursday of each month, the free Community Education Film Series, Health Fairs, and Arts Walk.

Art Works Gallery was visited by 474 individuals during Arts Walks throughout the 2014 fiscal year. The Gallery presented six exhibitions of artwork during this time period, specifically emphasizing the artwork of individuals with lived mental health experience.

The Community Education Film Series, co-sponsored with Wellness City Riverside, was presented in three cities throughout Riverside County (Riverside, San Jacinto, and Palm Desert) with a total attendance of 198 people. Each screening was preceded by a catered reception and followed by a panel discussion. After each of the three films were presented, speakers from those films connected with the audience to answer questions. Audience members also received informational packets with information about mental illness recovery and local resources.

Recovery-Arts In Motion (RIM)

The goal of RIM is to bring classes that integrate art with recovery elements to various underserved locations throughout Riverside County. Through facilitation of recovery arts classes by peer specialists who were also artists, it is hoped that this unique method of engaging artistically-inclined and creatively-interested people in recovery will help them to find additional ways to enhance their recovery journey.

RIM Peer Artists have walked the path to mental wellness and recovery. With their personal backgrounds in the creative arts, lived experience with mental health challenges, and expertise gained through Peer Employment Training, these Peer Artists are uniquely qualified to share recovery principles, taught through artistic expression, with individuals on their own recovery path. Art Works Gallery and its programs have exhibited the efficacy of art as a non-threatening and engaging catalyst for change in many individuals' lives. Six classes were offered to the most underserved areas of Riverside County, directly impacting the lives of individuals with mental health challenges who would not otherwise have access to recovery and

creative arts classes. The mobile unit serves peers in underserved locations throughout Riverside County.

Harmony Center
(Desert Region Peer Support and Resource Center)
Oasis Peer Support and Resource Center

Locations

- Indio Harmony
- Banning Harmony West
- Blythe Harmony East
- Palm Springs Harmony Centers

Services provided: education, training, housing, and benefits assistance.

Facilitate recovery skill classes and empowerment of MH consumers.

Peers integrate and/or receive training/employment with:

In your Own Voice – NAMI Signature

Breaking down Barriers – NAMI Signature

Mentors – Oasis Mentoring Program

Seeking Safety – Enroll in seeking safety classes

Harmony Ambassadors are trained and empowered to facilitate peer-run groups and outreach to MH clinics and other community organizations.

Oasis Peer Support and Resource Center – Desert Region

The Harmony Center mission is to create opportunities and environments that empower people to recover and succeed in accomplishing their goals, reconnect and achieve a greater level of independence within the community.

Locations:

- Indio Harmony
- Palm Springs Harmony
- Banning Harmony West
- Blythe Harmony East

Harmony Peer Center has a resource center where participants can access information on:

- Housing Options
- Employment/ Vocational Opportunities
- Educational possibilities
- Benefit options
- Public Transportation

Classes are offered daily for both adults and TAY

- Social
- Financial – Money Management
- Emotional
- Physical
- Recreational
- Home and Community Living

We are continuing with Oasis Self- Directed Recovery Plan as a process for sorting out and identifying our individual recovery goals. Our staff peer coaches are available to provide 1:1 peer support to those developing their wellness goals and plans to achieve them.

Some of the benefits of having a Self-Directed Recovery Plan are goals that are YOURS.

- It helps you identify and organize your steps towards recovery.
- It helps you recognize and develop your strengths.
- It helps our coaches support you to know what you seek from them.

Center Updates

- In 14/15 there has been an increase in attendance with the opening of Palm Springs Harmony center.
- Increase in peers reaching their goals in employment – with the integration of Oasis Vocational Services, receiving education on employment, skills, and resume building twice a week.

- Transitioning into Independence Process - PSRC staff received 2 workshops July 10 and 11, and December 1 and 2, 2014. Implementing TIP model into classes at TAY center.
- Awards - Celebration of Successes and Accomplishments biannually April 17 and November 20, 2014. The next award celebration was scheduled for March 12, 2015.
- Implemented WELL (Wellness and Empowerment in Life and Living) classes in September 2014.
- WRAP continues to be the popular class.
- Hours of operation were increased to 5:30 pm.

Consumer Employment, Support, Education, and Training

FY13/14 brought continued growth in the Consumer Affairs organization with maintaining consumer initiatives and recovery model implementation. Peer Support Specialists (PSS) were utilized in a variety of areas and programs to integrate the consumer perspective into the recovery teams within the mental health field. This is the priority of the Consumer Affairs Unit. Peer Support Specialists are people who have experienced significant mental health challenges that have disrupted their lives over lengthy periods. A PSS has achieved a level of recovery and is willing to use their experiences to help the consumers. PSS have been added to existing programs and to developing innovative programs.

Workforce

Consumer Affairs added to its numbers by bringing on qualified PSS Interns (PSSI) who have completed Peer Employment Training, as do the full-time PSS. They then go through a selection process, which includes a meeting with the Workforce Education and Training (WET) Manager. Those who are selected provide direct services in the clinics and programs. This is accomplished in a learning capacity, while performing all the essential job functions of a full-time PSS. A regional Senior Peer Support Specialist supports them in their learning. In FY13/14, there were 11 PSS Interns and of those 11, five were hired to full time positions.

Programs

The TAY (Transitional Age Youth) Peer Support Program has moved forward and grown with a dedicated Senior PSS and a PSSI working as peers to the youth. The TAY Peer Support Team provides needed support and resources to the Transitional Age Youth who are transitioning from the children's service programs into the adult programs. This increases the likelihood of the individual continuing his or her recovery into young adulthood and reduces the chances of that same individual falling into crisis during this very challenging transition. The TAY Senior Peer Support Specialist works with the Children's Services Administrator and the Peer Policy and Planning Specialists from Adults, Family Advocates, and Parent Partners to augment current PSS Training offered to adults. This includes subject matter to assist the TAY PSS in working alongside young people and their parents to ensure appropriate Medi-Cal reimbursements for services provided through Riverside County Department of Mental Health.

The PSS Volunteer (PSSV) Program also increased the number of consumer providers. The County of Riverside was privileged to have 35 PSSV providing 4,922 volunteer hours to the Department in FY13/14. This program has been particularly exciting, since the volunteers are all providing direct services resulting in a tremendous client response. The PSS Volunteers perform a variety of tasks, including greeting clients in the lobby, providing resources, co-facilitating recovery groups and providing one-to-one peer support. Many of the volunteers go on to be hired to work for the Mental Health Department or its contractors.

Senior Peer Support Specialists

Senior PSS have worked for the Department as exemplary Peer Specialists; then they have moved into leadership positions. They are responsible for many different tasks including: supporting and training of PSS, recruiting, training, retaining PSS volunteers and interns, and collaborating with clinic supervisors. The Senior PSS also facilitate Department trainings for all staff from PSS to Psychiatrists. Some of these trainings include:

- Recovery Documentation
- Advanced Peer Practices
- Advanced Recovery Practices
- Recovery Coaching
- Collaboration: A Recovery Practice
- Recovery-focused Service Delivery for MDs
- WRAP Facilitation

The Senior PSS are also involved in building relationships with the contractors and other mental health agencies, allowing the Department to increase its local resources, further benefiting the consumers.

There are twelve Senior positions for Peer Support. Three regional Senior PSS (Western, Mid-County, and Desert), one each in Older Adults, Substance Use, Workforce Education and Training (Veterans Liaison), The Recovery Learning Center-West, Desert Recovery Learning Center, the AB109 Program now known as “New Life”, Quality Management/Research, Consumer Affairs Administration, and Transitional Age Youth.

The Senior PSS for Substance Use continues to work to build the volunteer program to ensure there is educational class coverage for the clients who are waiting to enter substance use treatment. These classes are taught throughout Riverside County with an average of four occurring at any given time. These classes have been successful assisting participants in finding and maintaining recovery from drugs and alcohol, as well as helping each individual identify any mental health challenges he or she may be experiencing, while in a safe environment. These classes are even more remarkable because Peer Support Volunteers teach them. There are currently five volunteers working in the Substance Use Program.

The Senior PSS in Quality Management has been working on the development of the countywide launch of "Whole Health". This is the consumer directed program utilizing the Recovery Innovations curriculum "Facing Up". This program will be implemented in all clinics, including Full Service Partnerships and children's clinics throughout the county starting in early 2015. This Senior PSS position also works countywide to ensure compliance of written materials in clinic lobbies and that customer service practices are in line with supplying our consumers with a welcoming environment that works to reduce stigma and promotes recovery. Compliance reports are generated and delivered to Managers and Directors for review.

Community Education and Support

The Consumer Affairs organization has been asked repeatedly to submit proposals for workshops nationwide. In the 2013/2014 fiscal year the Senior Peer Specialists once again joined with the Consumer Affairs Program Manager to facilitate these workshops. In 2013/2014 these conferences included the International Association of Peer Supports (INAPS), the California Association of Social Rehabilitation Agencies (CASRA), and the 7th International Conference of Social Work in Health and Mental Health at the University of Southern California. In addition, the Department has participated in several conferences bringing Riverside County's unique experience in the development of Peer Programs, such as the National Alliance of Mental Illness (NAMI), WRAP (Wellness Recovery Action Plan) Around the World, Cultural Competency and Mental Health Southern Region Summit, and the Suicide Prevention Network Meeting. The list of presented workshops focuses on delivering the message of the need for implementation of peer-provided services within the mental health system, as well as demonstrating how Riverside County Department of Mental Health has done this effectively:

"Micro-Aggressions in Mental Health"

"Living Recovery: Returning to work after a relapse"

"Recovery Coaching"

"Peer Support in 12-Step: Building Healthy Boundaries"

"Consumer Culture"

"Recovery Documentation: Medi-Cal reimbursements for consumer-provided services"

"How we did it: Advocacy for peer-led programs"

"Building a Legacy"

"Warrior Culture: Peer-to-peer assistance for veterans"

The Working Well Together (WWT) Summit for State Certification of Peer Specialists, the Behavioral Health Symposium was held in Sacramento, California. The purpose of this symposium is to develop a unified certification program for peer supports that includes ethics, boundaries, essential job functions, training, and organization. WWT holds monthly meetings and Webinars that are focused on the development of a standardized certification program. Currently, there are four Senior Peers, along with the Consumer Affairs Program Manager, that are actively involved in the continued development of this valuable program, using the experience of Riverside County's successes and challenges as a reference for the State of California. Senior Peer Support Specialists have also presented Webinars for WWT on specific topics including "Tragic Shootings: Media Response to Mental Health and Community Education" and "Living Recovery/Returning to Work after a Relapse".

The Senior Staff has partnered with the Workforce Education and Training Team to present recovery concepts to local colleges such as Loma Linda University, California Polytechnic State University in Pomona, and California Baptist University's Master's level Social Services programs. This has allowed students to gain knowledge and insight into how county services are being delivered with peer perspectives.

Training and Support

The Consumer Affairs organization continues to hold its monthly trainings. There have been specialized presenters to provide information on topics such as Ethics and Boundaries, Pets Assisting in Recovery (PAIR), Older Adults, Spirituality in Mental Health, Cultural Competency and much more. Continued support and training for the PSS includes bringing in the Copeland Center to certify WRAP (Wellness Recovery Action Plan). Recovery Innovations was invited to come and train Senior Peer Support Specialists as facilitators in Advanced Recovery and Advanced Peer Practices.

During this time, partnering with a county contacted agency, Recovery Innovations, six Peer Employment Trainings were held and have graduated 130 students. This class is two weeks (72 hours) of intensive college level material. It includes a mid-term and final examination. This class provides the Department with new PSS staff, volunteers, and interns. It also assists consumers to further their personal recovery.

Consumer Affairs continues to partner with the Family Advocate Program as well as Parent Partners for training and support. This ensures that Riverside County Department of Mental Health carries a singular message of hope to the community. The senior staff is partnering in a number of ventures providing training to the community, sharing resources and co-facilitating events. The third annual "All Peer Retreat" (Consumer Affairs, Family Advocate Program, and Parent Partner Program) was held in 2013. This retreat was an opportunity for consumer and family staff to collaborate and to grow in understanding of family and consumer perspectives. Speakers from the State of Arizona were brought in to share recovery concepts and the Family Advocates presented material on how they participate in the recovery team within the clinics; thus bridging the gap between peer and other staff with "lived experience" creating a unified understanding and further dispelling internal stigma.

Consumer Affairs has many projects and plans ready for the upcoming year and is looking forward to the successes and challenges that await us. There are plans to add another Senior position in Long Term Care, continued development of innovative projects, and Consumer-directed community education classes, just to name a few of the upcoming events.

Veteran Services Liaison

The Veterans Services Liaison (VSL) position was established by the Department to help address the needs of the veteran population and their families and advise on best practices and new strategies. The VSL identifies strategies for improving our work with Veterans, provides support to families and friends of Veterans, improves RCDMH staff knowledge of Veteran culture, and networks with community and Veteran organizations to ensure RCDMH representation at various forums. FY14/15 accomplishments include:

Community Outreach and Support

Continuing the effort of reducing the stigma of mental illness and offering hope for the future to Veterans, their families and friends, the VSL attended and assisted with various events, Veterans Expo committees, and Veterans Expos throughout the County.

The VSL assisted the Department of Public Social Service (DPSS) with its Point in Time count for Riverside County. The Point in Time count is designed to obtain a "close as possible" count of homeless in Riverside County. This specific Point in Time count was geared toward Veterans.

In September 2014, the VSL represented RCDMH at the 67th Assembly District Veterans Expo in Wildomar sponsored by Assemblywoman Melissa Melendez, providing information and conducting public outreach and engagement. More than 120 Veterans were served at this event.

