Riverside County

Department of Mental Health

MHSA 3-Year Program & Expenditure Plan

FY2014/2015
Through
FY2016/2017

MHSA
Riverside County Mental Health Services Act

EACH MIND MATTERS
California's Mental Health Movement

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MHSA 3-Year Program and Expenditure Plan FY 14/15 through FY16/17

County Compliance Certification

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Riverside County

☒ Three-Year Program and Expenditure Plan
☐ Annual Update

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 June 17, 2014.

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

6/17/2014
Date

MHSA 3-Year Program and Expenditure Plan FY 14/15 through FY16/17

County Fiscal Accountability Certification

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Riverside County

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

Local Mental Health Director	County Auditor-Controller
Name: **Jerry Wengerd**	Name: **Paul Angulo, CPA, MA-Mgmt**
Telephone Number: **951-358-4500**	Telephone Number: **951-955-3800**
E-mail: **wengerd@rcmhd.org**	E-mail: **pangulo@co.riverside.ca.us**
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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 5-19-2014 Date

I hereby certify that for the fiscal year ended June 30, 2013, 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.

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

Signature 5/21/2014 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's my pleasure to introduce Riverside County's Mental Health Services Act (MHSA) 3-Year Program and Expenditure Plan (3YPE). The Department of Mental Health embraced this planning as an opportunity to re-evaluate and analyze the programs that were originally written into the MHSA component plans. It also allows us an opportunity to broaden and gain stakeholder perspective on any new areas of need or service. The Riverside County MHSA planning team was charged with expanding the planning process, increasing the number of stakeholders, and increasing the opportunities to participate in providing feedback.

In the 3YPE planning process, Riverside County has paid particular attention to the impact of the Affordable Care Act. The Department has been proactive in addressing these demands by expanding service capacity through clinical expansion and enhancements. We also recognize the need to build workforce capacity through creative strategies such as our education/internship programs, job fairs, and educational support and incentive programs.

This year also presents a new opportunity to strengthen our crisis services systems through the SB82 and AB87 crisis grants. We are excited to revamp our county crisis service array and to leverage local resources with these grants to create crisis triage, stabilization, residential and mobile crisis services. These services, in addition to regional urgent care settings, will provide Riverside County residents with a much needed expanded crisis option, including alternatives to involuntary treatment.

As Riverside County experiences this growth, the Department continues to evaluate the needs for expanded capital facility and space needs. In 2011, all Western Children's Services were consolidated in Riverside through a building acquisition at Myers Street. In FY14/15, the Department is planning to meet on-going space needs through a similar consolidation for Western Region Outpatient Clinics as well as administrative offices at Rustin Avenue in Riverside. The critical aspect of these acquisitions is that the Department eliminates space leases for all the programs housed in the new site and can apply those savings for services and future space needs.

There are many exciting developments that are surfacing through the 3YPE. We are expanding Full Services Partnership slots and levels. Peer initiatives continue to grow, including a new

Peer Center site in the Desert, a new satellite Peer Center in Temecula and expanded employment opportunities that now exceed 180 budgeted peer positions countywide. All regions will see clinic site expansions that are outlined in this update and the Family Advocate and Parent Support programs will see growth, as well. Additionally, the Department will continue to support services provided by our community partners. We are also starting to see the positive impacts of our Stigma Reduction and Suicide Prevention Campaigns as outcome studies are being revealed.

I invite you to read about these and the many more exciting programs being offered through MHSA. We've included outcome information so you can see the positive impacts of MHSA and how we see the programs developing over the next three years. Thank you for taking the time to follow our progress through MHSA programs and for participating in our planning process.

Jerry Wengerd

Mental Health Director

Mental Health Services Act Overview

On November 2004, voters in the State of California passed Proposition 63, the Mental Health Services Act (MHSA), which was designed to expand and transform California's county mental health service system. The MHSA is funded by imposing an additional one percent tax on individual, but not corporate, taxable income in excess of one million dollars. Becoming law in January 2005, the MHSA represents the latest in California legislative movement, begun in the 1990s, to provide better coordinated and more comprehensive care to those with serious mental illness, particularly in underserved populations.

To accomplish its objectives, the MHSA applies a specific portion of funding to each of six system-building components:

1. Community Program Planning and Administration (10%)
2. Community Services and Supports (CSS) (45%)
3. Workforce Education and Training (WET) (10%)
4. Capital Facilities (Buildings) and Information Technology (IT) (10%)
5. Prevention and Early Intervention (PEI) (20%)
6. Innovation (5%)

The keys to obtaining true system transformation are to focus on the five fundamental principles outlined in the MHSA regulations:

1. Community Collaboration
2. Cultural Competency
3. Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services
4. Access to Underserved Communities
5. Creating an Integrated Service Array

Counties were required to develop their own three-year plans, consistent with the requirements outlined in the act, in order to receive funding. Counties are also obligated to collaborate with community stakeholders to develop plans that will accomplish desired results through the meaningful use of time and capabilities, including areas such as employment, vocational

training, education, and social and community activities. County plans are to contribute to achieving the following goals:

- Safe and adequate housing, including safe living environments
- Reduction in homelessness
- A network of supportive relationships
- Timely access to needed help, including times of crisis
- Reduction of incarceration in jails and juvenile halls
- Reduction in involuntary services, including reduction in institutionalization and out-of-home placements

MHSA Three-Year Program and Expenditure Plan Instructions

When MHSA planning was first initiated, counties were required to develop Three-Year MHSA Component Plans and to update those plans on an annual basis. Following the previous Annual Update process for FY13/14, the decision was made to move toward integration of the components and to prepare and submit a new Three-Year Program and Expenditure Plan. In response, on August 2, 2013, the Mental Health Services Oversight and Accountability Commission (MHSOAC) released the Instructions, Fiscal Worksheets and updated Certification Forms to County Mental Health Directors. These documents are to be included in the Mental Health Services Act "Fiscal Year (FY) 2014/2015 through FY2016/2017 MHSA Three-Year Program and Expenditure Plan" (3YPE).

The Commission strongly believes in a robust, meaningful stakeholder process and therefore provided the 3YPE instructions as a means for counties to follow statue and regulations required in the Community Planning Process and information that should be included in the update. Riverside County welcomes this opportunity to engage stakeholders in reviewing and providing input into the component plans. This also allows the county to re-evaluate the performance of MHSA programs and make any necessary changes, amendments, additions, or eliminations.

The MHSOAC instructions state that the 3YPE shall address each MHSA component and all age spans including Community Services and Supports for children and youth, transition age youth, adults, and older adults; Capital Facilities and Technology; Workforce Education and Training; Prevention and Early Intervention; and Innovation programs. The county is required to update

the plan annually. The 3YPE, and subsequent annual updates, will be subject to a 30-day posting and comment period followed by a Public Hearing by the local Mental Health Board to elicit face-to-face public comments.

The 3YPE also requires certification by the County Mental Health Director and Auditor-Controller that the county has complied with any fiscal accountability requirements as directed by the Department of Health Care Services and that all expenditures are consistent with MHSA regulations. The 3-Year Program and Expenditure Plan and Annual Updates must be adopted by the Riverside County Board of Supervisors and submitted to the MHSOAC within 30 days after adoption.

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 there are no guarantees that the same funding levels will be maintained. All the major mental health funding sources [1991 Realignment, Realignment II (Early and Periodic Screening, Diagnostic and Treatment - EPSDT and 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. There are increased concerns that the Realignment II programs (Drug Medi-Cal, EPSDT, and Managed Care) are growing faster than the sales taxes. In FY13/14 Riverside's EPSDT portion of Realignment II was reduced. Should this trend continue, it will put increased strain on MHSA funds in the future. MHSA funding is now projected to increase by approximately 10% in FY14/15 compared to FY13/14.

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 (2,268,783), Riverside County is also the fourth largest county in California in terms of population according to 2012 population estimates. Since 2000, the population has grown by approximately 44%; and the county experienced the highest population growth of all California counties. The largest ethnic group reported by Riverside County residents was Hispanic/Latino, comprising 46% of the county population in 2012. 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 30% 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 in 2012. It is estimated that the Riverside-San Bernardino metro area will experience rising employment from 2013 to 2018 and total non-farm employment will increase by 8%. The unemployment rate fell to 11.8% in 2012 after reaching a high of 14% in June 2011. Poverty estimates for Riverside County indicate that 14.45% of residents live below the poverty level; and 21.87% of residents live between the poverty level and 200% of poverty level.

MHSA 3YPE Introduction

The 3YPE process is similar to those followed for previous annual updates with the exception that counties are to include a new three-year expenditure plan with the program update. Riverside County took the opportunity to re-examine all of its component plans and to sustain, expand, or amend plans as deemed necessary through the Community Planning Process. The 3YPE Plan addresses all five key MHSA components as well as each specific age span. Expenditure projections are made by each component and all the elements will be included in one comprehensive plan. The 3YPE will be updated on an annual basis and each plan must be developed with local stakeholder involvement. The county will describe and document the Community Planning Process.

In addition to the above elements, the Plan will include county demographics and well as numbers served and cost per client figures. The Plan will include performance outcome information and a certification from the Local Mental Health Director and the Auditor/Controller. Each component will provide program updates, any changes to the plans, and a forecast moving forward for the next three years. Each county will also prepare a three-year expenditure plan, including unspent funds, estimated revenue and reserve amounts to support the proposed plans.

Also important to note, in the new 3YPE Plan the Community Services and Support (CSS) Work Plans have been re-titled. Previously there were six main Work Plans carrying the titles of (Full-Service Partnership (FSP)-01 through 04, and System Development (SD)-05 and Outreach and Engagement (OE)-06. There was some confusion over the FSP titles as those Work Plans consisted of both FSP and SD programs, so FSP was replaced with CSS. Also OE-06 was removed from the CSS Work Plans and consolidated with Prevention and Early Intervention (PEI)-01 Work Plan, Mental Health Outreach, Awareness, and Stigma Reduction. The change also allowed for better integration into the overall component plans. See below for cross-walk of CSS plans:

FSP-01 Children's Integrated Services Program	CSS-01
FSP-02 Integrated Services for Youth in Transition	CSS-02
CSS -03 Comprehensive Integrated Services for Adults	CSS-03
FSP-04 Older Adult Integrated System of Care	CSS-04
SD-05 Peer Recovery Support Services	CSS-05
OE-06 Outreach and Engagement (Eliminated from CSS and integrated into PEI)	PEI-01

Community Planning and Local Review

Local Stakeholder Process

Riverside County embraced the MHSA Three-Year Program and Expenditure Plan as an opportunity to revamp and broaden the Stakeholder Community Planning Process. The Department acknowledged a reduction in stakeholder participation that appeared to be attributed to lower attendance and momentum in MHSA Planning Committees and consumer and family members transitioning from community-interest participants to employees. To address this concern and to facilitate more venues and opportunities for stakeholder participation, the Department devised a new planning structure (see page 13).

In the past the Department had relied heavily on MHSA Planning Committees to assist in MHSA program planning and decision making. The main committees are age specific (Children's, TAY, Adult, and Older Adult) and are cross-collaborative in nature including partner agencies, education, community-based providers, consumers/family members and other subject matter experts. The Cultural Competency/Reducing Disparities (CCRD) Committee is also integral to the process providing ethnic and culturally specific feedback and perspective. Sub-committees to the CCRD also advise and consult in a more targeted fashion including the Latino Advisory; Native American; Asian American; African American; Lesbian, Gay Bi-Sexual, Transgender, and Questioning (LGBTQ); Deaf and Hard of Hearing; Blind and Visually Impaired; Spirituality; and Promotores.

Stakeholder Description

Stakeholders include consumers, family members, and parents of children affected by mental illness. Also included in the stakeholder process are community partners, community-based organizations, education organizations including the Riverside County Office on Education (RCOE) and Special Education Local Plan Area (SELPA), Community Colleges, the Office on Aging, Probation, Law Enforcement, Health, NAMI, Inland Empire Perinatal, MH Collaborative Groups, Senior Peer Support Specialists, Family Advocates, Cultural Competency/Reducing Disparities Committee members, Cultural Brokers, and Department/County staff.

Prior to the roll-out of the new planning structure, the Department recognized the need to have an easily accessible and more systematic means to increase consumer and family member

participation in the process. The Consumer Affairs, Family Advocate, and Parent Support programs were tasked with developing a structure and community-type meeting for peers to participate. The result was the advent of what has been named the Consumer Wellness and Recovery Coalition. This group, comprised of between 75-90 members, meets routinely, and has embraced the MHSA community planning process for the 3YPE. The Coalition became part of a larger group of what was conceptualized as Key Specialty Informants (see Planning Structure Chart, page 13). Others included:

- Criminal Justice to assist with looking at legal and AB109 issues
- PEI/WET Steering Workgroups to provide analysis of the Prevention and Workforce Work Plans
- Care Integration to inform on Health Care reform impact
- Desert Consortium to share perspective and need from the Coachella Valley
- Education to make recommendations on school-based initiatives including focused meeting with Riverside County Office of Education and SELPA
- NAMI affiliates (4 chapters) to provide family perspectives
- Partner agencies including Health, Social Services, Probation and Office on Aging
- Crisis Workgroup to advise on issues related to local crisis services and interface with potential statewide crisis grant opportunities

As the Department prepared to begin sharing the new planning structure and timelines with community stakeholders, planning committees, and key informants the decision was made to instill the support of the Research Division. They were tasked with providing the most current county demographic information including age/gender, race/ethnicity, language considerations, and risk factors to share through the process as well as programmatic performance outcome data (see Community Feedback Surveys, page 198). The demographic and performance data was tailored to fit the particular stakeholder group being engaged in the process. This was intended to educate, train, and allow for stakeholders to have enough information to offer informed decisions regarding the plans being proposed through the 3YPE.

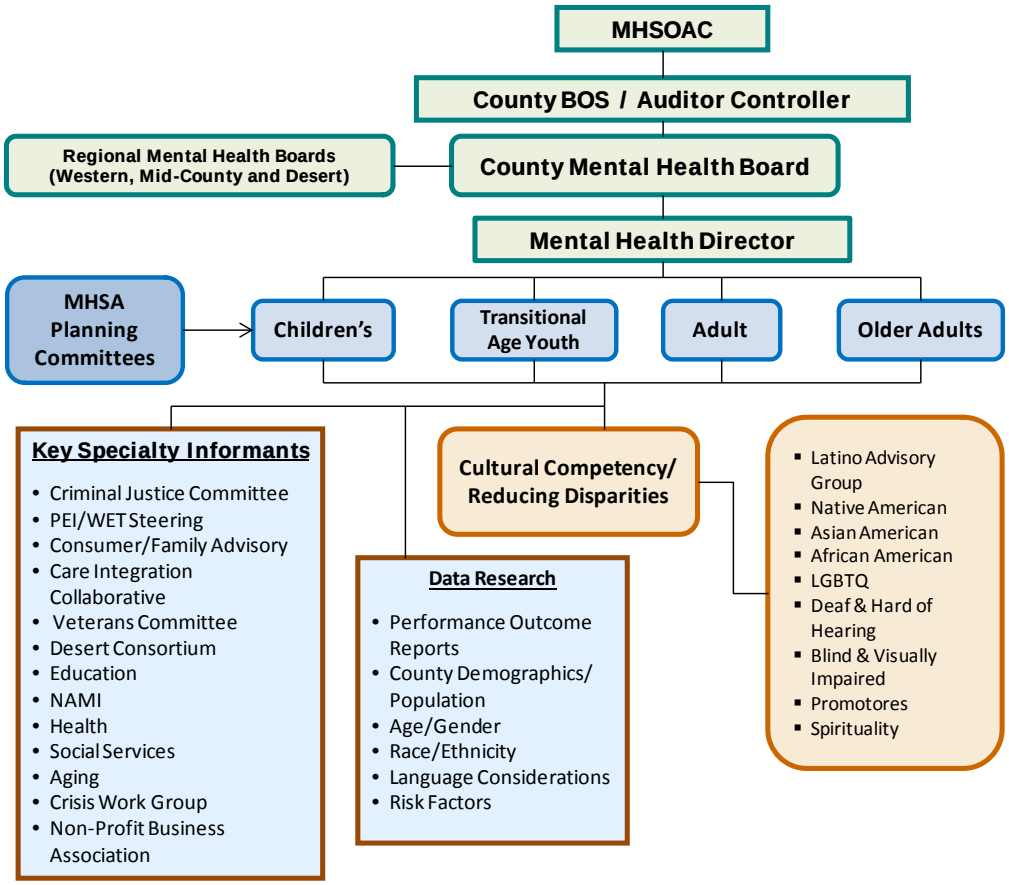
Also the Department wanted to ensure stakeholders had a mechanism for providing written feedback through a 3YPE survey instrument. Research was responsible for developing the tool,

creating a database to enter the feedback, and dedicating specific staff to create a trending report to help guide the feedback to inform stakeholders in the process. The surveys were distributed to all the MHSA Planning Committees, Workgroups, Main and Regional Mental Health Boards, Consumer Wellness and Recovery Coalition, Desert Consortium, Office of Education, SELPA, NAMI, Inland Empire Perinatal Mental Health Collaborative, Riverside City College and over 1,000 individuals who have participated in Department-sponsored PEI trainings.

As the process ensued, stakeholder meetings and presentations were conducted with planning committees, workgroups, and coalitions as described above. The stakeholders were engaged in orientations which covered the origin and structure of MHSA, the MHSOAC 3YPE Instructions, Planning Structure, and Planning Timelines. These presentations incorporated discussions on the programs and activities and included demographics and performance outcomes, as well as provided stakeholders with information on how to participate and provide feedback.

As a parallel process, both PEI and WET Steering Committees were assembled and convened. The PEI and WET Managers were tasked with selecting experts specific to prevention and early intervention and workforce education and training to participate in this process.

MHSA 3-Year Program & Expenditure Planning Structure

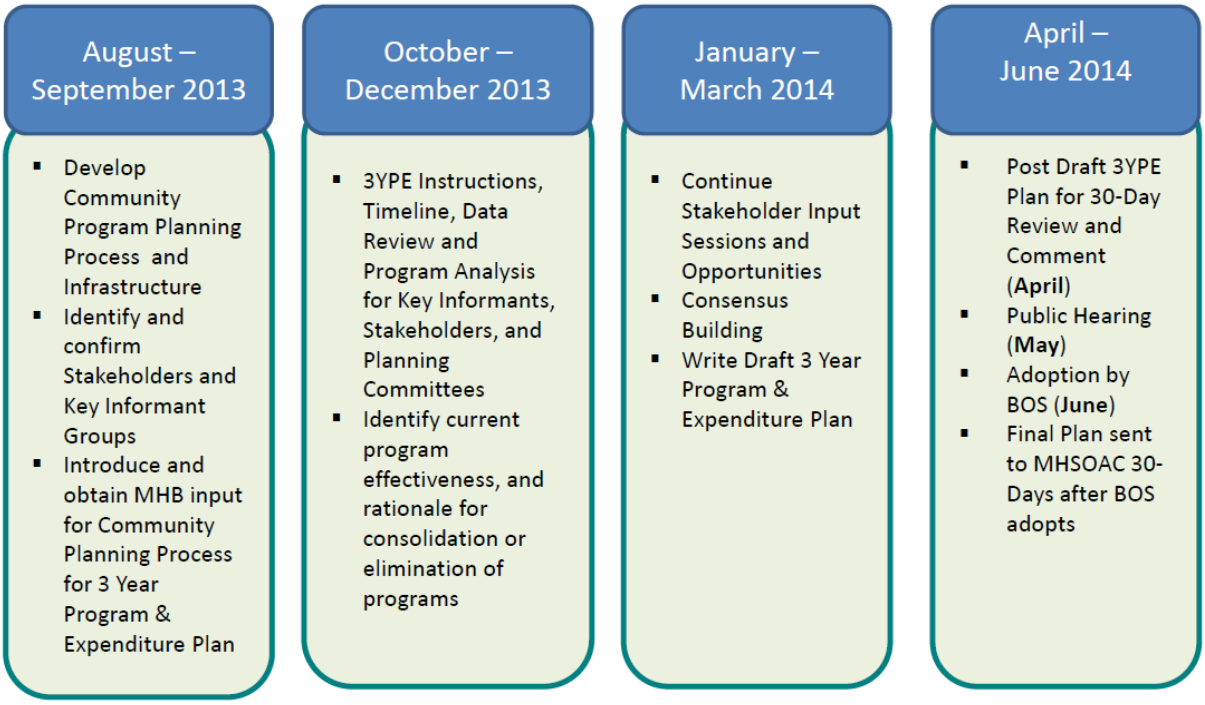


Community Planning Process

- Review 3YPE Plan
- Review Data/ Outcome Reports
- Input Key Specialty Informants
- Evaluate Current Programmatic Data
- Identify Recommended Plan Amendments
- Budget Projections/ Reviews
- Develop Plan Draft
- Input Planning Committees
- Input from MHB
- Final Draft Recommendations
- 30-Day Posting
- Public Hearing
- MH Director/Auditor-Controller Certification
- BOS Adopts
- MHSOAC Receives Final 3YPE within 30 days of BOS approval

MHSA 3-Year Program & Expenditure Plan Time Line

Mental Health Services Act (MHSA)
3-Year Program & Expenditure (3YPE) Plan
Time Line



PEI Steering Committee

A PEI Steering Committee was established and met for three half-day sessions over the course of several weeks. The composition including representatives from education, contract providers, community-based providers, Cultural Competency, Office on Aging, Health, and County PEI staff. The Committee reviewed the following documents:

- Riverside County Department of Mental Health (RCDMH) PEI Plan approved in 2009
- RCDMH Guiding Principles for the PEI Plan
- Prevention and Early Intervention Executive Summary for the 3-Year Program and Expenditure Plan FY14/17 (Listing the PEI programs that are currently being implemented and those that have not yet been implemented)
- PEI related feedback from community surveys
- RCDMH Cultural Competency Reducing Disparities Committee 2013 Annual Report Executive Summary
- Outcomes report for FY11/12 and FY12/13 for implemented programs
- County Demographic Report including poverty rates
- Grid of PEI statewide activities

The committee members were asked to use the information that they reviewed and provide their expertise on community needs to make recommendations regarding continuing current programs and services, identification of new or expanded programs, and deletion of programs from the PEI Plan. Committee members were also asked to provide recommendations regarding implementation strategies in order to improve outcomes and accessibility for un-served and underserved communities. As a result of the robust discussions, lists of ideas were developed and the PEI Steering Committee Recommendations Survey was developed and sent to each Steering Committee member to complete and return. The survey asked them to prioritize the identified implementation strategies as well as the ideas for new and expanded programming.

WET Steering Committee

The WET Steering Committee was comprised of stakeholders from academia, employees of the public mental health service system, and people with lived experience as consumers and family members or who had cultural expertise.

The Committee was provided the following:

- Handouts of a presentation on the mission, values, and history of the MHSA WET component
- Overview of the WET Plan approved in 2008 (as well as the Plan progress)
- MHSA Plan Update FY12/13
- RCDMH Academic Incentives Report, Winter 2013
- Southern Counties Regional Partnership materials: Careers in Mental Health promotional booklet and 'Jobs in SoCal.com' regional behavioral sciences job board promotional items
- WET Plan Feedback Form

Committee members were asked to address their overall and specific feedback to the WET Plan, ideas for growth and trends in mental health workforce development, areas of workforce development not addressed, accessibility and knowledge of programs featured in the WET Plan, and obstacles to the dissemination of information about WET programs.

The Committee expressed enthusiasm for the progress of the current WET Plan, agreed upon changes and some new directions, and exchanged information on collaboration and desired outcomes. The Committee met once over an afternoon, and all members received email follow-up to encourage submission of additional feedback.

As survey trends began to be finalized and recommendations from MHSA Committees and Workgroups were identified the Department began to draft the 3YPE inclusive of the Stakeholder feedback. The draft was circulated back through those who participated so they would have yet another 30 day period to provide final comments. Stakeholders were informed that they had until the first Wednesday in May to provide any additional comment or feedback they might have to the plan.

30-Day Public Comment

The 3YPE Plan Update was posted for a 30-day public review and comment period, from April 3, through May 7, 2014, with a Public Hearing held on May 7, 2014.

Circulation Methods

The Draft 3YPE 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 Main and Regional Mental Health Boards and all MHSA Planning and Steering Committees. Advertisements for the Public Hearing were posted for publication throughout all regions of the county via the Press Enterprise as well as local newspapers in the Desert and Mid-County Regions A Spanish translator was available at the Public Hearing (Spanish is the only threshold language in Riverside County).

Public Hearing

After the 30-day public review and comment period, a Public Hearing was held by the Riverside County Mental Health Board. The Hearing was held on May 7, 2014 at the Metro Training Center, 3801 University Avenue in Riverside from 2:30 – 4:00 pm.

All community input and comments were reviewed with an Ad Hoc Mental Health Board Executive Committee for review and to determine if changes to the Work Plans were necessary. All input, comments, and Board recommendations from the Public Hearing are documented and included in this Plan (see page 205).

Community Services and Supports (CSS)

Riverside County's original CSS Plan was approved by the State DMH in June 2006. Following an exhaustive Community Planning Process, the CSS Plan included six (6) key Work Plans that embedded over 40 program strategies within them. Work Plans were developed to represent all age spans as well as Peer Support and Recovery and Outreach and Engagement initiatives.

Integrated service models were introduced by age category, and are referred to as Full Service Partnerships (FSP). FSPs are 24/7, wrap around programs designed to include treatment, case management, transportation, housing, crisis intervention, education/training, vocational and employment services as well as socialization and recreational activities. These programs are referenced throughout the CSS update.

Through the 3YPE planning process several recommendations were made to expand capacity and enhance the services offered through our FSP programs. The Department seized this opportunity to add FSP slots in Children, Adult and Older Adult programs in all regions as well as developing an improved continuum of care to include alternative levels that facilitate independence and movement towards graduation.

Also described in this update are Non-FSP, also referred to as System Development programs. These programs allowed the Department the opportunity to address infrastructure issues and to expand and enhance services under the principles outlined in the MHSA. The Department, in conjunction with stakeholder input, continued to expand capacity within clinic locations county-wide. The stakeholders were clear that improved access and increase service availability are essential, and certainly timely with the advent of the Affordable Care Act. The Department could be impacted by an additional 10,000 beneficiaries who may be in need of mental health services as a result.

Peer Initiatives continue to be the cornerstone of transforming Riverside County's mental health services array. All Peer related services will continue growth which was an overwhelming theme through the 3YPE planning process. These initiatives include Peer Employment Training, Peer Employment, and Peer Support Services.

The following summary outlines recommendations derived for the Community Planning Process that were taken into consideration for the development of the 3YPE:

- Increase FSP capacity, including alternative tracks within the programs geared toward fostering independence and graduation toward community-based services and supports
- Increase capacity in all consumer initiatives including: Peer Employment Training, Support and Outreach, Peer Employment, and Peer Support and Resource Centers
- Clinic Enhancement and Expansion, including increase access and volume of services, continue integrated approaches
- Crisis Intervention and Residential Services
- Integrated Physical and Mental Health approaches
- Advocacy
- Better promotion and awareness of available services
- Increase service array for TAY, including potential development of a TAP Drop-In/One-Stop Center
- Multiple recommendations regarding PEI services (see PEI section) including Parenting, Trauma Focused, Bullying, Care Pathways, Stigma Discrimination and Reduction efforts, and Strengthen Families

CSS-01 Children's Integrated Services Program

Full Service Partnership

Multi-Dimensional Family Therapy (MDFT)

- Riverside
- Riverside Expansion (1 new team, 26 additional slots)
- Lake Elsinore
- Mid-County Region
- Desert Region

Multi-Dimensional Foster Care (MDFC)

- County-wide

Parent Child Interaction Therapy (PCIT)

- Lake Elsinore
- Preschool

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 Interaction Therapy (PCIT), Incredible Years (IY), and Parent Partners

- Banning, Blythe, Corona, Moreno Valley, San Jacinto, Indio, Perris, Temecula, Riverside (plus new expansion, 9/1/2014), and Desert Hot Springs (new, 1/1/2015)

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 Highlights, page 157, 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, addressing the needs of youth transitioning to the adult system of care, homeless youth, and young children 0-5 years old. In total Children's Integrated Service programs served 10,095 (7,250 youth; and 2,845 parents and community members) in FY12/13. Across the entire Children's Work Plan the demographic profile of youth served is 42% Hispanic/Latino, 8% Black/African American and 18% Caucasian. A large proportion (31%) 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 1,310 youth in FY12/13.

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 72 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.

A multifaceted approach to assistance for parents continued throughout FY12/13 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 710 individual youth and families. Some of the families and youth served were follow-up contacts after youth hospitalizations. The Department's EES classes served 110 parents. Additional contacts were provided to 2,025 parents through community engagement and outreach efforts at 124 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 48 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 127 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 77 youth during FY12/13.

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 131 FSP youth in FY12/13. 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 20 youth in the foster care system through Multidimensional Treatment Foster Care (MTFC). Program services emphasize skill development to reduce externalizing behaviors and/or co-occurring substance abuse problems. The MTFC 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.

3-Year Plan Projections / Amendments

The Children's Integrated Plan will expand capacity with increased clinical and support services for children and their families. The FSP programs, MDFT and MDFC, will continue to be sustained in the 3YPE with some growth built in as well. To meet service demands the Riverside MDFT will expand by one team, which will create 26 additional treatment slots. The Department will continue to evaluate capacity needs and performance of MDFT and will evaluate additional expansion through the annual update process. The MDFC program will still be offered to foster youth and families, but will be evaluated over the next year as to strategies for increasing the numbers served and implementation methods.

In conjunction with stakeholder feedback, the Department plans to invest more resources in the Parent Support Programs. This translates to an increase in Parent Partner positions to provide peer support to families through the Department's Parent Support Program. Beyond basic parent support functions there is a wide range of services and activities that benefit children and their families described in depth on page 157.