The VSL also represented RCDMH in October 214 at Riverside County's Veterans Stand-Down. This event was hosted by U.S. VETS of Riverside and held at the Perris Fairgrounds-Harrison Hall. Veterans Stand-Down events are held in cities all over the nation and provide food, clothing, services, and referrals to homeless Veterans. More than 350 Veterans were served at this event.

The VSL was present at the Riverside County DMH Adult Systems of Care Committee and Older Adult System of Care Committee meetings in May of 2014.

Collaboration and Education

The VSL developed a 1-day field placement rotation for graduate students enrolled in Riverside County DMH Graduate Internship Field and Training program (GIFT). This rotation included a Military Cultural Immersion Training for graduate MSW and MFT interns.

In an effort to reach out to Veterans in need the VSL established a working and collaborative relationship with VA Loma Linda, specifically with Homeless Outreach Team (HCHV Outreach Program) for the Inland Empire (San Bernardino and Riverside Counties), and established contact with VA Loma Linda suicide prevention program staff.

The VSL advised the Behavioral Health Commission's Veterans Committee on developing new committee goals and recruiting new community members.

RCDMH understands the importance of maintaining an accurate and up to date Network of Care: Mental/Behavioral Health and Veterans Portal web site for Riverside County DMH. To facilitate these efforts, the VSL secured access as a Listing Manager in order to update these sites as necessary.

The VSL facilitated a 2-day Veterans Cultural Immersion seminar and field placement site visit for clinical and macro (community outreach) graduate students interning for Riverside County DMH. The project was a collaboration between the GIFT program and U.S. Vets (non-profit agency). The VSL also established contact with March Air Reserve Base (ARB) behavioral health staff and Ministry Team to collaborate in the future on any support Riverside County DMH can provide to March ARB Active Duty, Reserve, and Air National Guard personnel.

2015 to Present Accomplishments:

In January 2015, the VSL represented RCDMH at the 6th Annual Pass Area Veterans/Military, Family and Friends Expo at the Beaumont Civic Center. Recognizing the need to include two additional key organizational representatives at this event, the VSL made contact with the local affiliate of the National Alliance on Mental Illness (NAMI) and Riverside County Veterans Court, ensuring they would be included as vendors for Veterans at this event.

In collaboration with local County agencies and community organizations, the VSL continues to work with the Riverside Area Veterans Expo (RAVE) committee in developing ideas to consolidate the area's RAVE with a Stand Down to be held in October of 2015.

The VSL continues its efforts in working with the following programs: Consumer Affairs, PEI, Family Advocate, Parent Partner, Cultural Competency, Quality Management (QM), GIFT, WET, and others to continue to discuss/plan on providing better quality services to Veterans and their families.

FY15/16 Projections:

The VSL is committed to staying engaged with the community and supporting committees established to help and better serve Veterans and their families. The VSL will continue to attend Riverside County DMH Cultural Competency Committee meetings and collaborate on trainings and information pamphlets offered to the public.

The VSL will continue to be an active participant at the RAVE planning Committee in preparation for the 3-day Stand Down/Expo.

The VSL will also continue to attend and support San Bernardino County's Department of Behavioral Health Veterans Sub-Committee in an effort to collaborate and develop different ways to better serve Veterans and their families.

The VSL will continue to represent RCDMH at the Riverside County Sheriff's Department Veterans Enrichment and Transition (VET) Program Administrative Advisory Committee.

The VSL will also continue to attend and support the Behavioral Health Commission's Veterans Committee.

Family Advocate Program

Family Advocate Program

Provides assistance to family members in understanding and coping with the illness of their ADULT family members through:

- Information, education, and support
- Resource information and assistance for family members in their interactions with service providers and the mental health system
- Facilitating and improving relationships between family members, service providers, and the mental health system in general
- Providing services in both English and Spanish

The Family Advocate Program (FAP) provides assistance to family members in coping with and understanding the mental illness of their ADULT family members through the provision of information, education, and support. In addition, the FAP provides information and assistance to family members in their interactions with service providers and the mental health system in an effort to improve and facilitate relationships between family members, service providers, and the mental health system in general. The FAP provides services in both English and Spanish.

There are three Regions within Riverside County, and currently there is one Senior Mental Health Peer Support (SMHPS) Family Advocate assigned to each region. The Family Advocates are able to provide individual family support to family members within our mental health system, as well as support to the community. They currently offer weekly family support groups in various locations within their regions, and offer informational presentations to family members and community on topics such as, "What is a 5150?", "Substance Abuse 101", "Nutrition and Mental Wellness", and several other educational topics. All presentations and

groups are offered in both English and Spanish. The FAP also continues to be the liaison between the Riverside County Department of Mental Health and the National Alliance on Mental Illness (NAMI) and assists the 4 local affiliate chapters with the coordination and support of the NAMI Family-to-Family Educational Program. FAP staff also currently teaches the Spanish Family-to-Family program in their Regions. The FAP assisted the Riverside and Hemet NAMI Affiliates in starting the first two Spanish-speaking NAMI Affiliates in Riverside County. In partnership with the local affiliates, the Spanish NAMI chapters have been extremely successful and provide much needed support to our Spanish-speaking communities. The Department, per community suggestion, will explore the implementation of other cultural adaptations of NAMI programs such as “Compartiendo Esperanza” for the Spanish speaking community, and “Sharing Hope” modeled for the African American community.

The FAP also networks with community agencies by outreaching, providing educational materials, attending health fairs and providing presentations to culturally diverse populations to engage, support, and educate family members on mental health services and supports that are available to them.

The FAP has added a county-wide Family Advocate Senior Mental Health Peer Specialist to support families in the Mental Health Detention, Court, Public Guardian, and IMD Programs. Families experience increased struggles with understanding the complexity of these programs. The Family Advocate is able to assist families in navigating the programs, offer support, and provide a better understanding and offer hope for their loved ones. The FAP has developed several family educational series, such as “Families, Mental Illness, and the Justice System” in English and Spanish and “The Conservatorship Process”, and has added a library of presentations that are offered county-wide to family members and the community.

Currently the FAP has four Mental Health Peer Support Specialist (MHPSS) Family Specialists. Two Family Specialists have been assigned to the Blaine Mental Health Clinic, and one to the Hemet Mental Health Clinic. These Specialists work directly with family members of consumers within their clinic. A Family Specialist has also been assigned to the Recovery Learning Center, and works directly with their Recovery Coaches to support and provide the member’s families with a better understanding of the WRAP and Recovery Concepts that are the centerpiece of the services offered.

The FAP will also be expanding the Family Specialist (MHPSS) positions with assignments at the Indio Mental Health Clinic. This additional Family Specialist will assist in enhancing family support services within our outpatient clinic and will work directly with clinic staff to support families' integration into treatment. A Family Specialist will be added to the Office of Public Guardian and Long Term Care Program. This Family Specialist will provide support, resources, and education to families whose loved one has been placed on conservatorship and/or at a Long Term Care Facility. This Family Specialist will act as a liaison between families and these programs to insure additional support and understanding of the LTC and PG processes. The FAP has now expanded with the addition of three Family Advocate (SMHPS) positions to support the Western Region PEI Programs, and a Family Engagement Specialist to assist with current DMH efforts to support diverse communities through the Cultural Competence Programs.

FAP attends and participates in several RCDMH Committees, such as Criminal Justice, MH Regional Boards, Adult System of Care, and Housing to ensure that the needs of family members are heard and included within our system. The FAP continues to be part of Panel Presentations of the Riverside County Law Enforcement Trainings, to include the family perspective when handling a 5150. The FAP also will be expanding to support families with loved ones who struggle with mental illness and substance abuse challenges. The addition of a Senior Mental Health Peer Support Specialist (Family Advocate) will assist families in understanding both the Mental Health System of Care and the Substance Use program in hopes to support families in building healthy boundaries, and with the knowledge and skills they need to best support their loved ones with dual diagnosis challenges.

The FAP continues to work closely with the Mid-County Region MHSA Innovative Program, "The Family Room" that is located at the Perris Mental Health Clinic and the newly opened "Lake Elsinore Family Room". The Family Room concept emphasizes support for families who are in crisis and enhance family members' knowledge and skills by expanding their participation and role so that they can better assist and promote their loved one's road through recovery.

Some future goals for the FAP are to be able to offer new educational supports to families and expand our services such as:

- WRAP for Family Members
- Recovery Management for Family Members

- Co-Occurring Support Groups and Educational Programs
- Spirituality Support Groups
- Expanding Family Advocate Volunteer and Intern Programs

The FAP continues to partner with Consumer Affairs and Parent Support and Training Programs to promote collaboration and understanding of family and peer perspectives.

The FAP continues to provide information, support, and education to family members throughout Riverside County. The FAP believes that Recovery is an essential piece in all their support services to families. It is essential for families to understand that Recovery is possible for their loved ones, but also, family members go through their own Recovery journey, which can be possible with continued support, education, understanding, and self-care for themselves and their loved ones.

Parent Support and Training Program

Classes/Trainings

EES

Triple P

Facing Up

Nurturing Parenting

Parent Partner Training

Special Projects

Back to School Backpacks

Thanksgiving Meals

Snowman Banner Gifts

Donations

County-Wide Services/Activities

Outreach Events

Volunteers

Interns

Mentorship

Parent Orientations

Support Groups

Conferences

Multi-Agency Collaboration

Transition Age Youth

Presentations

Introduction - Why Parent Support?

Parent Support and Training (PS&T) Programs across the country have been developed in response to the many obstacles confronting families seeking mental health care and to ensure treatment and support be comprehensive, coordinated, strength-based, culturally appropriate, and individualized. The Parent Support Program activities are intended to engage parents/caregivers from the moment they recognize assistance is necessary. Activities include parent-to-parent support, education, training, and advocacy. This will enhance their knowledge and build confidence to actively participate in the process of treatment planning and at all levels relating to their child as well as their family. These activities are specifically supported in the Mental Health Services Act as a part of Mental Health transformation to promote better outcomes for children and their families.

Background

The Riverside County Department of Mental Health Parent Support Program was established in 1994 to develop and promote client and family directed nontraditional supportive mental health services for children and their families.

What is a Parent Partner?

Parent Partners are hired through the Department as county employees for their unique expertise in raising a child with special needs.

A Parent Partner is responsible for working out of a designated clinic or program to assist staff in the planning and provision of treatment to children and families. In coordination with clinicians, the Parent Partner will work directly with assigned parents, families, and child caretakers whose children receive mental health services through the Riverside County Department of Mental Health System of Care. Assistance may include activities such as orientation for families newly entering the mental health system or a particular clinic setting, parent education, mentoring, advocacy and assistance/empowerment for parents to act on their own behalf for the needs of their children and family. This is primarily a trainee position, which would receive direct supervision from the clinic supervisor(s) of the Mental Health clinic(s)/program(s) where he/she is assigned.

Mental Health Policy and Planning Specialist

The Family Liaison for Children's Services is intended to implement parent/professional partnership activities at the policy and program development level. This position works in partnership with the Children's Services Administrators to ensure the parent/family perspective is incorporated into all policy and administrative decisions.

The Vision

The Riverside County Department of Mental Health Parent Support and Training Programs ensure parents/caregivers are engaged and respected from the first point of contact. Parents want to be recognized as part of the solution instead of the problem. Parents and staff embrace the concept of meaningful partnership and shared decision-making at all levels and services benefit from a constant integration of the parent perspective into the system.

PS&T has been able to individually reach out to over 11,000 parents, youth, community members, and staff with needed information and resources on how to better advocate for their children, and families. The current number of Parent Partners county-wide is 38 Total (19 are bilingual).

There is a quarterly county-wide Parent Partner Meeting for all 38 Parent Partners (Mental Health Peer Specialists). There is also a quarterly regional Parent Partner meeting with all parent partners in their own region to discuss regional issues. The quarterly county-wide parent partner meetings are held the 3rd Tuesday of the month at the Banning Mental Health Clinic. The meeting generally includes a round table discussion and updates from each clinic, as well as training and presentations on specific topics. Trainings are incorporated that are beneficial to the Parent Partners. Presentations are provided by both county and contracted programs, such as First Five and Car Seat Safety, How to Facilitate a Support Group, Self-Care, and Documentation for Parent Partners.

PS&T was able to co-facilitate the fourth annual All Peer Retreat, with all Parent Partners, Family Advocates, and Peer Specialists coming together. Over 100 Peer Specialists, Parent Partners, and Family Advocates learned from each other regarding the different programs and services that are provided. There were a lot of Team Building Exercises, a Motivational Speaker, and Collaboration throughout the day. PS&T was excited to bring together all of the amazing people who work for the Department who have lived experience and to network and learn from each other.

A Parent Partner curriculum has been approved and is being utilized as training for all newly hired parent partners.

With Special Projects, PS&T has been able to utilize 65 community volunteers during FY13/14 with outreach events and donation projects.

- 14th Annual Back to School Backpack Project: 450 backpacks were distributed to youth at clinics/ programs.
- 14th Annual Thanksgiving Food Basket Project: 130 food baskets were distributed to families.

- 14th Annual Holiday Snowman Banner Project: 1,231 snowflake gifts were distributed to youth in clinics/programs.
- In the Mentoring Program, monitored through Oasis, an average of 36 youth has been in the Mentoring Program at any given time during FY13/14. The mentors are varied in their life experience and education. Several of the mentors have consumer background in Children's Mental Health. They have been very successful in working with the youth that are assigned. One of the objectives for the youth is to be linked with an interest in the community. Clinicians will ask for them by name on the Mentor Referral. Some of the comments from parents are that this program has helped their youth with school and has improved his/her confidence.

Support Groups

- Open Doors Riverside (Parent Support)
- Open Doors Murrieta (Parent Support)
- Open Doors Riverside – Spanish (Parent Support)
- Open Doors San Jacinto (Clinic Parent Partner)
- Open Doors San Jacinto - Spanish (Clinic Parent Partner)
- Open Doors Banning (Clinic Parent Partner)

Educate, Equip and Support (EES) Classes

- Total Graduates: 186 county-wide
- Total Classes: English - 18 , Spanish - 10 county-wide

Triple P Classes

- Total Graduates: 259 county-wide
- Total Classes: English - 26, Spanish - 8 county-wide

Parent Partner Trainings

- Total Graduates: 35 county-wide
- Total Classes: 3 county-wide

Daily Reporting Center (Prison Release Parents)

- EES Classes Total participants: 25
- Triple P Classes Total participants: 100

Community Committees/Boards

- Southwestern and Western Region Child Care Consortium (Committee)
- Riverside Child Care Consortium (Board)
- United Neighbors Involving Youth (UNITY)
- Directors of Volunteers in Agencies (DOVIA)
- Riverside County Community Volunteers (RCCV)
- Community Adversary Committee (CAC) (Corona)
- Mujeres Activas en La Salud (MAS)
- Eastside Collaborative, Community Health Foundation
- Civic Center Collaborative
- Riverside Unified School District (RUSD) English Learners Collaborative
- Alvord School District Network
- Moreno Valley School District Collaborative
- RCOE Fiesta Educativa Committee
- Family Service Association (FSA) Children's Conference Committee
- Eric Soleader Network – Resource Person
- Perinatal Collaborative
- League of Latin-American Citizens
- Child Abuse Prevention Council HOPE (Moreno Valley, Corona, Riverside, Temecula, Desert Hot Springs)
- Task Force Family and Youth Murrieta
- SELPA Interagency Meeting

Riverside County Department of Mental Health Committees/Boards

- May is Mental Health Month
- Cultural Competency Committee
- Spirituality Committee
- Translation and Interpretation Committee
- Cultural Awareness Celebration Committee
- Pathways to Wellness (Katie A.) - Collaboration with DPSS
- TAY Collaborative Committee
- Building Bridges Committee
- Pathways to Wellness (Katie A.) - Family Perspective Presentation
- Women, Infants and Children Clinics
- Behavioral Health Commission (previously the Mental Health Board) (Recovery Presentation)
- Mental Health Children's Committee
- Wraparound Family Plan Review Meeting
- Western Region Supervisors Meeting
- Central Region Supervisors Meeting
- Mid-County Region Supervisors Meeting
- Desert Region Supervisors Meeting
- Kinship Navigators Committee
- Peer Workshop Presentation
- Pathways to Wellness (Katie A) CORE Meeting
- Pathways to Wellness (Katie A) Steering Committee
- Pathways to Wellness (Katie A) Work Groups Leader Orientation
- TAY Collaborative

- Task Force Family and Youth Murrieta

Outreach Events:

Path of Life Health Fair	NAMI Walk
Family Resource Center Perris Health Fair	Million Man Event
Arlanza Fair	Black History Parade
Recovery Happens Fair	May Is Mental Health Month
I.E. Disabilities Health Fair	Health and Safety Event
Working Well Together Conference	NAMI Conference
Tribal TANF	Cultivating Our Community
African American Family Wellness	Rubidoux Resource Fair
Million Father March	Heart For Health
LULAC Community Health Fair	Fiesta Educativa

Parent Support and Training Program FY15/16 through FY17/18

The Parent Support and Training Program's ongoing goal for the next three fiscal years is to continue outreach to parents, youth, and families within Riverside County.

Parent Support and Training Program facilitates Educate, Equip and Support (EES) classes that are provided to parents/caregivers who receive services through clinics/programs. The classes are also available to the community. PS&T will continue to provide ongoing Support Groups that are open to the community for parents/caregivers who are raising children who are experiencing challenging behaviors. PS&T is also working with Safe House in regards to Human Trafficking and are providing ongoing support groups for the parents of the children who are trafficked. PS&T is now also providing Triple P Parenting Classes for parents/caregivers of children who are 0-12 years old and are experiencing beginning behavior challenges. Parent Support and Training is planning to start both "Nurturing Parenting" Classes and the "Facing Up" Wellness Classes for parents/caregivers. PS&T Program is implementing the Mental Health First Aid and Safe Talk Trainings that will be open to all community members that are interested in participating in this valuable training. PS&T Program will continue to facilitate the ongoing

two-week Parent Partner Trainings for parents/caregivers in the community as well as to newly hired parent partners within the Department of Mental Health and Department of Public Social Services to learn more about Recovery Skills, Telling their Story, and working within the county system as an employee/volunteer. Parent Support and Training Program continues to network within our own system as well as community-based organizations to bring information to parents. PS&T will continue to be a part of the Law Enforcement Training, as a part of the Panel Presentation, to provide the parent perspective when a child is 5150'd.

Parent Support and Training Program will also be providing Triple P, EES Classes, and Facing Up Wellness Classes in conjunction with several Agencies for the AB109 population. PS&T is at the Daily Reporting Center in Riverside and will also be at the new location in Mid-County in Temecula to help support and empower this population of parents who are recently released from prison. It is our hope in working with this population of parents that we will also be able to outreach to their children. The children of parents who are incarcerated are a group that is often left out of services and not recognized as being in need.

Parent Support and Training will continue their collaborative efforts with Department of Public Social Services in regard to the Pathways to Wellness (Katie A.) legislation and transformation of Mental Health Services to families within both systems. PS&T will continue to collaborate on committees and with ongoing trainings to staff, community, parents, and youth that are involved with that system. Parent Support and Training plans to have a key role in upcoming Child, Family, Team Meetings, and providing Intensive Home-Based Services to those families.

Parent Support and Training has recently become involved with a Multi-Agency Education Collaborative that has been implemented by RCOE SELPA to collaborate for joined services for our families that have many barriers to accessing multi-faceted levels of care from different types of agencies. PS&T plans to continue this collaboration and outreach to families that are referred to us through this venue.

One of the main barriers that continue to impact parents/caregivers is the transportation system in our county. PS&T tries to bring classes/trainings to parents in their local area as much as possible to overcome this barrier.

The Goal

The goal is for Riverside's Parent Support Program to assist families, regardless of whether or not they are receiving any type of mental health services. Assistance will be provided to identify needs, overcome obstacles, and actively participate in service planning for their child and family. The parent perspective will be incorporated in all aspects of planning and at the policy level. The ultimate goal is to keep children safe, living in a nurturing environment and with sustained connection to their families. This will help to avoid homelessness, hospitalization, and incarceration, out of home placement, and/or dependence on the state for years to come.

This goal will be accomplished through parent-to-parent support, peer support, advocacy, training and tangible resources. Scholarships and childcare will be provided for education and training to parents who would not be able to attend otherwise. Additional services will be offered for "clients and their families" such as mentorship, transportation, and donated goods. Activities provided will increase participation and involvement of parents/caregivers who have children/youth that are unserved, underserved, or inappropriately served as well as enhance partnerships between families and professionals within multiple systems. The program will require Parent Partner positions and recruitment of volunteers county-wide, to ensure the necessary infrastructure is in place to support this program. Expansion of supports and services will reduce stigma while providing support to the unserved, underserved, and inappropriately served and will target culturally diverse populations as required in the Mental Health Services Act.

Existing Support and Services in the Parent Support Program

Countywide Parent to Parent Telephone Support Line is open to parents/caregivers who live in Riverside County and are seeking parent-to-parent support through a non-crisis telephone support line. This is another way of supporting and educating parents who are unable or choose not to attend a parent support group. Support is provided in both English and Spanish.

"Open Doors Support Group" is open to the community and provides parents and caregivers who are raising a child/youth with mental health/emotional/behavioral challenges a safe place to share support, information, solutions, and resources. The goal is to have support groups County-wide in English and Spanish.

Parent Support Resource Library offers the opportunity to anyone in the Department or community to check out videos and written material, free of charge, to increase their knowledge on a variety of mental health and related topics including but not limited to advocacy, self-help, education, juvenile justice, child abuse, parenting skills, anger management, etc. Materials are available in both English and Spanish.

Community Networking/Outreach reduces stigma and builds relationships by providing educational material, presentations, and other resources. It targets culturally diverse populations to engage, educate, and reduce disparities.

Educate, Equip and Support: Building Hope (EES) - The EES Education Program consists of 10-12 sessions; each session is 2 hours and is offered only to parents/caregivers raising a child/youth with mental health and/or emotional challenges. Classes are designed to provide parents/caregivers with general education about childhood mental health illnesses, advocacy, and parent to parent support and community resources.

Triple P (Positive Parenting Program) - Triple P is an evidence-based parenting program for parents raising children 0-12 years old who are starting to exhibit challenging behaviors.

Facing Up - This is a non-traditional approach for overall wellness for families to encompass Physical, Mental, and Spiritual Health.

Safe Talk - Most people with thoughts of suicide invite help. Often these opportunities are missed, dismissed or avoided—leaving people more alone and at greater risk. SafeTALK training prepares you to help by using TALK (Tell, Ask, Listen, and KeepSafe) to identify and engage people with thoughts of suicide and to connect them with further help and care.

Nurturing Parenting - Is an interactive 10-week course that will help you better understand your role as a parent. Help in strengthening your relationship and bond with your child. Learn new strategies and skills to improve your child's concerning behavior. Develop self care, empathy, and, self awareness.

Mental Health First Aid - Teaches a 5-step action plan to offer initial help to people with the signs and symptoms of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self-help care.

Parent Partner Training - This is a two-week class for parents/caregivers to navigate mental health and other systems, in order to get better advocate for their children.

Special Projects - Donated Goods and Services benefit children and their families with basic needs such as food, clothing, hygiene items, holiday food baskets, school supplies, gift certificates, and as well as cultural and social events.

Mentorship Program - This program offers youth who are receiving services from our County clinic/programs and are under the age of 18 an opportunity to connect with a mentor for up to 6 – 8 months.

Volunteer Services - Volunteer Services recruits, supports and trains volunteers from the community, including families that are currently receiving services, giving both the parents and the youth an opportunity to “give back” and volunteer their services.

Trainings provide staff, parents, and the community information on the Parent/Professional Partnerships. The trainings include engagement and a parent's perspective to the barriers they encounter when advocating for services and supports for their child. They also provide a parent's perspective regarding providing mental health services to children and families.

Scholarships are provided to parents to attend trainings and workshops to increase their knowledge, confidence, and skills. Limited full and partial scholarships are available to parents and youth who would not otherwise be able to attend.

Current Staff in the Parent Support Program

- One (1) Parent Partner in Administration works in partnership with Children's Programs Administrators and Top Management to implement parent/professional partnership activities and to ensure the parent/family perspective is incorporated at all levels.
- Five (5) Senior/Lead Parent Partners work out of the Parent Support and Training Program. Each Senior/Lead is assigned to a different Region of the County to collaborate and work with the Regional Children's Administrator, Children's Supervisors, and Parent Partners to ensure and help with providing support for families. This year we added a Senior/Lead position specifically for Pathways to Wellness.
- Eight (8) Parent Partners are assigned to work out of the Parent Support and Training Program. They provide assistance, answer the support line, provide EES, Triple P,

Facing Up, Safe Talk, Parent Partner, Mental Health First Aid, and Nurturing Parenting Trainings county-wide. They also facilitate Support Groups County-wide, offer presentations to community providers, and offer support to clinicians and families including orientation for parents/caregivers entering the system when needed.

- One (1) Volunteer Services Coordinator coordinates special projects and donated goods, provides outreach, targets culturally diverse populations, trains, and mentors volunteers, and is bilingual.
- One (1) Secretary and On (1) Office Assistant, who answer phones; send out mailers for Support Groups, EES Classes, and Parent Trainings; coordinate the training materials that are needed for the Parenting Classes that are ongoing throughout the county; maintain lists for all Donation Projects of Donors; and work closely with the Program to maintain all Projects, Reports, and Imagenet information for tracking purposes.