Children's Clinic enhancement and expansions will also experience growth over the next several years. Through this year's plan expanded services will occur at a minimum in three locations including Temecula, Riverside, and Desert Hot Springs. This will allow for a variety of enhanced services including Evidence-Based Practice Models and Parent Support. Further expansions will be evaluated through the annual update process in subsequent years.

Since the inception of the original CSS Children's Integrated Plan all programs remain intact and sustainable except for two. Two programs were eliminated through the annual update process: the C-DISC which was an assessment tool that was determined to be inefficient and created many obstacles to successfully implement, and the Juvenile Liaison positions which were a budget causality in FY09/10 and documented in the Annual Update process. All other programs continue to be in the sustainability plan moving forward.

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 (Victor Community Services)**
- **Integrated Services Recovery Center-Desert-(Oasis Rehabilitation)**

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)**

Services to Transition Age Youth (TAY) were designed to facilitate successful transitions for youth by reducing incarcerations, homelessness, hospitalizations, and 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 plan strategies to support transition age youth continued during FY12/13. 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 362 TAY youth were served by the FSP programs with 136 youth served in the Western Region; 105 youth served in the Mid-County Region; and 126 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 88 TAY age youth. In addition six 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.

The county's 3 FSPs and 3 PSRCs serving TAY received the final installation of model training in Transition to Independence Process (TIP) in July 2012. 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 outlined by the model developer and purveyors, delivered a three-day TIP Training to staff of the 6 TAY sites in February 2013, and are assisting staff with daily implementation of TIP guidelines and practices with their TAY Consumers.

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 are included under the Peer Support and Recovery Center Work Plan (CSS-05).

3-Year Plan Projections / Amendments

The Department will continue to offer Full Service Partnership programming to TAY on a county-wide basis. There are several service areas for TAY that will experience growth beginning in FY14/15. These areas include dedicated TAY Peer Support and Resource Center in each region, serving 80 youth per site. There also will be an additional Peer Center opened in Western Coachella Valley which will translate to another 80 unique TAY members served annually for a total of 320 county-wide through this service.

Crisis and Adult Residential Services will also be offered to the TAY population as well as additional Clinical Expansions similar to those described in CSS-01 Children's Services Plan. In looking forward to enhancing services for TAY, the TAY Collaborative was tasked with making recommendations to strengthen the Integrated Services offered to Youth in Transition. The priority recommendations surfacing from the community planning process was the development of a "TAY Drop-In Center/One-Stop Shop". This would consist of case management/linkage; screening for mental health needs; addressing needs of the homeless; open enrollment to all TAY; and a service delivery combined between county and community-based providers. The Collaborative recommended a blending and leveraging of funds to cover the costs of the center.

In response to this recommendation, the Department acknowledges that current budget allocations would not allow for the implementation of such a project. However the Department also recognizes the value of this proposed project and recommend the following: establish a

TAY planning group, which could be the TAY Collaborative, and develop a program plan over the course of the next year that could be submitted as a new Innovation Plan or through the Annual Update process.

All other programs in the TAY integrated Plan remain in the sustainability plan moving forward.

CSS-03 Comprehensive Integrated Services for Adults

Full Service Partnership

Integrated Services Recovery Center (county operated)

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

Integrated Services Recovery Center (contract provider: ANKA)

- ISRC Mid-County
- ISRC Bridge

Integrated Services Recovery Center (county operated)

- 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, Lake Elsinore (new 3/1/2014), Banning, Blythe, Indio, Hemet, Corona, Perris, Temecula (new 3/1/2014), Desert Hot Springs (new 1/1/2014)

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 154, 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 614 adults were served in the FSP programs; with the Western Adult program serving 243 FSP consumers, the Mid-County serving 209 FSP consumers, and the Desert serving 162 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 consumer's 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.

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 621 consumers in FY12/13; and has shown that nearly 80% of participants have successfully remained in the community with no new arrests during their program year. (See page 122 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 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 11,199 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 711 family members and provided outreach at community events to 629 people.

Crisis Residential Treatment services and the Adult Residential Treatment program are also a part of the CISA program expansion. Four hundred and ninety-four 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 36 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.

3-Year Plan Projections / Amendments

Full Service Partnership programs continue to offer intensive, wraparound type, services county-wide. As reported in last year's Annual Update, via stakeholders and FSP Committee recommendations, the decision was made to expand FSP capacity through creation of alternative program tracks. The key issue was related to concerns that members were not progressing through the treatment continuum and that intensive FSP requirements were actually fostering dependence, not graduation. Planning was conducted in FY13/14, with the intention of implementing the program in FY14/15. Thus the ISRC's were expanded to include an intermediate level called the "Bridge" program. This allowed members to stay engaged within the FSP, while moving through a continuum toward independence and self-sufficiency. This allowed for increased capacity and an additional 140 FSP slots for adult consumers.

ISRC Bridge Program - Riverside County Department of Mental Health Bridge Programs are FSP step-down services and support. The Bridge Programs are a component of FSP programs. The Bridge consumer is one that has progressed in his/her recovery due to the support received by regular FSP services. While they have developed critical life skills that resulted in them being able to obtain income, housing and mental health stability; they require ongoing support and monitoring as they further their progress toward community integration and self-sufficiency, but not at the same full scope FSP level of intensity. The program's focus is to assist FSP consumer's transition or "bridge" from high intensity support to more traditional or self-advocacy level of support. They continue to have access to 24/7 support to assist them if they encounter a life crisis during their transition phase. The length of stay in the Bridge programs is anticipated to be 6-12 months.

The other priority need identified through the original Community Planning Process and again in the FY13/14 annual update process was continuing to direct "High Utilizers of Services" to engage in FSP programming. This program shift has been developed and embedded into the 3YPE, for implementation in FY14/15. The proposed impact will be to reduce high costs associated with recurrent admissions to intensive services while at the same expanding FSP slots by 100 county-wide.

ISRC RISE Program - The RISE (Riverside Integrated Services Expansion) is a FSP Program engagement of individuals on LPS Conservatorships who are transitioning back to the community after treatment in a secure long term care facility. These individuals have a history of multiple hospitalizations, incarceration and were homeless or at risk of homelessness upon admission to the long term care facility. The goal of the RISE Program is to assist the individual's successful transition back to community residential settings, preventing repeated homelessness or need for institutional care. The services will be based on the Wellness Recovery and Resilience model of care and include outreach and engagement while the individual is at the long term care facility, housing placement assistance and ongoing housing support, intensive wellness and recovery-based support that include wraparound services/flex funding and services such as 24/7 support, benefit assistance/money management, integrated health case management, pre-vocational support and linkage to the Commission on Accreditation of Rehabilitation Facilities (CARF) certified vocational programs, psychiatric/medication services, peer-to-peer support and evidenced based treatment for mental health and co-occurring substance abuse issues. The RISE program will be based in Riverside with satellite services available county-wide. Services will primarily be field-based in the consumer's home.

Other key developments in the 3YPE integrated services for adults are the continued services offered through the consumer-operated Peer Support and Resource Centers. The Centers have been in place since FY06/07 and due to a new scope of service, Request for Proposals were recently sent out. Within the new scope of service there is planned expansion, with each region serving 400 adult, and 80 TAY members annually, and an addition of a new Center in the Western Coachella Valley serving those same numbers.

Another support service with expanded staffing is the Family Advocate Program, which will increase staffing by 5 full time peer staff. Peer Support Specialists are embedded within the enhanced out-patient clinics county-wide, and there are expanded clinic services planned in Lake Elsinore, Temecula, and Desert Hot Springs.

CSS-04 Older Adult Integrated System of Care

Full Service Partnership

SMART (Specialty Multi-Disciplinary Aggressive Response Teams) (County-operated)

(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, Desert Hot Springs (new 1/1/2014), Lake Elsinore (3/1/2014), Temecula (new 3/1/2014), Cathedral City, Hemet, and San Jacinto.

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 1,617 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 52% and the Black/African American group served was 11%. The Asian/Pacific Islander group served at 3.6% 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) Team 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 283 older adults were served through the SMART FSP teams with 85 served in the Western Region, 93 served in the Mid-County Region, 105 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 16% Hispanic/Latino served and a county population of older adults at 21%. The Caucasian group represented 61% of FSP consumers, which is slightly less than the proportion 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%.

3-Year Plan Projections / Amendments

The Department will continue to offer and expand Full Service Partnership (SMART) programs for Older Adults county-wide. The SMART program has proven to be an effective field-based model with positive outcome measures. Thus the Department is investing in additional slots and the advent of a “Bridge” program, similar to the adult model, to ensure seniors are progressing through a continuum of care while maintaining the supports necessary to remain stable. The expanded FSP service will allow for an additional 70 FSP slots per region for the older adult consumers.

The Older Adult FSP Bridge Program is an intermediary program between SMART and Wellness programs. It provides consumers a continuum of care using the Wellness Program model to maintain stability while continuing to provide the intense supportive services of SMART. Consumers are able to maintain their recovery/stability through continued treatment and services aimed at supporting new and identified coping skills to reduce symptoms that keep them at risk of being homeless. Many do well with continued mental health services and access to the 24-hour support line. These consumers often utilize individual therapy or groups such as the Co-Occurring Disorder group or WRAP to remain sober or to reduce alcohol consumption. In addition, treatment participation is aimed at reducing impairments related to depression and/or psychosis, resulting in a decrease of hospitalizations and emergency care services.

As with all the other age groups, the older adult population in Riverside County continues rapid growth. In order to meet this increasing demand, the Department is committed to expanding clinic capacity in order to provide more seniors access to mental health services. Through the 3YPE, clinically enhanced and senior out-patient services will be expanded to Desert Hot Springs, Lake Elsinore, and Temecula.

Other recommendations through the Stakeholder Process were more systematic changes, as opposed to programmatic or plan amendments. These suggestions included better access for Care Pathways programming and increasing promotion and exposure of the PEARLS programs. These suggestions will be addressed through the Prevention and Early Intervention component and through the Older Adult Implementation Team.

The Department is committed to sustaining all of the outlined programs in the Older Adult Integrated Service Work Plan over the course of the 3YPE plan period.

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**

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 1,725 mental health consumers in FY12/13. In the Western Region, Recovery Innovations provided support services to 454 adults and 40 transition age youth. Recovery Innovations also operates a Peer Center in the Mid-County Region where 451 adults and 41 transition age youth received services. See page 127, for additional information on the Recovery Innovations program. In the Desert Region, 578 adults and 161 TAY were served by Oasis at the Harmony Peer Support and Resource Center. See page 143, for additional information on the Harmony Center activities.

See page 145 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 Mental Health Board'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 150 for further description of veteran activities within the Department.

3-Year Plan Projections / Amendments

The consumer initiatives funded through the Peer Recovery Support Service Work Plan will continue sustainability and growth over the course of the next three years. The Department has already budgeted for over 180 peer positions, with an additional 11 positions that will be added in FY14/15. Peer Employment training continues to be offered on a routine basis as well as volunteer opportunities to introduce peers to the workforce. The Consumer Coalition did make it clear through the planning process that they recommended more training dates, and better promotion of the trainings to attract peers that may not routinely be exposed to the classes. Thus the Peer Employment contract will be amended to include both those suggestions, meaning increasing the number of trainings and outreach requirements.

The Peer Support and Resource Centers will also see expansion through the 3YPE. The Department in currently re-bidding the services through a Request for Proposal and has re-written the scope of services to include services to 400 adult consumers and 80 TAY in each region. The Department is also adding another Center in the Western Coachella Valley which will operate as a step-down from FSP programming. The expectation is that the Peer Center

providers will also provide additional peer supports in satellite locations including, but not limited to, Temecula, Banning, and Blythe.

The Department is fully committed to all the consumer initiatives outlined in this Work Plan and will plan to continue to sustain them through the 3YPE. This includes consumer employment, employment and recovery training, Peer Supports and Centers, Art Works and all the functions of the Consumer Affairs division.

CSS-06 Outreach and Engagement

This Work Plan was consolidated into Prevention and Early Intervention (PEI) Work Plan 01 (Community Outreach, Education, and Stigma Reduction) through the FY12/13 Annual MHSA Plan Update process. The consolidation creates financial efficiencies between efforts conducted through the Cultural Competency program and PEI and eliminates potential for duplication of efforts and resources.

Workforce Education and Training (WET)

"Education. Vocation. Transformation."

When people have a mental health need, they are not looking for a treatment model or a treatment plan; they aren't looking for outcome data or compliance reports. They are looking for a person. They are looking for a person who understands them both empathically and professionally, who can develop an ethical relationship of vulnerability and partnership. They are looking for a person who can respectfully hold their darkest days, yet still see the hope, and has the practice skills to help them competently and confidently build their recovery pathways. At the heart of healing, of transformation, are people. The mission of Workforce Education and Training is to ensure the recruitment, retention, and development of people -- a recovery-oriented, public mental health service workforce.

WET values the meaningful inclusion of people with lived experience – as consumer, parent, or family member – into all levels and programs of public mental health service. WET values a diverse workforce that reflects the membership of our unique communities, striving to reduce service disparities by improving linguistic and cultural competency. Our programs are designed to enhance and increase our workforce staffing so that our practitioners match or clearly understand the backgrounds and experiences of those we serve.

WET understands that people with mental illnesses are deserving of the best of public service, not just when seeking mental health care, but also when needing allied services such as law enforcement, academics and vocational training, social services, and primary health care. As a result, WET takes an active role in educating other service providers on working with people who carry a diagnosis.

WET-01 Workforce Staffing Support

It has been nearly 6 years since the original WET plan was approved in November 2008. Ideas that were once only sentences from stakeholders' feedback at focus groups, outlines of possibility and potential, have been given form and are operating. WET demonstrated that an organized approach to workforce development had intrinsic value to an expanding service delivery system, and with that recognition, came new duties. To fulfill those responsibilities,

WET operationalized some of the remaining positions that were first introduced in the original WET plan.

WET reorganized our staffing by creating clear leads for both our training and education programs. In addition to the existing Staff Development Officer of Training, a supervisory position with primary oversight of research, development, and coordination of Department training; WET added a Staff Development Officer of Education to supervise, advance, and implement our student, and journey level, practitioner development programs.

WET's student programming was well acclaimed among our university and college partners resulting in Riverside County Department of Mental Health (RCDMH) becoming a highly competitive field placement site for student practitioners. Because WET provided more than 50% of all student field instruction throughout the Department, we required a full-time dedicated Field Instructor to meet demand. The Field Instructor has the primary responsibility of providing hands-on instruction of student therapists, including both individual and group supervision.

Additionally, as the Department expanded and we recruited new therapists into our clinic programs, WET also experienced an increase in demand for the clinical supervision necessary for those new therapists to meet State licensing preparation requirements. WET provided county-wide, clinical supervision to more than 20 new therapists and also conducted group supervision in each region. Clinical supervision is a dedicated relationship that can last 3 or more years per employee. As result, WET also added a full-time licensed clinical therapist to provide this support.

As WET's reputation and role gained recognition, so did the requests to meet more training assignments. WET was assigned primary coordination of the Crisis Intervention Training partnership with law enforcement as well as the lead training oversight of the Katie A at-risk foster youth partnership with the Department of Public Social Services. These high profile and heavy time-committed projects, both requiring the best attention to detail, needed the consideration of a dedicated trainer. To meet this demand, WET hired a new coordinator who can research, update, and conduct the curricula for these two crucial projects.

Though not a part of the original WET plan, WET assumed the responsibility of managing all adult system volunteers, and the Volunteer Services Coordinator position now reports directly to WET. This allowed for a central oversight of volunteer applications and selection, ensuring compliance with County and Department policies, and creating new outreach pathways for people interested in public mental health careers.

WET added a new direction to the development and revision of the Department's New Employee Orientation, which we renamed the New Employee Welcoming (NEW). We reviewed the salient points of the existing orientation and have researched models and organizational theories to best inform our transformed NEW. In addition to educating new employees on basic Department operations, the NEW also served as an orientation to our mission and values. The NEW will not only be a course of learning but also a genuine reception for new employees into a successful organization, inviting them to be part of that success.

RCDMH WET unit has actively participated in the Southern Counties Regional Partnership (SCRP), a consortium of southern county WET units, designed to network and share workforce development resources. This year, Riverside collaborated with SCRP to further apply for Health Professional Shortage Area designations that can lead to additional workforce incentives for our employees, hosted and coordinated focus groups to develop core competencies for professional and paraprofessional public mental health service employees, and provided support to the development of a southern counties regional job board that provided applicants in the behavioral health professions a one-stop website for available positions throughout the region.

WET also continued oversight of the Veterans Services Liaison, a dedicated position to help meet the mental health needs of our military veterans and their families. Progress and status report of the Veterans Services Liaison can be found under a separate index in this plan update.

WET-02 Training and Technical Assistance

More than 120 days of training were coordinated, scheduled, and managed by WET staff during the year. 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). 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.

WET envisioned a core series of training specific to each operational job area that would promote the development and establish performance expectation of RCDMH employees. Our five class series for paraprofessionals remained well-attended and well-evaluated. We completed and piloted the next job classification training series; this one for Office Assistants and related support positions. Invited to the pilot training were key Department informants on clerical performance and soft skills who could provide us with the meaningful feedback necessary to ensure a successful curriculum. Evaluations of the course were excellent. The only negative feedback received indicated that some course material needed to be expanded. The curriculum was revised and additional time in training was included. Anecdotal responses weeks after the training revealed that attendees successfully applied the material in their daily duties.

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; Prison Rape Elimination Act training for Detention staff; Law and Ethics; Nonviolent Crisis Intervention; Tough Cases; Grant Writing; Dialectical Behavioral Therapy; Recovery-Based Supervision; and Family-Based Therapy for Eating Disorders. 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 began revision of the 5150 authorization curriculum that will include an expanded training for clinical application.

WET developed and conducted training on Compassion Fatigue, not only for Department staff, but also for family members within each region in partnership with our Family Advocate Program. WET composed and conducted a number of community, mental health and recovery trainings for our stakeholders and partners that included colleges and university students, school district personnel, and organizations that serve vulnerable populations. In accordance

with the Board of Supervisors' initiative, WET coordinated "Healthy Metro" events to help address employee wellness through exercise and nutrition.

Enhancing our staff's development of cultural competency, WET coordinated these additional trainings as well: Understanding and Serving Military Veterans; Bridges Out of Poverty (understanding and serving consumers who experience generations of poverty); Deaf and Hard of Hearing Sensitivity; Spirituality in Mental Health; Language Interpretation in Mental Health Practice; Gender Responsive Mental Health Practice; and our comprehensive cultural competency training – the California Brief Multicultural Scale (CBMCS) training. WET developed and conducted specialized training on working with LGBTQ youth, for direct service staff in our Children's programs, as well as a tailored training for Foster Parents. Two of WET's staff became certified CBMCS trainers, offering increased diversity and training expertise to the current CBMCS training team. Additionally, WET staff coordinated and presented a series of trainings specifically designed to enhance the skills of our direct service staff working with mature adults.

WET also actively collaborated with Riverside Police Department (RPD), Riverside Sheriff's Office (RSO), and NAMI signature programs to educate Riverside County law enforcement on working with consumers who experience a mental health crisis. The partnership between mental health professionals and law enforcement is nationally and commonly referred to as Mental Health Crisis Intervention Training (CIT). WET had taken an increasingly more active role in the CIT coordination and eventually was assigned full coordination responsibility for this very important project. The 2-day presentation is held two to three times per month and includes lived experience testimony from consumers, parents, and family members. WET has not only started to look at continued curriculum enhancements for this training, but also at the development of additional tools that will assist the partnership between RCDMH and law enforcement. This has included the development of a simple resource card that officers can provide to consumers or families with mental health needs. For more about Riverside County's CIT, see "Law Enforcement Collaborative", page 100.

Lastly, our stakeholders consistently voiced that mental health services could not be community-based unless key resources were understood and accessible. As a result, WET created a central point of coordination to optimize utility of Department and community

resource listings that includes the Network of Care (NOC); 211/Community Connect; RCDMH Guides to Services; and the new Up2Riverside website. WET became more active in attending community outreach events in order to decrease stigma about seeking mental health services and to provide education on mental health resources. WET also recognized, in conjunction with Board of Supervisors' planning, that many community members now primarily seek service information electronically via the internet. WET took an active role in the research, development, and implementation of a revised RCDMH website that would be more attractive and user friendly.

WET-03 Mental Health Career Pathways

Consumer and family member integration into the public mental health service system continued to expand. The number of Senior Peer Support Specialist positions, peers who have augmented leadership and administrative responsibilities, increased. 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. Riverside WET participated in state level discussions regarding this process and advocated for recovery oriented credentialing for both peer and non-peer identified staff. These discussions led to the inclusion of stackable credentialing as an action to meet workforce development objectives in the State's new 5-Year WET Plan.

RCDMH has a diverse group of pre-licensed clinicians who provide additional linguistic and cultural knowledge to our consumers. Retaining these clinicians as licensed therapists immediately diversifies our advanced clinical staff. As a result, the Clinical Licensure and Support (CLAS) Program was created. Waivered 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. When CLAS launched in 2012, 54 eligible Clinical Therapist

joined the program. By the end of 2013, 21 participants passed an exam or had become licensed. Qualitative program evaluations revealed even greater success: participants felt more encouraged and confidant to pursue their licensing exams; were more motivated to study since starting the program; and expressed gratitude to the Department for providing this support.

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. Riverside WET has partnered with nearly every major university that offers a mental health related education in Southern California.

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 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; who had lived-experience as a consumer or family member; or, had cultural or linguistic knowledge required to serve consumers of Riverside County. Twenty-six (six more sites than the prior year) of our Department clinics/agencies accommodated student learning from approximately 12 Southern California universities, supporting degree requirements from undergraduate, graduate, and doctoral programs. Fifty-three students (13 more than the prior year) were placed into both clinical and administrative settings.

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 PEI and 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 50% 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.

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.

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. Since the program's inception in 1992, the Department has retained 9 employees who received 20/20 support. An additional 5 are scheduled to graduate in 2014, and 4 new participants were added to the program in fall of 2013. WET continues to recruit interested employees into this program.

Additionally in 2013, WET operationalized a new Tuition Reimbursement program. With the encouragement of Riverside County Board of Supervisors' policy, and in partnership with Riverside County's Educational Support Program, WET developed and implemented the infrastructure necessary to manage Tuition Reimbursement. Technical and administrative studies were also encouraged, 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. Within months of operation, ten RCDMH employees had entered the program; four are scheduled to graduate in 2014 with education that includes a Certificate in Play Therapy, a Masters of Social Work degree, and degrees in business and public administration.

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, to maintain a seat on the Mental Health Loan Assumption Program (MHLAP) Advisory Board. Half of the MHSA stipend students at Loma Linda University and California State University, San Bernardino had their field placements with RCDMH! 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. Since the first MHLAP cycle in 2009, 118 individual awards were granted to Riverside County pubic mental health service system employees, totaling 118 years of committed public service and nearly $1,000,000 in education debt assumption. Eighty verified employees applied for the 2013 MHLAP. Awards will be determined in 2014.

WET 3-Year Plan Projections / Amendments

Workforce Staffing Support:
Action 1: Workforce Education and Training Coordination **Action 2: Ongoing Workforce Staff Support** **Action 3: Ongoing Educational Staff Support**
Changes: a) Due to increased responsibilities and program development, WET Coordinator was moved from a Mental Health Services Supervisor to an Administrative Services Manager; b) Due to program development and organization, the University and School Liaison position was moved from a Clinical Therapist II position to a Staff Development Officer position; c) Due to growth in demand, the Clinical Supervisor position was expanded from a part-time into a full-time position; d) Staff Analyst position was centralized to MHSA Administration and shared among programs; e) Health Education Assistant position was eliminated; f) Two full-time Peer Support Specialists were replaced by one Senior Peer position (Veterans Services Liaison); g) Part-time nurse and psychiatrist positions were eliminated. Nursing program development was assigned to the Staff Development Officer of Education and Psychiatrist development was led by the Medical Director in partnership with the new UCR medical school; h) Education Consultant was eliminated as partnership with high school health academies was assigned to the Volunteer Services Coordinator (now under WET management); and i) Due to continued growth in our student programs, a full-time Field Instructor was added to meet the necessary oversight and field instruction requirements.
Steering Committee Response:
Changes were accepted without objection.

Workforce Staffing Support:
Action 4: Comprehensive New Employee Welcoming
Changes: Because of the necessity to have a new employee start as soon as possible, supervisor feedback indicated a desire to keep initial training outside of the assigned worksite to a minimum in order to maximize work productivity. As a result, training format was kept to a single day instead of a series. Other baseline training has been, or will be, integrated into respective job classification

training series so that material can be tailored to each job classification.
Steering Committee Response:
Changes were accepted without objection.

Training and Technical Assistance:
Action 5: Evidence-Based Practices, Advanced Treatment, and Recovery Skills Development Program **Action 6: Cultural Competency and Diversity Education Development Program** **Action 7: Professional Development for Clinical and Administrative Supervisors**
Changes: None
Steering Committee Response:
None noted.

Training and Technical Assistance:
Action 8: Law Enforcement Collaborative
Changes: This kind of mental health and law enforcement collaborative is now commonly referred to as Mental Health Crisis Intervention Training. As a result, the Action title was changed to Mental Health Crisis Intervention Training (CIT). The full-time trainer position was eliminated because the project coordination was integrated into the assignment of the centralized WET training team. Peer stipends were eliminated as they were integrated into the Department's contract with Recovery Innovations which provides the NAMI In Our Own Voice speakers to CIT.
Steering Committee Response:
Changes were accepted without objection.

Training and Technical Assistance:
Action 9: Integrated Services Resource Education
Changes: As the responsibilities of this Action have become more defined, the program was more readily referred to by the position title that administered it and became known as Community Resource Education. As a result, this Action title was changed to Community Resource Education.

Steering Committee Response:
Changes were accepted without objection.

Mental Health Career Pathways:
Action 10: Consumer and Family Member Mental Health Workforce Development Program
Changes: Funding for the Peer Employment Training was integrated into the Department's contract with Recovery Innovations. Senior Peer positions were transferred into the programs in which they served. Program development and oversight was transitioned to the respective lived experience manager who has responsibility for related Department operations (Consumer Affairs, Family Advocate, Parent Training and Support). WET remained in a support and consultation role as needed. This Action will be augmented to include support of Peer Certification or credentialing.
Steering Committee Response:
Changes were accepted without objection.

Mental Health Career Pathways:
Action 11: Mental Health Recovery Certificate Program Exploration and Planning
Changes: WET partnered with Riverside Community College District to explore a pilot. Fiscal constraints resulted in a lack of progress. Support for certificate achievement in any job-related course of study can be obtained through the Tuition Reimbursement Program. Current peer development trends have shifted to Peer Support Certification or credentialing that would be recognized across the State. WET support of this credentialing was moved into Action 10. This Action was eliminated.
Steering Committee Response:
Changes were accepted without objection.

Mental Health Career Pathways:
Action 12: Professional Licensure Support Program
Changes: As program structure and administration developed, the name of the program changed to Clinical Licensure Advancement Support (CLAS) Program.
Steering Committee Response:
Changes were accepted without objection.

Residency, Internship Programs:
Action 13: Public Mental Health Graduate School Internship Program
Changes: As our student-oriented program further developed, we were able to meet the academic requests of behavioral health students that received degrees other than graduate degrees. The name of the program also changed to reflect this broader scope of support: Graduate, Intern, Field, and Trainee (GIFT) Program.
Steering Committee Response:
Changes were accepted without objection.

Financial Incentive Programs
Action 14: Financial Incentives for Workforce Development
Changes: Large committee membership and representation can be a challenge in a busy workforce. Achieving regular attendance for an application review committee proved difficult. Synchronizing schedules resulted in large lag times between meetings and would actually delay the expediency of applicants to receive support. Our financial incentives have operated successfully without a large review committee. In circumstances where committee review would be necessary, the WET Steering Committee can serve in this function. Eliminate Review Committee.
Steering Committee Response:
Changes were accepted without objection.

WET Plan Development

Mental Health Career Pathways
Action: Mental Health Career Outreach and Education
Description and Objectives: The breadth and scope of potential mental health service careers are rarely known or understood by students who are interested in human behavior and mental health recovery. The unique characteristics and education necessary for a public mental health career are even less understood. Providing an organized approach to mental health career awareness offers students, even at grade school ages, the opportunity to plan and develop a commitment to public mental health service. Targeting outreach to students from underserved communities, providing career support, and creating learning opportunities can encourage a greater diversity of future practitioners. Strategies include: • Development of externships, job shadowing, and Department field trips • Partner with local high school health academies to integrate mental health curriculum and career awareness • Outreach school districts to participate in Career Days • Disseminate mental health career information at all community and academic health fairs • Pair a clinician and consumer who share the same cultural background to present on mental health awareness and careers to student groups or academic clubs that share that same culture • Provide informal mental health career support and counseling • Research academic support interventions for students from underserved populations and lived experiences to ensure successful academic and professional transitions into a public mental health career
Steering Committee Response:
Committee members noted that some of these activities are already operating in WET or the Department and that formalizing this Action would allow a more strategic plan to address career development. This Action development was met with enthusiasm. No objections were reported.

Residency, Internship Programs
Action: Psychiatric Residency Program Support
Description and Objectives: RCDMH has established an MOU with University of California, Riverside (UCR), to be the lead agency to sponsor a new community-based Psychiatry Residency Training Program at the UCR, School of Medicine (SOM). RCDMH has committed to funding three (3) residents for each year of the four-year Psychiatry Residency Program, or a total of 12 residents per year when the program is fully implemented. Each resident position is expected to cost $135,000/yr for a total cost of $1,620,000 per year when the program is full. RCDMH has developed the

proposal for the Psychiatry Residency Training Program. The application was submitted to the Accreditation Council for Graduate Medical Education (ACGME) for approval and accreditation in June 2013. This Residency Program is expected to begin in July 2015 with 3 residents in the PGY-1 year. The UCR, SOM also began a new 4-year Medical School in July 2013. RCDMH psychiatrists will also be providing some components of medical students' training in Psychiatry. Objectives:

- Increase the number of psychiatrists committed to Riverside County public service
- Increase the number of psychiatrists from underserved communities
- Increase the number of psychiatrists with a recovery-oriented service philosophy and understanding of the public mental health service system

Steering Committee Response:

Committee members understood the necessity of this Action and agreed that the development of a medical school at UCR is an advantageous time to develop psychiatrists for community mental health. No objections were reported.

Residency, Internship Programs

Action: WET Managed Student Academy

Description and Objectives: WET has developed a premiere student program. To further progress our student program and remain innovative in our instruction, WET will manage an outpatient mental health service clinic that is primarily staffed by student practitioners. Students would be clinically supervised by seasoned therapists. Student clinicians are able to bill for services, which will contribute to meeting the costs of operation. A student academy not only permits WET oversight of learning objectives based on MHSA values, but also creates a well vetted candidate pool of potential new hires that have been thoroughly trained in a recovery oriented vision. Ideally, the clinic will serve both adults and children so that students can graduate with a well rounded experience in serving Riverside consumers. Additionally, a WET managed student academy offers:

- A central location for students that require a remedial plan as a part of their field learning
- A safe learning environment for employees that require additional training or support to perform well at their primary work site
- An additional resource for clinics that have service demands that exceed standardized wait times
- Community psychoeduation classes
- Students Helping Students programming – MSW students counseling BSW students who experience emotional transition as a part of their academic experience

Steering Committee Response:
Committee members indicated that a WET-managed student academy would offer a new dimension to WET's student programming and provide unique opportunities for workforce development. No objections were reported.

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
- 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 *

PEI-02 Parent Education and Support

- Triple P - Positive Parenting
- Mobile Parent-Child Interaction Therapy (PCIT)
- Parent Management Training **
- 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
- Digital Storytelling **
- Active Minds
- Teen Suicide Prevention Program *
- TAY Un-Conventions *

* Added

** Eliminated

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 Recovery and Empowerment Model (TREM) **
- Prolonged Exposure (PE) Therapy for Post Traumatic Stress Disorders **
- Trauma Focused Cognitive Behavior Therapy (TF-CBT) *
- Trauma Informed Care *

PEI-07 – Underserved Cultural Populations

- Hispanic/Latino
  - Mamás y Bebés (Mothers and Babies)
  - Cognitive-Behavioral Therapy (CBT) for Depression (with antidepressant medication)
- African American
  - Building Resilience in African American Families – Boys Program
    - Effective Black Parenting Program (EBPP)
    - 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 3-year program 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 to 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 development of the 3-year PEI plan.

In fiscal year 12/13 many programs became fully implemented while others were getting started. Although full implementation was not completed, many more community members were served through PEI programs. The PEI Unit is committed to providing trainings for the evidence-based models that are being implemented as well as booster training related to those models and other PEI topic specific trainings. In FY12/13 there were 43 training days with 706 people trained. Please refer to the list of trainings in the Training and Technical Assistance section of this report (page 95). 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 FY12/13

During FY12/13, the Outreach Coordinators conducted 232 community events and contacted 3,216 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. During FY12/13 the Outreach Coordinators conducted a total of 355 community events.

Outreach and Engagement Goals for FY14/15

For FY14/15, the Department anticipates continuing the outreach and engagement process outlined in order to target underserved communities by reaching out with information and services. It is also planned for next year to have a network of churches working with the Department of Mental Health in promoting mental health and wellness in the communities via the Spirituality and Mental Health Project.

Toll Free, 24/7 "HELPLINE": The Helpline has been operational since the PEI plan was approved and in FY12/13 the hotline received 6,355 calls from across the county. It is anticipated that in FY14/15 the HELPLINE will 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 local hotline. This has many benefits for the caller as it allows for access to local supports and services.

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. An average of 73,907 hits were made to the website monthly, totaling 886,890 hits for the year.

Call To Care: The Call to Care Training Program for non-professional caregivers has the goal to provide training and support to community leaders that are connected to underserved populations in order 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. Sixteen (16) trainings were conducted with approximately 275 participants. In addition, two Call to Care Continuing Education Summits were held with approximately 329 participants.

"**Dare To Be Aware" Youth Conference:** This conference for middle and high school students was held in November 2012 with 346 youth attending the conference. Students from 6 middle schools, 16 high schools, and 1 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 2012 conference in that the entire day focused on one topic - bullying. A dynamic, engaging, and nationally recognized speaker presented throughout the day. She led the students in developing an action plan to take back to their school sites to address and prevent bullying. The students then shared their plans with the others in the audience. Schools were contacted after the conference by RCDMH staff and reported that the students were implementing their action plan. Also as a result of this conference the Department learned that February 26 of every year is designated as 'pink shirt day' symbolizing that as a society bullying will not be tolerated. The Department asked all employees to wear pink to support the movement and this will be encouraged each year. Several schools continue to have anti-bullying clubs and events. 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 FY12/13 the two organizations that were identified to implement these programs continued outreach to entities such as schools, community-based providers, faith-based and service organizations. There were 89 In Our Own Voice (IOOV) presentations made across the county

reaching 1,453 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, 76% of audience members feel that recovery is possible and 76% 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 is 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 27 Parents and Teachers as Allies presentations reaching 346 people, including district nurses and health clerks, school counselors, school psychologists and parents. The Breaking The Silence Program was a focus in FY12/13, which resulted in 40 presentations reaching 375 people.

Media and Mental Health Promotion and Education Materials: RCDMH continued to contract with a marketing firm, 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 34,271 site visits in FY12/13. 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 were added in December 2011. 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 incorporated 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 was to develop a narrowcasting (dissemination of information to a narrow audience; rather than to the broader public) focused on educators. This will be discussed with AdEase as a priority for FY14/15. The PEI Unit was also contacted to provide a presentation regarding mental health stigma for the staff of Mount San Jacinto College as a part of their annual academy for staff. 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 FY12/13

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:

- Ensured that RCDMH services, trainings and initiatives information were distributed bi-weekly at The Group meetings (a grassroots public policy organization), church events, community fairs, and cultural and social events [e.g., arranged for a presentation by the Inland Empire Health Plans (IEHP) on the Affordable Care Act in November 2013], educating the public, primarily African Americans, through meetings, and connecting them directly to resources.
- Co-sponsored, with RCDMH, a musical/drama with the National Association for the Advancement of Colored People (NAACP) Riverside Branch. This production, which was performed in February 2014 during Black History Month and California's African American Mental Health Awareness Week, focused on African American grandparents dealing with mental health issues, stigma, and obtaining help through their church. This was followed by a group discussion, facilitated by a local African American licensed therapist.
- Established contact in the Coachella Valley to form an African American outreach component for that area and have held two meetings with African American leaders in that community.
- Provided a planning group (made up of AAFWG members and other African Americans serving/led organizations) to the RCDMH/Prevention Early Intervention (PEI) Request for Proposals (RFP) for the "Building Resiliency in African American Families for Girls" Program.

- Met monthly and educated itself on a variety of mental health resources, including the Mental Health Services Act (MHSA), Family Advocate Program, and the RCDMH Mental Health Board role and duties. Also participated in Riverside's Juneteenth Celebration, Moreno Valley's African American Family Reunion Celebration, Allen Chapel AME Church Women's Conference, Ujima Church Reducing Stigma Conference in Temecula, and the Moreno Valley Town Hall meeting.
- Formed a partnership with the African American Mental Health Coalition (AAMHC), for them to provide AAFWAG with technical assistance for the development of an African American Community Health Promoters Program for: Riverside/Eastside, Jurupa Valley/Rubidoux, Perris, and Hemet/San Jacinto. The program is designed to train community workers to work with neighborhoods, churches, and community groups to reduce mental health stigma and connect families to local mental health resources to improve their emotional wellness.
- Recruited participants to serve as facilitators and note takers for RCDMH Spirituality and Mental Health Community Dialogues, which took place in August and November 2013.
- Promoted itself at the following community events: Martin Luther King Walk-A-Thon, Healthy Heritage Movement MLK Program, and May is Mental Health Month Fair.
- Toured the Recovery Learning Center to increase the knowledge/awareness of RCDMH services.

African American Family Wellness Advisory Group Goals for FY14/15

1. Co-sponsor a 1-day conference addressing depression in African American women, providing a format for discussions, workshops and providing specific information about signs, causes, and treatment.
2. Implement the African American Community Health Promoters (CHP) Program in all target areas, recruit and hire 10-15 CHPs, and educate/inform 250 families, individuals, churches, and community-based organizations every six months.
3. Partner with community organizations to promote the California African American Mental Health Week.
4. Develop a study guide to assist pastors and spiritual leaders in discussing mental health issues with parishioners, and accessing resources in order to better assist parishioners.
5. Conduct at least four meetings with the African American Group in the Coachella Valley, to focus on supporting and advocating for culturally competent services/resources for African Americans in Eastern Riverside County.
6. Host a 1-day conference to promote the role of spirituality in addressing mental health issues of African American families.
7. Develop a Riverside County Directory for African American mental health service providers.

Asian American Task Force Accomplishments for FY12/13

- On January 26, 2013, Asian American Task Force (AATF) members and RCDMH staff participated in the Asian Pacific Cultural Association's Lunar Fest in Riverside, and provided mental health educational materials in several Asian languages.
- On July 6 and 20, 2013, at the invitation of the Perris Valley Filipino-American Association (PVFAA), RCDMH sponsored two Summer Youth Workshops, targeting Asian Pacific Islander youth, which focused on handling parental pressures and maintaining a healthy mental state for college-bound students. The workshop generated an interest in mental health issues by the Asian American community in attendance, which resulted in their subsequent participation in the Community Dialogue on the Integration of

Spirituality and Mental Health, held on August 29, 2013 at the Grove Community Church in Riverside.

- Since meeting monthly, the committee was able to plan and execute another mental health awareness event, targeting Filipino Americans. On December 1, 2013, the AATF held a mental health presentation, provided by an RCDMH Clinical Therapist, entitled "I Am Worth A Lot!: Self Care at the Forefront", which aimed to open the dialogue on mental health within the spiritual community, in a respectful, non-stigmatizing way. The audience was made up of about 50 members of the Filipino Ministry at St. Christopher Catholic Church in Moreno Valley.
- The AATF again participated in the Lunar Fest, which was held on January 25, 2014, as well as have been very involved in planning the Multicultural End-of-Year Event for Mental Health Administrators.

Asian American Task Force Goals for FY14/15

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, other social/health needs).
3. To conduct seminars and workshops that increase community awareness of mental health, and more so, 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 PVFAA and Asian Americans serving churches and 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 FY14/15

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.
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.
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.
4. Create a brochure or pamphlet that lists entities & services that are viable, culturally competent/responsive resources, to be disseminated to the Asian American community.
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.
6. Establish a Consultation Contract with a community Asian American mental health expert to serve a liaison with the Asian American community in Riverside County and lead the AATF.

Deaf and Hard of Hearing Outreach & 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 Accomplishments for FY12/13

1. RCDMH has developed a Cooperative Agreement with the Center on Deafness of the Inland Empire (CODIE). This collaboration provides mental health education and information for the Deaf and Hard of Hearing population, resulting in better outreach and engagement. The following are the three priorities for this collaboration:
    a. RCDMH and CODIE collaborate on an ongoing basis to identify and develop appropriate, culturally and linguistically sensitive mental health and mental illness information and materials for distribution at community gathering and events, and available at RCDMH and CODIE offices for the community to have available when accessing services.
    b. Provide/facilitate mental health informational groups to reduce stigma and increase access to natural support systems in the community.
    c. Strongly encourage the involvement and participation of, and include targeted outreach to, Deaf and Hard of Hearing (DHH) populations, in development of mental health information in order to provide appropriate support, education, and linkages to community resources and services.
2. A Deaf and Hard of Hearing Sensitivity Training was provided by Lisa Price from CODIE and was entitled: “Understanding Deafness”. The training focused on providing information and statistics on the DHH population, deaf culture, myths and facts about deafness, etiology of deafness, communication methods, how to use interpretation services and commonly used signs.
3. Coachella Valley Deaf and Hard of Hearing Outreach and Engagement Program was initiated. This program has:
    a. Established a community workgroup, made up of representatives from Coachella Valley communities, such as Deaf Seniors Foundation Palm Springs, Palm Springs Unified School District, Desert Sands Unified School District, and CODIE. The

workgroup meets monthly to coordinate educational workshops and coordinated a health wellness fair.

b. Provided three workshops on topics of Depression, Domestic Violence, and Parenting.

c. Conducted the first Coachella Valley Deaf and Hard of Hearing Wellness Fair on May 16th, 2013.

Deaf and Hard of Hearing Goals for FY14/15

1. Continue the Coachella Valley DHH Outreach and Engagement Program, focusing on increasing community participation.
2. Establish a county-wide Outreach and Engagement Program to reach communities in Mid-County and Western Regions.
3. Establish a Consultation Contract with a DHH mental health provider to serve as a liaison with the DHH community.
4. Develop videos for the DHH community on a variety of mental health topics.

LGBTQ Report FY12/13

The Community Advocacy for Gender & 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 2012/13:

- **The LGBTQ Community Peer Educator Program (C-PEP):** The C-PEP curriculum subcommittee completed work on the C-PEP manual, an LGBTQ Community Mental Health 101 Project. Modeled after the Promotores programs, C-PEP is a grassroots education campaign to reduce stigma and disparities through outreach, advocacy, education, and referral to support services.

- **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.
- **Mixer Activities** (4th Thursday of the Month):
  - July 2013 – World-renowned transgender activist, Valerie Spencer, shared stories of her journey to acceptance and empowerment.
  - September 2013 - Our Back to School Kick-Off focused on back-to-school issues related to bullying and featured presentations from Operation Safe House and Equality California, including a timely discussion of AB 1244 signed into law by Governor Jerry Brown in August 2013. This bill is designed to provide equal access for transgender students to facilities and extracurricular activities in public schools.

In addition to program development activities, CAGSI participated in the following County activities:

- Met Monthly on the 3rd Tuesday of each month.
- Hosted the "Why Am I Hidden Conference", which featured a panel discussion on reducing stigma in the African American LGBTQ Community around mental health.
- Participated in the 2013 Mental Health Summit in Palm Desert.
- 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 25 presentations to 500 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.

- Supported "The Circle Project" and provided a safe space for Queer and Undocumented Youth to meet monthly, in conjunction with the Inland Empire Immigrant Youth Coalition (IEIYC) and RCDMH.

Community Advocacy for Gender & Sexuality Issues Goals for FY14/15

The goals are to expand outreach to the LGBTQ community and provide transgender youth with opportunities for meaningful involvement in preventing violence, creating community change, enhancing neighborhood organizations' ability to engage LGBTQ youth in their activities and change the social and physical environment to reduce and prevent violence using culturally appropriate methods. The CAGSI aims to reach these goals by:

1. Training community residents to be peer educators in order to implement outreach, advocacy, education, and referral to support services activities, and provide leadership training for transgender youth.
2. Delivering the C-PEP to community residents, and host TYEP projects in the Western, Mid-County, and Desert Regions of Riverside County.
3. Providing leadership and support to Gay Straight Alliance (GSA) Summits to be held in Temecula and Riverside in the spring of 2014.
4. Evaluate each component to demonstrate program impact on the LGBTQ community, relative to the number of consumers accessing quality mental health services and transgender youth who become knowledgeable enough to utilize their leadership skill.

Native American Committee Report for FY12/13

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, Public Health Education Doctorate, 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.

Native American Goals for FY14/15

Goals include participating in diversity meetings, creating program materials, and completing a proposal to plan and implement the retreat style lecture series, and community activities which include:

1. Reducing mental health stigma through awareness-raising activities delivered in both lecture series and retreat-style formats to American Indian Community Helpers.
2. Directly providing traditional and culturally sensitive present day healing practices to address the mental health problems brought on by historical trauma and continued colonization to American Indian community members, thus increasing access to and provision of culturally appropriate services by American Indian cultural community helpers and practitioners.

Spirituality Initiative - Spirituality and Mental Health Community Dialogue During FY12/13

Two Spirituality and Mental Health Community Dialogues were held in efforts to complete a needs assessment via data gathered in small focus groups, which were held in Spanish, English, and American Sign Language. These events were open to anyone in the community, from any spiritual background or faith, interested in working towards the integration of spirituality and emotional wellness. These events occurred as follows:

- On August 29, 2013 - close to 200 individuals came out to the Grove Community Church in Riverside (Western Region) to participate in 18 focus groups.
- On November 14, 2013 - 100 individuals participated in 10 focus groups at the Golden Era Golf Clubhouse in Gilman Hot Springs (Mid-County Region).
- On February 27, 2014 - the third Community Dialogue was held in the Desert Region at the University of California, Palm Desert Campus.
- The results of all three dialogues will be analyzed in order to appropriately respond to community needs. Currently, that data is being compiled and will be reported by Dr. Gloria Morrow, Spirituality and Mental Health Consultant.

Spirituality Initiative Goals for FY14/15

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

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

Promotores de Salud Mental for FY12/13

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 2012/2013, Promotores de Salud Mental provided a total of 1,839 mental health education and/or modular presentations. Across the three types of formats 51% were mental health education presentations, 42% were modular presentations, and 7% were participation in health fairs/public events.

A total of 18,668 Riverside County residents attended either a mental health education modular presentation or community event.

- Educational Presentations: Promotores de Salud has reached 7,746 community members in the county of Riverside.
- Modular Presentations: Promoters de Salud has reached 7,364 community members. Promotores de Salud scheduled and delivered presentations to groups, families, or individuals on specific mental health topics.

- Outreach: Promotores de Salud conducted targeted outreach to Spanish-speaking members of the Latino community by going door-to-door and setting up information tables in 97 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 local community events with several agencies and venders to provide and distribute information. Through the health fairs, specific contacts were made with 3,558 community members.

Many of the Desert outreach activities were provided in the more isolated cities of Eastern Coachella Valley.

- Eighty-three percent of attendees were between the ages of 19-59, and 95% reported Hispanic/Latino as their ethnicity. Ninety-seven percent reported Spanish was their primary language.
- Across modular and health education presentations more women (71%) attended activities than men (29%).
- Satisfaction surveys were completed by 14,580 (87%) attendees. Overall, the presentations were well received by the participants with a large proportion (83.5%) strongly agreeing that the information was easy to understand. Eighty-two percent strongly agreed that presenters presented the information with enthusiasm and most (79%) of the participants also strongly agreed they would recommend the presentations to friends and family.

The contractor, El Sol Neighborhood Center, was invited to present about the Promotores model at the Southern Region Cultural Competency Summit in San Diego. The Promotores Program has been very successful in reaching many people throughout Riverside County and this program will continue through 2017.

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 FY12/13 RCDMH continued the contracts with four providers to provide the parenting program in targeted communities throughout Riverside County. A total of 442 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 parental involvement as well as an overall improvement in positive parenting practices. In addition, the parents complete pre and post surveys regarding their children's behaviors. Analysis of the data received from these measures showed significant decreases in the intensity and frequency of problem behaviors. This was the second year of implementation of the Triple P program and the overall impact continues to be very positive. The PEI unit also coordinated Triple P Level 4 trainings which included contract providers but also invited Department staff including Parent Partners. Clinicians working in CalWORKs and substance abuse providers also completed the training and began providing the classes within their units. A Request For Proposal will be released in spring 2014 to identify providers to continue providing this program in all three regions of the county.

Mobile Parent Child Interaction Therapy (PCIT): 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 PCIT, consultation to teachers, staff development for school staff, and parenting classes. The staff also takes the units to

community events to provide outreach and education to underserved communities. In FY12/13, 137 children and families were served through the mobile units. Significant outcomes were demonstrated such as decreases in child disruptive behaviors as well as decreases in parental distress. 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.

Parent Management Training (PMT): PMT is a culturally adapted evidence-based parent education approach targeting migrant Spanish-speaking families. This program was identified through the original community planning process to meet the needs of the large Spanish-speaking population in Riverside County. Despite several inquiries training remains unavailable from the developer. As a result, this program will be removed from the Prevention and Early Intervention plan. In order to address this need, Triple P Parent Education Program will be offered in Spanish. Triple P has shown positive outcomes for Spanish-speaking parents.

Strengthening Families Program (SFP): SFP is a family skills training intervention designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children. This program brings together the family for each session. A Request For Proposal for this program was released in the fall of 2012. Evaluation and clarification of proposals continued through FY12/13. Two providers were identified with training occurring in the fall of 2013. Full implementation is expected in FY13/14.

In FY12/13, RCDMH continued the MOU with the Department of Social Services (DPSS) to fund the expanded use of an evidence-based parenting program throughout Riverside County for parents who had been referred as a result of contact with DPSS. This MOU was intended to be a short-term funding opportunity and will not continue with the three year plan.

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 to 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. FY12/13 was the second 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 Families and Schools Together, Inc. and completed two cycles of the 8 week program at each school site. The partnerships between the schools and the provider lent 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 graduated from the FAST program. Sixty-two percent of those families were Hispanic and a majority of the children served ranged in age from 5 to 9 years old. 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, improvement in accessing emotional support and that their relationship with their child(ren) improved significantly at the conclusion of the program. Parents also reported increased involvement in their child(ren)'s school activities. 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. The initial roll out of the FAST program was done through a pilot project to ensure that implementation would be successful. One of the PEI Staff Development Officers went through a rigorous Train the Trainer process, which included training, observation and an internship and is now a certified FAST trainer. RCDMH released a Request For Proposal in late 2013 to expand the number of school sites that will be served.

Peace4Kids: RCDMH has partnered with Palm Springs Unified School District to provide Aggression Replacement Training and Cognitive Behavioral Intervention for Trauma in Schools for at risk students and Guiding Good Choices parenting program at the two middle schools in Desert Hot Springs. After a thorough review of the outcomes of each of the programs it was determined that the selected programs were not meeting the needs of the students and their parents. As a result, a search for programs that were integrated was launched and the selection of the Peace4Kids program was selected. The program is based on Aggression

Replacement Training and is designed to improve skills acquisition and performance, anger control, decreases the frequency of acting out behaviors and increases the frequency of constructive behaviors. There is a parent component built into the program as well. RCDMH staff will be trained in the program in FY13/14 and implementation will start. As with other PEI programs, a research protocol will be developed that will measure outcomes for the program participants and will be used to measure program success. This is an addition to the original PEI plan as a means to provide services on school campuses.

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) [Previously known as Depression Treatment Quality Improvement (DTQI)]: SAYM is an evidence-based early intervention program used to treat individuals who are experiencing depression. There were providers in each of the three regions of the county and they continued to receive training and consultation via review of audio tapes and telephone support from the PEI training and fidelity liaison. The liaison had previously completed the Train the Trainer process and is able to support ongoing training and consultation without assistance from the developer. In FY12/13, 117 youth were enrolled in the program, which is significantly more than the previous fiscal year when 45 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 79% of those enrolled were Hispanic and 11% 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 89% 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 96% indicated that they "agree" or "strongly agree" that they learned strategies to help them cope with stress. This program will continue to be funded through the next three years.

TAY Peer To Peer Services: This program is one in which Transition Age Youth (TAY) Peers provide information, support, and resources for other TAY who are at high risk of developing mental health problems. The "Cup of Happy" TAY program has become well known in the Western and Desert regions and in FY12/13 a provider was identified to offer the services in the Mid-County region. The youth continue to find many creative and innovative methods to reach TAY that have been very effective. Some examples include several flash mobs arranged in public places to increase awareness about mental health topics and development of a blog to discuss issues faced by TAY. A Facebook page was set up 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. There were 535 various Peer-to-Peer events led by the TAY in FY12/13 reaching 5,118 youth. Outreach also resulted in 57 individual contacts and 82% of those individual contacts resulted in linkage to PEI services and programs. This program will continue to be funded through the next three years.

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 re-unification of the youth with an identified family member. 574 youth received services through this program.

Digital Storytelling: 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. As stated earlier, the digital stories are developed in conjunction with the Up2Riverside stigma and discrimination reduction campaign and can be viewed on at www.Up2Riverside.org. The development of additional Digital Stories will continue through the contract with AdEase.

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. Each chapter reported many activities. Examples include the use of "therapy fluffies" where therapy dogs are brought to the UCR campus during the week of finals to reduce anxiety and Active Minds members providing mental health related information at campus events. The Request for Application remains open to other colleges in the county to apply for the funding to start a chapter. Mount San Jacinto College and Moreno Valley College have been approved for the funding and are working to develop their chapters. Active Minds is becoming well known throughout campuses in California as a result of the PEI Statewide Student Mental Health Initiative. 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. In April 2013, RCDMH provided funding for the West Coast Coordinator from Active Minds to come to the Inland Empire from Washington, DC, to participate in the Active Minds Regional Summit. This was also an opportunity for the Coordinator to facilitate a meeting with the Active Minds chapters. The purpose of the meeting was to assist the chapters with goal setting and to discuss ways to engage students in the campus-based activities.

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 at 20 school sites throughout Riverside County. Each site was introduced to the topic of teen suicide/crisis prevention with an assembly conducted by a motivational speaker. The purpose of the assembly was to start the dialogue on campus regarding issues surrounding youth suicide, to increase student awareness of the suicide risk factors, and inform them on how to connect with students and access help. CHA-IPS staff then 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 20 school sites in FY12/13. As a result, there were 18 suicide prevention curriculum trainings conducted to over 450 students, 22,200 help card and mental health related brochures were distributed, and 50 suicide prevention campaigns impacting approximately 26,490 students across Riverside County. The Community Planning Process identified suicide prevention and school-based programs as priorities for youth and this program addresses each. The program has gained a positive reputation and school sites, who had previously not wanted to participate, have contacted CHA-IPS to have the program on their site. Outcomes from the program were reviewed with the PEI Steering Committee and the recommendation was to include this within the PEI plan ongoing.

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. 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 suicidal risk and depression. Cognitive Behavioral Therapy (CBT) for Late-Life Depression is an active, directive, time-limited, and structured problem-solving approach program. Providers who needed training and consultation in the program were provided with it in collaboration between the developer of the model and a PEI Staff Development Officer (SDO). The SDO worked with the developer over the course of three years to allow her to become a certified trainer in the model and she completed that process in 2013. There continued to be a great deal of outreach activities that occurred during FY12/13 in an effort to reach those unserved and underserved communities and to build relationships with referring agencies. One provider exclusively serves LGBT older adults and another provides services in Blythe, which is an isolated community on the border of Arizona. In FY12/13, 93 older adults participated county-wide. The largest percentage of participants were ages 60-69 (50%) and 13% 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 and will remain in the PEI plan for the next three years.

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 138 older adults were enrolled in the program in FY12/13 and 80% of those enrolled were female. Outcomes demonstrated a statistically significant decrease in depressive symptoms for those who completed the sessions. In addition, PEARLS program participants reported an increase in satisfaction with their life in general and reported greater feelings of well being. Participants also reported an increase in social activities and participation in pleasant activities. One PEARLS participant wrote on their satisfaction survey, "This program was exactly what I needed to turn my life around. I am a happier, more confident, and less stressed person. Now I don't feel life is too much to handle".

Care Pathways - Caregiver Support Groups: A Memorandum of Understanding (MOU) was continued with the area Office on Aging (OoA) to provide the groups in the Western and Mid-County Regions and expanded to provide the groups in the Desert region 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 is marketing the program. The OoA served 256 individuals in FY12/13. Eighty-seven percent of participants were female. The race/ethnicity of the participants were reflective of the county older adult population, with 59% Caucasian, 25% Hispanic, and 7% African American. There was a statistically significant decrease in depressive symptoms which were recorded from 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. In March of 2013, the RCDMH PEI Coordinator, the Director of the Riverside County Office on Aging, and the Program Manager of the Office on Aging Care Pathways program presented the Care Pathways program at the American Association on Aging Conference in Chicago. 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.

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 provided individual therapy services to 51 older adults in FY12/13. Of those served 84% were female, 43% were ages 60-69 and 23% were 70 years of age and older. A proportion of clients under 60 years of age were also served by this program. One half of those under 60 were in the 50-59 age group, and the remainder were younger. 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.

CareLink Program: This program is an addition to the original PEI plan and was added as a means to reach more older adults who are at high risk of experiencing depression. 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 included 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 FY12/13, 165 individuals were served through the CareLink program and of those, 24 people were identified as at risk for depression and were enrolled in the Healthy IDEAS program. Depressive symptoms for Healthy IDEAS participants did not show a significant decrease. As a result of this outcome program staff will receive 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. Outcomes from the program were reviewed with the PEI Steering Committee and the recommendation was to include this within the PEI plan ongoing.

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 FY12/13, 319 youth were screened for the program, 229 were enrolled in the program and 163 (71%) attended 8+ sessions. Overall, the largest numbers of participants were youth between the ages of 11 and 14 of Hispanic ethnicity. 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 had fewer symptoms of depression, better moods, decreased interpersonal problems, improved self-esteem, and more enjoyment in activities. Average scores for depression reduced below the clinical level. In

addition, trauma symptoms were significantly decreased. In August of 2012, two PEI Staff Development Officers complete the Train the Trainer process and are now certified to train to the model. An RFP was released in January 2014 to identify providers to continue implementation of the program countywide.

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 672 individuals were enrolled and participated in at least one topic session which is more than double from the previous year (311). Thirty-three percent of those served were TAY. 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 trauma symptoms showed a statistically significant change. In addition, participants are asked about the use of drugs and alcohol in the 30-days before beginning and ending the program and there was an overall decrease in use. Program participants also reported that they would use the coping skills they learned in the program on an ongoing basis. An RFP to continue the implementation for the program will be released in the spring of 2014.