MHSA Funding Summary

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan Funding Summary

County: Riverside

Date: 3/30/15

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2014/15 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	30,967,818	13,014,534	14,567,500	5,377,638	11,971,162	
2. Estimated New FY2014/15 Funding	61,109,182	15,227,295	4,020,066			
3. Transfer in FY2014/15 ^{a/}	(13,000,000)				13,000,000	
4. Access Local Prudent Reserve in FY2014/15						0
5. Estimated Available Funding for FY2014/15	79,077,000	28,241,829	18,587,566	5,377,638	24,971,162	
B. Estimated FY2014/15 MHSA Expenditures	48,547,568	17,027,601	5,274,519	1,312,069	15,000,000	
C. Estimated FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	30,529,432	11,214,228	13,313,047	4,065,569	9,971,162	
2. Estimated New FY2015/16 Funding	66,129,049	16,532,262	4,350,595			
3. Transfer in FY2015/16 ^{a/}	(13,000,000)				13,000,000	
4. Access Local Prudent Reserve in FY2015/16						0
5. Estimated Available Funding for FY2015/16	83,658,481	27,746,490	17,663,642	4,065,569	22,971,162	
D. Estimated FY2015/16 Expenditures	61,361,524	19,131,468	4,470,381	1,492,133	0	
E. Estimated FY2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	22,296,957	8,615,022	13,193,261	2,573,436	22,971,162	
2. Estimated New FY2016/17 Funding	57,683,522	14,422,154	3,795,860			
3. Transfer in FY2016/17 ^{a/}	(4,000,000)				4,000,000	
4. Access Local Prudent Reserve in FY2016/17						0
5. Estimated Available Funding for FY2016/17	75,980,479	23,037,176	16,989,121	2,573,436	26,971,162	
F. Estimated FY2016/17 Expenditures	75,592,994	20,528,196	4,784,967	1,597,441	0	
G. Estimated FY2016/17 Unspent Fund Balance	387,485	2,508,980	12,204,154	975,995	26,971,162	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	20,715,543
2. Contributions to the Local Prudent Reserve in FY 2014/15	0
3. Distributions from the Local Prudent Reserve in FY 2014/15	0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	20,715,543
5. Contributions to the Local Prudent Reserve in FY 2015/16	0
6. Distributions from the Local Prudent Reserve in FY 2015/16	0
7. Estimated Local Prudent Reserve Balance on June 30, 2016	20,715,543
8. Contributions to the Local Prudent Reserve in FY 2016/17	0
9. Distributions from the Local Prudent Reserve in FY 2016/17	0
10. Estimated Local Prudent Reserve Balance on June 30, 2017	20,715,543

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

MHSA Funding – CSS

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan Community Services and Supports (CSS) Component Worksheet

County: Riverside

Date: 3/30/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS-01 Childrens	5,506,504	1,884,334	1,564,908		1,244,913	812,349
2. CSS-02 TAY	3,827,039	1,866,786	1,261,273		680,862	18,118
3. CSS-03 Adults	13,027,293	6,988,756	3,268,585		386	2,769,566
4. CSS-04 Older Adults	3,183,979	1,988,457	1,118,028		112	77,382
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Non-FSP Programs						
1. CSS-01 Childrens	40,733,610	4,045,478	18,877,150	311,014	16,108,033	1,391,935
2. CSS-03 Adults	49,192,167	25,156,298	20,420,692	0	1,521,821	2,093,356
3. CSS-04 Older Adults	7,486,072	3,395,869	3,435,645	0	7,967	646,591
4. CSS-05 Peer Supports	1,370,510	1,370,510	0	0	0	0
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CSS Administration	2,909,303	1,851,080	879,728	55,564	72,773	50,158
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	127,236,477	48,547,568	50,826,009	366,578	19,636,867	7,859,455
FSP Programs as Percent of Total	52.6%					

MHSA Funding – CSS

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS-01 Childrens	9,221,902	4,996,005	2,219,495	0	2,006,402	
2. CSS-02 TAY	5,467,033	3,036,190	1,446,056	0	984,787	
3. CSS-03 Adults	17,646,762	12,489,585	4,824,011	0	333,166	
4. CSS-04 Older Adults	5,107,451	3,122,328	1,985,123	0	0	
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Non-FSP Programs						
1. CSS-01 Childrens	40,503,588	4,202,503	19,323,932	100,002	16,877,151	
2. CSS-03 Adults	49,711,814	28,000,184	20,096,798	0	1,614,832	
3. CSS-04 Older Adults	5,842,430	3,048,280	2,794,074	0	76	
4. CSS-05 Peer Supports	2,024,097	2,024,097	0	0	0	
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CSS Administration	514,971	442,352	72,619			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	136,040,048	61,361,524	52,762,108	100,002	21,816,414	0
FSP Programs as Percent of Total	61.0%	50.1%				

MHSA Funding – CSS

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS-01 Childrens	10,181,566	5,659,855	2,374,860	0	2,146,851	
2. CSS-02 TAY	5,849,725	3,248,723	1,547,280	0	1,053,722	
3. CSS-03 Adults	20,877,504	14,822,211	5,683,487	0	371,806	
4. CSS-04 Older Adults	9,657,908	7,533,826	2,124,082	0	0	
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Non-FSP Programs						
1. CSS-01 Childrens	46,090,440	6,563,600	21,031,381	108,062	18,387,397	
2. CSS-03 Adults	52,438,641	29,207,197	21,503,574	0	1,727,870	
3. CSS-04 Older Adults	8,712,399	5,722,659	2,989,659	0	81	
4. CSS-05 Peer Supports	2,165,784	2,165,784	0	0	0	
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CSS Administration	751,019	669,139	81,880			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	156,724,986	75,592,994	57,336,203	108,062	23,687,727	0
FSP Programs as Percent of Total	61.6%	51.6%				

MHSA Funding - PEI

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan Prevention and Early Intervention (PEI) Component Worksheet

County: Riverside

Date: 3/30/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI-05 First Onset for Older Adults	2,693,673	2,680,540	12,824	0	309	0
2. PEI-01 Mental Health Outreach, Awareness	4,195,246	4,195,246	0	0	0	0
3. PEI-02 Parent Education and Support	4,879,474	2,133,010	559,129	0	461,765	1,725,570
4. PEI-04 Transitional Age Youth (TAY) Project	1,322,325	1,322,325	0	0	0	0
5. PEI-07 Underserved Cultural Populations	4,017,193	4,017,193	0	0	0	0
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PEI Programs - Early Intervention						
11. PEI-03 Early Intervention for Families in Sch	181,229	181,229				
12. PEI-06 Trauma-Exposed Services for All Age	542,097	542,097				
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PEI Administration	2,034,207	1,955,961	78,246			
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	19,865,444	17,027,601	650,199	0	462,074	1,725,570

MHSA Funding - PEI

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI-05 First Onset for Older Adults	2,703,793	2,689,966	13,827			
2. PEI-01 Mental Health Outreach, Awareness	3,254,630	3,254,630				
3. PEI-02 Parent Education and Support	5,810,276	3,599,152	533,937		396,859	1,280,328
4. PEI-04 Transitional Age Youth (TAY) Project	1,385,552	1,385,552				
5. PEI-07 Underserved Cultural Populations	2,950,809	2,950,809				
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PEI Programs - Early Intervention						
11. PEI-03 Early Intervention for Families in Sch	697,974	697,974				
12. PEI-06 Trauma-Exposed Services for All Age	3,006,438	3,006,438				
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PEI Administration	1,546,947	1,546,947				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	21,356,419	19,131,468	547,764	0	396,859	1,280,328

MHSA Funding - PEI

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI-05 First Onset for Older Adults	2,860,959	2,846,164	14,795			
2. PEI-01 Mental Health Outreach, Awareness	3,482,454	3,482,454				
3. PEI-02 Parent Education and Support	6,216,994	3,940,715	571,312		424,639	1,280,328
4. PEI-04 Transitional Age Youth (TAY) Project	1,482,541	1,482,541				
5. PEI-07 Underserved Cultural Populations	3,157,366	3,157,366				
6.						
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PEI Programs - Early Intervention						
11. PEI-03 Early Intervention for Families in Sch	746,833	746,833				
12. PEI-06 Trauma-Exposed Services for All Age	3,216,889	3,216,889				
13.						
14.						
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PEI Administration	1,655,234	1,655,234				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	22,819,270	20,528,196	586,107	0	424,639	1,280,328

MHSA Funding – INN

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan Innovations (INN) Component Worksheet

County: Riverside

Date: 3/30/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Family Room Project	1,947,216	1,943,203	4,013	0	0	0
2. Older Adult Self Management Health Team	649,371	452,810	175,702	0	8,624	12,235
3. Planning	507,270	385,280	121,990	0	0	0
4. Recovery Learning Center	2,723,626	2,493,226	196,898	0	24,209	9,293
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INN Administration	0					
Total INN Program Estimated Expenditures	5,827,483	5,274,519	498,603	0	32,833	21,528

MHSA Funding - INN

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Perris Family Room	1,139,780	638,277	501,503	0	0	0
2. Planning	439,701	439,701	0	0	0	0
3. Recovery Learning Center	3,602,049	2,931,432	645,482	0	13,667	11,468
4. Tyler Village	676,009	460,971	202,803	0	0	12,235
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INN Administration	0					
Total INN Program Estimated Expenditures	5,857,539	4,470,381	1,349,788	0	13,667	23,703

MHSA Funding - INN

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Perris Family Room	1,219,564	682,956	536,608	0	0	0
2. Planning	470,480	470,480	0	0	0	0
3. Recovery Learning Center	3,854,192	3,137,435	690,666	0	14,623	11,468
4. Tyler Village	723,330	494,096	216,999	0	0	12,235
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INN Administration	0					
Total INN Program Estimated Expenditures	6,267,566	4,784,967	1,444,273	0	14,623	23,703

MHSA Funding - WET

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan Workforce, Education and Training (WET) Component Worksheet

County: Riverside

Date: 3/30/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET-01 Work Staffing Support	655,125	473,530	181,595	0	0	0
2. WET-02 Training & Teach Assist	244,675	173,566	58,840	0	0	12,269
3. WET-03 MH Career Pathways	92,587	92,587	0	0	0	0
4. WET-04 Residency/Internship	245,641	245,641	0	0	0	0
5. WET-05 Financial Incentives	326,745	326,745	0	0	0	0
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WET Administration	0					
Total WET Program Estimated Expenditures	1,564,773	1,312,069	240,435	0	0	12,269

MHSA Funding - WET

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET-01 Work Staffing Support	895,141	581,842	313,299	0	0	0
2. WET-02 Training & Teach Assist	245,251	147,144	85,838	0	0	12,269
3. WET-03 MH Career Pathways	81,032	81,032	0	0	0	0
4. WET-04 Residency/Internship	277,468	277,468	0	0	0	0
5. WET-05 Financial Incentives	404,647	404,647	0	0	0	0
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20.						
WET Administration	0					
Total WET Program Estimated Expenditures	1,903,539	1,492,133	399,137	0	0	12,269

MHSA Funding - WET

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET-01 Work Staffing Support	957,801	622,571	335,230	0	0	0
2. WET-02 Training & Teach Assist	262,418	158,303	91,846	0	0	12,269
3. WET-03 MH Career Pathways	86,704	86,704	0	0	0	0
4. WET-04 Residency/Internship	296,890	296,890	0	0	0	0
5. WET-05 Financial Incentives	432,973	432,973	0	0	0	0
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WET Administration	0					
Total WET Program Estimated Expenditures	2,036,786	1,597,441	427,076	0	0	12,269

MHSA Funding - CFTN

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Riverside

Date: 3/24/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Rustin Acquisition	36,000,000	15,000,000				21,000,000
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CFTN Programs - Technological Needs Projects						
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20.						
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	36,000,000	15,000,000	0	0	0	21,000,000

MHSA Funding - CFTN

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.						
2.						
3.						
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7.						
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9.						
10.						
CFTN Programs - Technological Needs Projects						
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18.						
19.						
20.						
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

MHSA Funding - CFTN

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.						
2.						
3.						
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8.						
9.						
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CFTN Programs - Technological Needs Projects						
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CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

Cost Per Client

FY2013/14

ESTIMATED COST PER CLIENT for CSS DIRECT SERVICE PROGRAMS

FULL SERVICE PARTNERSHIPS

PLAN NAME:	Child FSP
UNIQUE CLIENTS:	381
COST:	\$4,478,500
AVERAGE COST:	\$11,755

PLAN NAME:	TAY FSP
UNIQUE CLIENTS:	385
COST:	\$3,288,906
AVERAGE COST:	\$8,543

PLAN NAME:	Adult FSP
UNIQUE CLIENTS:	831
COST:	\$10,767,846
AVERAGE COST:	\$12,958

PLAN NAME:	Older Adult FSP
UNIQUE CLIENTS:	322
COST:	\$3,386,480
AVERAGE COST:	\$10,517

Calculation based on Total Program Cost, inclusive of Outreach Services and Indirect Program Services.

*TAY GSD includes services provided for the TAY population within the Child GSD and Adult GSD programs.

GENERAL SYSTEM DEVELOPMENT

PLAN NAME:	Child GSD
UNIQUE CLIENTS:	7,849
COST:	\$38,961,277
AVERAGE COST:	\$ 4,964

PLAN NAME:	TAY GSD*
UNIQUE CLIENTS:	4,265
COST:	\$15,593,356
AVERAGE COST:	\$ 3,656

PLAN NAME:	Adult GSD
UNIQUE CLIENTS:	17,728
COST:	\$57,339,693
AVERAGE COST:	\$3,234

PLAN NAME:	Older Adult GSD
UNIQUE CLIENTS:	1,824
COST:	\$6,652,534
AVERAGE COST:	\$3,647

PLAN NAME:	Adult/TAY Residential Treatment Svcs
UNIQUE CLIENTS:	654
COST:	\$2,321,915
AVERAGE COST:	\$3,550

Community Feedback Surveys

A community Feedback Survey was provided at stakeholder meetings and was distributed by email to various community agencies during the Planning Process. Additional feedback survey forms were provided to various community organizations for distribution to stakeholders that may not have been present at community forums. The survey included a series of items for written comment and a "Tell Us About Yourself" demographics page to gather information on the age group, race/ethnicity, language, gender, region of the county, and any group affiliation. A total of 96 people responded to the survey. Summarized written comments relating to service gaps, access and communication about services is provided below. There were two different areas identified, which included Service Gaps and Access. Within these areas, common subthemes were also included. These are detailed below.

Service Gaps

Increase in Therapists.

- Several comments from Mid-County noted a need for family therapists, for low-income families.
- Mid-County also commented on the need for an increase in staff to provide timely access to therapists.

Adding Services for Other Populations:

- Specialized groups including those for: LGBT community; sexual abuse survivors; people with autism; veterans and the deaf. Also to continue NAMI, Family-to-Family, Peer-to-Peer, and Ending The Silence.
- Services for older children (teenagers). A Strengthening the Family Program for teens.
- More services for TAY in the Desert Region.
- Expand Art Works, bigger location.
- Advocates to help with accessing a variety of resources.

Expanding Classes or Additional (centered on simply adding more services throughout):

Note: Certain themes were sporadic but there was just a general call for more services or additional classes because it seemed to be working well for them they just wanted more.