Prolonged Exposure (PE) Therapy for Post-Traumatic Stress Disorder (PTSD): This evidence-based early intervention is a cognitive-behavioral treatment program for men and women with PTSD who have experienced either single or multiple/continuous traumas. It is a course of individual therapy designed to help individuals process traumatic events and reduce their PTSD symptoms as well as depression, anger and anxiety. This model was selected through the community planning process to be implemented with older adults by RCDMH staff. In FY11/12 staff outreached to many potential referral sources included the Department of Public Social Services, Rape Crisis Centers, Family Justice Centers, and area hospitals. Despite this widespread outreach which continued in FY12/13, appropriate referrals to the program were very limited and the clinicians were unable to complete the certification process. As a result, with the recommendation from the PEI Steering Committee, this program will no longer be implemented as a part of the RCDMH PEI plan.

Safe Dates: This dating violence prevention program was not implemented in FY12/13 primarily due to the need to prioritize the implementation of PEI programs. The projection is that this program will be implemented in FY15/16.

Trauma Recovery and Empowerment Model: This model was not implemented, primarily due to the need to prioritize the implementation of PEI programs. However, as a result of the experiences implementing the Prolonged Exposure Therapy for PTSD, the recommendation from the PEI Steering Committee is not to implement this model and is therefore being removed from the PEI plan.

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 trauma 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. In reviewing with the PEI Steering Committee, the recommendation is to support the use of the model within children's clinics. In FY14/15, a PEI Staff Development Officer will work with RCDMH staff to determine what supports are needed, including training and technical assistance. Future year's activities will be based upon the needs of clinic staff.

Trauma-Informed Care: The Community Planning Process continued to identify trauma as an area of high need in Riverside County. 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 FY14/15. 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 FY15/16.

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 does serve the Native American population throughout Riverside County. Staff who provides the service were trained in the Incredible Years model as well as the Native American adaptation. In FY12/13, 176 parents received the program in their home. Comparison of pre to post data collected from the parents demonstrated a statistically significant reduction in 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 98 individuals in FY12/13.

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 48 youth and their families participated in the program in FY12/13.
- **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 FY12/13 serving 56 parents. Overall knowledge of positive parenting practices increased as a result of the program.
- **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. Nineteen youth between the ages of 10-15 received the program in FY12/13. Outcome evaluations of youth completing the program showed a statistically significant decrease in trauma and depressive symptoms.

The Executive Directors for each of the three providers have established 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. The issues addressed include: the development of a manual of core modules for the after school Rites of Passage program, utilizing data outcomes to make appropriate changes to data protocols to increase program effectiveness and reporting, increasing program consistency across the County, collaborating and coordinating training of providers within the BRAAF project, and developing and fostering partnership between the three represented agencies.

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 is organizing 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: Two programs with a focus on Latino women were 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 FY12/13, 145 women were served in the program with 86% of

them completing the program. All of the women enrolled in the program were of Hispanic descent and two-thirds identified Spanish as their primary language. Of note is that 32% of the participants were in the 16 – 24 year old age range. Post data indicated that depressive symptoms were significantly decreased at the conclusion of the programs. Satisfaction with the program was also high with 97% of those completing the satisfaction survey making "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 January 2014 to identify providers to continue implementation of the program countywide. The PEI Staff Development Officer continues to work with the developer of the program to evaluate program implementation. When the model was developed it was implemented by psychology graduate students, and RCDMH is one of very few sites that is utilizing non-clinical people to implement the model. The success of our approach is being recognized and the SDO was asked to present at the national 'Zero to Three' Conference in Los Angeles.

- **Cognitive-Behavioral Therapy (CBT) for Depression (with antidepressant medication):** This program was developed specifically for use with Latino women. This model has not been implemented. After review of the program specifics with the PEI Steering Committee, including the costs related to training and implementation, it was decided to remove this program from the PEI plan.

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 includes 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 in FY14/15.

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 FY12/13 includes "booster" training for providers to support ongoing learning related to the evidence-based practices.

The Prevention and Early Intervention Unit held the 1st Annual PEI Summit in October of 2012. 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. One hundred and thirty four providers attend the Summit and the overall evaluations were very positive. Due to the fact that many of the programs were just getting started the agenda included keynote speakers who spoke on the topics of outreach and engagement and marketing. In addition, there were four breakout sessions available where expects shared their experiences in effective outreach to Transition Age Youth, Older Adults, Parents/Families and Schools. Attendees were then asked to develop their program action plan to outreach to and engage more participants into their programs. A second Summit was held in July 2013 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".

RCDMH and Public Health continued the MOU to provide support groups for new mothers experiencing depression and anxiety. This program was identified to support Work Plan 2 – Parent Education and Support. The need was identified through a needs assessment of the Inland Empire Perinatal Mental Health Collaborative. The PEI Plan includes a prevention program for pregnant women and this program was identified to address the needs after the child is born. After a review of outcomes as a part of the PEI Steering Committee, members of the committee agreed that this program should not continue. In order to meet the needs of post-partum women who are experiencing depression and anxiety, the RFP for the Mamás y

Bebés (Mother and Babies) program was expanded to include women up to one year after giving birth.

In order to further support the implementation of the PEI plan, RCDMH continued to contract with organizations to assist with their community capacity building activities or to assist them in building their infrastructure so that they could effectively impact the individuals they serve. There were 11 community capacity contracts:

- Oasis Rehabilitation hosted the second of two Transition Age Youth "Un-Conventions". 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 of the second "Un-Convention" a comprehensive resource guide was developed and widely distributed. The resource guide is available electronically and is periodically updated and redistributed.
- The Sundance Company worked to build the infrastructure of community-based organizations. They identified small community-based organizations that serve at risk individuals and families to provide training, support, and resources. This included trainings on board development and grant writing.
- Operation SafeHouse utilized the funding to conduct an evaluation of the outcomes of the services that they offer as an organization and to find opportunities to acquire additional funding.
- Gilda's Club, Desert Cities, provided support services to individuals recently diagnosed with cancer and their family members.
- Shelter From The Storm provided support services to women who were victims of domestic violence.
- The Wylie Center led the Inland Empire Perinatal Mental Health Collaborative. The collaborative promoted maternal and family mental health by raising awareness, decreasing stigma, and providing effective resources for women experiencing perinatal mood disorders. The collaborative has a wide breadth of representation. In addition to the conference described earlier, the collaborative arranged for grand rounds on the topic of maternal mental health, and 65 physicians and hospital personnel attended.

- The Foundation for Cal State San Bernardino, Palm Desert Campus, hosted the second and third Mental Health Summits that brought together 100 providers and community members. The second Summit assisted providers in developing an action plan for their organization to provide mental health resources to individuals that come through their doors. The third Summit brought the same providers back together to assess their success in implementing their action plans.
- The Center is an organization in the Desert Region of the county that serves the LGBTQ community exclusively. The Center utilized the funding to assist in the development of a sustainable counseling program for depression.
- The Riverside Area Rape Crisis Center worked with high school campuses to implement the Strength and Be Strong Campaigns. The Strength Campaign for boys focuses on prevention of violence against women and the Be Strong Campaign for girls focuses on empowerment and healthy relationships. School staff were trained to provide the programs on their campuses and were given the curriculum.
- Path of Life developed a program to provide prevention and early intervention services to families in the transitional housing program. The intervention included identification of needed resources and support for students so they could remain in school.
- Riverside Latino Commission developed a Promotores-style program to engage a hard-to-reach community in the desert known as Duroville to provide education on mental health topics and provide mental health resources and supports.

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 will expire June 2014. 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 such as Each Mind Matters (California's mental health movement) and Know The Signs (a suicide prevention campaign) as well as some local activities. One of the local activities is that 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 10 trainings have occurred in these models since the trainers have become certified. The PEI Steering Committee recommended 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 local K012 Student Mental Health Initiative. This initiative included the implementation of the Olweus Bullying Prevention Program (OBPP) at 4 school demonstration sites. Two PEI Staff Development Officers and one RCOE Program Manager participated in the OBPP Train the Trainer process and are currently going through 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 also recommended that there be funding allocated to be able to offer the training to other interested schools. Plans are also being made to continue a Student Wellness Series that will include topics for educators such as Human Trafficking, Trauma-Informed Care, Suicide Prevention and Parents and Teachers as Allies.

The PEI Steering Committee also recommended that PEI continue to support the three CalMHSA initiatives for the next three years 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.

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 though the expansion of our CIMH 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 CIMH 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 2012 and 2013.

Training Conducted During FY12/13

DATE	TRAINING	LOCATION
7/10, 7/18, 7/26, 7/31	California Brief Multicultural Competency Scale (CBMCS)	Metro, Riverside
7/12	Recovery Model	Metro, Riverside
7/16, 7/17	Transition to Independence Process (TIP) Training	Metro, Riverside
7/18 & 7/19	Nonviolent Crisis Intervention (NCI) Children's Certification	Indio
7/19	Detention Risk Training	Metro, Riverside
7/20	Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	Metro, Riverside
7/24 & 7/25	NCI Children's Certification	Metro, Riverside
7/30	Families and Schools Together (FAST)	Metro, Riverside
8/1	Diagnostic and Statistical Manual (DSM) of Mental Disorders	Metro, Riverside

8/7, 8/8	Clinical Supervision	Metro, Riverside
8/14	Mental Health Risk	Indio
8/21	NCI Certification	Metro, Riverside
9/4	Spirituality & Mental Health	Metro, Riverside
9/6	Human Trafficking	Metro, Riverside
9/11 & 9/12	Dialectical Behavior Therapy (DBT)	Metro, Riverside
9/13	Law, Ethics & Boundaries	Metro, Riverside
9/18	NCI Refresher	Metro, Riverside
9/19	DBT for Eating Disorder	Metro, Riverside
9/25	Law & Ethics	Metro, Riverside
9/26	5150	Metro, Riverside
9/27	Child Abuse Reporting (CAR)	Metro, Riverside
9/27	Elderly Abuse Reporting (EAR)	Metro, Riverside
10/2, 10/10, 10/18, 10/23	CBMCS	Indio
10/3	Discharge & Community Integration	Metro, Riverside
10/4	Kids at the Crossroads	Metro, Riverside
10/9, 10/11, 10/17	Advanced Recovery Practices	Metro, Riverside
10/11	DSM	Indio
10/16	Family Based Treatment (FBT)	Metro, Riverside
10/23	Coordinated School Health	Metro, Riverside
10/24	NCI Refresher	Metro, Riverside
10/30, 10/31, 11/1	Enhancing Verbal Skills (for NCI Trainers)	Metro, Riverside
11/7, 11/8	Suicide Prevention	Metro, Riverside
11/7	NCI Refresher	Indio
11/8	Mental Health Risk	Indio
11/27	NCI Refresher	Metro, Riverside
11/27	Law, Ethics & Boundaries	Indio
11/28	Communication & Counseling	Metro, Riverside

12/3	Tough Cases	Metro, Riverside
12/5	DBT 3 Month F/U	Metro, Riverside
12/5, 12/11, 12/13	Advanced Recovery Practices	Indio
12/6	Mental Health Risk	Metro, Riverside
12/12	NCI Refresher	Metro, Riverside

1/4	Depression Treatment Quality Improvement (DTQI)	Metro, Riverside
1/8, 1/9, 1/10	Triple P (Positive Parenting Program)	Metro, Riverside
1/14	DSM for CLAS Program	Metro, Riverside
1/15	DSM	Indio
1/15, 1/16	NCI Children	Metro, Riverside
1/17	Families and Schools Together (FAST)	Metro, Riverside
1/17	Building Resilience in African American Families (BRAAF)	Metro, Riverside
1/30	DSM	Metro, Riverside
1/31	Treating Complex Cases	Metro, Riverside
2/5	NCI Cert	Metro, Riverside
2/6	Communications & Counseling	Indio
2/20	Field Instructors Conference	Metro, Riverside
2/21	Pediatric Psychopharmacology	Metro, Riverside
2/27	NCI Recertification	Indio
2/27	TIP Training	Metro, Riverside
3/5	Mental Health Risk Training (MHRT)	Metro, Riverside
3/6	DBT - 6 Month F/U	Metro, Riverside
3/7	Law, Ethics & Boundaries	Metro, Riverside
3/11	Veterans Trainings	Metro, Riverside
3/12	Group Facilitation	Metro, Riverside
3/13	Student Spring Trainings	Metro, Riverside

3/20	Mental Health Risk Training (MHRT)	Indio
3/20, 3/21	Grant Writing	Metro, Riverside
3/25, 3/26	Applied Suicide Interaction Skills (ASIST)	Metro, Riverside
3/27	NCI Recertification	Metro, Riverside
4/2	Gender Responsiveness & Trauma Informed	Metro, Riverside
4/6	CIMH Training	Metro, Riverside
4/8	Utilization of Recovery Oriented Care (U-ROC) Training	Metro, Riverside
4/9	What Does the Law Expect of Me: Part III	Metro, Riverside
4/9	Law, Ethics & Boundaries	Indio
4/11	JTP Orientation	Metro, Riverside
4/17	5150 Training	Metro, Riverside
4/18	DSM	Metro, Riverside
5/7	Substance Abuse (SA) 101	Metro, Riverside
5/7	Mental Health (MH) 101	Metro, Riverside
5/7, 5/8	NCI Children	Indio
5/9	Cultural Competence	Metro, Riverside
5/14	Psychopharmacology	Metro, Riverside
5/14	CBT	Metro, Riverside
5/16	Prison Rape Elimination Act (PREA)	Metro, Riverside
5/20	PREA	Metro, Riverside
5/21	Motivational Interviewing (MI)	Metro, Riverside
5/22	NCI Enhancing Verbal Skills	JWC, Riverside
5/23	SafeTALK	Metro, Riverside
5/28	Tx Manual	Metro, Riverside
5/29	Communication & Counseling	Metro, Riverside
6/3	Providing Interpretation Services	Metro, Riverside
6/4, 6/6, 6/11	Advanced Recovery Practices	Metro, Riverside
6/5	DBT (9 Month)	Metro, Riverside

6/10	Sensitivity Awareness	Metro, Riverside
6/12, 6/13	ASIST	Metro, Riverside
6/18, 6/19	DBT Training	Metro, Riverside
6/20	Support Staff Training	Metro, Riverside
6/24	A Typical Aging - Older Adult Staff only	Metro, Riverside
6/24	Differentiation of the 3D's - Older Adult Staff only	Metro, Riverside
6/26	5150 Training	Metro, Riverside
6/26	Recovery Model Meeting	Metro, Riverside
6/27	I Love My Job But. . .	Metro, Riverside
6/27, 6/28	Peer to Peer	Metro, Riverside

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. The main focus is to train all staff that may come into contact with mental health consumers, including dispatch and other law enforcement agencies throughout California. Currently, County, State, and Federal Police agency representatives have been trained. This training has been well received, and a permanent schedule for the Law Enforcement Personnel Training is in place. Deputy Sheriffs and Police Officers from other counties and agencies have also attended the training. These include Fullerton, Brea, and Orange Counties, the Los Angeles Department of Defense, and Los Angeles Police and Sheriff Departments. Police and Sheriff Sub-Stations from the cities of Moreno Valley, Perris, Palm Desert, Indio, Blythe, Palm Springs, and Desert Hot Springs have also attended. The training includes panel discussions from the Mental Health Family Advocate Program and a presentation from NAMI. Furthermore, the training is certified by the Commission on Peace Officer Standards and Training (POST).

All committee representatives have reported that the Law Enforcement Personnel Training has been beneficial to both the community and to the law enforcement agencies. To date, over 1,100 individuals from the Sheriff's Department and 700 others from the Riverside City Police Department have been trained. The 1,100 from the Sheriff represents both Corrections (487) and Patrol (622) deputies. The Sheriff's Department is also the primary law enforcement contractor for many of the city police forces throughout the county and is responsible for training those deputies even if they serve as a city police officer.

Consumer Employment, Support, Education, and Training Initiatives are reported on page 145.

Innovation (INN)

Innovation Programs are defined as novel, creative, and/or ingenious mental health practices or approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative of unserved and underserved individuals. The Innovation Component allows counties the opportunity to "try out" new approaches that can inform current and future mental health practices/approaches and contributes to learning, rather than having a primary focus on providing a service.

By their nature, Innovation projects are similar to pilot or demonstration projects and are subject to time limitations to assess and evaluate their efficacy. Innovation projects are, therefore, time-limited with one-time funding. If an Innovation project proves to be successful and a county chooses to continue it, the program must transition to a different funding source (for example the CSS or PEI component) or another source of stable funding.

Riverside County has instituted four Innovation projects since inception of the component. Each of the four programs is described below, with updates and timelines. The first Innovation project, INN-01, Recovery Arts Core, completed its program cycle on 6/30/2012. All other projects are still in process. All of the projects experienced implementation delays due to solidifying adequate space requirements and staff recruitment and training. Several of the programs were budgeted for three-year cycles, with the option of extending to five years as subsequent funding became available. This is the case with the Family Room project, as the Department plans to extend the project end date to 5/2017, to allow more time to evaluate performance outcome data and overall impact of the proposed innovation.

Riverside County Department of Mental Health MHSA Innovation Projects:

Recovery Arts Core Project

- Proposed and Actual Start Date 01/2009
- End Date 06/2012

Family Room Project

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

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 (Western)
- End Date 05/2017 (Desert)

Older Adult Self Management Health

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

INN-01 Recovery Arts Core Project

The Recovery Arts Core Innovation Project was implemented to explore the impact of peer-delivered arts services on consumers receiving services through the Riverside County Department of Mental Health (RCDMH). The Art Core Innovation Project was intended as a mobile community-based service, based on a 6-8 week Recovery Curriculum designed by the peers delivering the service. Art activities incorporated Recovery principles. Recovery Arts Core was designed to engage and inspire individuals in their recovery, to provide creative expression and build self-awareness, and help develop positive self-image. Outcomes evaluation focused on perceptions of hope, empowerment, self-responsibility, the attainment of meaningful roles apart from the illness, and other indicators of improvement of quality of life. Outcomes also measured participation in and utilization of peer-run centers. Data collected on the pre to post measurement tool and attendance data was analyzed and showed that participation in art core sessions was inconsistent. Continued engagement in the program was a significant challenge for this mobile service. Over 50% of the participants attended only 1-2 sessions, which impacted the program's ability to collect pre to post outcomes data.

The County Mental Health Department did not recommend continuing the mobile Recovery Arts Core Innovation Project with other funding, but rather continued to support the use of the model within the existing Peer Support Recovery Centers to enhance the recovery-centered supports provided in those settings.

INN-02 Recovery Learning Center

Recovery Learning Center – Desert Region

47-825 Oasis Street

Indio CA 92201

Current Program Schedule:

- Wellness Recovery Action Plan (WRAP)
- Moving Forward
- 1:1 Recovery Coaching

Implementation Plans:

- Co-Occurring Life of Recovery (COLOR)
- Life Skills for TAY
- Facing Up

Desert Region - RLC Activities for FY12/13

RLC Desert Region opened its doors in July 2012 and Recovery Coaches began working with members in September 2012. RLC employed 3 Recovery Coaches by December 2012.

During FY12/13, RLC received 82 referrals. Of the 82 referrals received, 53 members joined the RLC.

The RLC holds a weekly Orientation Group which welcomes potential new members and orients them to RLC philosophy. Volunteers who have been with the RLC and are close to graduation have helped orient new members to the RLC and share how having a Recovery Coach has helped them on their Recovery Journey.

The RLC began its first WRAP group in September 2012 and held 7 additional WRAP groups during the 12/13 Fiscal Year, graduating 40 members from WRAP.

WRAP graduates created a weekly WRAP alumni group called “Moving Forward”. Members choose activities that are important to them and support their WRAP plan. Examples include hiking, outings at local parks, visiting museums, watching wellness-based films, cooking

demonstrations, art instruction, photography shoots, and visiting local recreation centers. The goal of Moving Forward is to introduce members to wellness supports in community settings. Each group has anywhere from 8-14 members attending.

The RLC has partnered with the Coachella Valley Art Center (CVAC), a local non-profit organization, to bring members to the CVAC for art lessons and special events. The Coachella Valley Art Center has been a warm and supportive place members can go to get creative and inspired. The Director provides art instruction free of charge. Members displayed several art pieces at the May is Mental Health Month Art and Creative Writing Show during the month of May. Two of the Desert RLC members won 1st place and 2nd place in the Creative Writing Contest and several members received Honorable Mentions for art and creative writing.

Recovery Coaches facilitate WRAP groups in the clinic and Moving Forward groups in the community. The majority of Recovery Coaching sessions are conducted outside of the clinic in "real life" settings in the community, with each session pre-planned to work on a member's individualized goal. For example, one member had a goal of losing weight. He and his Recovery Coach went shopping together to discover how to read food labels. They also met at a local gym where he received a free two-week pass to try out the gym. He has stayed focused on his goal to lose weight and has reported a 46 lb weight loss since working with his Recovery Coach.

Another member had a goal of moving from Board & Care to independent living. He and his Recovery Coach met weekly and worked on money management and budgeting. He and his Recovery Coach searched for affordable housing in the community. After 8 months of planning, he was able to move out of the Board & Care and into a lovely apartment in a gated community.

The RLC has celebrated 28 member successes at the Harmony Center's bi-annual Celebration of Successes. Members received awards for the individualized goals they have met (e.g. WRAP completion, employment, independent living, and lifestyle accomplishments). One of the RLC's Recovery Coaches was chosen to be a special guest speaker at the event.

Eight members have completed Peer Employment Training and three have become RCDMH Volunteers.

A RLC Recovery Coach received "Recovery Coach of the Year" award from RCDMH's Department of Consumer Affairs and was a keynote speaker at the DARE Conference in Moreno Valley.

Outcomes evaluation report for the Desert Recovery Learning Center showed through December 2013, only 4 of the 53 enrolled clients had closed from the program; and 63% of the active clients continuing engagement in the program beyond six months. Outcomes data collection showed improvements in hope and self-esteem. Scores on the Recovery Assessment Scale also improved on follow-up measurement. Conclusions from outcomes data on Hope, Self-Esteem, and Recovery Assessment Scale are preliminary due to the low number of pre and post measures collected. Outcomes data from WRAP group participation provided more pre to post measures. Improvements were found in knowledge of WRAP, applying WRAP, recovery beliefs and social connectedness.

RLC Progress Update for FY13/14

- From July 1, 2013 – February 10, 2014, the RLC received 34 new referrals. The RLC current member census is at 55.
- The CVAC held a Consumer Appreciation Holiday Party in December 2013 and welcomed over 50 consumers and families to the center for holiday cookies and punch. Employees from the Psychiatric Health Facility (PHF) donated their lunch hour to play music for the consumers.
- RLC has held 3 WRAP groups and graduated 16 members from WRAP.
- Between 12-15 members engage weekly in a Moving Forward group.
- The RLC graduating class formed a "Graduates Group" and met bi-weekly to plan their graduation from RLC and develop their own exit plan from the RLC. Exit planning involves looking at personal supports and community supports to maintain wellness and recovery.
- The first RLC graduation was held on February 25, 2014 at the Coachella Valley Art Center. Twelve members graduated from the RLC.

- RLC developed a Wellness Initiative for staff and members. Staff participated in "Thrive Across America" and were given pedometers as an incentive to track their steps and clock their exercise in the county-wide program.

The RLC collaborated with DPSS staff to present on topics such as "Cal-Fresh Healthy Dollars" and "Healthy Eating on a Budget". DPSS workers provided 2 in-services which helped members discover how to plan healthy meals on a limited budget. They raffled off several cookbooks for members.

The RLC currently has 2 volunteers who have graduated Peer Employment Training who are providing assistance in groups and mentoring other members who are new to the RLC.

Desert Region RLC Challenges:

- Difficulty recruiting and retaining Recovery Coaches for the RLC.
- Difficulty retaining a permanent Senior Peer Support Specialist.

Desert RLC Future Plans for FY14/15 through FY16/17

- Create a Co-Occurring Life of Recovery component to the RLC to address substance abuse challenges with members (COLOR).
- Develop a TAY component for the RLC that focuses on life skills development and ongoing WRAP planning and support.
- Become fully staffed with 5 Recovery Coaches, 1 FT Senior Peer Support Specialist, 1 PSS Intern, and 2 PSS Volunteers.
- Consider replicating RLC model "Without Walls" in other clinics throughout the Desert Region (Banning, Blythe).

Recovery Learning Center – Western Region

The Western Region free standing Recovery Learning Center began program services in April 2011. The total number of consumers enrolled in the program is 361. This FY13/14, RLC has 202 open cases. The majority of consumers that closed from the program discontinued in less than six months. Only 11% of closed cases stayed in the program for one year.

The table below is organized by length of stay (LOS) for open active cases and closed cases. The LOS data for closed cases was calculated using the difference between open date and discharge date. Open active cases LOS was determined by episode open date to date of data run in December 2013. Sixteen clients had multiple admissions to the West RLC each with different lengths of stay so the 378 total below reflects those additional admissions.

Program Enrollments

Length of Stay	All Consumers	Open	Closed
< 60 Days	(78) 21%	46 (23%)	32 (18%)
>= 60 days and < than 180	(137) 36%	66 (33%)	71(40%)
>=180 and < than 1 year	(95) 25%	42 (21%)	53 (30%)
>=1 year	(68) 18%	48 (24%)	20 (11%)
Total	**378 100%**	**202 (100%)**	**176 (100%)**

Western - RLC Activities for FY12/13

RLC Western is currently fully staffed with diverse, multicultural, and linguistic mental health providers. The program reached capacity of 160 consumers enrolled, with active participation in different recovery activities.

The RLC holds two monthly Orientation groups in English and Spanish, which welcomes potential new members and orients them to RLC philosophy. These orientation groups are open to family members and community at large to learn about the opportunities in becoming part of the recovery process.

The RLC holds eight (8) each WRAP groups in Spanish and English every month. Each member of the RLC graduates from WRAP approximately one month after their first time in the program. During the WRAP groups each individual is able to identify recovery activities that will facilitate their own recovery process. Each activity at RLC is built with the goal of providing members with the support necessary to succeed in their journey. During each month the members and Peer Support Specialists develop and coordinate activities. In addition to WRAP, each of the members attends the following activities:

- WELL - Wellness Empowerment in Life & Living
- Heart - Home is where the Heart is
- COLOR - Co-Occurring Life of Recovery
- Creating a Place for Peace
- Healing Through Life's Transitions
- Art with Lex
- Looking Ahead
- Music Group
- Women's Group
- The Wise Men
- Gratitude Attitude
- Anxiety Workshop
- Happiness Group
- Legendary Book Club
- Creative Writing
- T.G.I.F. Thank God it's Friday

The members who complete the program are then ready to move out on their own (after their WRAP completion, employment, independent living, and lifestyle accomplishments) and create an alumni group called "Members Advocate". Members choose activities that are important to

them that support their ongoing recovery plans. Examples include hiking, outings at local parks, visiting museums, watching wellness-based films, cooking demonstrations, art instruction, photography shoots, and visiting local recreation centers.

The RLC has partnered with several community non-profit organizations to bring members to their special events to learn more about the resources available in the community. The members attend Riverside Animal Shelter volunteer activities, participate in community events, and explore the opportunities of collaboration.

Recovery Center Staff is facilitating ethnic and cultural specific activities in the clinic for the members and their families as well as the community. One of the activities that took place during this year was the use of Spanish-speaking art activities – "los quita pesares". This activity taught members and their family how to express their worries and creativity using recycled materials. And, a representation of their worries was discussed with group members regarding the meaning of their fears.

Western Region RLC Challenges & Opportunities:

- Difficulty recruiting and retaining bilingual & bicultural Recovery Coaches for the RLC.
- Ongoing in-service training on how to integrate recovery activities, peer-to-peer coaching into a mental health system.
- Collaborations and partnership with multidisciplinary team.

Western- RLC Future Plans for FY14/15 through FY16/17

- Facing Up – In progress – addresses Whole Health Wellness
- Moving Forward (for graduates) – In progress and being called "Looking Ahead"
- Wellness oriented practices such as yoga/tai chi planned
- Monthly Spanish/English Orientation
- Monthly Spanish/English Support Group
- Monthly Community Resources Workshop – Helps educate/inform about community resources
- Provided 1x workshop on Sexually Transmitted Diseases

- Representation in Community Advocacy for Gender and Sexuality Issues Equality
- Provided in-service training on Recovery Language
- Development of in-service trainings: Planned topic: Sexual and Gender Issues
- Equine Assisted Psychotherapy and Equine Assisted Learning (EAGALA) Team Building
- Bowling League
- Collaborative modeling engagement in the community incorporated into TAY WRAP with pre and post self-assessment to measure impact of activities on member feelings of well being, confidence, and symptoms.
- Collaboration with Community Colleges
- Collaboration with Children's Services in transitioning Children to TAY services at RLC through the Bridge Builders Program
- 28-30 planned to graduate in April 2014
- Consumer Family Leadership Group (graduates) – Continue with next meeting planned to welcome new graduates after April
- Cultural and Ethnic-specific WRAP Groups

Outcomes data collection showed improvements in hope, and self-esteem. Scores on the Recovery Assessment Scale also improved on follow-up measurement. Conclusions from outcomes data on Hope, Self-Esteem, and Recovery Assessment Scale are preliminary due to the low number of pre and post measures collected. Outcomes data from WRAP group participation provided more pre to post measures. Improvements were found in knowledge of WRAP, applying WRAP, recovery beliefs and social connectedness.

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 trauma reduction, personal motivation, knowledge building, relationship enhancement, and restoring self determination. 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 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.

Also the Family Room employs "Family 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 three Family Specialists who, 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 on the services being provided.

Over the past year, the most exciting developments have been the family and peer support groups (English and Spanish), referenced in the last paragraph. They occur in the late afternoon and evening (often accompanied by food), are well-attended, and generate a lot of enthusiasm that, in turn, is related to the sense of relief and connectedness that the attendees experience. Once monthly, the family and peer groups hold conjoint meetings that are celebrations of their renewed relationships and accomplishments. The impact is tangible. As a

part of building the outcome measurement effort, a focus group was held to engage the community in identifying desired information. It was attended by 80 people, largely members of these four support groups, who were active in voicing their opinions. Outcomes data collection began recently and includes measures for hope, quality of life, and recovery. A family satisfaction questionnaire was also developed to survey families participating in the program.

For the last several years, the Department of Mental Health has been planning on building a brand new clinic for adults in the city of Lake Elsinore, which has always been underserved. That clinic will be opening in the next few months. Because of the success of the Family Room initiative in Perris, plans have been made to expand the innovation project to include this new clinic. It will adopt the same philosophy and methodologies as are currently in effect at the Perris program. Such is the confidence that has been generated by this innovation project.

INN-04 Older Adult Self Management Health Team Project

The Older Adult Priority Populations were identified through the MHSA Planning Process in conjunction with by the Older Adult System of Care Committee. The population is defined as an older adult who is 60 years and older with a serious mental illness that is not currently receiving services or is currently underserved.

Healthy Living Partnership (HeLP) - The Integrated Health Innovation project establishes an Older Adult Self-Management Health Team program, titled the Healthy Living Partnership (HeLP) for consumer engagement and health care self-management education and support. This project employs the Chronic Disease Self-Management Program (CDSMP), interagency collaboration, coordination of care, and peer support to assist consumers with chronic mental illness and with at least 3 chronic health problems.

The goal of the HeLP Program is to increase the quality of services to this population by monitoring the outcomes of intensive coordinated physical and mental health care received by the clients in this program. Services include medication management; intensive collaboration and coordination with primary care providers; and a Peer Support Specialist to provide ongoing support, facilitate consumer use of the HeLP resource room, and assist consumers in locating and utilizing community activities. A Registered Nurse is in a pivotal position to coordinate medication services and provide consultation and case management services to the consumer. The CDSMP group is a 6 to 8-week intervention that addresses topics including 1) skill-building

techniques to cope with issues such as frustration, fatigue, pain, and isolation; 2) appropriate exercises for maintaining and improving strength, flexibility, and endurance; 3) appropriate use of medications; 4) effective communication with family, friends, and health care providers; 5) nutrition; and 6) how to evaluate new 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 January 1, 2014, 118 referrals were received by the program. Of that number, 56 have been enrolled and 5 clients have been discharged from the program. Preliminary outcomes evaluation did not show improvements in adherence to medications, understanding of medications, or communication with the 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 clients served have completed follow-up measures.

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 transformation 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 of public and private settings. When the original CFTN guidelines were released in 2008 counties were allowed to declare the percentage of funding to be split between Capital Facilities and Technology and to describe how they would be used. This was referred to as the CFTN component plan.

The original component plan included two initial projects: the Desert Safehaven Drop-In Center for the Capital Facilities Component and the Behavioral Information System (BHIS) for the Technology component. As CFTN implementation began a secondary stakeholder process occurred to identify priorities and potential usage of the remaining CFTN funding. Counties are allowed to amend their component plans based on evolving needs and priority, which the Department has done on several occasions.

Capital Facilities

The secondary Community Stakeholder process identified four key priorities for Capital Facilities component funding: 1) Hemet (Mid-County Region) Outpatient Clinic consolidation 2) Western Region Outpatient Clinic and Administrative consolidation 3) Western Region Children's consolidation 4) MHSA Administration, Training, Research, and Quality Improvement facility.

The top priority was the Hemet Mid-County consolidation, which was blocked due to community opposition. The Department had identified a physical plant to house the consolidation and was in the process of acquisition when the project was stalled due to local community political pressure. As the Department began analyzing the remaining three priority areas, an opportunity arose for the Western Children's consolidation.

As reported in the FY13/14 Annual Update the Department acquired two buildings in Riverside with a total of 78,116 square feet to house the Western Children's consolidation. Over ten programs were housed at the site, which previously had space leases that are now translated into cost savings by moving into the acquired space.

The next priority identified through the Capital Facilities component plan was the Western Region Outpatient Clinic and Administrative consolidation. The goal, similar to the Children's consolidation, was to integrate as many outpatient programs at one site to actualize lease savings that could then be reallocated back for program use. Following an exhaustive search a facility to house the consolidation was solidified and acquisition process began.

As a result, the Department amended the Component Plan to allocate funds for a facility acquisition located at Rustin Avenue in Riverside. The Department increased the capital budget by transferring Community Services and Supports funds to allow for the costs of the project. The amended Component Plan was posted for Community Stakeholder Input from January 10 through February 11, 2014. See Appendix A for the amended Component Proposal.

The building at Rustin, with a capacity of 147,000 square feet, will house a multitude of programs including: Western Outpatient Clinic Services, Western Children's Treatment Services expansion, Older Adult Services, Transition Age Youth Integrated Services Recovery Center, Peer Outreach, Family Advocate, Consumer Affairs, MHSA Administration, Workforce Education and Training, Prevention and Early Intervention, Cultural Competency, Community Access, Referral, Evaluation and Support (CARES) Lines, Technology and Research. See Appendix A, page 232 for a complete Capital Facilities "new" project description and feedback forms submitted through the 30-day comment period.

The Department acknowledges the continued need and priority for a new outpatient clinic site for Hemet/Mid-County. The Department is committed to continuing to collaborate with County Facilities to work through barriers and hopefully identify a site to lease. Through the acquisition of the two other clinics site and associated lease savings, the Department recognizes there will be additional funds to dedicate to a future Hemet clinic site.

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 & Accounting, and all state mandated reporting. Phase 2 involved the implementation of a Clinical EHR function.

Electronic Health Record Implementation FY12/13

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.

In 2012/2013, 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-populated some forms in order to remove redundancy in work flow.

Plans for FY14/15

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 continue 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, 2012 - June 30, 2013

The Department of Mental Health operates two Safehaven facilities that follow a low-demand, drop-in model for providing homeless outreach and permanent supportive housing to homeless individuals. Both facilities are operated via contracts that emphasize 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 staff have received mental health services themselves (consumers of care or peers) and many have also experienced prolonged periods of homelessness.

The Place, located in Riverside, opened in 2007 and provides permanent housing for 25 adults along with supportive services, laundry facilities, 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 97% occupancy rate during 2012/2013, with any vacancies being quickly filled. During FY13/14, The Place had an average of 870 drop-in guests each month. There were 4 individuals that moved on from their residency at The Place to live independently in their own apartments. Overall, more than 88% of residents of The Place maintain stable housing for more than one year.

The Path, located in Palm Springs, 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 an FSP clinic that is operated by the Department of Mental Health. Nearly 90% of the tenants who have resided in The Path maintain stable housing for longer than 1 year. The Path had an average of 360 drop-in visitors each month during FY12/13. In addition, there were 5 individuals that moved on from their residency at The Path to live independently in their own apartments.

Both facilities are operated by Recovery Innovations Jefferson Transitional Programs under contract with RCDMH and both continue to operate at or near full capacity. During FY12/13, funding for temporary emergency housing was continued. The success of **The Path** and **The Place**, together with the prominent role they play in the continuum of housing for Department

of Mental Health consumers, positions these programs for continued success as a valuable contact point for homeless individuals with mental illness. There were also approximately 57 scattered-site apartments for chronically homeless individuals and their families that were funded under a HUD grant.

The Path and **The Place** are partially funded by HUD permanent supportive housing grants. The RCDMH plans to continue requesting grant renewals as they come due in order to support these programs through FY16/17.

The MHSA permanent supportive housing program continued to advance its efforts during FY12/13. Verbena Crossing, an acquisition/rehabilitation project in Desert Hot Springs, 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 a new-construction affordable housing community in the City of Riverside. It began construction during FY12/13. Cedar Glen will be open for occupancy in spring 2014. Fifteen MHSA units are embedded in this multi-family community. Cedar Glen is centrally located near a transportation hub, mental health supportive services, shopping centers, a library, and medical services.

RCDMH submitted its final application and received approval for a new-construction MHSA multi-family affordable project that will be located in the City of Perris. The MHSA units will be part of Perris Family Apartments, a 75-unit, $20 million affordable housing community that is being developed by an entity that has previously developed housing in partnership with the Department of Mental Health. The project will include 15 MHSA integrated supportive housing units with dedicated office space for on-site supportive services staff. Perris Family Apartments is projected to be open for occupancy in late spring 2015.

With the completion of the Perris Family Apartments, RCDMH will have committed and expended all available MHSA housing development funds held in trust with CalHFA. The Department 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.

In total RCDMH leveraged $19M MHSA Housing funds to support developer efforts to create 778 affordable housing units throughout Riverside County. Integrated in each project were 15 units of MHSA supportive housing units scattered throughout the apartment community. Below is a table of projects by region.

Region	Project	Total # of affordable housing units	# of MHSA units embedded in the project
Desert	Legacy Multi-Family	80	15
Desert	Verbena Crossing Multi-Family	96	15
Mid-County	Perris Family Multi-Family	75	15
Mid-County	Vineyards at Menifee Senior	80	15
Western	Cedar Glen	78	15
Western	Rancho Dorado	Phase 1 – 70 Phase 2 - 75	15
Western	Vintage at Snowberry – Senior	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.

Looking Ahead to FY14/15 through FY16/17

The development of MHSA permanent supportive housing is dependent upon the vitality and activity level of the housing industry in general. There was improvement in FY13/14 in the conditions that had previously thwarted housing development activity. The continued period of low historic interest rates and better access to financing helped existing projects proceed and helped prospective projects gain support from investors and financing sources. Stability in these conditions allowed three projects that were in the pre-development, early development and acquisition/rehab phases of activity to progress. Housing development involves very long lead times for planning, approvals, and financing. Changes in any of these factors can cause interruptions in the pipeline of projects and slow the momentum of the production of affordable housing and MHSA housing. Generating new momentum after a slowdown in production can add years of time to an already long process.

The elimination of Redevelopment Agencies statewide, has withdrawn a source of funding for affordable housing that has traditionally been a powerful driver of new housing. It is not clear

what, if any, new mechanisms will evolve in place of Redevelopment Agencies to provide the crucial gap funding that has historically been the essential component to help affordable housing be financially viable. Affordable housing communities provide a natural setting and partnership for the development of MHSA supportive housing units. In the absence of new funding for affordable housing, there is a great risk that new affordable housing communities will not be developed. This could, in turn, reduce the opportunities for creating new MHSA permanent supportive housing in the future.

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 two projects are completed in 2014 and 2015. There remains well in excess of 100 qualified consumers who are on a waiting list for permanent supportive housing of this kind in Riverside County. It will take a combination of renewed activity in the production of affordable housing, a solution of the gap funding deficit previously filled by Redevelopment Agencies, and a new dedicated funding stream to generate the additional supply of MHSA permanent supportive housing that is needed in Riverside County.

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 eleven full-time employees and one student intern.

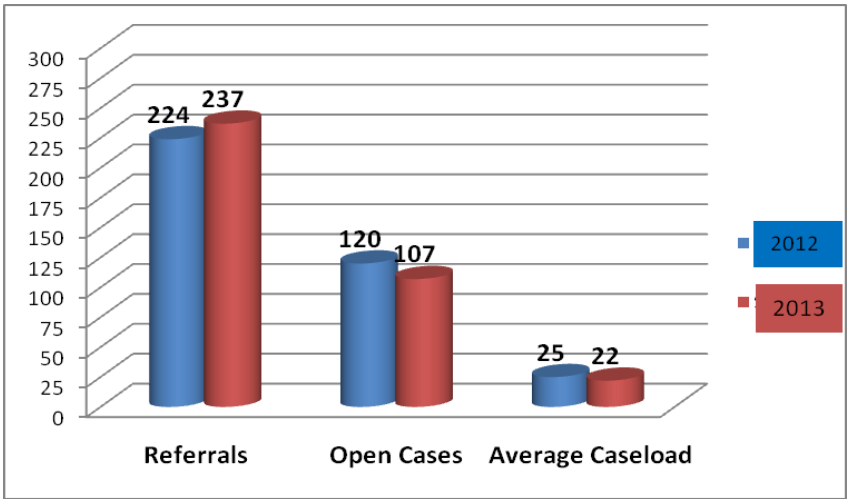
Current staffing levels:

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

There is currently a candidate for the MHSS position in the Sheriff's background check. Mental Health Court also has one vacant Clinical Therapist position in Riverside.

2013 YTD Stats as of December 31, 2013:

- Referrals - 237
- Open cases - 107
- Average caseload -22



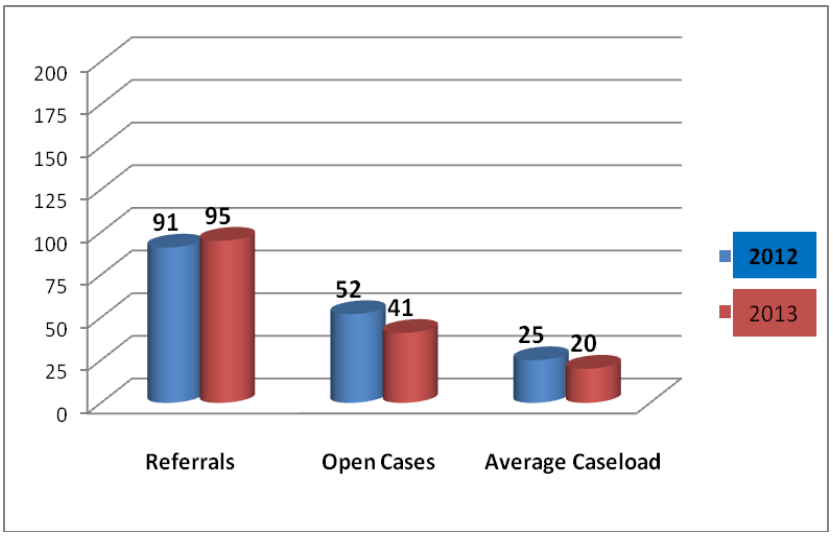
Mid-County Mental Health Court

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

- **2013 YTD Stats as of December 31, 2013:**
- Referrals - 95
- Open cases - 41
- Average caseload - 20



Indio Mental Health Court

Indio Mental Health Court:

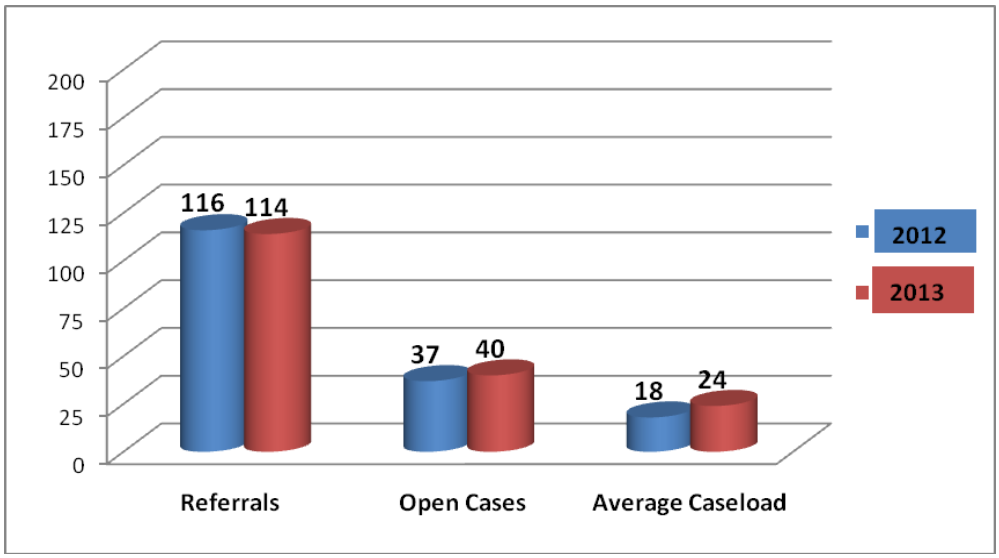
The Desert region's Indio Mental Health Court was established in May of 2007.

Current staffing levels:

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

2013 YTD Stats as of December 31, 2013:

- Referrals - 114
- Open cases - 40
- Average caseload -24



Mental Health Court continues to be a highly successful program here in Riverside County.

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 is mentoring. 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 engrained in Veterans Court participants. These volunteers dedicate countless hours each week to support the veterans and the program. Currently, there are three (3) 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. Year to date MH has received 112 referrals and a total of 40 were accepted. The Superior Court has designated up to 50 participants in the program at one time but it will be raised to 100 later this year.

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. The most significant saving is human life - 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, MH 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, MH Department, and a representative from Assemblyman Medina's Office.

Veterans Court Stand Down Training Event

On November 8, 2014 Mental Health Forensics hosted a Veterans Court Stand Down event. The guest speakers included Casey Trebisacci, Caroline Cooper, and Dick Grimm from the American University of Washington, DC. The American University of Washington, DC, School of Public Affairs Justice Programs Office, coordinates the Drug Court Technical Assistance Project which is a program of the Bureau of Justice Assistance, US Department of Justice. There were 25 people in attendance which included representatives from Public Defender, District Attorney, Probation, Loma Linda V.A., Riverside Superior Court, and the MH Department.

Dick Grimm, Casey Trebisacci, and Caroline Cooper represented the American University Drug Court Technical Assistant Project. They were able to help the Riverside County Veterans Court team by providing training specific to our Veterans Court. The training also addressed issues and solutions in order to improve the Program. Overall this training benefited all the collaborative agencies that participate in Riverside County Veterans Court.

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 are honored to partner with the Riverside County Department of Mental Health to provide several of such recovery opportunities.

Western and Mid-County Peer Support and Resource Centers.

The Peer Centers are a Peer Support Community, where those of us who came here for services, and those of us who work here, are all people in recovery! The Centers offer a welcoming and friendly recovery environment in which people can feel comfortable while pursuing wellness. The team of recovery coaches provides support to empower others to reach their wellness goals.

The Western and Mid-County Centers are a doorway where people can walk in and participate in recovery education classes, engage in community activities, access information utilizing the resource center and connect to a recovery coach to develop wellness goals and plans to achieve them.

- **Recovery Education**: Classes are offered daily, and are taught by staff and community partners. Participants are encouraged to contribute their skills to leading classes as well. 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. In the larger community, individuals educate the public on mental health recovery in order to decrease stigma by participating in Community Health Fairs and events and sharing their journey of recovery
- **Community Integration**: The ultimate goal at the Peer Support and Resource Services Center is to see each participant achieve a greater level of independence and involvement within the community. Each month, opportunities are offered to participate in free or low-cost community events. Through these events, participants 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:** The centers are equipped with computers that utilize Microsoft Office applications and have Internet access. Participants are encouraged to use the resource center to find information according to their own needs and goals.
- **Peer Support:** From the moment a person walks through the door, they witness their fellow peers greeting guests, volunteering at the receptionist desk, answering phones, and teaching recovery classes. In addition, 94% of the staff have lived experience with mental health issues and are a great demonstration that recovery is possible. Staff and program participants partner to create a culture where each person's talents, skills, and abilities are valued and used to encourage others. Participants are encouraged to develop relationships and support networks with each other to move their recovery journey forward.

The Centers also assist individuals 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 Support and Partnerships:

- Loma Linda University's Nursing Department developed and facilitates Physical Health Awareness classes
- Eastside Health Center & the City of Riverside Parks and Recreation & Community Services Department Annual Community Fair and Egg Hunt
- Moreno Valley College Health Fair and Blood Drive
- Perris Valley Family Resource Center's 8th Annual Community Resource Fair
- Arlanza Family Health Center & the Eric M. Solander Center's Annual Community Fair

FY12/13 Activities

For FY12/13, Recovery Innovations Peer Support and Resource Service Center activities/accomplishments include:

Western Region

- The Adult Program served a total of 454 individuals unduplicated.
- The Transitional Age Youth Program (TAY) served a total of 40 individuals unduplicated.

Mid-County Region

- The Adult Program served a total of 451 individuals unduplicated.

- The Transitional Age Youth Program (TAY) served a total of 42 individuals unduplicated.

Program Milestones

- Supported forty-seven (47) people with their goal to obtain employment as a pathway to recovery. Twelve (12) individuals obtained and sustained ninety (90) days of gainful employment.
- Supported thirty-one (31) people with their goal to further their education. Ten (10) individuals enrolled in higher education courses.
- Supported sixty-two (62) peers apply for benefits (SSI/SSDI, Work Incentives, and Medical).
- Supported four hundred seventeen (417) peers in obtaining housing of their choice.
- Provided translation services for twenty-one (21) individuals.
- Provided one hundred and five (105) Community Enrichment Activities.

NAMI Signature Programs

NAMI Signature Programs consist of two part-time Coordinators, a full-time Program Supervisor and a team of trained presenters who serve in Western and Mid-County areas in Riverside County. Peer presenters are trained to be equipped to share their story of recovery and hope with others. This aids in reducing the stigma of mental health challenges, provides education/resources, and builds support systems. The NAMI Signature Programs Recovery Innovations provide are:

- In Our Own Voice presentations
- Parents and Teachers as Allies presentations
- Breaking the Silence presentations
  - In Mid-County our identified target areas include: Perris, Lake Elsinore, Romoland, San Jacinto, and Winchester
  - In Western region our identified target areas include: Eastside Riverside, Casa Blanca, Rubidoux, Moreno Valley, and Arlanza

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 share their stories of their experience with their diagnosis. People living with serious mental health challenges speak about their personal journeys to 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 all people 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.

Two IOOV Presenter Trainings were held:

- 11/15-11/16 2012 Riverside Metro Training Center-10 Graduates
- 6/6-6/7/ 2013 Hemet United Methodist Church-12 Graduates

For FY12/13 there were 34 IOOV presentations in the Western Region and 36 in the Mid-County Region. Some of the programs in the regions are as follows:

In Our Own Voice: Western Region:

- 7/10/12 Redlands University Social Workers/10 attended
- 7/12/12 Larry Smith Correctional Facility Banning/14 Incarcerated individuals attended (#1)
- 7/12/12 Larry Smith Correctional Facility Banning/17 Incarcerated individuals attended (#2)

- 7/12/12 Larry Smith Correctional Facility Banning/14 Incarcerated individuals attended (#3)
- 7/26/12 RCMHD Tyler Village Wellness Arlington/17 attended
- 8/2/12 RCMHD Long Term Care Arlington/14 attended
- 8/29/12 Rape Crisis Center Riverside/14 attended
- 9/4/12 Ben Clark Training Center Riverside/26 Law Enforcement Personnel attended
- 9/17/12 Majesty Village Board and Care/11 attended
- 9/18/12 Inland Empire Coalition Riverside/17 attended
- 9/21/12 Brenda's Board and Care/ANKA Rubidoux/20 attended
- 9/26/12 Operation Safehouse TAY Youth Riverside/13 attended
- 10/2/12 RCDMH Older Adult System of Care/10 attended
- 1/8/13 Ben Clark Training Center Riverside/22 Law Enforcement Personnel attended
- 1/9/13 Recovery Innovations Peer Run Center Riverside/6 attended
- 1/17/13 RCMHD Recovery Learning Center Arlington/10 attended
- 1/18/13 Cal Baptist University Nursing Students Arlington/54 attended
- 2/13/13 Recovery Innovations Peer Run Center Riverside/8 attended
- 2/13/13 Ben Clark Training Center Riverside/40 Officers attended
- 3/5/13 Ben Clark Training Center Riverside/17 Officers attended
- 3/28/13 Youth Opportunity Center Rubidoux/15 Youth attended
- 3/13/13 Recovery Innovations TAY Program Riverside/20 attended
- 3/12/13 Ben Clark Training Center Riverside/32 Officers attended
- 4/8/13 Kaiser Hospital NAMI Family to Family class Arlington/25 attended
- 4/9/13 Ben Clark Training Center Riverside/25 Officers attended
- 4/10/13 Norte Vista High School Arlanza/53 Students attended
- 4/10/13 Rape Crisis Center Riverside/17 attended

- 5/8/13 College of Desert CIT Police Officers Palm Desert/ 32 Officers attended
- 5/29/13 Ben Clark Training Center Riverside/ 12 Officers attended
- 6/8/13 The Grove Community Church Riverside/23 attended
- 6/13/13 Ben Clark Training Center Riverside/31 Officers attended
- 6/18/13 Ben Clark Training Center Riverside/23 Officers attended

In Our Own Voice: Mid County Region:

- 8/10/12 ANKA Full Service Partnership San Jacinto/23 attended
- 8/14/12 Loma Linda University Behavioral Medicine Center Staff Menifee/12 attended
- 8/20/12 Victor Community Services TAY Program Perris/6 attended
- 8/23/12 Cultural Competency Committee Perris/12 attended
- 9/13/12 JTP Peer Run Center Perris/5 attended
- 9/17/12 CFLC Youth Empowerment San Jacinto/4 attended
- 9/19/12 NAMI Temecula Monthly Meeting/20 attended
- 9/24/12 CASA Tahoe ANKA Hemet/9 attended
- 9/26/13 ANKA ART Hemet/11 attended
- 10/10/12 ANKA ART Hemet/12 attended
- 10/30/12 Riverside Probation Department Perris/14 attended
- 11/9/12 SAIL Alternative School San Jacinto/42 attended
- 11/12/12 LLU Behavioral Health Medical Center Murrieta/16 attended
- 11/13/12 NAMI Family to Family Class 10 Recovery Hemet/20 attended
- 11/17/12 NAMI Family to Family Class 10 Recovery Murrieta/21 attended
- 11/20/12 LLU Medical Center Outpatient Murrieta/ 20 attended
- 11/26/12 Mt San Jacinto College San Jacinto Campus/32 attended
- 11/26/12 Mt San Jacinto College San Jacinto Campus/33 attended

- 11/27/12 Mt San Jacinto College San Jacinto Campus/27 attended
- 12/5/12 Mt San Jacinto College San Jacinto Campus/26 attended
- 12/11/12 JTP Peer Run Center Perris/11 attended
- 12/11/12 Oasis Youth Opportunity Center Perris/13 attended
- 3/24/13 Unitarian Church San Jacinto/21 attended
- 3/16/13 NAMI Temecula TF Recovery Class/10 Parents, 10 Community attended
- 4/10/13 Mt San Jacinto College with Victor Community Menifee/8 attended
- 4/17/13 Mt San Jacinto College San Jacinto Campus/12 Students attended
- 4/24/13 Mt San Jacinto College San Jacinto Campus/36 Students attended
- 6/11/13 Sun Ray Addiction Drug Diversion Class San Jacinto/12 attended
- 6/13/13 Family Resource Center El-SOL Spanish Perris/10 attended
- 6/14/13 Sun Ray Addiction Drug Diversion Class San Jacinto/4 attended
- 6/14/13 Sun Ray Addiction Drug Diversion Class San Jacinto/8 attended
- 6/26/13 CFLC Youth Empower Program San Jacinto/2 attended

Here are some comments from those who attended these presentations:

- One student stated that it “was wonderful to experience the presenter’s first hand story and the dreams for the future”.
- Another Student comment “My friend was diagnosed with depression today and the video showed me what to expect and what to suggest”.
- “The presentation gave great insight for people trying to recover. I think what NAMI does is an amazing thing. I think this world would be better if everyone had to be in the class to learn about it.”
- “I understood how important the need for structure is and to be busy throughout the day.”
- Those attending the Law Enforcement presentations said “It gave me a better understanding of what the consumer might be going through and why they have to

come to the attention of law enforcement." "I now understand that I can be the one that can get them back on the right path to getting the help that they need and have a better understanding of how to assist".

- The presentation "gave me more insight into my son's treatment program".
- The nurses expressed that they learned how important "acceptance" was to the peers in the beginning of their recovery. Presentation increased understanding of key recovery concepts.
- Family members shared some of their personal experiences. Many felt that Recovery may be possible after having heard this presentation.

Parents and Teachers as Allies, is a program designed for teachers, administrators, school health professionals, parents, grandparents and others in the community who would be interested in mental health training

This one to two -hour presentation focuses on helping school professionals and families within the school community better understand the early warning signs of mental health challenges 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 and how schools can best communicate with families about mental health related concerns.

Parents and Teachers as Allies Trainings:

Two Trainings were completed for both Mid-County and Western Regions in which 35 people were trained to present Parents and Teachers as Allies in all three regions of Riverside County.