- The one suggestion I have is having a different time for WRAP and Facing Up.
- For there to be more mental health workshops in schools.
- Need more classes on finance, taxes, and credit.
- More programs to develop creative activities: music, dance, arts, and crafts to balance and encourage development of spiritual self to enhance.
- More groups in Spanish at convenient times and locations. Limited Spanish-speaking groups.
- More psychiatrist services.

Early Prevention Awareness:

- Schools/Teachers. More training awareness. Stigma reducing. It's great all of these conferences for youth, but we need to educate the educators on warning signs rather than looking at the bad behavior at school, but rather look what is causing the behavior. How to work with kids starting from preschool – 12th grade.
- Continued support for stigma reduction and support programs including NAMI Family-to-Family and Peer-to-Peer.

Access

Transportation:

- We could use better transportation. RTA and Dial-A-Ride are unreliable. It takes 2-1/2 hours to get to my doctor's appointment by bus!
- There is no transportation for those without vehicles or without income, or without bus passes.

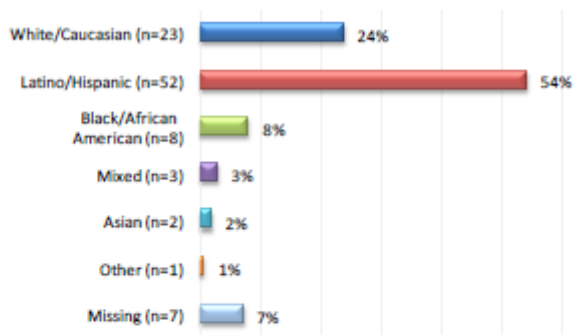
Communication:

- Promote the programs more people need to know about them.
- Printed material is necessary to support the service.

- Updating. Providing brochures in English and Spanish. Updating services, remaining informed about changes in services.
- I think the Hispanic community needs to be reached more.
- More outreach to schools, community to educate and fight stigma.

Demographics - Community Feedback Surveys

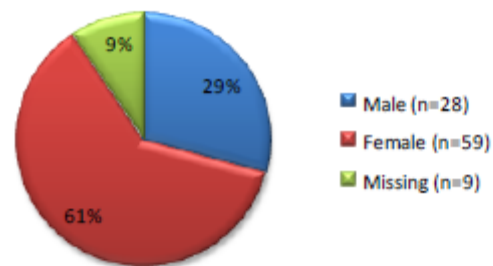
Survey Respondents' Race/Ethnicity



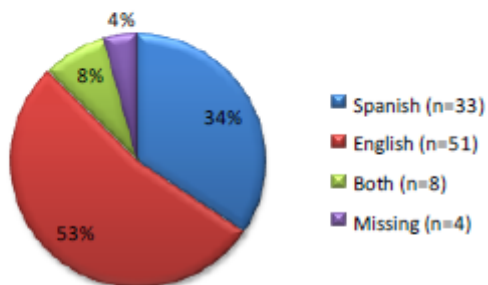
Most (54%) respondents were Latino/Hispanic, followed by White/Caucasian (24%). See graph for more details. 7 respondents did not provide a response.

Survey Respondents' Gender

A majority (61%) of respondents were female and 29% were male. 9 respondents did not provide a response.

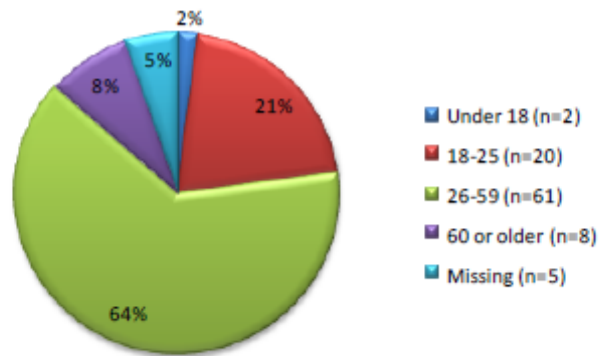


Survey Respondents' Language



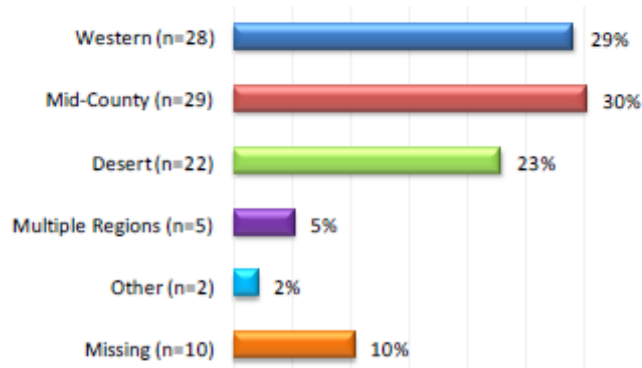
53% of survey respondents were English-speaking and 34% identified as being Spanish-speaking. Some (8%) identified as bi-lingual. 4 respondents did not provide a response.

Survey Respondents' Age Group



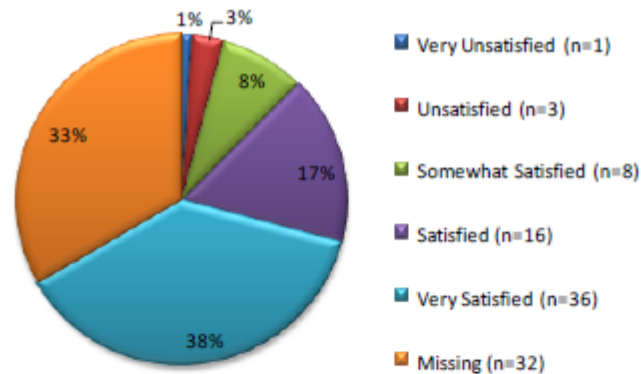
A majority (64%) of respondents were between the ages of 26-59 years, which was followed by the age group 18-25 years (21%). The age groups 60 or older and Under 18 were the least reported at 8% and 2%, respectively. 5 respondents did not provide a response.

Survey Respondents' County Region



All 3 regions had comparable representation. In addition, 5% of survey respondents came from multiple regions, while 2% were from outside of Riverside County. 10 respondents did not provide a response.

Survey Respondents' Survey Satisfaction with MHSA Plan



33% (n=32) of the survey respondents did not report their satisfaction levels. Of those responding (n=64), a majority reported being very satisfied (38%), while 17% were satisfied. 8% were somewhat satisfied, while the remaining 4% reported either being unsatisfied or very unsatisfied.

Agency	N (%)
Strengthening and Families Training	1 (1%)
Southwest Church	1 (1%)
Reach Out	1 (1%)
Olive Crest	2 (2%)
Oasis Behavioral Health	1 (1%)
Milestones	1 (1%)
MFI Recovery	4 (4%)
Mental Health	1 (1%)
Mamas y Bebés	1 (1%)
Jefferson Wellness FSP	1 (1%)
El Sol	8 (8%)
Missing	74 (77%)

77% of survey respondents did not indicate an agency. Of those that did provide a response, 8% came from El Sol, followed by 4% coming from MFI Recovery. The remaining 10% came from various other agencies. See table for more details.

Group Category	N (%)
Children and Family Services Organization	6 (6%)
Mental Health Client/Consumer	37 (39%)
Family Member of Mental Health Consumer	6 (6%)
County Mental Health Department Staff	3 (3%)
Law Enforcement	1 (1%)
TAY	2 (2%)
Participant	18 (19%)
Other	13 (14%)
Missing	10 (10%)
Mental Health Client/Consumers made up 39% of respondents. The next most commonly reported group included participant (19%). 10 respondents did not provide a response. See table for more details.	

Role or Position	N (%)
Strengthening Families Facilitator	1 (1%)
Service Leader	1 (1%)
Promotora de Salud	5 (5%)
Program Coordinator	1 (1%)
Office Clerk	1 (1%)
MH PSS	1 (1%)
Home Visitor	1 (1%)
Group Facilitator	1 (1%)
Facilitator SFP	2 (2%)
Director Inland Coalition	1 (1%)
Coordinator Mental Health	1 (1%)
Client	2 (2%)
Admin	1 (1%)
Missing	77 (80%)
A heavy majority (80%) of respondents did not identify a role or position. Of the 19 respondents that did provide a response, the most commonly reported role or position was Promotor(a) de Salud (5%). See table for more details.	

Behavioral Health Commission (BHC)

Public Hearing – May 6, 2015

Comments on the FY15/16 MHSA Annual Plan Update

3:00 – 4:30 pm

LOCATIONS:

**Rustin Conference Center
2085 Rustin Avenue, Riverside 92507**

**Lake Elsinore Adult Clinic
31764 Casino Drive
Lake Elsinore 92530 (Webcast)**

**Indio Mental Health Clinic
47-825 Oasis Street
Indio 92201 (Webcast)**

Comments on the MHSA Annual Plan Update FY15/16

The MHSA Annual Update Plan was posted for a 30-day public review and comment period, from April 2, through May 6, 2015. After the 30-day public review and comment period, a Public Hearing was held by the Riverside Behavioral Health Commission. The Hearing was held on May 6, 2015 at the Rustin Conference Center, with simultaneous webcasts at the Lake Elsinore Adult Clinic and Indio Mental Health Clinic.

All community input and comments were recorded and reviewed with an Ad Hoc Behavioral Health Commission Committee for review and to determine if changes to the Plan Update were necessary. All input, comments, and Commission recommendations from the Public Hearing are documented below.

WRITTEN COMMENTS:

Written comments received during the 30-day open comment period, as well as those received during at the Public Hearing, were provided to the Department's Research Team. All the written comments relating to service gaps, access, and communication about services were incorporated into the Community Feedback Survey information that was collected during the

planning process. The comments received during the planning process are included in the Community Feedback Surveys section on page 166.

There were 28 written responses received on Feedback Forms as a result of the Public Hearing: 10 responses were "Very Satisfied", 4 were "Somewhat Satisfied", 3 were "Satisfied", 0 were "Unsatisfied", and 0 were "Very Unsatisfied". (Note: 11 Feedback Forms did not record a 'Satisfaction' Response).

Written and oral comments received during the Public Hearing are shown below along with the Behavioral Health Commission's review response.

Please provide any comments on how the revised 3-Year MHSA Plan is working to meet the priority needs of Riverside County.

- (1) **Comment:** This is the first time the outreach program for Deaf and Hard of Hearing, and I've lived in the Desert Region for over 25 years.

Response: Targeted outreach for the Deaf and Hard of Hearing is included in the PEI Work Plan 01. The Department plans to continue funding for these efforts in FY15/16. Sign Language interpretation was available at the Public Hearing.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (2) **Comment:** I would just like to say these groups that are provided to me and others have helped me tremendously. Thank You.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (3) **Comment:** I've been coming to Mental Health for 3 years and I feel like the County should provide more funds to participate in outings and activities!!!

Response: Outings and other socialization activities are offered through the various Regional Peer Centers and some PEI programs.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (4) **Comment:** Mental Health in Indio CA, need counselors for the youth. We're in a crisis and we need leaders to lead them in the right direction.

Response: There are a significant number of programs and services for the youth in the Desert Region; however the Department is aware of the need to promote these resources better, so the community is aware of all the programs available.

The Department provides funding for a Mentoring Contract, Full Service Partnership (FSP) for Children/TAY, Mobile Parent Child Interaction Therapy (PCIT), Parent Partners, Multi-Dimensional Family Therapy (MDFT), Youth Hospital Intervention Program (YHIP), Out Patient services in Indio, and Wraparound.

The Department has specific strategies to encourage and support the development of counselors and therapists. WET has affiliation agreements with local school districts to promote mental health curriculum and career development in high school health academies. Currently, WET is working with the Palm Springs Unified School District to include Cathedral City High School in our Desert outreach programs. Additionally, WET provides volunteer and job shadowing opportunities for anyone interested in learning more about public mental health careers.

WET has a centralized, student program called GIFT (Graduate, Internship, Field and Traineeship) Program. Each academic year, WET places approximately 60 college level students in multiple disciplines into our county clinics Department wide - including the Desert Region - to serve our communities as a part of their degree requirement. These

students not only supply additional support to consumers and families, but they also become an important candidate pool for hiring into our permanent workforce.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (5) **Comment:** Would have appreciated a graphic outlining the budget, post expenditures, and how funds will be targeted in the Plan Update.

Response: The budget summary is provided on page 150 of the Plan Update and is followed by a budget breakdown for each of the MHSA components and Work Plans.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (6) **Comment:** I feel strongly that the transportation stagnation in the Desert Region should be positively – actively addressed. A transportation fund should be considered.

Response: This is a concern that is raised each year and about 15 times during the Public Hearing (written and oral comments). Unfortunately the Department cannot afford to create a Transportation Unit as the costs would then require significant reductions in direct services. The Department can provide administrative support, coordination, and influence to work through our contacts and relationships to impact public transportation enhancements such as adding routes, additional stops, etc.

Older Adult Services in the Desert has recently increased their Community Services Assistant (CSA) positions from two to four since opening of the Desert Hot Springs facility in October 2014. In addition, three additional vehicles were provided within the past seven months to support transportation needs. Staff routinely offers transportation to those in need, although a small percentage of consumers refuse the offer(s).

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (7) **Comment:** Received services since I was 12 - Mid-County - came to Desert. Recently graduated from PET in the Desert. I would like to give a big thank you on the programs in Mid-County and Desert that helped me.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (8) **Comment:** I think the plan is working well to address the things it addresses.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (9) **Comment:** I personally spoke with a peer at our NA Women's Only meeting last night in regards to how much help CPS and MHSA are providing. Such amazing helpful services to family and youth reunification and stabilization, also for the help that Riverside Co. Mental Health Desert Indio office is helping me personally from outpatient to OASIS to CRT then to Milestones and back to outpatient and Peer employment.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (10) **Comment:** Helping a lot.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(11) **Comment:** It's a great start.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(12) **Comment:** Addressing adults.