Presentations in the Western Region

- 9/12/12 NAMI Riverside Program Meeting Arlington/32 Parents/Community attended
- 1/24/13 Troth Street Elementary School Mira Loma/2 Parents attended
- 1/22/13 Moreno Valley Rotary Club Moreno Valley/15 Parents/Community attended
- 2/22/13 Ina Arbuckle Elementary Spanish Parents Jurupa/48 Parents attended
- 3/7/13 DPSS Riverside County La Sierra/45 Staff attended
- 3/12/13 Indian Hills Elementary School Jurupa/5 Parents attended

- 3/19/13 Indian Hills Elementary School Spanish Jurupa/4 Parents attended
- 4/11/13 Rubidoux Youth Opportunity Center/8 Youth attended
- 4/11/13 Sky Country Elementary School Jurupa/6 Parents/Staff attended
- 4/16/13 Norte Vista High School Arlanza/16 Staff attended
- 4/23/13 Sky Country Elementary School Spanish Jurupa/25 Parents attended
- 5/9/13 Troth Elementary School Spanish Mira Loma/7 Parents attended
- 5/15/13 Bobby Bonds Community Center Spanish East Side/21 Parents /Community attended
- 5/21/13 West Riverside Community Partnership Glen Avon/15 Parents/Community attended
- 5/22/13 Bobby Bonds Community Center East Side/9 Parents/Community attended
- 5/28/13 Arlanza Family Health Center Spanish Arlanza/22 attended

Presentations in the Mid-County Region:

- 9/26/12 SELPA Perris/40 Staff attended
- 10/11/12 CFLC/Planet Youth Lake Elsinore/7 attended
- 10/24/12 Sierra Vista Elementary Perris/15 Staff attended
- 11/7/12 Seventh Day Adventist Church NAMI Meeting Hemet/12 Parents/Community attended
- 11/13/12 San Jacinto Children's Services Support Group San Jacinto/4 Parents attended
- 12/10/12 Sierra Vista Elementary Spanish Perris/15 Parents attended
- 1/15/13 Valley Resource Center-Exceed Perris/23 Staff attended
- 1/11/13 CFLC High School Students San Jacinto/ 23 Students attended
- 1/16/13 NAMI Temecula Program Meeting Temecula/ 22 Parents/Community attended
- 1/28/13 CFLC Planet Youth Lake Elsinore/4 Staff attended
- 2/27/13 Moreno Valley Unified School District Moreno Valley/60 District Staff attended

- 3/5/13 Mt San Jacinto College Menifee Campus/26 Students and Staff attended
- 3/14/13 Murrieta Unified School District Murrieta/10 Staff attended
- 3/27/13 Mt San Jacinto College, San Jacinto Campus/7 Staff attended
- 3/27/13 Mt San Jacinto College, San Jacinto Campus/6 Staff attended
- 6/12/13 Loma Linda University Behavioral Health Medical Center/25 attended
- 6/19/13 NAMI Temecula Valley Program Meeting Temecula/13 attended

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: it is not a character flaw that causes mental illness; mental health challenges have never been more treatable; the warning signs and what they look like; and how to fight the stigma that surrounds mental illness.

Staff will demonstrate the use of the material to the school personnel with the intention that the school use the lesson plans in their classrooms. Presentations are available to school groups and community organizations upon request.

Mid-County Region Presentations:

- 10/11/12 CFLC Planet Youth Lake Elsinore/2 Teachers attended
- 10/12/12 Menifee Unified School District/Menifee/6 Teachers attended
- 10/24/12 Sierra Vista Middle School Perris/9 Teachers attended
- 11/9/12 SAIL Alternative School/2 Teachers attended
- 11/19/12 CFLC Planet Youth Lake Elsinore/2 Teachers attended
- 11/20/12 Victor Community North Valley School Perris/1 Staff attended
- 11/27/12 Oasis YOC Lakeside/2 Teachers attended

- 12/3/12 Perris Union High School Perris/3 Staff attended
- 12/4/12 Victor Community Services RCOE Perris/1 Administrator attended
- 12/7/12 Hemet Unified School District Office Hemet/2 Administration Staff attended
- 12/14/12 San Jacinto Unified School District Office San Jacinto/1 Admin Staff attended
- 12/14/12 Hamilton High School ANZA/23 9th Grade Students/1 Teacher attended (#1)
- 12/14/12 Hamilton High School ANZA/20 9th Grade Students/1 Teacher attended (#2)
- 12/14/12 Hamilton High School ANZA/21 9th Grade Students/1 Teacher attended (#3)
- 12/14/12 Hamilton High School ANZA/15 9th Grade Students/1 Teacher attended (#4)
- 1/16/13 NAMI Temecula Program Meeting Temecula/22 Parents/Community attended
- 1/11/13 CFLC High School Students San Jacinto/23 Students attended
- 3/14/13 Murrieta Unified School District Murrieta/10 Staff attended
- 3/18/13 Youth Opportunity Center Lake Elsinore/10 Youth attended
- 3/13/13 Indian Hills Elementary School Jurupa/1 Principal attended
- 4/12/13 Hemet High School/35 9th Grade Students attended (#1)
- 4/12/13 Hemet High School/32 9th Grade Students attended (#2)
- 4/12/13 Hemet High School/11 9th Grade Students attended (#3)

Western Region Presentations

- 1/31/13 Rubidoux Youth Opportunity Center Rubidoux/1 Teacher attended
- 2/21/13 Rubidoux Youth Opportunity Center Rubidoux/4 Students attended
- 2/22/13 Ina Arbuckle Elementary School Jurupa/2 Teachers attended
- 3/8/13 Operation Safe House Riverside/6 attended
- 4/2/13 Troth St Elementary School Jurupa/32 6th Grade Students attended
- 5/9/13 Riverside Community College Students Riverside/35 attended
- 6/28/13 Riverside Community Parks and Recreation La Sierra/20 attended

Program Staff made contact with Riverside County Office of Education, Lake Elsinore, Perris, Hemet, San Jacinto, Alvord, Jurupa, Menifee, Temecula, and Riverside school districts to begin working with these districts and others to bring this valuable lesson plan into their classrooms.

- Program staff also conducted presentations to High Schools students in Lake Elsinore, San Jacinto, Hemet, Anza and the Perris area.
- Program staff also gave presentations to 6th grade students in Jurupa School Districts.
- Some of the evaluation comments from the students were "Thank you for talking to us about depression. I now have hope." and "Thank you NAMI for educating us on mental health. This is not something I have learned about in school."

Community Support – Program staff attended regular Chamber, Rotary, School District, Mental Health Board, Children's, TAY, CFLC Advisory, School Collaborative, Older Adult, Regional Advisory Board, Adult System of Care, NAMIWALK and NAMI Program meetings to network with the community and provide resources to these organizations. We 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. RI is contracted to provide six classes per year. The 72-hour classroom training and graduation celebration provides a very positive opportunity for peers to demonstrate empowerment in peer recovery. For FY12/13 there were a total of 119 graduates from the six classes below.

Date	Area	Class Name	Graduates
Aug 13 - 28, 2012	Western	Ambassadors of Hope	23 graduates
Nov 5 - 20, 2012	Western	Mission Recovery Possible	24 graduates
Jan 14 - 29, 2012	Western	Living Proof	21 graduates
March 4 - 19, 2013	Mid-County	ITE 440	15 graduates
Apr 22 - May 7, 2013	Western	Pathfinders	23 graduates
June 10 - 25, 2013	Mid-County	Recovery & Beyond	13 graduates

Art Works Programs

The mission of Art Works is to educate and empower individuals with mental health challenges to use creative arts for wellness and recovery. Art works combines creative arts, vocational training/opportunities, peer support and anti-stigma outreach, designed to improve the quality of life for those participating.

Art Works Gallery Class Attendance:

Art Works Gallery held 293 workshops and classes in FY12/13, utilizing 25 specific curricula. There were approximately 887 students served.

Classes include a 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 glasswork classes at Art Works Gallery. The monthly project varies in design and scope, and during each class up to 10 students create 2-4 glasswork art pieces. Once fired, each student chooses one piece of glasswork to keep and puts the remaining 1-3 pieces on consignment at the Art Works Gallery. The Glass Works consignment agreements are standard for the gallery, so though no student was required to invest money into their glasswork, each sale is still credited as a regular sale with 70% of the set price going directly to the student upon sale.

After Works Workshop Attendance:

There were 50 “After Works” workshops during FY12/13 with a total of 357 attendees. The best attendance occurred during the following workshops: Poetry Chapbooks taught by published author Michelle Gonzales, Tumbled Tiles with Caroline Davis-Guerrero, Assemblage Birds with HVAA Artist of The Year Laura Ryan, Abstract Painting with Margaret Reed, Zen Tangles with Sarah Reed, Silk Flowers with Cher Korta, Steampunk Writing with published young adult author Paula Williams.

Instructors:

During FY12/13, 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, 20 have personal lived experience with mental health challenges.

Special Events:

Art Works' FY12/13 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, and Health Fairs.

The Community Education Film Series was presented in four cities throughout Riverside County (Riverside, Temecula, San Jacinto, and Rancho Mirage) with a total attendance of 436. Each screening was preceded by a catered reception and followed by a panel discussion. The panels were different for each location and consisted of family members, mental health workers, peers with lived mental health experience, and one of the men featured in the documentary "Lost in Woonsocket". Audience members received resource packets with information about mental illness and recovery and local resources.

Recovery-Arts In Motion (RIM)

The goal of RIM is to bring art classes with recovery elements to various facilities throughout Riverside County and to show these classes have a positive impact on individuals' recovery. Through facilitation of recovery arts classes by peer specialists who were also artists, it was hoped that this unique method of engaging artistically-inclined and creatively-interested peers in recovery would help these peers to find additional ways to enhance their recovery journey.

RIM artists have walked the path to mental wellness and overcome the stigma of mental illness. It is through the arts that we share recovery principles in underserved communities outside the "normal" offices of mental health facilities. By sharing our personal struggles and successes, we create a non-threatening environment for peers to explore the possibility of a meaningful life

Due to an increase in funding through a grant from the San Manuel Band of Mission Indians, the Recovery Arts In Motion mobile unit was able to increase class offerings in Riverside County. Instead of 6 classes throughout the community, RIM was able to offer 9 classes to the most underserved areas of Riverside County, directly impacting the lives of 97 individuals with mental health challenges who would not otherwise have access to recovery and creative arts classes. The mobile unit served peers in underserved locations throughout Riverside County, including Banning, Beaumont, Palm Desert, Perris, Hemet, and Moreno Valley.

RIM Student Quotes: In answer to the question, "How has the RIM program affected you and your recovery?"

- "It's taught me patience."
- "It taught me to look back at my childhood and remember that anything is still possible, especially with a creative mind."
- "Gave me a peace of mind."
- "It was uplifting."
- "It made me realize there is fun out there."
- "It makes me happy and I loved participating."
- "It's made me feel very welcomed and like I was surrounded by safe people."

In answer to the question, "What has changed in your life, if anything, as a result of the RIM program?"

- "I've learned to have fun."
- "I learned some new ideas and thought the themes were good."
- "It taught me to be creative again."
- "I've learned to relax and take things in stride."
- "It broadened my appreciation of the arts."
- "It's helped my way of looking at things."

In answer to the question, "Do you have any other comments or suggestions?"

- "I can't wait for the next cycle!"
- "Need to continue Art Works. Creativity needs to be part of our lives."
- "The instructors were kind and lovely people."
- "Thank you, I feel in a better mood now!"

Harmony Center

(Desert Region Peer Support and Resource Center)

Oasis Peer Support & Resource Center

Locations

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

Services provided - education, training, housing assistance, benefits assistant. 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 & outreach to MH clinics & other community organizations.

The Harmony Center re-invents its mission and takes a renewed approach to recovery Self Directive Recovery Plans. The Harmony Center continues with Oasis Self-Directed Recovery Plan which is a process for sorting out and identifying your own individual recovery goals. It has helped our Peer Recovery Coaches keep track of progress toward their goals over time. The values of recovery are for each person to have hope, personal responsibility, education, self-advocacy skills, and supports to become well and stay well. Each person defines wellness for themselves! It may include living in a community, going to school and/or working, and experiencing physical health and personal effectiveness, among other things. The Oasis Self-Directed Recovery Plan allows each individual to select the recovery goals they want to work on and to plan for how they might make use of support from others as they pursue their goals.

Some of the benefits of having a Self-Directed Recovery Plan that is really YOURS:

- It helps you identify and organize your steps towards recovery.
- It helps you recognize and develop your strengths and abilities.
- It helps those who are willing to support you to know what you seek from them.

Center Updates

- There is an increase in TAY continuing to attend classes consistently, rather than just once or twice.
- The Harmony Center TAY, when ready, are referred to Oasis Vocational Department of Rehabilitation (DOR) program.
- Transitional into Independence Process (TIP) model –- PSRC staff are trained with techniques for engaging Transition Age Youth & Young Adults. Staff attended TIP workshops on December 9, 10, and 11, 2013. The On-Site Based TIP Trainer is Patsy Ramirez, Program Manager.
- WRAP – A 'Wrap Around the World' Conference was attended by 2 WRAP certified facilitators.
- Bi-Annual 'Celebration of Successes & Achievements' celebrations were held in April and November 2013 and presented over 100 awards with 60% peer attending.
- Harmony West – Banning had its grand opening of the new Center in July 2013.
- Harmony Palm Springs – approval for expansion, building located, Meet & Greet scheduled in March 2014.
- Advisory Council – Indio Center and Banning Center meet every 3rd of the month.
- Harmony Ambassadors – Peer Partners and Peer Support Specialists (PSS) send out the message "Recovery is Real" by going into the hospital "Oasis" and Crisis Residential Treatment (CRT), Indio MH Clinic, Blythe and Banning MH Clinics, and Palm Springs spreading the message that "Recovery is Real", having had similar challenges; and giving information about the Harmony Center.

Consumer Employment, Support, Education, and Training

FY12/13 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. PSS have achieved a level of recovery in their lives and are willing to use their experiences to help the consumers. PSS have been added to existing programs and to developing innovative programs.

Workforce

In 2012/2013 there were numerous Peer Support Specialists added to the current workforce, giving Riverside County more than 180 persons with lived experience working within the county mental health system. Throughout Riverside County these individuals provide valuable services to consumers seeking recovery from mental health and substance abuse challenges.

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 done in a learning capacity, while performing all the essential job functions of a full-time PSS. They are supported in their learning by a regional Senior Peer Support Specialist. In FY13/14 there were eleven PSSI and of those eleven, five were hired to full time positions.

Programs

The “Bridge Builders” program has moved forward and grown with a dedicated Senior PSS and a PSSI working as peers to the youth. The “Bridge Builders” team provides needed support and resources to the Transitional Age Youth who are “bridging” into the adult program. 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 PSS Volunteer Program also increased the number of consumer providers. The County of Riverside was privileged to have 30 PSSV providing 6,308 volunteer hours to the Department in 2012/2013. 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 have moved into leadership positions. They are responsible for many different tasks including; the 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, and Teaching WRAP. 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 Abuse, Workforce Education and Training (Veterans Liaison) and The Recovery Learning Center-West, Desert Recovery Learning Center, the AB109 Program now known as “New Life”, Quality Management/Research, Consumer Affairs Administration, and Bridge Builders.

The Senior PSS for Substance Abuse continues to work to build the volunteer program to ensure coverage for the educational classes directed at clients who are waiting to enter substance abuse 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 also be experiencing in a safe environment. These classes are even more remarkable, due to the fact that they are taught by

Peer Support Volunteers. There are currently five volunteers working in the Substance Abuse program.

The Senior PSS in Quality Management has been working on the development of the county-wide 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 2014.

Community Education and Support

The Consumer Affairs organization has been asked repeatedly to submit proposals for workshops nationwide. In the 2012/2013 fiscal year the Senior Peer Specialists once again, joined with the Director of Consumer Affairs to facilitate these workshops. In 2012/2013 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 & 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 & 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"

"Consumer Culture"

"Recovery Documentation: Billing 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 hold monthly meetings and Webinars that are focused on the development of a standardized certification program. Currently, there are four Senior Peers that are actively involved in the continued development of this valuable program, using the experience of Riverside County's successes and challenges as a pattern 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, 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 (75 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.

Veterans Services Liaison

The Veterans Services Liaison position was established by the Department to help address the needs of this particular population and advise on best practices and new strategies.

FY13/14 Accomplishments:

- Presentation for the California Association of County Veterans Services Officers (CACVSO) on PTSD and Engagement, January 17, 2013.
- Developed a 1-day field placement rotation for graduate students enrolled in Riverside County DMH graduate internship field & training program (GIFT).
    - Also developed a Military Cultural Immersion Training for graduate MSW and MFT interns.
- Established working and collaborative relationships with VA Loma Linda, specifically with Homeless Outreach Team (HCHV Outreach Program) for the Inland Empire (San Bernardino & Riverside Counties).
    - Established contact with VA Loma Linda suicide prevention program staff.
- Presented on Veterans Culture and Engagement at the Meeting of the Minds Mental Health Conference in Orange County on May 15, 2013.
- Conducted public outreach and engagement at the City of Beaumont Veterans Expo held January 26, 2013.
- Attended the Veterans Easy Access Program Expo in Indio, CA to provide information and conduct public outreach and engagement. This Expo is sponsored by the Salvation Army.
- Conducted public outreach and engagement as Riverside County DMH Veterans Liaison at the 2013 May is Mental Health Month event.
    - Also a member of the May is Mental Health Month Steering and Planning Committee.
- Advised the Mental Health Board's Veterans Committee on developing new committee goals and recruiting new community members.

- Has been a member of this Committee for the past 4 years.

- Continued to work 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.
- Began to attend outpatient clinic/program staff meetings to answer questions regarding Veterans services, issues, and needs.
    - Facilitate onsite trainings for Riverside County DMH staff around the county.
- Assist and advise on the updating/editing of the Network of Care Veterans Portal for Riverside County DMH.
    - Also providing updates to the events calendar on the Veterans Portal main page.
- In partnership with the Family Advocate program, began developing focus groups for families of Veterans.
    - The primarily focus of these meetings is to address service delivery issues and navigating the county mental health system and connecting with the VA and Vet Centers.
- Continue to provide assistance to local area junior colleges and universities in regard to building awareness of the needs of their Student Veteran populations.
    - Have partnered with Mt San Jacinto College (MSJC) in developing suicide awareness among Student Veterans.
    - Also partnered with MSJC on general awareness issues of Student Veterans.
    - Have outreached to Norco College in regard to general Student Veteran awareness.
- Appointed by the Riverside County Board of Supervisors as a Co-Chair for the Veterans Assistance Leadership of Riverside County (VALOR).
    - Appointed to Co-Chair the VALOR Health Care subcommittee along with Department of Public Social Services (DPSS).
    - Also responsible for working in collaboration with three other VALOR subcommittees (Jobs, Housing, and Grants).

- The purpose of VALOR is to end homelessness among Riverside County Veteran population within a year.

- Outreach and Engagement at Corona High School for their Veterans in our Community Celebration by providing careers in Mental Health information to the high school students.
- Presented at the International Association of Peer Supporters (iNAPS) national conference on Military/Warrior Identity.
  - Conference focus is mental health recovery/wellness approach to treatment and services.
- Recruited by the office of State Senator Richard Roth to become a member of a Veterans Expo Steering Committee.
  - The event named the Riverside Area Veterans Expo (RAVE) is to be held in May of 2014, in Western Riverside County.
- Facilitated a Department-wide Veterans Cultural Competency training for Riverside County DMH Staff.
  - Training was specifically designed to inform DMH Staff on Veterans culture, history, and add some clinical perspective.

2014 – Present Accomplishments:

- VALOR Health Care subcommittee proposed to bring a 3-day Homeless Stand Down to Riverside County
  - Proposal was accepted and endorsed by the Riverside County Board of Supervisors.
  - Proposed date for this event will be in October of 2014 at the Perris Fairgrounds.
  - U.S. Vets (non-profit agency) will be the lead agency in coordinating this event with support from county agencies.
  - Purpose of a 3-day Stand Down is to address needs and eliminate homelessness among homeless Veterans in Riverside County.
  - All possible service agencies involved in providing services to this specific population will be invited to attend this event.

- Assist the Department of Public Social Service (DPSS) with its Point in Time count for Riverside County.
  - 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.
- 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.
  - Project was a collaboration between the GIFT program and U.S. Vets (non-profit agency).
  - 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.

FY14/15 Projections:

- Present at the Riverside County DMH Adult Systems of Care Committee and Older Adult System of Care Committee meetings in May of 2014.
- Attend Riverside County DMH Cultural Competency Committee meetings.
  - Collaboration with the Cultural Competency Committee on trainings and information pamphlets to the public.
- Attended Veterans Mental Health Wellness Conference, sponsored by the California Mental Health Services Authority (CalMHSA) in March of 2014 in San Diego.
- Active participant for the Riverside County Stand Down Planning Committee in preparation for the 3-day Stand Down event in October of 2014.
  - Assist in the formation of subcommittees for the Stand Down that will be in charge of different areas of the event (e.g. service vendors, site management, volunteers).

Family Advocate Program

The Family Advocate Program provides assistance to family members in coping with and understanding the illness of their ADULT family members through:

- Provision of information, education, and support.
- Resource information and assistance to family members in their interactions with service providers and the mental health system.
- Improve and facilitate relationships between family members, service provider, and the mental health system in general.
- Services are provided 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 monthly 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. 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 teach 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” and has added a library of presentations that are offered county-wide to family members and the community.

Currently the FAP has 2 Mental Health Peer Support Specialist (MHPSS) Family Specialists. A Family Specialist has been assigned to the Blaine Mental Health Clinic, and works 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 Hemet Mental Health Clinic, Indio Mental Health Clinic, and a second Family Specialist will be added to the Blaine Mental Health Clinic. This additional Family Specialists will assist in enhancing family support services within our outpatient clinics and will work directly with clinic staff to support families’ integration into treatment.

The FAP will also be expanding with the addition of 3 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 continues to work closely with the Mid-County Region MHSA Innovative Program, "The Family Room" that is located at the Perris Mental Health Clinic. The Family Room 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 & Educational Programs
- 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 & 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 10,000 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 24 Total (13 are bilingual).

There is a monthly county-wide Parent Partner Meeting for all 24 Parent Partners (Mental Health Peer Specialists). 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 facilitate the third year 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 that 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 61 Volunteers during FY12/13 with outreach events and donation projects.

- Back to School Backpack Project: 280 backpacks were distributed to youth at clinics/ programs.
- Thanksgiving Food Basket Project: 120 food baskets were distributed to families.
- Holiday Snowman Banner Project: 950 snowflake gifts were distributed to youth in clinics/programs.
- In the Mentoring Program, monitored through Oasis, an average of 49 youth have been in the Mentoring Program at any given time during FY12/13. 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. 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.

- PS&T started an MSW Internship component to Parent Support & Training Program. In FY12/13, the Program utilized 2 MSW Interns. The Interns were involved in all aspects of the Parent Support & Training Program. This is an instrumental piece for MSW Interns to be involved with for Recovery and Transformation in working with families on an on-going basis.

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 Banning (Clinic Parent Partner)

Educate, Equip and Support (EES) Classes

- Total Graduates: 102 county-wide
- Total Classes: English - 14, Spanish - 5 county-wide

Triple P Classes

- Total Graduates: 47 county-wide
- Total Classes: English – 9, Spanish - 1 county-wide

Parent Partner Trainings

- Total Graduates: 34 county-wide
- Total Classes: 3 county-wide

Daily Reporting Center

- EES Classes Total participants: 26
- Triple P Classes Total participants: 35

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)
- Western Child Care Consortium (Committee)
- Community Adversary Committee (CAC) (Corona)
- Mujeres Activis 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

Riverside County Department of Mental Health Committees/Boards

- May is Mental Health Month
- Cultural Competency Committee
- Spirituality Committee
- Translation & Interpretation Committee
- Cultural Awareness Celebration Committee
- Katie A. Collaboration with DPSS
- TAY Collaborative Committee
- Building Bridges Committee
- Katie A. Family Perspective Presentation
- Women, Infants & Children Clinics
- Mental Health Board (Recovery Presentation)
- Mental Health Children's Committee

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 & Safety Event
Working Well Together Conference	NAMI Conference

Parent Support & Training Program FY14/15 through FY16/17

The Parent Support and Training Program's on-going 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 & Support (EES) classes that are open to parents/caregivers who are open to clinics/programs and to the community. PS&T will continue to provide on-going Support Groups that are open to the community for parents/caregivers that are raising children who are experiencing challenging behaviors. PS&T is now also providing Triple P Parenting Classes for parents/caregivers of children that are 0-12 years old that 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 will continue to facilitate the on-going two week Parent Partner Trainings for parents/caregivers to learn more about Recovery Skills 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 of when a child is 5150ed.

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 that are recently released from prison. It is our hope that working with this population of parents that we will also be able to outreach to their children. The children of parents that 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 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.

Parent Support and Training Program plans to hire four more positions to help with the outreach and training that is needed in the community and at our local clinics for the information and education that is needed for families.

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 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. Targets culturally diverse populations to engage, educate, and reduce disparities.

Educate, Equip & 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 that 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.

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 includes cultural and social events.

Mentorship Program

This program offers youth who qualify and are under the age of 18 an opportunity to link up 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, engagement, a parent perspective in the barriers parents encounter when advocating for services and supports for their child, providing mental health services to children and families, from a parent perspective.

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

- 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.

- 4 Senior/Lead Parent Partners work out of Parent Support & 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.

- 4 Parent Partners are assigned to work out of the Parent Support & Training Program. They provide assistance, answer the support line, provide EES Trainings county-wide,

facilitate Support Groups County-wide, and offer support to clinicians and families including orientation for parents/caregivers entering the system when needed.

- 1 Volunteer Services Coordinator coordinates special projects, donated goods, provides outreach, targets culturally diverse populations trains and mentors volunteers, and is bilingual.
- 2 Office Assistants, 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: 4/1/14

	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	12,761,030	
2. Estimated New FY2014/15 Funding	61,109,182	15,277,295	4,020,066			
3. Transfer in FY2014/15[a/]	(13,000,000)				13,000,000	
4. Access Local Prudent Reserve in FY2014/15	0					0
5. Estimated Available Funding for FY2014/15	79,077,000	28,291,829	18,587,566	5,377,638	25,761,030	
B. Estimated FY2014/15 MHSA Expenditures	57,547,568	17,027,601	5,274,519	1,312,069	0	
C. Estimated FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	21,529,432	11,264,228	13,313,047	4,065,569	25,761,030	
2. Estimated New FY2015/16 Funding	57,683,522	14,422,184	3,795,860			
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	66,212,954	25,686,412	17,108,907	4,065,569	38,761,030	
D. Estimated FY2015/16 Expenditures	59,608,561	17,368,154	6,425,905	1,351,482	0	
E. Estimated FY2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	6,604,393	8,318,258	10,683,002	2,714,087	38,761,030	
2. Estimated New FY2016/17 Funding	59,414,028	14,854,850	3,909,736			
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	62,018,421	23,173,108	14,592,738	2,714,087	42,761,030	
F. Estimated FY2016/17 Expenditures	61,748,114	17,715,517	2,518,488	1,392,472	0	
G. Estimated FY2016/17 Unspent Fund Balance	270,307	5,457,591	12,074,250	1,321,615	42,761,030	

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: 4/1/14

	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	6,506,504	2,884,334	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	15,027,293	8,988,756	3,268,585		386	2,769,566
4. CSS-04 Older Adults	4,183,979	2,988,457	1,118,028		112	77,382
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
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	53,192,167	29,156,298	20,420,692	0	1,521,821	2,093,356
3. CSS-04 Older Adults	8,486,072	4,395,869	3,435,645	0	7,967	646,591
4. CSS-05 Peer Supports	1,370,510	1,370,510	0	0	0	0
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
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	136,236,477	57,547,568	50,826,009	366,578	19,636,867	7,859,455
FSP Programs as Percent of Total	51.3%					

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	6,831,829	3,028,551	1,643,153		1,307,159	852,966
2. CSS-02 TAY	4,018,390	1,960,125	1,324,336		714,905	19,024
3. CSS-03 Adults	15,778,658	9,438,194	3,432,014		406	2,908,044
4. CSS-04 Older Adults	4,393,179	3,137,880	1,173,930		118	81,251
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. CSS-01 Childrens	41,955,618	4,166,842	19,443,465	320,344	16,591,274	1,433,693
2. CSS-03 Adults	54,787,932	30,030,987	21,033,313	0	1,567,476	2,156,156
3. CSS-04 Older Adults	8,740,654	4,527,745	3,538,714	0	8,206	665,989
4. CSS-05 Peer Supports	1,411,625	1,411,625	0	0	0	0
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	2,996,583	1,906,612	906,120	57,231	74,957	51,663
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	140,914,468	59,608,561	52,495,045	377,575	20,264,501	8,168,786
FSP Programs as Percent of Total	52.0%					

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	7,173,421	3,179,978	1,725,311		1,372,517	895,615
2. CSS-02 TAY	4,219,311	2,058,132	1,390,553		750,651	19,975
3. CSS-03 Adults	16,567,592	9,910,104	3,603,615		426	3,053,447
4. CSS-04 Older Adults	4,612,838	3,294,774	1,232,626		124	85,314
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. CSS-01 Childrens	43,214,286	4,291,847	20,026,768	329,955	17,089,012	1,476,704
2. CSS-03 Adults	56,431,570	30,931,917	21,664,312	0	1,614,500	2,220,841
3. CSS-04 Older Adults	9,002,875	4,663,578	3,644,876	0	8,452	685,969
4. CSS-05 Peer Supports	1,453,974	1,453,974	0	0	0	0
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	3,086,479	1,963,810	933,303	58,948	77,205	53,213
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	145,762,346	61,748,114	54,221,364	388,903	20,912,887	8,491,078
FSP Programs as Percent of Total	52.8%					

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: 4/1/14

	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			
2. WET-02 Training & Teach Assist	244,675	173,566	58,840			12,269
3. WET-03 MH Career Pathways	92,587	92,587				
4. WET-04 Residency/Internship	245,641	245,641				
5. WET-05 Financial Incentives	326,745	326,745				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
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	681,331	492,472	188,859			
2. WET-02 Training & Teach Assist	254,462	180,508	61,194			12,760
3. WET-03 MH Career Pathways	96,290	96,290				
4. WET-04 Residency/Internship	255,467	255,467				
5. WET-05 Financial Incentives	326,745	326,745				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	1,614,295	1,351,482	250,053	0	0	12,760

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	708,584	512,171	196,413			
2. WET-02 Training & Teach Assist	264,641	187,729	63,642			13,270
3. WET-03 MH Career Pathways	100,142	100,142				
4. WET-04 Residency/Internship	265,685	265,685				
5. WET-05 Financial Incentives	326,745	326,745				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	1,665,797	1,392,472	260,055	0	0	13,270

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: 4/1/14

	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		309	
2. PEI-01 Mental Health Outreach, Awareness	4,195,246	4,195,246				
3. PEI-02 Parent Education and Support	4,879,474	2,133,010	559,129		461,765	1,725,570
4. PEI-04 Transitional Age Youth (TAY) Project	1,322,325	1,322,325				
5. PEI-07 Underserved Cultural Populations	4,017,193	4,017,193				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
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				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
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	2,747,546	2,734,151	13,080		315	
2. PEI-01 Mental Health Outreach, Awareness	4,279,151	4,279,151				
3. PEI-02 Parent Education and Support	4,977,063	2,175,670	570,311		471,000	1,760,082
4. PEI-04 Transitional Age Youth (TAY) Project	1,348,772	1,348,772				
5. PEI-07 Underserved Cultural Populations	4,097,537	4,097,537				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. PEI-03 Early Intervention for Families in Sch	184,854	184,854				
12. PEI-06 Trauma-Exposed Services for All Age	552,939	552,939				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	2,074,891	1,995,080	79,811			
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	20,262,753	17,368,154	663,202	0	471,315	1,760,082

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	2,802,498	2,788,834	13,342		322	
2. PEI-01 Mental Health Outreach, Awareness	4,364,734	4,364,734				
3. PEI-02 Parent Education and Support	5,076,605	2,219,183	581,718		480,420	1,795,284
4. PEI-04 Transitional Age Youth (TAY) Project	1,375,747	1,375,747				
5. PEI-07 Underserved Cultural Populations	4,179,488	4,179,488				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. PEI-03 Early Intervention for Families in Sch	188,551	188,551				
12. PEI-06 Trauma-Exposed Services for All Age	563,998	563,998				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	2,116,389	2,034,982	81,407			
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	20,668,010	17,715,517	676,467	0	480,742	1,795,284

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: 4/1/14

	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			
2. Older Adult Self Management Heath Team	649,371	452,810	175,702		8,624	12,235
3. Planning	507,270	385,280	121,990			
4. Recovery Learning Center	2,723,626	2,493,226	196,898		24,209	9,293
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
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. Family Room Project	2,025,105	2,020,931	4,174			
2. Older Adult Self Management Heath Team	675,347	470,923	182,730		8,969	12,725
3. Planning	527,562	400,692	126,870			
4. Recovery Learning Center	3,772,976	3,533,359	204,774		25,178	9,665
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	7,000,990	6,425,905	518,548	0	34,147	22,390

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. Family Room Project	2,106,110	2,101,769	4,341			
2. Planning	548,663	416,719	131,944			
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	2,654,773	2,518,488	136,285	0	0	0

MHSA Funding – CF/TN

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

County: Riverside County Date: 4/1/14

	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.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

MHSA Funding – CF/TN

	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.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

MHSA Funding – CF/TN

	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.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

MHSA Funding

Cost Per Client

FY2013/14

FULL SERVICE PARTNERSHIPS

PLAN NAME:	Child FSP
UNIQUE CLIENTS:	448
COST:	$6,506,504
AVERAGE COST:	$14,529

PLAN NAME:	TAY FSP
UNIQUE CLIENTS:	376
COST:	$3,827,039
AVERAGE COST:	$10,172

PLAN NAME:	Adult FSP
UNIQUE CLIENTS:	913
COST:	$15,027,293
AVERAGE COST:	$16,463

PLAN NAME:	Older Adult FSP
UNIQUE CLIENTS:	327
COST:	$4,183,979
AVERAGE COST:	$12,795

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:	8,155
COST:	$37,311,626
AVERAGE COST:	$4,575

PLAN NAME:	TAY GSD *
UNIQUE CLIENTS:	1,793
COST:	$5,921,984
AVERAGE COST:	$3,302

PLAN NAME:	Adult GSD
UNIQUE CLIENTS:	27,151
COST:	$50,692,167
AVERAGE COST:	$1,867

PLAN NAME:	Older Adult GSD
UNIQUE CLIENTS:	2,771
COST:	$8,486,072
AVERAGE COST:	$3,063

PLAN NAME:	Adult/TAY Residential Treatment Services
UNIQUE CLIENTS:	917
COST:	$3,780,460
AVERAGE COST:	$4,123

MHSA Committees Discussions and Comments

MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17

As the planning process began, stakeholder meetings and presentations were conducted at MHSA Planning Committees, Mental Health Board meetings, and community workgroups and meetings (schedule shown below). The stakeholders were engaged in orientations, discussions, provided with copies of the MHSOAC 3YPE Instructions, MHSA Planning Structure and Timelines Charts, provide with Feedback Surveys and updated Program, Demographics, and Performance Outcomes Data.