Response: Yes, MHSA provides age-specific services and programs through CSS and PEI.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(13) **Comment:** Well, I believe the program really works, because people get better. We (I) find ourselves and eventually the mg on my meds will go down. And, they help us get it together.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(14) **Comment:** Positive to have Recovery Learning Center in Indio. Recovery Coaches are good at helping to meet the needs - mental health and other disabilities.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (15) **Comment:** The Asian American Task Force (AATF) members find the MHSA Plan to be comprehensive and well written. In particular, under PEI, "Project #1 - Mental Health Outreach, Awareness, and Stigma Reduction" is greatly needed in the Asian American Pacific Islander (AAPI) communities. The activity "media and mental health promotion and education materials for community events and media efforts" are greatly needed and need to be couched in "wellness" and culturally acceptable terms so as to gain entry into AAPI groups and events. For example, instead of using the word "mental illness", consider other words that are less threatening such as "promoting emotional intelligence and wellbeing". The AATF is pleased that our activities, current and future priorities, are included in the Plan Update.

Response: Positive comment acknowledged. This feedback will be shared with the Prevention and Early Intervention and Cultural Competency Managers to consider incorporating alternative wording in promotional and outreach efforts.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (16) **Comment:** Use of language is a great way to arrest the stigma. However - the word "consumer" has the negative connotation as opposite of producer. May I suggest client or clientele?

Response: Although each individual may have a personal preference, the term "consumer" was developed by the Consumer Affairs Team with significant input and discussion among those receiving services, and the consensus was that the term "consumer" was least stigmatizing. This recommendation has been provided to the Consumer Affairs Manager.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (17) **Comment:** It would be great to finally expand on MH services in Moreno Valley as it's underserved. People are forced to go to Perris or Blaine. There's a lack of resources in Moreno Valley but a lot of people there need MH services. Lack of parent support there.

Response: The Blaine Street and Perris Clinics are located 10 – 15 minutes away from Moreno Valley, so it is not financially feasible to add another clinic specifically to serve that city. One of the other clinics would need to be shut down in order to accomplish this request. There is, however, a children's services clinic located in Moreno Valley.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (18) **Comment:** Great Job!

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (19) **Comment:** As a client I would like to express my gratitude for all the effort put forth into all your services and programs. Although I have been diagnosed for 15 years, I have only been receiving mental health services for the past 2 years. In this short amount of time, I have been able to regain so much and I am also prepared to give back as a PSS.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (20) **Comment:** I am Happy to know that this Plan is excellent but could stay open into getting the public involved.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (21) **Comment:** Overall I believe the County Plan is currently meeting the appropriate issues in the community.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (22) **Comment:** Inpatient alternative hospital. ITF fails in compassion/groups that help patients understand diagnosis and help for families.

Response: Through a separate Crisis Grant, not MHSA funding, the Department is implementing Crisis Stabilization Units (CSU), Mobile Crisis Response Teams, and Crisis Residential Treatment (CRT) in each of the regions to address this need.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (23) **Comment:** I like the way everyone works in all the areas taking care of the community. The Plan is very extensive. I am very satisfied to be part of the program for prevention and education. But we need services, psychological services, in our areas to work as a team.

Response: Positive comment acknowledged. The working as a team issue is best addressed in the PEI Collaboration meetings that include contract providers and will be provided to the PEI Manager.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

Please provide feedback on any gaps in service in the existing Community Services and Supports (CSS) and/or Prevention and Early Intervention (PEI) Programs. Are there any gaps in services?

- (24) **Comment:** PEI-01 for the 24/7 toll-free HELPLine. I'm curious what knowledge the people responding to the HELPLine have about Deaf culture. Is there a way to have individuals have direct communication with a person? This would be important because access to direct communication with mental health professionals.

Response: The Department contacted Community Connect, who manages the HELPLine, about their process addressing the needs of the Deaf culture. They have a system whereby calls are routed to the HELPLine from a TTY (711) phone line so they can communicate with someone directly. MHSA will continue to fund the HELPLine in FY15/16.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (25) **Comment:** I don't think there any gaps, I just like the county should step it up a little.

Response: The Department makes every effort to keep our programs and services 'stepped up', and appreciates the positive comment.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (26) **Comment:** I'm in a Board and Care and I applied for two apt. Got rejected. My eviction & my criminal history. We need help before going to a Board and Care like Milestones; these are stumbling blocks that are keeping us from being on our own.

Response: Although not funded by MHSA, Consumer Affairs has coordinated expungement events in the past which were very well attended. We will pass this request to the Consumer Empowerment Team to see if additional events can be developed and offered in the Desert Region. The Family Advocate Program also

provides presentations and assistance working with the Justice System, and there are Mental Health Counts in each region.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (27) **Comment:** Expanded transportation options for seniors in the desert are critical to avoid late life depression. Over 11% of seniors in the Coachella Valley have this issue as a prime concern (HARC data/2013).

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Feedback concerns will also be provided to the Older Adult and Desert Region Administrators.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (28) **Comment:** Transportation (please refer to question/Response #1).

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (29) **Comment:** I would like to wish the best of luck to the new people and new programs.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(30) **Comment:** Transportation. Intensive Outpatient Programs.

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Full Service Partnership (MHSA funded) and Substance Use Programs both offer intensive outpatient programs in each region, which will continue in FY15/16.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(31) **Comment:** Yes, transportation to the clinics hinders our recovery and also causes further backsliding in recovery.

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(32) **Comment:** Transportation services, access to care for hard to reach population. Not enough PEI programs funded in eastern Riverside County. Funding of non-evidence based program. Transportation needs to be addressed and needs much financial support.

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

There are 16 different programs offered under PEI in eastern Riverside: Active Minds, Call to Care, NAMI Signature Programs, Caregiver Support, Triple P (Positive Parenting Program), Families and Schools Together (FAST), Peer-to-Peer (P2P), Homeless Runaway, Stress and Your Mood Program (SYMP), Safehaven, CareLink, CBT for Late Life Depression, Program to Encourage Active Rewarding Lives for Seniors (PEARLS):, Cognitive Behavioral Intervention for Trauma in Schools (CBITS):, Seeking Safety, Building Resilience in African American Families (BRAAF) Boys Program, Mamas y Bebés to name a few.

The Department recognizes the need for more promotion of these programs, to make the community members and partners aware of services available. The PEI Resource and Department's Guide to Services booklets will be revised and updated to use for promotion and resource information.

Evidence-based programs are required under PEI. The best fit for non-evidence based programs is under the Innovation Component and the Department is currently exploring some potential new Innovation proposals.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (33) **Comment:** [Transportation in the Desert area. Youth programs in the Desert Area. Crisis Intervention - more services".](#)

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

As mentioned previously, there are many youth programs in the Desert area Multi-Dimensional Family Therapy (MDFT),, Out Patient, Wraparound, Mobile Parent Child Interaction Therapy (PCIT), and Mentoring to name a few. The Department recognizes the need for more promotion of these programs, to make the community members and partners aware of services available.

At the end of this month, through a separate Crisis Grant, not MHSA funding, the Department is implementing Crisis Stabilization Units (CSU), Mobile Crisis Response Teams, and Crisis Residential Treatment (CRT) in the Desert Region to address this need.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(34) **Comment:** I didn't notice anything about CCRD.

Response: On pages 46 through 57 of the MHSA update there are reports from each of the culture specific task forces that are a part of the Cultural Competency Reducing Disparities (CCRD) Committee. These include the African American Family Wellness Group, Asian American Task Force, Deaf and Hard of Hearing Task Force and the Community Advocacy for Gender and Sexual Issues (CASGI) – LGBTQ Wellness Collaborative. This Committee is also included as a stakeholder in the planning process as covered under the Community Planning Process (pages 10 – 12).

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(35) **Comment:** The following represents the AATF feedback on gaps and priorities: Competent Outreach and Education materials: We need help to develop these ""wellness"" oriented materials to more effectively introduce the concepts of mental health, mental illness, and recovery. We like to develop partnerships with groups such as CalMHSA that has developed culturally competent outreach and prevention materials for some AAPI groups so we can distribute them to our communities.

Workforce: We support the work of the Cultural Competency Reducing Disparities (CCRD) Committee and we request the Promotores de Salud training be expanded to include AAPIs so AAPI community members can be trained to conduct outreach, identify families who may need help, and connect them to mental health and other supportive services. "

Competent outreach workers and service navigators are critically needed not only because of the tremendous stigma the AAPI community has for mental health but also because a recent report on AAPI Client Utilization for FY13/14 indicated that a total of 827 AAPI individuals received services at one of the RCDMH clinics/programs and they represent an extremely diverse group of ethnicities (15 different ethnicities and cultural groups) from many parts of Asia. Until there are sufficient bilingual AAPI workforce, these trained outreach workers and navigators will provide a critical role in reaching, connecting and supporting the recovery of AAPI clients and their families.

Aside from the Promotores de Salud, AATF also recommends the inclusion of other curriculum that has a proven record with students from ethnic minority backgrounds who may need additional support such as the Health Navigator Certification Training Program. Many AAPI are new immigrants in Riverside County and due to language and cultural barriers require a lot of assistance to navigate the system especially when the system lacks workforce that can speak their languages and understand their culture.

We also like to recommend that more bilingual staff be hired to provide services to this diverse group as we know that the use of interpreters (who frequently are family members) does not provide the best quality of care. We also need AAPI staff to work with the AAPI communities in outreach and education.

Support CBOs to become a "bridge" to reach AAPI populations: Due to the extreme diversity of the AAPI population in Riverside County as evidenced by the ethnicities of the AAPI clients served, we highly recommend that RCDMH provides training and funds to community-based organizations and groups including ethnic churches, language schools, parents, and community organizations and associations, to act as Resource Centers to reach their respective communities. Such Resource Centers can conduct information and referral, offer support groups and provide a safe space for RCDMH clinical staff to intervene with those who need direct treatment services

Parent Education services are proven to be an effective prevention and early intervention strategy for immigrant families. Aside from SITIF (Strengthening Intergenerational/ Intercultural Ties in Immigrant Families), AATF proposes to also explore other curriculum especially those that have community-based evidence such as AAFEN (Asian American Family Enrichment Network) which is reportedly easier to implement and has a proven success rate with immigrant AAPI parents. SITIF reportedly is highly technical and requires professional staff to implement, whereas AAFEN can be implemented with trained community members such as parents themselves.

Response: The Department supports the goals identified by the Asian American Task Force and those efforts are included in the MHSA Plan Update. The Department will be releasing a Request for Proposal in FY15/16 to identify organizations that will provide

ethnic and cultural outreach and engagement for the African American, Asian American, Deaf and Hard of Hearing, Native American and the LGBTQ populations in Riverside County.

A primary mission of the Workforce Education and Training (WET) Plan is the development of the public mental health service system with a particular goal to diversify our workforce. Riverside County has specific strategies to encourage and support the development of counselors and therapists. WET has outreached college level, student cultural groups with an offer to provide a free presentation on mental health disparities and public mental health career development. We match a public mental health practitioner who shares the same cultural identification as the student group to provide the presentation and we offer a free copy of the State's disparity report related to the same cultural group. Though specific outreach has been made to a wide variety of cultural student groups, we have been unsuccessful in attracting any Asian American students groups to accept our offer. We hope to create a stronger partnership with the Asian American Pacific Islander Task Force of the Cultural Competency Unit so that we might be more successful in linking our support of public mental health career development to more bicultural and bilingual students.

WET has a centralized, student program called GIFT (Graduate, Internship, Field and Traineeship) Program. Each academic year, WET places approximately 60 college level students in multiple disciplines (Alcohol and Other Drug; Masters of Social Work; Masters of Marriage and Family Therapy; Masters in Professional Clinical Counseling; bachelor's level behavioral or social sciences) into our county clinics. WET has a goal each academic year to have a student cohort that is minimally 50% bilingual; students receive additional scoring points during the selection process if they have cultural knowledge or linguistic skill that is needed to serve Riverside County communities.

Additionally, WET actively supports the Mental Health Loan Assumption Program (MMLAP) that is administered by the State. MHLAP provides employees with up to \$10,000 in funds toward education debt in exchange for 1 year of service. Riverside has repeatedly verified Asiatic languages as necessary to serve our communities, providing these bilingual employees with greater scoring points toward this competitive award.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (36) **Comment:** I would like to see more "drop-in centers" or ease of access centers for obtaining services possibly located equal distant or close therein.

Response: Drop-In Centers were funded in the Desert and Western Regions with one-time Housing, Capital Facility, and HUD funds. Those funds have all been expended. A Drop-In Center for Mid-County was funded, but unfortunately blocked by community and political opposition.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (37) **Comment:** PEI expansion in Mid-County and Western Region.

Response: PEI providers are contracted to provide services in communities of highest risk based upon community demographics and data. Providers are encouraged to expand to additional communities as they are able; however, there are not enough funds to serve all communities.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (38) **Comment:** I could suggest into looking further for more transportation funding.

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (39) **Comment:** More focus on youth and K-12 students.

Response: There are a significant number of programs and services for the youth in all Regions. The Department recognizes the need to promote these resources better, so the community is aware of programs available. The Department provides funding for a

Mentoring Contract, Full Service Partnership (FSP) for Children/TAY, Mobile Parent Child Interaction Therapy (PCIT), Parent Partners, Multi-Dimensional Family Therapy (MDFT), Youth Hospital Intervention Program (YHIP), Out Patient in Indio, Native American Initiative, Building Resiliency in African American Families (BRAAF), and Wraparound.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (40) **Comment:** ANKA is not meeting needs of community. Too much of a wide range from Perris to Yucaipa, San Jacinto, Temecula, Murrieta, Lake Elsinore for Outreach Teams (team 3 people - to thousand or more) to assist members linking to service. Hemet Clinic is too small for 3 programs to provide proper services. Mid-County needs an FSP/HHOPE venue such as The Place/The Path.

Response: Comments regarding ANKA will be shared with the Regional Administration of Mid-County. MHSA will still continue to fund FSP Programs as well as Outreach Teams in each Region.

Drop-In Centers were funded in the Desert and Western Regions with one-time Housing, Capital Facility, and HUD funds. Those funds have all been expended. A Drop-In Center for Mid-County was funded, but unfortunately blocked by community and political opposition.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (41) **Comment:** In the majority of the programs there are a lot of protocols to include services for mental health. An example: if a woman has a crisis of schizophrenia, we have to call the police to have her admitted to help her with her crisis and maybe is it because she is undocumented? I don't understand how other persons have to come from Blythe and get help for her crisis, with excellent programs, but it is too far.

Response: 5150 Training was provided in Blythe for the Palo Verde Hospital Staff. The Department suggested a 5150 unit at Palos Verde Hospital which was rejected.

Beds at Telecare, Riverside County Psychiatric Health Facility (PHF), in Indio may be expanded to help address this need.

Mental Health Administration is committed to being a safety net for the uninsured, including the undocumented.

Through a separate Crisis Grant, not MHSA funding, the Department is implementing Crisis Stabilization Units (CSU) and Mobile Crisis Response Teams (CRT) which should be operational in the Desert by the end of May.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (42) **Comment:** The program for mental health in the agency of the sun (El Sol) is effective because the program has prevention and the Promotores are part of those communities and they identify themselves with those program and the problems with the community. But that is very sad to give information when a person doesn't say that they need help and then we realize they don't have documents and those people are then left with no services.

Response: The Department will continue to fund the Promotores Program. Mental Health Administration is committed to being a safety net for the uninsured, including the undocumented.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

Do you have any other recommendations or comments about the programs or services in the revised MHSA 3-Year Plan?

- (43) **Comment:** Could Riverside County allocate one decent size room for Deaf people in the Desert Region to go where they can feel safe to discuss their community's needs as well as attempt to solve them. Issues like tutoring and other life skills that can minimize personal and community stress.

Response: Recommendations will be provided to the Desert Regional Administrator and the Cultural Competency and Reducing Disparities Committee. The Recovery Learning Center and Regional Peer Centers also provide a variety of life skill supports.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (44) **Comment:** There are many youth in the Riverside County area that are facing mental illness and in their illness they feel rejection, or feel fear, someone that can relate to them (would like to have a response back).

Response: There are a significant number of programs and services for the youth in all Regions. The Department is aware of the need to promote these resources better, so the community is aware of programs available. (See Response to Comment #39.)

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (45) **Comment:** +170 page document, only 7 pages mentions our quickly expanding senior population. Over 1,000 Californians turn 65 every day. Are we prepared for their mental health issues?

Response: There are currently a significant number of programs available specifically to Older Adults in the CSS and PEI Work Plans. Also the Integrated Health Innovation project established an Older Adult Self-Management Health Team program, the Healthy Living Partnership (HeLP), for direct consumer engagement and empowerment and health care self-management, education and support.

WET has partnered with community agencies and our PEI contractors to provide additional training on meeting the needs of Riverside's mature adults. In conjunction with our Older Adult Program, WET created a 6 part training course for our employees working with mature adults on needs specific to our aging communities. WET also has affiliation agreements with over 30 universities, including those that have behavioral science concentrations on working with aging and families. WET readily places students who require field work as a part of their degree into our mature adult programs in order

to develop a pool of candidates who are better prepared to serve this population upon graduation.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(46) **Comment:** Transportation (please refer to question/Response #1).

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(47) **Comment:** You guys are doing awesome. Beautiful Plan MHSA. Keep on going forward. May the force be with you always.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(48) **Comment:** Expand role/usage of Peer Support Specialists to expedite care to reduce hospitalizations.

Response: Peer supports are required and built into the Crisis Grant Programs including all outreach teams.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(49) **Comment:** Thank you for helping remove the stigma and continuing to help being our voice. God Bless.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.:

- (50) **Comment:** More PEI for youth – evidence-based programs that are also culturally relevant (example: Rites of Passages model). Focus on mentorship type programs. Mentorship programs address youth issues (example - RAP supporting leadership and healing for youth experiencing trauma). "Healing Circles". Challenge: MHSA and County to take a bold step to focus funding on PEI - mentorships.

Response: As mentioned previously, PEI supports a significant number of youth programs, including a Mentoring Contract. The Department is also in discussions with Regional Access Project Foundation (RAP) on some Innovation Program possibilities which will be explored further.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (51) **Comment:** Training for Peer Specialist applicants with learning disabilities.

Response: Good recommendation which will be shared with Recovery Innovations who manages and provides the Peer Training.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (52) **Comment:** Keep MHSA active forever.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (53) **Comment:** I feel that the Perris Family Room Clinic concept is an amazing success, specifically The Welcome Center, and having peer and family supports come into the lobby the way they do. The Clinic's motto that all clients are on your case load, made me feel, as a client, very cared about and the classes offered - in conjunction with the support system, allowed me to really build my toolbox and love going everyday to different groups. Now as a client at the Indio Clinic, I do not get that same sense of

excitement or encouragement or support and would like to see the same "Family Room" concept be incorporated into all MH clinics.

Response: Yes, we have had very positive results so far. However, with the Innovation Component, a county cannot expand the program(s) as they are a one-time pilot, which is also time-limited. If proven to be an effective program, it can be adopted in other clinic settings and funded through the CSS Component.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (54) **Comment:** I recommend that if it is possible for the Mental Health Department to look into transportation assistance program for adults who attend programs here who do not stay at a specific site such as Milestone or any other site exc: I would like to see if it is possible to get help with gas cards or something to that matter because it is hard for people to get around the desert if they are homeless. Because there are a lot of homeless people who have car but do not have funds for gas all the time and it is very hot to walk in Desert Region location. And to help out with housing for the homeless.

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (55) **Comment:** More services geared towards people with physical and mental/learning disabilities such as providing note takers and reading interpreters for those who struggle with reading and/or writing. Community group in clinic run by volunteers. Need funding for healthy snacks and water. The volunteer facilitators provide snacks out of her own pocket.

Response: This recommendation will be shared with the Cultural Competency/Reducing Disparities Committee and Regional Management. The Department collaborates with Inland Valley Regional Center, who provides support to developmental disabled individuals on case management to better assist them.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (56) **Comment:** Since there are over 800 AAPI consumers at RCDMH and since the AAPI communities have a real need for anti-stigma activities, the AATF likes to outreach to these consumers and their family members to form a Speaker's Bureau as ""storytelling"" is a powerful way to reduce stigma and these consumers' and family members' stories of recovery will be so helpful to reduce fear, promote understanding and acceptance and increase hope for those afflicted with mental illness.

Develop a simple Resource Directory listing those programs/clinics that have bilingual staff. The AATF understands that there are bilingual AAPI psychiatrists at some of the clinics.

The Asian American Task Force (AATF) thanks RCDMH for this opportunity to provide our feedback on behalf of the AAPI communities in Riverside County. We also like to thank Ms. Myriam Aragon, LMFT, Manager, Cultural Competency and her staff and staff from the Recovery Learning Center, the Family Advocate, PEI (Prevention Early Intervention) and WET (Workforce Education and Training) programs for their support and assistance.

Response: The WET plan includes an action entitled "Community Resource Education". An objective within this action is to create culturally and linguistically specific resource directories that can be used by both staff and consumers. WET has partnered with our Cultural Competency Unit to create these guides in order to verify all resources are culturally accessible and are formatted so that they meet the practices of the related cultural group. WET has been successful in completing a guide for the LGBTQ population and WET continues to encourage the related cultural competency task forces to work with WET in the completion of other the other cultural guides.

The Department will support the goals identified by the Asian American Task Force and included in the MHSA Plan Update. The Department will be releasing a Request for Proposal in FY15/16 to identify organizations that will provide ethnic and cultural

outreach and engagement for the African American, Asian American, Deaf and Hard of Hearing, Native American and the LGBTQ populations in Riverside County.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16

- (57) **Comment:** Increase or otherwise change the clinical model to pattern RLC in other clinics.

Response: We have had positive results with the Recovery Learning Center so far. However, with the Innovation Component, a county cannot expand the program(s) as they are a one-time pilot, which is also time-limited. If proven to be an effective program, it can be adopted in other clinic settings and funded through the CSS Component.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16

- (58) **Comment:** Increase services in Moreno Valley and expand PEI services to other areas in the Mid-County Region.

Response: The Blaine Street and Perris Clinics are located 10 – 15 minutes away from Moreno Valley, so it is not financially feasible to add another clinic specifically to serve that city. One of the other clinics would need to be shut down in order to accomplish this request. There is, however, a children's services clinic located in Moreno Valley.

PEI providers are contracted to provide services in communities of highest risk based upon community demographics and data. Providers are encouraged to expand to additional communities as they are able; however, there are not enough funds to serve all communities.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (59) **Comment:** I would also like to recommend that transportation will be considered. I would have attended more groups if I had transportation.

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (60) **Comment:** I would like to see involving the City RTA; they might have some good ideas. (Keep working.)

Response: The Department can provide administrative support, coordination, and influence and work through our contacts and relationships to impact public transportation enhancements such as adding routes, additional stops, etc.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (61) **Comment:** Riverside County low-income/0-income housing. Utah's population has housed 70% of their homeless.

Response: The Department has leveraged more than \$19 million in MHSA funds for permanent supportive housing to support the development efforts associated with the creation and planning of more than 850 units of affordable housing throughout Riverside County. Integrated within each MHSA-funded project were 15 units of permanent supportive housing scattered throughout the apartment community.

RCDMH continues to operate two Safehaven facilities, The Place and The Path, which follow a low-demand, drop-in model for providing homeless outreach and permanent supportive housing to homeless individuals with serious mental health conditions. During FY13/14, MHSA funding for temporary emergency housing was continued and will continue in FY15/16. These funds were combined with other grant funds (Emergency Housing and Shelter Grant) to provide access to emergency motel housing or rental assistance.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (62) **Comment:** I would like for us to have more support groups with students with psychology or psychologists for our crisis, and depression, anxiety, and bipolar to avoid an episode. Because in an emergency people try their best to not go to a clinic because of the time that it takes. Because of the depression or other sicknesses in the support groups people would feel more confident. I'm talking for people that are not affected.

Response: This recommendation will be shared with the Crisis Grant Managers as an identified need to address in their operations.

WET has a centralized, student program called GIFT (Graduate, Internship, Field and Traineeship) Program. Each academic year, WET places approximately 60 college level students in multiple disciplines (Alcohol and Other Drug; Masters of Social Work; Masters of Marriage and Family Therapy; Masters in Professional Clinical Counseling; bachelor's level behavioral or social sciences) into our county clinics Department wide to serve our communities as a part of their degree requirement. These students not only supply additional support to consumers and families, but they also become an important candidate pool for hiring into our permanent workforce.

WET also opened The Lehman Center (TLC), which is a teaching clinic staffed primarily by student practitioners. To date, more than 100 consumers and their families have been served by TLC, providing same or next day appointment to people who were diverted from hospitalization by our new crisis teams, and providing sooner intake appointments and reassessments for saturated outpatient programs

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(63) **Comment:** I would like for people that don't have documents to be part of the program so they can receive support for their mental problems.

Response: Mental Health Administration is committed to being a safety net for the uninsured, including the undocumented.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

Behavioral Health Commission (BHC)

Public Hearing – May 6, 2015

ORAL COMMENTS

- (64) **Comment:** I'm a LCSW with close to 40 years of experience in public policy advocacy, direct practice, and administration of mental health programs particularly to underserved Asian Pacific Islander communities. I am here today to represent the Asian American Task Force which is a committee of the Cultural Competency Reducing Disparities (CCRD) Committee of this Department. My members have nominated me to speak on their behalf but before I do so, may I ask them to stand up. Thank you for this opportunity. This is the first time that the Asian American Task Force has formally submitted input to the MHSA Plan Update. We would like to congratulate the team for a very well written plan and we have several comments we want to make. We have already submitted a detailed response; so I am just going to highlight.

First of all in your direct service category – we would like to develop a resource directory and we're working with Dr. Richard Lee to identify clinics that have bilingual psychiatrists on staff. So we can develop a simpler version to send out to our community members. In terms of PEI, we very much support the outreach, education, and anti-stigma. Part of our challenges has been the lack of health materials. We were rejected by 99 Ranch Market recently because our materials were too mental health in nature. In addition we would like to develop a Speaker's Bureau. For the first time on May 26, there are invitations out there; we will have a consumer from our community talk about his journey to recovery.

In terms of WET that is a big challenge. The recent client utilization data shows that 800 some clients served. Among (a population of) 46,000 that's about 1.7 percent and they collectively represent 15 different Asian ethnic groups. It's just not possible to find any professionals that speak Mien, or Hmong, maybe Chinese, maybe Tagalog, maybe Korean, but those languages you are not going to find. So we have several strategies we want to recommend. Of course we would like WET to increase workforce in every

area not just direct service but also in PEI in education and outreach. But we see the main part is to support our community members to outreach to their own people by expanding your Promotores training to expand and include the Asian community by looking at the Health Navigation Certificate training program and by funding community-based agencies and associations, churches etc. to act as a resource center so they can provide information, referral support groups, and a place for the mental health staff to go out and do some services and assessments. Thank you very much for this opportunity and have a great afternoon.