Committee/Organization	Scheduled	Location
MHSA Committees		
TAY Work Group	Varies	Riverside
Children's MHSA Committee	4th Tuesday	Riverside
Adult MHSA Committee	Last Thursday	Riverside
Older Adult MHSA Committee	2nd Tuesday	Riverside
Veteran's Committee	1st Wednesday	Riverside
Criminal Justice	2nd Wednesday	Riverside -Every Other Month
Mental Health Boards		
Main MHB	1st Wednesday	Riverside
Western Regional MHB	1st Wednesday	Riverside
Mid-County MHB	1st Thursday	Location Varies / Perris
Desert Region MHB	2nd Tuesday	Indio
Cultural Competency/Reducing Disparities Committee		
Cultural Competency/Reducing Disparities Committee	2nd Wednesday	Riverside
Sub-Committees for the Cultural Competency/Reducing Disparities Committee		
African American Wellness Advisor Group	3rd Wednesday	Riverside
Asian American	Varies	Riverside
LGBTQ	3rd Tuesday	Riverside
Native American	Varies	Varies
Deaf & Hard of Hearing	2nd Wednesday	Cathedral City
Promotores	Varies	County Wide
Latino Advisory Group	Varies	Varies
Spirituality	Varies	Riverside Area
Blind and Visual Impairment	Varies	Riverside
Consumer Wellness and Recovery Coalition		
Consumer Wellness and Recovery Coalition	Varies	Riverside
NAMI		
NAMI - San Jacinto	1st Wednesday	Hemet
NAMI - Riverside	1st Monday	Riverside
NAMI - Temecula	3rd Wednesday	Temecula
NAMI - Coachella	1st Monday	Palm Desert
The Group		
The Group	1st & 3rd Thursday	Riverside
Regional Access Project Foundation		
Regional Access Project Foundation - Open Community Forum	2nd Thursday	Palm Desert

Specific comments were recorded on the Feedback Forms which were distributed at each of the meetings where the Plan was presented and discussed. The Research Department compiled the input received which is summarized in the Community Feedback Surveys Section, page 198. Some of the general discussion, questions, concerns, and comments received in the planning meetings were centered on issues as highlighted and summarized below.

Fiscal

Due to the structure of the funding, it seems difficult to try to plan out any financial forecast. What happens if we are "off" on the money?

> The County works closely with the state's forecasting consultant to do the best planning we can. The forecast will show high, middle, and low estimates. Counties used to get an annual allocation; however, funding is now received as a monthly cash payment.
>
> Because MHSA is a volatile funding stream counties have seen large variances over the years. At Riverside County, we try to maintain a 3-year sustainability plan to maintain the programs, and also have a Prudent Reserve at the local level if we need to use it ($28 million).

What about the reserves? Can they (State) pull that money back? How hard is it to keep Sacramento, County, and everyone else from taking the money? When they (the state) took the money, exactly how much did they take? In reality, everyone who sees the money wants some.

> The State diverted about $682 million. Although you can never say never, MHSA is a law and has certain restrictions on how the funds can be used. The Prudent Reserves are locked in at the county level and the state cannot take that money away

Weren't the MHSA funds used to help other programs?

> The County built variables into the plan. Some funds were allocated for Clinic Enhancements (such as Trauma-Focused Cognitive Behavioral Therapy – TFCBT). That program was brought into the clinics, and it's a transformation of existing services. Some Clinic Enhancements are funded through MHSA but most of the funding is not through MHSA. At first it (MHSA) was a more dramatic change for our clinics, but since it has been implemented for a while, it has enriched all our programs.

Stakeholders/Community Involvement/Outreach:

We need to make sure Probation and Juvenile Hall are asked to participate. Agency Executive Associations and CBO for Non-Profit Agencies should also be key informants.

> Our Director is working with all the Department Heads in the county with this process to solicit their participation. Probation is one of the agencies and organizations that work with special populations utilizing mental health services. Parents or caregivers of a youth in Probation might benefit from these resources. We would be happy to present the programs specifically to the Probation staff.

Is there anything in PEI that addresses LGBTQ? And, if so, it might be good to highlight that in the Plan.

> LGBTQ is one of the priority populations for all PEI programs and we will make sure it's clearly stated in the Plan.

What does ethnicity have to do with all this planning and why do we use consultants?

> We want to make sure we reach all the communities and populations. Sometimes, we need someone to help us engage some of those communities and the consultants help us bridge that engagement gap.

Would it be possible to get a list of all the groups and their decision process? How can we make sure we see what they are recommending?

> We have a list of the different committees you can review with the schedule and contact information if you want to attend some of those meetings. Plus we are giving all the committees the same survey – which will have all the information collected by Research. Input received will be incorporated into the Plan which will be published for a 30-day open review and comment.

Is TAY represented in this process and what about "Teachers as Allies"?

> Yes, both TAY and "Teachers as Allies" are included in our outreach. We will also be presenting at the TAY meetings. But you can comment on any age group. We are here looking for this Committee's expertise (as with each committee).

Last time around, the county didn't reach out to autism – so that population is underserved and they should be part of the key informants. Do we get feedback from all 23 school districts? Does it include Special Ed?

Autism and Special Ed fall under a different group, not covered by MHSA programs.

Under CCRD it ties into education about cultural poverty. Have we seen any changes in CCRD this year? If we talk about poverty you would probably want to include Community Service Groups. And what about rural communities?

Some rural programs have been identified and programs developed because of the outreach and identification process. We have challenged the CCRD Committee to look at the programs and provide comments just like we are doing here with the all the other programs – and inform us on their successes and/or recommendations as we move forward with planning.

How are they doing with the Indian population?

Our Cultural Competency Manager is working in collaboration with consultants for the American Indians and they are building relationships.

What are you doing to make sure you reach all the different types of population? What are you doing with the deaf and hard of hearing?

We try to match program needs with services through research demographics. We have had our providers target the Deaf and hard of hearing population and they have had a hard time with their outreach. The Cultural Competency Manager is also doing more with the deaf and hard of hearing. We now have a consultant working with us on that population and are working to improve in that area.

Can we make sure to get this information to all these different agencies?

We try to get the information out to as many people as possible. We email notification to the boards, committees and can get this out through Regional Access Project Foundation (RAP) for distribution to their community agencies and organizations. When the plan is drafted, it will be posted on the mental health website for a 30-day community review and input period, distributed to all the County Mental Health Clinics, county libraries, MHSA Committees and Boards and specialized groups. The MHB will

hold a Public Hearing at the end of that 30-day period, which will be advertised in local papers countywide.

Have you ever thought of using Survey Monkey or social media?

Not really. Normally we have the survey on our website and work directly through the committees, boards, and primary distribution contacts. We are in the process of completely re-designing our website with a goal of completion by December. People can go on line to review the plan or email the MHSA staff with questions, comments, or recommendations.

With social media, there are issues with security and Departmental controls. The Board of Supervisors (BOS) is working on a policy regarding social media. Our "Up2US" campaign will do some social media in the upcoming year. Currently they can send us emails for people who are requesting services or information.

How do you want the surveys to be submitted - by mail or what? Can we get them electronically? Can people take the survey with them and submit at their convenience?

On the first page of the Feedback Surveys, it lists the many ways you can send them in: by email, fax, mail or turn them back in to the committee. We will email them to the Committee Secretaries for distribution. The Draft Plans will also be distributed to all the clinics and county libraries.

It looks like there is a specific structure on the feedback forms. Is that how you want our comments presented? Do you want us to do this as a group and just use this format or do you want individual comments? How many copies of this are you to go to distribute and to whom? Can I take this back to the office and get feedback from other people?

We work through the committees because we think you (as participants in the process) are involved and are the experts. However, anyone can participate, email us, call us, or come to the public hearing for a face-to-face conversation and share their comments.

We encourage everyone that is interested in these programs to complete the feedback survey – but however you decide to submit your comments – whether it be individual or with your group - is up to you. You can get feedback from people in your office, but

there needs to be a significant trend that is supported by the committee to move the recommendations forward.

What is this Crisis Work Group and is it only county people or does it include community stakeholders?

The Crisis Work Group is working on a separate grant that is not currently tied to this MHSA Plan and there are only county staff working on that project. The county is writing the grant but Family Advocate and Consumer Affairs are involved.

Programs, Services, Planning and Access:

Since you already completed your last Plan Update hasn't this process already happened – so is this going forward?

The Annual Update for FY13/14 was completed in June. This gives us an opportunity to revisit, add, eliminate, and evaluate existing programs for the next three years FY14/15 through FY16/17.

So, can it (the plan) be changed down the road?

Yes, that is the Annual Update mechanism.

Where do we find the original plan? Where can we get more information on MHSA?

The last Plan Update, as well as other MHSA information, is located on the Mental Health website MHSA (rcdmh.org) or we can send you a copy of the last Plan.

You started from ground zero and have built a terrific network of resources, but how do we know about all the things that you do or what resources you have available?

Two good resources are our "Guide to Services" and "PEI Resource Guide" and we are happy to provide you with copies of those booklets. Each mental health clinic and Peer Center should also have them available. They are also distributed at community outreach events.

How can we get closer to understanding unmet needs and calculate those receiving services outside RCDMH?

There is a study of unmet needs and there are different data bases from which to pull information. Prevalence data still shows there is a large group of those not insured or

receiving services and you can look at Medi-cal eligible to help dwindle that number down. We can't just look at Medi-Cal as it pertains to MHSA because it was not designed to be exclusive to any part of the population.

I first want to thank you for all your hard work. Is there any change with the unserved and underserved?

There are not really significant changes. More importantly, there are very specific target communities to be served and we now have several years experience and as we find other special needs areas, we address them.

Do you use any information from HARC (Health Assessment Resource Center, Coachella Valley) for this (demographic handout)?

HARC information has been used in the past – but not for this particular handout (Desert Region Regional Access Project). We can take a look at it again and see if that data suggests any significant changes.

We should include curriculum training for Parent Partners. I also want to know what impact will Katie-A have on these programs?

Be sure to include that suggestion on the Feedback Surveys. We will need to take a closer look at the Katie-A activities because we are just getting off the ground.

If we have ideas for changes to AB109 or the RLC – is that what we do here?

AB109 is not an MHSA Program, but the RLC is, so you can suggest changes or support that program. You can make recommendations here; you can contact the program, or make recommendations to the Mental Health Board. Changes can be made even if the program is not revised in the 3YPE, because we will still have an annual update process which will be submitted each year and could change at that time.

Why is AB109 not involved in this process?

AB109 is not part of MHSA – it has a different funding stream.

The Crisis Team that Orange County has – can we ask for it in this plan?

That is part of the project we are working on for SB82, Crisis Services.

For this Crisis Work Group – Mobile Triage – is that like the San Diego Team? There is a need for mobile crisis support.

> It could be ETS/ITF, Inpatient or any place there could be a crisis situation. There is another grant for the mobile crisis. Right now, that is a separate grant process.

NAMI is a great resource for help. When a situation first happens, people don't know who to reach out to, and they get so frustrated because they don't know what to do or where to go.

I want to recommend that the RLC stays because it is very important. Several of our Peer members are working and some of them are cut out of activities at the RLC. Can some money be used to fund "after hours" activities so those people who are working can take advantage of the services?

> Good suggestions, please be sure to include that on your recommendations.

I would like the next stakeholder session to possibly have a different time slot for those who are working – maybe 5:00–6:00 pm.

> I'll leave that decision with the Consumer Affairs, Parent Partner, and Family Advocate Managers, since they coordinate this group. But will be sure to pass that recommendation to them.

In response to the above suggestion, a lot of us consumers that are part of the programs have transportation problems and we are able to come to these meetings using county transportation and wouldn't be able to come after hours because we wouldn't have a way to get here.

In a transportation ad-hoc committee, we are working on that issue. Why is it that college students get a free bus pass, but mentally ill people don't get a bus pass from the county so they can get to treatment and recovery? The RLC can assist them and then they can get their meds and get themselves to services. Why can't consumers get a bus pass through the RLC?

> We understand the need and have reallocated transportation funds to different clinics (vans for client transport).

Is there a conflict of interest for someone employed as a Peer and has a child that is receiving services?

Services should be available to anyone who qualifies, so it should not be a conflict of interest.

In order for anyone to access these (PEI) services, do they have to be in a clinic?

No, they can access them if they are not in a clinic. Most of these programs are not run by the county because many people wanted community-based services.

Are these (PEI Program) income-based?

No, income is not a qualifier.

What about Innovation programs?

Innovation programs are time-limited so we need feedback to make sure we can continue or incorporate them into other funding sources.

Have we heard about the Living Room Plan?

There is no outcome data available yet as they were late in starting implementation of the program.

How long are they (programs) given if we decide they aren't doing good?

Almost all the basic programs have been going since 2005, but now is a time to take a look at everything. As I mentioned, the Innovation Programs are time-limited, so if they are proven to be effective, they need to be incorporated into another MHSA funding stream in order to continue.

We are looking at services in Winchester and having problems with the schools in that area. We are still hearing complaints from Mid-County and the Desert Regions because they say all the money goes to Riverside.

I'm not sure about Winchester in particular, but with some of the school programs, the schools chose not to participate. All the programs are divided by regions – but it's by population in the region. We have all sorts of programs and outreach in both the Desert and Mid-County Regions.

You mentioned there is recognition about equal distribution of resources throughout Riverside, Mid-County, Western, and Desert. It should be mentioned that services are equally distributed and that should be stated throughout the plan, so people don't think it's only Riverside.

To touch on Hemet – do you think they will expand services there?

> No, unfortunately we are prohibited. We made them a 1st priority in our last capital facility request, but were told "No" from the city and we've been stonewalled from opening a mental health clinic in that area.

I have hopes that the Hemet community could be taken into consideration the next time around for Strengthening Families Program (SFP). The Strengthening Families classes are only offered to families residing in the San Jacinto area. I want to express the great need for these types of classes here in the Hemet. There are some classes that are offered in the area; however, the focus is primarily on parents with adolescents or troubled teens. There is a lack of community support for parents of children that are younger. I personally believe that early intervention is best, and having classes that focus on this age group will not only allow for this to happen, but it will also set a strong foundation for when these children become adolescents. And will give the parents the tools and resources they need to set limits, facilitate open communication, and effectively discipline their children. In addition to these classes, the families that attend these classes will have the added bonus of receiving childcare as well as a meal while in attendance. Which is great because oftentimes, not having childcare or having to cook dinner are two barriers that families present with that prevent them from attending these valuable classes.

I have concerns about safety of people getting meds in jail, getting harassed in jail for their meds, and just wanted you to put that in the back of your thoughts. How about when people get out of prison and need housing – would that be available?

> Not with these MHSA funds.

What about dual diagnosis? Are there services available?

> A large part of our consumers have co-occurring disorders and we do have that addressed in all our clinic settings.

What about ART (Aggression Replacement Therapy) and the overall Plan - aren't you concerned about those in a locked facility?

> Yes, there are linkages and case management - but not beds under MHSA.

Is Art Works funded through MHSA? How about the NAMI programs - are they also funded through MHSA?

> Yes, Art Works is an expansion of the Peer Support Centers and we contract for delivery of NAMI signature programs and support positions to NAMI affiliates through the Family Advocate Program.

So there wouldn't be any Peer Support Specialists position without MHSA?

> Yes, that is probably correct.

Is there a plan to add other job steps to the Peer Support Specialist (PSS) job ladder? Are there other job classes for Consumers?

> I don't believe there have been discussions about adding steps for the PPS category, but be sure to include that in your feedback. Consumers can apply for any Department job for which they are qualified.

It is daunting to try to shuffle through the resources and I don't see where I fit. Maybe I am a person with mental illness and I don't have children or am a single parent and I don't have family and friends, so I feel left out.

> There is never enough money to serve all the needs and the state gave us a target population: high crime, high substance abuse, and trauma. We do what we can with the amount of money we have available. We do have a resource person working on that problem of how to navigate the system.

The Self-Help brochures are helpful and I applaud what you are doing to get the word out for resources outside the county.

> We have Peer Centers here and in Mid-County and Harmony Center in the Desert and the RLCs where you can find resources and tap into these resources and find where there are services available.

I was wondering about the Trauma Support Group and if we wanted to start an Anxiety Support Group–is there any training?

> We do offer training for the Trauma Support Group and I will get that information to you.

Have you heard about Mental Health First Aid? Do you train on that? The target population is family members and consumers and is it put on by the Behavioral Health Council.

> No, I am not familiar with that program, but will look into it and pass it along to our Family Advocate and Consumer Affairs groups.

The Plan presentation that will be available through Public Hearing – is that just in Riverside? Is there a plan to have a Public Hearing in the Desert?

> For the Planning Process, I have given this presentation to the Desert Regional Board already, and we invited all the members of RAP for this meeting in Palm Desert, but the Public Hearing will be hosted by the Main Mental Health Board in Riverside. The Draft Plan will also be available on the web so people can easily access it, and, it's sent to all committees, clinics, county libraries and the Regional Boards when posted, so we do send it out throughout each of the three regions.

How are the families selected for the Strengthening Families Program?

> The referrals come from the community organizations (the Latino Commission in the Desert). Most of the PEI programs go out to bid and are based in the community rather than provided through County Mental Health clinics.

At one time the Children's Services were going to be at Desert Hot Springs – what is the status of that?

> Sometime in March we plan to open the Adult MH Clinic at that site in DHS. There is also a WIC Clinic at that site. The last section of that site then goes for the tenant improvements and we're hoping by December of next year to open the Children's Clinic.

Are we still looking at Mecca and Cat City as potential sites?

> We are looking for sites in those locations and also looking at expanding Indio Children's Services. I'm not sure we are going to expand Mecca, but I know that Cultural Competency has also been doing a lot of outreach from the Mecca satellite office and in those more remote areas.

Do you ask for providers in the desert?

> Yes, we put the PEI program out to bid - but for the PEI programs, we look for implementation where there is shown to have the greatest need and target those areas.

You need different terminology because people don't necessary know all the MH terminology (for regular people – i.e. for those who don't have a MH background).

> Yes, we tend to forget that and will try to be more mindful with our writing and information.

I'm confused about the Affordable Care Act. What's the program? Medi-Cal or Private Insurance Companies? There are 14 beds for 500,000 people and there is no place to go!

> Unfortunately, that's not really part of the MHSA process. We do understand there are not enough funds for the number of people who need services.

I want to commend you on the work you do and scold you on not getting the word out on all the great programs and services. You need to put a Positive Feedback Format on your website – not just the forms for grievances – sometimes there are good things to report, too.

Community Feedback Surveys

A community feedback survey was provided at each stakeholder meeting and was distributed by e-mail to various community agencies. Additional feedback survey forms were provided to various community organizations for distribution to stakeholders that may not have been present at community forums. During the open 30-Day Open Comment Period and at the Public Hearing held on May 7, 2014, an additional 70 Feedback Forms were submitted. Their responses and input were also provided to the Department's Research Team and have been incorporated (below).

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 summary of the comments received and demographics for survey responders is provided on the following pages. Summarized written comments relating to service gaps, access and communication about services is provided below. A total of 151 people completed a Community Feedback Survey.

Service Gaps

- We need to continue to address the issue of bullying on and off school campuses.
- I think that all of the programs we provide are very needed; however I would like to see a contractor step up to do more parent engagement. I only know of Triple P (for elementary school parents).
- Need services for younger youth under the age of 16. I have come in contact with many youth who have suffered from trauma and/or are experiencing mild depression; however, they are only 12-14 years old.
- Supportive Employment.
- More psychiatric services are needed. Wait is too long for a psychiatrist. Mid-County Crisis Residential services.
- Offer life skills in homeless shelters.

- Hard to find services to link someone to when they are in crisis.
- More mental health services/education on the correlation between medical issues and mental functioning.
- Need more advocates for mental illness.
- Need Incredible Years in Spanish.
- Borderline Personality Disorder is a major mental illness. But what about those that don't need medication since BPD is treated by "only" psychotherapy?
- Aftercare for individuals closing out of programs.
- The Family Advocate Program needs greater diversity. There are not Family Advocates for the African American, Asian, Native American or Caucasian communities.

Access

- I feel one of the weaknesses of the programs is the limited populations (or target regions) they can be implemented on.
- Older Adults Care Pathways could be closer to clients' homes.
- Need to be more culturally diverse and gender diverse.
- Offer more services in more places.
- Need Strengthening Families in Hemet not just San Jacinto.
- Access is limited for those without immigration papers.
- Right now being seen by a psychiatrist is a too long, too time-consuming process. I can't imagine how difficult it would be if someone needed to see a doctor immediately or were off their meds.

Increase communication about available services

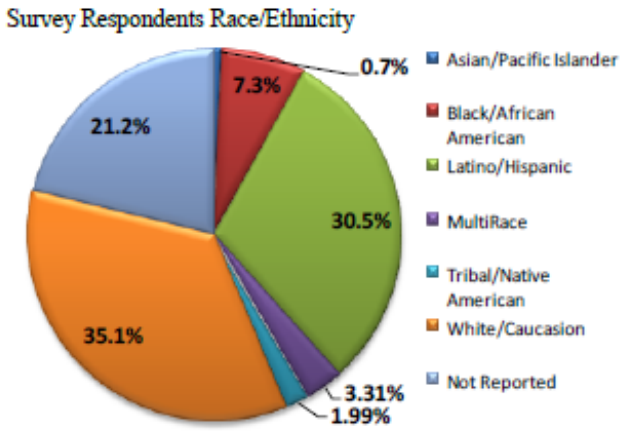
- RCDMH has done a great job of providing beautiful pamphlets and literature regarding services (especially in PEI).
- The RCDMH website could use a little freshening up, but is still relatively user-friendly.

- Over the past year RCDMH has done a great job of connecting the contracted providers through things like guides to services and directories. One thing that would be helpful is a guide to services the county offers that are not through contracted providers for specific problems such as eating disorders, self-harming behaviors, addictions etc.
- The only programs we are aware of are the PEI; there is lack of understanding on others components of the MHSA.
- Some are illiterate and they need to be informed of all County Mental Health Services.
- Latino communities have misconceptions about the different kinds of mental illnesses and services.
- No one knows about PEARLS program.
- We (community based agencies) tend to be the ones providing information to the community regarding county-funded programming.
- Need greater dissemination of what programs are available and how to access them.

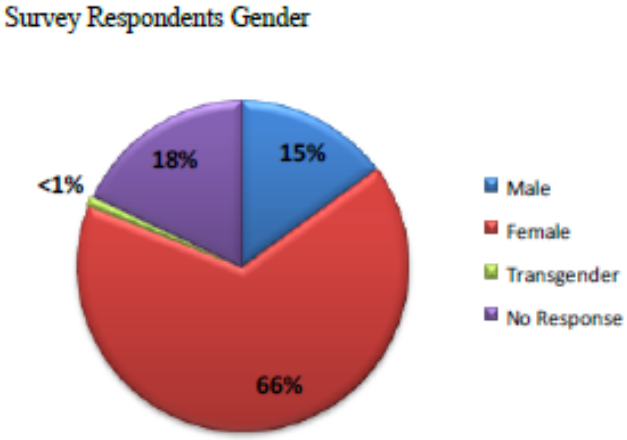
Demographics Community Feedback surveys

Most survey respondents were Caucasian (35%) followed by Hispanic/Latino at 30%. Respondents were overwhelming female (N =100). Of those providing gender information, 66% were female and 15% were male (N = 23). Some respondents did not provide gender information (N = 27). Please see the graph below.

Survey Respondents Race / Ethnicity

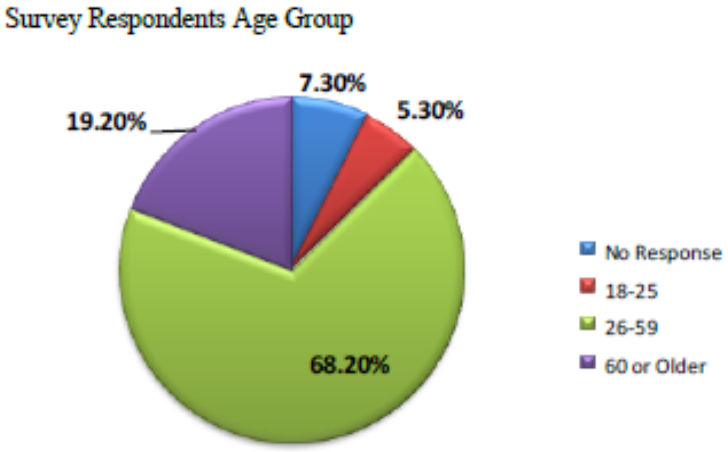


Survey Respondents Gender



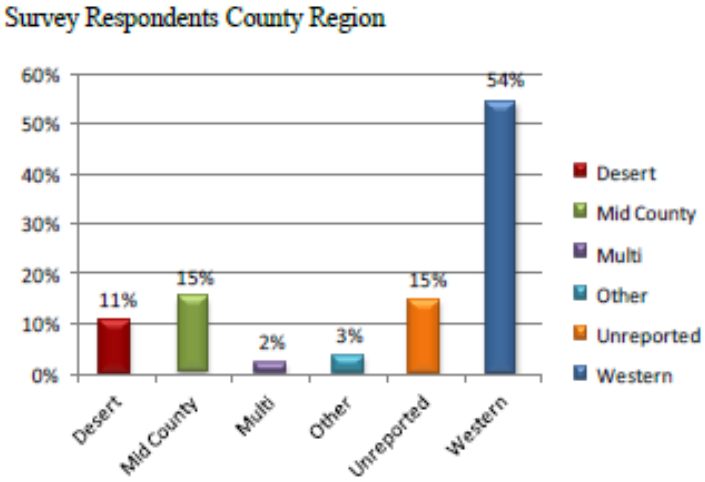
The majority of survey respondents fell between the ages of 26 and 59 (N =103). 60 or older was the second most represented age group (N = 29), followed by 18 to 25 year olds (N = 8). A small number of participants did not respond to the age item (N = 11).