Response: The WET plan includes an action entitled “Community Resource Education”. An objective within this action is to create culturally and linguistically specific resource directories that can be used by both staff and consumers. WET has partnered with our Cultural Competency Unit to create these guides in order to verify all resources are culturally accessible and are formatted so that they meet the practices of the related cultural group. WET has been successful in completing a guide for the LGBTQ population and WET continues to encourage the related cultural competency task forces to work with WET in the completion of other the other cultural guides., etc.

The Department will support the goals identified by the Asian American task Force and included in the MHSA plan update. The Department will be releasing in FY15/16 a Request for Proposal to identify organizations that will provide ethnic and cultural outreach and engagement for the African American, Asian American, Deaf and Hard of Hearing, Native American and the LGBTQ populations in Riverside County.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (65) **Comment:** I've noticed that the use of language is a great tool to arrest the stigma that we face as mental health ourselves. However I found that the word of 'consumer' does have a negative connotation as the opposite of 'producer' so I would like to suggest is the use of the word 'client' or 'clientele' as that has a more lighter connotation as in 'we are working with' as opposed to 'we are taking from' society. If that would be something that could be addressed that would be nice.

Response: Although each individual may have a personal preference, the term “consumer” was developed by the Consumer Affairs Team with significant input and discussion among those receiving services, and the consensus was that the term “consumer” was least stigmatizing. This recommendation has been provided to the Consumer Affairs Manager.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (66) **Comment:** I’m out here in the desert, but originally I was a member of mental health in the Perris Family Room clinic and the very first time I arrived there how welcoming and inviting it was and how spectacular it was to have the family support and peer support in the welcoming center. And so my comment is, I hope to see the innovative Family Room concept be brought to all the clinics all over the county. Because when I got here to Indio, I was really disheartened to see the clinic setting again and not see peer supports or family supports sitting out in the clinic welcoming and introducing groups. That was one of the best feelings was to see Belinda and Rosie out in the waiting area and greet everybody and be able to talk with them. I saw it was mentioned in the Plan about the Innovation – but I hope to see it come out especially out in the desert. It is a great concept and I benefited a lot and if I had to go to all the clinics every day and I went to all the groups, I completed WRAP, I completed crisis, I completed Core, and I completed a lot and because of that now my symptoms are in remission and I want to advocate for mental health and just because of that concept alone.

Response: We have had positive results with the Recovery Learning Center so far. However, with the Innovation Component, a county cannot expand the program(s) as they are a one-time pilot, which is also time-limited. If proven to be an effective program, it can be adopted in other clinic settings and funded through the CSS Component.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(67) **Comment:** I have received mental health services since I was 12 years old. I was diagnosed with autism and I received mental health services when I was 12 at Mid-County and then I came to the desert when I was 18. I recently graduated from Peer Employment Training, and WRAP, and the mental health groups I've done, and I've been to the Harmony Center. I want to give a big thank you to all your programs out there in Mid-County and Desert that have helped me along the way. I would like to give a big thank you for giving me the opportunity to speak to you guys at mental health and I wish good luck to the new people that come to the program and wish you the best of luck for your new programs and people that come in. And you guys are doing an awesome job and you have keep on moving forward and may the force be with you always.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(68) **Comment:** I've been receiving support from the mental health community for over 30 years. My friend and I have also completed Peer Employment Training (PET) and I've got a couple of things that I would like to say about the Plan. First of all congratulations – it sounds like you have had a lot of success and I am very excited to see what is going to happen in the county and the ideas. I would like to see a couple of things implemented that I did not hear discussed. I know that many consumers of services in our area have transportation issues and I would like to see transportation maybe addressed or money for transportation. Probably all over the county but especially in this area (Desert Region). One of the other things that I would like to see addressed is some sort of intensive outpatient program. We do have groups here in the Indio area called Urgent Care that we are able to attend while we're in a crisis. That does meet every single weekday morning, but I have participated in other sorts of private health care plans or that have longer programs that offer more education, and some therapy that meet for longer during the day. I don't know if that is possible but I did receive a lot of help from our Urgent Care group and would like to see that program expanded if possible. As I am a recent graduate of the Peer Employment Training and feel that

being a Peer Support Specialist is a calling in my life and I'm getting ready to start work with a contractor of the county next week. I would also like to see the PET program expanded and the county's use of Peer Support Specialists expanded. I think we could do a lot more than we are currently being allowed to do. I think that our lived experience is much more helpful than we've even been given a shot at being with how the county has been using peer support so far. I really appreciate all of the support that I have received from the people that I have dealt with here in Indio; but I think that we should keep an open ear and open eye and maybe expand the peer supports even more. Because I think that the lived experience has more healing benefits to our peers and folks that we are dealing with than we even know as of yet. Thank you very much for taking my comments.

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Through a separate Crisis Grant, not MHSA funding, the Department is implementing Crisis Stabilization Units (CSU), Mobile Crisis Response Teams, and Crisis Residential Treatment (CRT) in each of the regions to address this need.

The recommendation for expanded PET training will be provided to Recovery Innovations who manages the Peer Training.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (69) **Comment:** I am Peer Support Specialist and a Peer Support Specialist Volunteer and I went to Banning clinic with mature adults. First of all I would like to say I am the evidence that recovery is possible and I very pleased with the all the classes and services that I have received as a client and consumer. With the FSP program out at North Palm Springs in the Desert Region. I would like to really request three things: (1) a bus, (2) a bus, and (3) a bus. We are in dire need of transportation and you folks could perhaps start a fund for transportation for us. Because more people will be inclined to become a Peer Support Specialist and we will be more inclined/more capable, if you will, on reaching our people. Like now in the Western Desert Region we are

severely limited, some of us don't drive and we need transportation. If you could figure a way to perhaps fund that; it's quite serious. I'm very pleased, as I mentioned earlier, for the things that I have received and I hope the programs if possible do expand and have more responsibilities for the Peer Support Specialist that would benefit everybody. Thank you very much for your attention; I hope everything goes well. Thank you.

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (70) **Comment:** I am a client and a resident of Milestone Board and Care and I just wanted to make a comment that yesterday at Women's Only Narcotics Anonymous meeting, I spoke with a peer and she was commenting on all your benefits that you provide and services – excellent services – for the CPS program and the MHSA program are providing. Such amazing helpful services to family reunification and stabilization; because she is one of those parent going through that stuff. Also that the help that Riverside County Mental Health, Desert offices, that are helping me go from outpatient to Oasis, the CRT, and back up to peer employment within the last three months and now I am a certified Peer Employment Specialists. I have been receiving services in mental health since 1983 and I used to be a victim of 29 years of domestic violence from previous relationships. One of the other concerns, as well as the other ladies were speaking, transportation, when we get told that we can't come - but we want you to be a part of our outpatient services. You know rejection just does not work and it takes us right back to the street using drugs, and becoming homeless, or shacking up with someone that is going to beat you up. So transportation is a must if we want to continue to make this full circle of recovery happen. Also mental health services at Milestone, I am not knocking them, they are excellent; but when you contract out cheaper, cheaper is not always better. Because a lot of the clients are being neglected and they are outside the doors and stuff is going on and being a client there, and also a resident there, I am speaking on behalf of my peers there. But overall everything else is

amazing and I thank you for allowing me to be a client as well as a Peer Employment Specialist. Thank you and have a blessed day.

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Comments regarding Board and Care will be provided to Regional Administration.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (71) **Comment:** I would like to say I enjoy being in the community and being helped and I appreciate all the support that I have. The only thing I was concerned about is the training, of support training. I have been needing some help and I have a learning disability and I feel that in the class I feel that if I could get help it would mean a lot. It should be comfortable and should have help and like reading and writing. Another thing of my concern is I and would like maybe some funding for snacks and stuff. The teacher is providing her own money and her own pocket and getting us snacks and she does a very good job and should get support from mental health in Indio. I enjoy going to all the groups and I appreciate all the help with Coach Javier. He is a good and a good coach and he helps me a lot and other people. I just want to say thank you for being here and my concern with more help with people with disabilities. Thank you.

Response: These recommendations will be shared with the Cultural Competency/Reducing Disparities Committee and Regional Management. The Recovery Learning Centers and Peer Centers in each region also provide individualized supportive services.

The Department collaborates with Inland Valley Regional Center, who provides support to developmental disabled individuals on case management to better assist them.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(72) **Comment:** I am a graduate of Peer Support Training and I'm a certified Peer Support Specialists and having this opportunity to do this has been life changing for me. I have the possibility of having a job now after 21 years of trying to find work and with my job history not being able to. I just want to commend you for this program and everything that it has done for changing lives. It has just been phenomenal and I really appreciate it. Thank you so much.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(73) **Comment:** I'm a promoter of mental health for El Sol and very appreciative of the programs that have been provided for PEI. But in the long run, in the 4 years I have been here, I noticed that my community needs a lot more help. Access to crisis intervention before - to prevent a more serious situation. And so someone could be helped without such a big protocol of paperwork. I would like to see students that are applying to study psychology to have support groups for families and individuals. Thank you very much.

Response: PEI providers are contracted to provide services in communities of highest risk based upon community demographics and data. Providers are encouraged to expand to additional communities as they are able; however, there are not enough funds to serve all communities.

WET has a centralized, student program called GIFT (Graduate, Internship, Field and Traineeship) Program. Each academic year, WET places approximately 60 college level students in multiple disciplines (Alcohol and Other Drug; Masters of Social Work; Masters of Marriage and Family Therapy; Masters in Professional Clinical Counseling; bachelor's level behavioral or social sciences) into our county clinics Department wide to serve our communities as a part of their degree requirement. These students not only supply additional support to consumers and families, but they also become an important candidate pool for hiring into our permanent workforce.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (74) **Comment:** First of all I want to commend you on your MHSA Plan and funding but it is not easy to deal with mental health issues. One thing I would like to speak on is that we need more programs that are doing PEI for our young people and need to make sure they are culturally relevant and really take a risk here when we fund programs and services for our young people. We need Rites of Passage programs that can help them develop and deal with their trauma that they are dealing with. But we need to make sure that, as you know in the Desert Region the landscape of our area is hard to reach, and this hard to reach population is what we need focus on and mentorship which has been all over the new this week is really important. When our others here speak about being peer support - that is mentoring and mentoring is important. Our young people need more programs. I challenge this MHSA funding to really focus on these programs where you are taking mentors from the community and help them address some of the issues kids are having at schools or having behavior improvement, improvement in their community, improvement in their family life. So I would really like to say that I am hoping that the County and MHSA funding will be bold but will take a risk to fund evidence-based programs but also take risks with programs that are just in development. We at the RAP foundation are currently trying to focus on youth development program and focusing on leadership, and healing because we know our young people are dealing with trauma which they cannot deal with. And we do have what we call a 'Healing Circle'. And I ask once again that the county take a bold step and be the leader in funding but also funding programs and taking a risk. Thank you.

Response: As mentioned previously, PEI supports a significant number of youth programs, including a Mentoring Contract. The Department is also in discussions with Regional Access Project Foundation (RAP) on some Innovation Program possibilities which will be explored further.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(75) **Comment:** I work in Mid-County as a Peer Support Specialist and in the MHSA Plan I did not see an alternative for the hospital ITF and some type of groups that would inform them about their diagnosis and include their families. I believe Mid-County Region stretches from Yucaipa, to San Jacinto, Temecula, Murrieta and for outreach teams 2 people on a team, 2-3 people on a team, for all of that space and all of that region I don't believe is enough and I didn't see anything about adding any teams to outreach. I also noticed there is no more funding left for another community center like The Place or The Path in the Mid-County Region. I wanted to make the comment that Utah population has housed 70% of their homeless and I'd like to see that happen in Riverside County. Thank you.

Response: Comments regarding ANKA will be shared with the Regional Administration of Mid-County. MHSA will still continue to find FSP Programs as well as Outreach Teams in each Region.

Drop-In Centers were funded in the Desert and Western Regions with one-time Housing and Capital Facility and HUD funds. Those funds have all been spent. Mid-County was funded, but unfortunately blocked by community and political opposition

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(76) **Comment:** I am a pastor I am a volunteer in the school and hospital. I wish that all the pastors will attend this kind of hearing. There are a lot of mental patients in the church as well. Sometimes people in the church will only focus on the spirit side. We need your social workers or mental health county people services as well. I think this kind of hearing or meeting is very essential for this purpose; for example one of my church members was the in mental hospital yesterday. We need a practical service that churches cannot provide. I am going to introduce you, and this hearing and the meetings, and the services in the Korean Church in Riverside. I am a greatly appreciative of your services. Thank you.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (77) **Comment:** I am mental health Peer Specialist in the New Life Program and I just wanted to say that I think all the programs are wonderful. I know that is something that's been discussed before but there is lack of services in the City of Moreno Valley. I'm a person who has obtained wellness now; when I was receiving services it was very difficult for me to be able to get the services because I had to choose between either Perris Mental Health or Blaine Street. But I come to work for 40 hours and when I get home I am also a parent; I'm a mother of three. I've been faced recently with having to get services for my son and my daughter and getting services for them has also been difficult as there are limited services in Moreno Valley and also limited resources for parent support there and that's it.

Response: As mentioned in response to Comment 17, the Blaine Street and Perris Clinics are located 10 – 15 minutes away from Moreno Valley, so it is not financially feasible to add another clinic specifically to serve that city. One of the other clinics would need to be shut down in order to accomplish this request. There is, however, a children's services clinic located in Moreno Valley.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.