Survey Respondents Age Group



The Western Region was overwhelmingly the most represented region with nearly 54% of respondents (N =82) indicating receiving or providing services in this area. The Mid-County (N =23) and Desert (N = 16) Regions followed with 26% of respondents reporting receiving or providing services in these areas. Three respondents (N = 3) indicated services in multiple regions (Mid-County and Western Regions). A number of respondents did not indicate their region (N = 22).

Survey Respondents County Region



Survey respondents were asked to indicate if they represented an agency/organization. If they represented an agency/organization, they were asked to tell us which agency and their role at that agency. Of the 151 respondents who completed the MHSA Survey, 55 reported their agency representation. Please see the chart below.

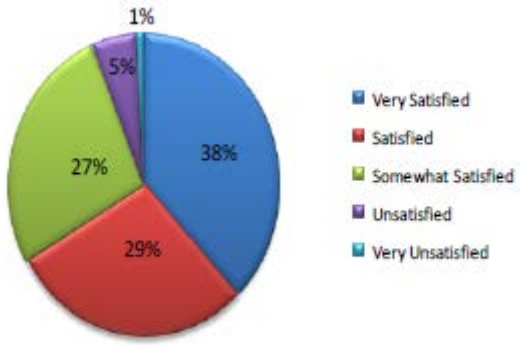
Agency	N Reporting Affiliation
Adult Services Care Program	1
All of Us or None of Us	1
Catholic Charities	1
County of San Bernardino – Dept of Behavioral Health	1
DBSA Depressive and Bipolar Support Alliance	1
Dubois Institute	1
El Sol	24
Family Services of the Desert	1
Grasp	1
NAMI Mt San Jacinto	2
Office on Aging	1
RCDMH	12
Recovery Innovations	2
Local Government	1
Safehouse of the Desert	1
Social Services	1
The Wylie Center	1
The LGBT Community Center	1
Victor Community Support Services	1

The person completing the service also provided the group or category they were affiliated with, such as consumer, family member, health care provider, etc. The following table shows the responses to this survey item.

Group or Category	N	% of Respondents Reporting Role
Advocate	14	9%
Children and Family Service Organization	2	1%
Community-Based / Non-Profit Mental Health Service Provider	13	9%
Community Based Organization (Not Mental Health Service Provider)	2	1%
County Mental Health Department Staff	10	7%
Family Member of a Mental Health Consumer	20	13%
Hospital / Health Care Provider	3	2%
Law Enforcement	2	1%
Mental Health Client / Consumer	52	34%
Other	6	4%
Other County Agency	4	3%

Satisfaction with MHSA Plan

Respondents reported their level of satisfaction with the MHSA Plan (N=111) – the majority (67%) were either Very Satisfied or Satisfied with the Plan. Please see the chart below for more detail.



Mental Health Board (MHB)

Public Hearing – May 7, 2014

3801 University Avenue, Riverside 92501

2:30 – 4:00 pm

Comments on the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17

The 3-Year Program and Expenditure Plan was posted for a 30-day public review and comment period, from April 3, through May 7, 2014. After the 30-day public review and comment period, a Public Hearing was held by the Riverside County Mental Health Board. The Hearing was held on May 7, 2014 at the Metro Training Center, 3801 University Avenue in Riverside from 2:30 – 4:00 pm.

All community input and comments were recorded and reviewed with an Ad Hoc Mental Health Board Executive Committee for review and to determine if changes to the 3-Year Program and Expenditure Plan were necessary. All input, comments, and Board 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, open comment period, and Public hearing are combined and included in the Community Feedback Surveys section on page 198.

There were 70 written responses received on Feedback Forms as a result of the Public Hearing: 18 responses were "Very Satisfied", 20 were "Somewhat Satisfied", 17 were "Satisfied", 4 were "Unsatisfied", and 0 were "Very Unsatisfied". (Note: 11 Feedback Forms did not record a 'Satisfaction' Response).

Oral comments received during the Public Hearing are shown below the written comments, along with the Mental Health Board's review response.

1. **Do the programs described in the MHSA Plan meet the needs of the identified priority populations?**

   Summary: Most of the comments in this category were favorable toward the Plan and primarily provided implementation suggestions rather than Plan changes. There were two key themes that were substantial enough to warrant an action plan. The first had to do with continued support for the NAMI affiliates, continuing to fund NAMI Signature Programs and consideration of incorporating two additional NAMI programs: a Spanish adaptation "Compartiendo Esperanza" and "Sharing Hope" which is tailored for the African American population. The other theme, generated from the surveys, was a variety of suggestions to consider cultural-specific factors when implementing programs (Hispanic, African American, and LGBTQ).

   Board Recommendation: Continue to fund NAMI supports and Signature Programs. Task the Family Advocate Lead to research adapted NAMI programs with the intent to create an implementation plan. Take all cultural-specific survey feedback to the Cultural Competency Reducing Disparity Committee and request they make any relevant recommendations to the Department. The 3YPE does not require modification, but the Mental Health Board would like the appropriate staff and committee to provide implementation recommendations.

2. **What do you think are the strengths and weaknesses of the MHSA Programs?**

   Summary: There were comments that suggested ongoing support of consumer/family initiatives, including expansion of Family Advocate and Peer Specialist positions as well as training opportunities. Additional veterans' resources and supports were requested to be incorporated into the Plan. Support for pregnant mothers and AB 109 services were also mentioned as well as comments similar to those mentioned in Question 1 (above) regarding cultural sensitivity to program development such as language barriers.

   Recommendations: The Board encourages the Department to continue plans to expand Consumer, Family, and Parent Support positions; and continue to offer Peer Employment

Training, outreach, and expansion of the training opportunities. The Board specifically requests that the Peer Training include parameters around employment to include employment limits, barriers, and legal clearances. The Board also supports efforts toward veterans as they were outlined on the Oral Comments section. No action was recommended on the AB 109 program as it is not a MHSA-funded program. The Department does offer a program for pregnant mothers who are at risk for post-partum depression, "Mamas Y Bebes", which will continue to be implemented. Any cultural aspects will be reported to the Cultural Competency Reducing Disparities Committee for recommendations on program implementation.

3. **Please provide feedback on the existing MHSA Programs. Are there any gaps in services? Are new services needed (and if so, what)? Should some programs be eliminated (and if so, which ones)?**

Summary: Some comments are not directly relevant to the Plan such as "wait times" to be seen in clinics, Substance Abuse and Detention Services. Other suggested areas of focus included Full Services Partnership expansion, One-Stop TAY Center, more supports for Promotores and cultural considerations to program implementation. There was also similar feedback in regard to NAMI supports described in Questions 1 and 2.

Recommendations: The Board recommends implementation of the FSP expansion proposed in the Plan to ensure more capacity; and recommended no actions were required on Substance Abuse, Detention and Clinic wait times as these are implementation issues. The Board did recommend sharing the feedback on "wait times" with the Medical Director for consideration in clinic planning related to access. They also support the continued clinic efforts toward implementing Co-Occurring Disorder treatment. The Board requests that the Cultural Competency Reducing Disparities Committee review the scope of services for the Promotores contract to see if any implementation changes need to occur based on the feedback. The Board also recommends and supports the recommendation that the TAY Collaborative begin plans for the development of a potential TAY One-Stop Center to be funded through Innovation.

4. **Do you have any other recommendations or comments about the programs or services?**

Summary: Comments received include continuation of efforts for Peer and Veteran support activities and trainings as well as to consider expansion of Building Resilience in African American Families (BRAAF) (girls' program) to all regions. Recommendations also include consideration of internships for Peer Specialists to promote to Senior Peer Positions.
Recommendations: The Board recommends expanding Peer employment opportunities and trainings; following through on recommended action regarding veterans as suggested in the Oral Comments section; continuing NAMI supports and contracts; and having WET explore potential Senior Peer training opportunities.

5. **Is your community getting information about the mental health services available from the County?**

Summary: Positive comments were received regarding the Stigma Reduction Campaign and mental health promotion efforts. Other recommendations included continued support of NAMI and veterans' efforts including a pocket resource guide for veterans. Also, suggestions were made related to the LGBTQ Resource Guides. Promotores suggests increases in community resources and referrals for consumers to whom they are outreaching.

Recommendations: The Board recommends continue funding of the county-wide Stigma Reduction and Suicide Prevention Campaigns, continue NAMI supports and contract, approve funding for pocket resource guides for veterans, and more fully circulate the already developed LGBTQ resource brochure. The Board would like the Cultural Competency and Reducing Disparities Committee to review the Promotores contract scope of services to analyze if any changes are needed.

6. **Are there any problems with getting information about what is available from County mental health services?**

Summary: The recommendations included support for the Stigma Reduction Campaign activities and recurrent suggestions supporting NAMI and Promotores. The issue regarding "wait times" for services was mentioned and consideration of increasing Spanish-speaking services was also suggested.

Recommendation: The Board noted that the implementation suggestions are already occurring and should be continued through ongoing implementation of Stigma Reduction Campaign. All other comments related to Promotores and NAMI have already been responded to in previous Board recommendations.

7. **Are members of your community able to access the County mental health services?**

Summary: The suggestions included improvement of access times in clinics and making services available to individuals lacking benefits or who do not have Medi-Cal. There was also some support for improvement of Crisis Services and similar comments regarding offering more NAMI programs.

Recommendations: The Board would like access time comments shared with the Medical Director. The Board also supports continued funding of Eligibility Specialists in the clinics to link consumers to benefits. The Department is implementing an entire new Crisis System (not MHSA funded) through the recently obtained State Crisis Grants. The Board also recommends follow-through with all previously recommended NAMI supports.

Public Hearing – May 7, 2014

ORAL COMMENTS:

1. First of all I want to say I'm all for anything to do with putting more money into the people who have gone through it themselves and all the families and family groups and peer support and all that – I am very pro that aspect. The one thing I am missing, and I'm not sure if it's included and wanted to ask, is another population which is the dual-diagnosed. I want to make sure they are included and that population is the addict. There is dual diagnosis and they are very stigmatized and so many dual diagnoses are addicts with mental health issues. I know from my own experience with my son that when you look for inpatient there isn't any and they need inpatient not for one day or two days but for 90 days. And I don't know if that is covered anywhere in this Plan and that's what I want to ask and recommend.

   RESPONSE: The Department currently offers Co-Occurring Disorders (COD) groups in the clinic settings and offers COD training to its staff. There also is a COD Committee that advises the Department on COD treatment and is currently reviewing and revising the training manual. Once the manual is complete a new COD training series will ensue.

   In regard to inpatient treatment, MHSA regulation prohibits using MHSA funds for inpatient substance abuse treatment.

   The Mental Health Board recommended no change to the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17.

2. Thanks for all for the hard work that you do with MHSA and the Plan. I would like to recommend that we consider funding more NAMI programs like Peer-to-Peer, Family-to-Family, Ending the Silence, In Our Own Voice, in more areas of the counties and Parent and Teachers as Allies. This would allow the four NAMI affiliates to provide more recovery-based programs in a cost-effective way to more residents of Riverside County.

   RESPONSE: The Department currently contracts with Recovery Innovations and Oasis to implement the NAMI signature programs. None of the NAMI affiliates responded to the RFP to provide these services. When the contract goes back out to bid, any of the NAMI

affiliates are welcome to apply. By contract design Recovery Innovations is to coordinate with the NAMI affiliates on provision of the Signature Programs in their respective areas. The Department intends to support the NAMI in a variety of means for their Family to Family, Peer to Peer, and Provider Education programs. This includes printing of training materials, miscellaneous supplies, posters, pads, binders, refreshments, outreach materials, training, and coordination.

The Mental Health Board recommended no change to the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17.

3. I would like to see more peer supports on all the outreach teams. I would like to see more outreach teams – there's not enough. Currently in Mid-County we have one person – a BHS (*Behavioral Health Specialist*) - that does all the outreach for Mid-County and that's not enough. I would also like to see something like The Place or The Path in Mid-County. I know we've have had trouble in Hemet but Mid-County is huge so I'm thinking a way to do that would be for us to concentrate on stigma reduction campaigns to the Mid-County area for a homeless program that we can see happen there. I know that CRT (*Crisis Residential Treatment*) in Western and Desert have proven reductions of arrests and admissions to ETS (*Emergency Treatment Services*) and ITF (*In-Patient Treatment Facility*) and we need this in Mid-County. I see a lot of it in Western and Desert regions. I know there are Family Advocates who are involved with the peace officers and they meet once a month or once every other month. I would like to see a Senior Peer Support meet with that council. I think there should be a Senior Peer Support that has one or two clinics and not four or five.

   RESPONSE: The Department plans to expand Peer Support with 10-12 new positions in the next fiscal year. The Peer Policy and Planning Managers for Consumer Affairs, Family Advocates, and Parent Support will use their discretion on placement of these new positions. The Department also currently employs peers to conduct homeless outreach through the Jefferson Wellness Center

   In regard to the Safe Haven for Mid-County, this is currently not an option. There is no longer HUD or Capital Facilities funding available for such a project. The Department previously applied for and received $500K through HUD to fund a Mid-County Safe Haven. However, a site to locate the program was never solidified due to community opposition.

The funds were returned and the Department then applied for HUD funds to pay for permanent housing through scattered apartments. As a result Mid-County now has more permanent housing than ever before.

In regard to mental health promotion the Department will continue to sustain the countywide Stigma Reduction and Suicide Prevention Campaign. This includes billboards, TV, radio, and community outreach.

Although there is no council or regular meetings with peace officers, there are Family Advocate, Parent Partner, and Consumer representatives who participate with the law enforcement CIT Training. Recovery Innovations provides the consumer perspective as they present the NAMI "In Our Own Voice" program at these trainings. The recommendation to add a Senior Peer from the County will be forwarded to the Manager responsible for that training.

In regard to Senior Peer clinic ratios, the program currently operates as it was designed. The proposed design is a regional model that has Peer Support Specialists from multiple regional locations reporting to the Senior Peer. As recommended by the Consumer Affairs leadership this design and reporting structure should remain in place.

The Mental Health Board recommended no change to the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17.

4. Thank you for allowing us to participate in this program. First I would like to comment on the capacity building classes for non-profits. It was well attended I would like you to know, NAMI and many faith groups from the western Riverside County attended. We learned about board roles and responsibilities, grant writing, strategic planning and cultural competence. We would like to see more of this happen in our community because it helped individuals learn more about how to develop and run non-profit organizations. I would like to commend you on the BRAAF program for girls and would like to see that be implemented in each region of Riverside County and I would like you to take that into consideration.

   RESPONSE: The Department plans to continue funding the boys' BRAAF program and has developed a girls' adaptation to pilot in the next fiscal year. The Department intends to pilot the girls' program to measure effectiveness prior to expanding to all regions. In the event the model does prove effective, the Department concurs that it should be expanded

to all regions. The Department is already planning to offer NAMI and non-profit board training to assist in building infrastructure, sustainability and to build organizational capacity.

The Mental Health Board recommended no change to the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17.

5. One thing that I noticed or I felt was missing from this Plan is there currently are no resources for the transgender community. I am a member of the transgender community and a lot of the feedback that I'm getting about Riverside County Department of Mental Health is that transgender people do not feel safe seeking services and that there is not an adequate amount of training for staff on transgender issues. So I would really like for us to have staff that are trained, particularly our therapists and our psychiatrists, because there are particular concerns with this community. There is also no access to hormone replacement therapy or gender reaffirming surgery in the Riverside County area so I think it would be really great for us to partner with - I know UCR is opening their medical schools - something so that members of my community (and anybody else who might be part of the LGBT community here) can start getting adequate services because those are deemed medically necessary.

RESPONSE: Improving employee cultural competency in serving the LGBTQ community has been indicated in the WET Plan since original approval in 2008. Our Action on Cultural Competency and Diversity Education specifies training regarding LGBTQ identity and experience. WET has composed and conducted LGBTQ training at our annual youth conference called "Dare to Be Aware", specific training for our Children Services staff in Western Region, and training for Foster Parents in the Department's Multidimensional Treatment Foster Care program. Each one of these trainings was designed to have a specific module on understanding the needs of the transgender community. LGBTQ culture is also addressed in the Department's 4-day Cultural Competency training called the "California Brief Multicultural Scale; two WET trainers have been certified to teach this course. WET has also included a transman on a consumer panel utilized to orient graduate students in our GIFT program as well as organized and facilitated a panel of transgender consumers who told their stories and answered questions about their lived experience to an audience of children's program service providers. WET understands the importance of

continued staff education in meeting the needs of the transgender community and will continue to support training that addresses this need.

MHSA funds are not designed to be utilized for medical procedures beyond basic screening and assessment such is done in our integrated health models.

The Mental Health Board recommended no change to the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17.

6. I want to talk about the NAMI programs. In some of the programs we already back up the Peer-to-Peer, the Family-to-Family, and Family Advocates who run those programs now. I would like to see provider education to be part of the funding from the MHSA. I believe it promotes stigma reduction in the workplace, and educates with lived experience, provides other employment opportunities in mental health, and helps people gain confidence in telling their story which is super important if you have a lived experience; it also educates and trains mental health providers. The idea of provider education is that we train others about lived experience and promote collaboration and new networks between consumers, families, and mental health professionals.

   RESPONSE: The Department concurs with this recommendation and NAMI Provider Education training is already scheduled for June 20 and 23 of this year.

   The Mental Health Board recommended no change to the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17.

7. My community needs help. On July 4 last year I was at a beach and I saw so many people - Anglos, Chinese, Latino, African American – a big community and what I saw on that day was a celebration of a new culture everyone here in this county. We are part of the new culture and new community and I feel proud to be a part of that community. My children were born here and they call me father and they said I am an American citizen; and that is our new generation that we are working with. PEI, as community within El Sol, is developing this type of work in San Bernardino, Riverside, and Coachella Valley and visiting for each mental health promoter an average of 20 to 25 different families every week. We're going into the schools, we're taking courses to parents where we teach them PEI, but we are lacking and need more resources so we can continue more progress. If those

resources do not come, our work will be limited all the time and we want to do more. Someone says that each mind matters and we need to work adding minds.

RESPONSE: The Promotores representatives were commenting on the challenges they have with limited community resources available for Spanish-speaking individuals and their families. As they provide information about mental health and help decrease the stigma about mental illness, they are finding more families in need of support services to thrive. The 3YPE does not address community-based expansion, but does support bilingual services in their clinic settings. The recommendation is to share these comments with the Cultural Competency and Reducing Disparities Committee to discuss, analyze, and make recommendations to the Department. They will be tasked with reviewing the scope of services in the Promotores contracts to see if it needs to be amended. The Department plans to sustain funding to this program.

The Mental Health Board recommended no change to the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17.

8. The African American Family Wellness Advisory Group (AAFWAG) focuses on reducing stigma of mental health in the African American community. We have done this by participating in community and grass-roots organization events like Juneteenth both in Riverside and in the east county. We also are planning a workshop in October to address and deal with issues of depression in African American women introducing them to resources. And, as was previously mentioned, the Family Wellness Group's participation in development of the RFP's for the girls' program. We also want to encourage you to continue cultural competence issues as a way of enhancing and increasing services to not just African American but all of the target populations in the Mental Health Services Act that will increase their trust and will also increase their taking advantage of services. The other thing is that cultural competence needs to be systemic so that long after MHSA, Riverside County has a culturally competent program in delivering services.

   RESPONSE: The Department acknowledges the positive comments regarding the work conducted through the AAFWAG. The Department plans to sustain funding to support the continued efforts of this important advisory group.

The Mental Health Board recommended no change to the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17.

9. I want to address the gaps in services. Consumers are falling through the cracks when transitioning through the different levels of care from hospitals to outpatient services; from IMD to community safe housing, some of the housing is not safe in outpatient care; children's to adults; FSP to outpatient; adult to mature adults; and homeless to services. Also, I believe we need an outreach team of peer supports with lived homeless experience to engage consumers into mental health services. We have a large homeless population here in Riverside County who are not getting support. Our FSP programs are full and our outreach team consists of two staff per regions, but I guess one in Mid-County, and they are not peer supports. We need more spots for more consumers in FSP services and there are currently long waiting lists. My wish list: I would like to see peer support in CalWORKs, CPS, and more education through PEI for child abuse and more support for single parents and more integration with mental health and substance abuse.

   RESPONSE: The Department currently employs peers to conduct homeless outreach through the Jefferson Wellness Center.

   The Department will fill many of the gaps described in this comment through funding awarded through the Crisis Triage, Residential, Stabilization, and Mobile Crisis Grants. These Grants all require Peers in the service delivery model.

   Also the Department concurs with the recommendation to develop alternative levels of care and increased FSP capacity through the development of "Bridge" programs in the FSP. This allows for an additional 476 FSP slots within our system.

   In regard to Peer Supports being provided in the CalWORKs program, this is not a MHSA program, therefore not relevant to the 3YPE. However the recommendations will be provided to the Program Manager for consideration.

   The Mental Health Board recommended no change to the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17.

10. I heard you mention there are more positions opening up for Peer Support persons and I didn't know exactly what that entails and I am hoping that some of those positions are newly developed positions. Where there is, you know right now we have the Peer Support Trainee, the Peer Support and then we have the Senior Peer Support Specialist and there is kind of nothing in-between the Peer Supports and Seniors. So that could capture a lot of persons who are like pretty much ready or almost ready to be a Senior and they could still get that training. So I was thinking maybe there could be like a senior internship where there could be some training. I would also like to say as far as the Parent Support groups, some of the people that fall into the cracks like myself - a working mother - and the services are not at a convenient time so I don't know if the services could be expanded to like the weekends or something like that. And also, like was already said, but I'm pretty passionate about Peer Support getting into the Gain Department because it is also about mental health and that's where I got my start. I have stories to tell about it not being recovery oriented and I could have really used that peer support then - like service people who have come from there. So I think that would be very useful for the Department to get in there.

RESPONSE: Peer Support currently has four levels within the job class which is in line with other job classes.

The idea of offering training for PSS to prepare to be Senior Peers does seem relevant. Thus the recommendation will be made to Consumer Affairs and WET division to explore a training series.

The Board also recommends that we should embed in the Peer Employment training a list of employment criteria and requirements, tasks and expectations to help peers manage expectations around employment.

In regard to Peer Supports being offered in GAIN, this is not a MHSA funded program, however the suggestion will be forwarded to the Program Manager.

The Mental Health Board recommended no change to the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17.

11. The Veterans subcommittee, part of the Mental Health Board, has a couple of suggestions for the Board and for the Plan. One of which is to increase rapid re-housing funds for veterans. Even though we have the VALOR initiative taking place in the county, we still predict that we will still probably be facing homelessness afterwards, so if the Plan could reanalyze the use of rapid re-housing. Also funding for veterans to obtain ID cards, birth certificates, social security cards, and bus passes. Another suggestion is to see if the Department could look at having a solidified policy on services to veterans in regard to their discharge category either honorable or what we call other than honorable - which veterans will we service? Also development of a trained staff in regard to veteran benefits and services and the development of a referral form between mental health and county veterans services. Also looking at having more literature available for veterans in regard to their services in benefits. We already have the guide that was developed by the committee but making that more available and also the pocket resource guide which was created by the VALOR initiative to make that also available to DMH staff. And lastly, the creation of at least 2 new positions that would be housed within our outpatient setting - one a BHS and another Peer Support position to give them a multidisciplinary approach to services and also in addition to perhaps even a CT-1 position to also give that added service to the veterans.

RESPONSE: The rapid re-housing funds are not controlled by MHSA, but HUD, thus the Department cannot control increases in this funding stream.

Purchases for items such as ID cards, birth certificates and social security cards are considered flex funding expenses and are only allowable expenses for FSP consumers. The Board suggests that Fiscal Division be tasked with looking at non-MHSA funding to cover such expenses.

The Veterans Liaison is working with the Technology Manager on intake forms and has almost completed the referral form. This will help identify Veterans in our system and allows a mechanism for linkage to their respective benefits.

The Department will explore training to offer to Benefit Specialists.

The Department will fund pocket resource guides for distribution.

The Veterans Liaison position is currently in transition and lends an opportunity to restructure staffing plans and duties. Although there currently is not funding for three full-time positions it is also unclear what the roles and structure would be to implement the staffing as recommended by the Committee. The Department plans to continue funding for the Veterans Liaison position and is in discussions to consider funding a Veteran Clinician position to float between clinics. The Board recommends the Vet Committee continue to process the structure and roles for their proposed staffing plan.

The Mental Health Board recommended no change to the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17.

12. Today I would like to talk about the promoters of El Sol. The mental health promoters are the voice, the eyes, and the ears that go to the community and provide, with trust and confidence, to the families. They talk to them and are able to trouble-shoot most of the cases they present to them. Many of these families are Spanish-speaking only and when they go to the clinic, there are not too many bilingual staff. The families go back with fear and in the end they leave the clinic and the problem gets worse. These families provide dysfunctional kids to the society and if we don't help and act for these families, the prison populations will be increasing. We need more resources. The mental health Promotores work mostly voluntarily and we all have our hearts. When we come to a family and see how much they are going through, their suffering, it doesn't matter how long we stay (even 3 more hours). We have referred them to many of the clinics but there are not enough personnel. The mental health promoters have become counselors, we have given them the training, and we need your support.

RESPONSE: The comment is emphasizing the importance of the role of the Promotores in the community. It is also reminding the audience of the philosophy of Promotores as individuals in the community as first responders any time of day, seven days a week, as "volunteers" working from their hearts. El Sol Promotores are provided stipends for the work they do under El Sol programs. Suggest that these comments and the Promotores scope of service be reviewed and analyzed by Cultural Competency and Reducing Disparities Committee for recommendations. No change to plan as the program as funding is being sustained.

The Mental Health Board recommended no change to the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17.

13. I represent every consumer that there is in the Department and out there in the community and family members, too – but I want to talk about a special population that I really heard no mention of and that is the population that is in Detention Services. I feel that we need more peer-run programs in there to hold the candle of hope, to introduce the recovery model because as it stands right now the Detention Services model is clinical and criminalgenic (*sic*) and it's failing. The recidivism rate is so high and no intervention is being introduced to members. I mean there may be "Oh here, you can get a GED." or "Here you can go to substance abuse." but for the member that is actually tri-diagnosed - has challenges with criminal justice systems, addiction and mental health challenges - they're not being addressed. It's kind of just being pushed off to the side and put into a special little room or a dormitory. I believe that it would be more like a peer crisis intervention police liaison and what I mean by that is to have peer supports doing ride-alongs with police and I don't really know how it would work - but it's just an idea. I don't have the whole mechanics but know there would be a lot of resistance on that in the Probation Department. I happen to work with the Forensics Department Full Service Partnership and I am barred from going into Probation as a Peer Support Specialist because of the stigma of having lived experience in the criminal justice system. But the thing is, I have proven myself and my self-worth and I am able to connect with members and I believe that stigma needs to be worked on and addressed. I know because I have been in front of the Probation Officer during my time in the criminal justice system. In the capacity of a Peer Support Specialist, I would be able to be in the Probation office assisting members, and could be able to start the engagement process. Also, they could ask me my story and I would be holding a candle of hope to them, so that is something I wanted to throw out there. And just one more thing - I know it's a touchy subject but I was thinking more along the lines - you've heard of the Family Room, and we've got the Recovery Learning Center - why not a Multicultural Spiritual Expression Room for consumers, and members, and family members to come and express their spirituality and educate other people in the community.

RESPONSE: The core issue of this comment is offering peer supports in detention or jail settings. This concept has already been explored with the Sheriff's Liaison and is not

currently an option. Issues seem related to background checks and scrutiny. The Department suggests that the Criminal Justice Committee be consulted and explore any other county that may be offering Peer Supports in Detention and then to make a recommendation to the Department.

The idea of a Multicultural Spiritual Expression Room is of interest to the Board. They did not recommend funding this concept through the 3YPE, but did ask that the model be researched and considered for future funding opportunities. The Department agreed.

The Mental Health Board recommended no change to the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17.

14. You mentioned there was some type of program where we could create more of a positive relationship with the police. I have actually in the past year had 3 members hit by cars out in the desert. One of them, I sat with them for 8 hours in the emergency room to get an X-ray. Two of my members had the right of way and one of them did go into the middle of the intersection. My point is that I encouraged my member to find his inner strength to file a police report because he honestly had the right of way, he stepped off the curb. When the police showed up they just had a really bad attitude and told him that he ran in front of traffic and he swore that he didn't. So we need to do something to create more of a positive relationship with the Police Department and I know they have their hands full in the desert but it's quite a problem out there because they just minimize their stigma with mental health.

RESPONSE: The Board acknowledges this comment and is committed to ongoing funding and training of Law Enforcement Collaborative training on mental health issues. The Department has three staff who are involved in the training, and is making huge strides in gaining the confidence and trust of the law enforcement personnel. The trainers are receiving positive feedback from officers who have experienced success in the field using the techniques. Thus far over 1,000 Sheriff and 700 other law enforcement personnel have received the training.

The Mental Health Board recommended no change to the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17.

15. Just a few things that I personally experienced through my challenges, as I was early in my recovery. I was staying in sober living and I didn't have transportation to get to a lot of places so even though I wanted to get better I didn't have the money to get like a bus pass to get to the places. I didn't know anything about Riverside and was new to the area so was completely disoriented and didn't know how to do that. I know the bus program does have people who will ride the bus with you if you want to know how to use the bus. It's a new department there, in the last year or so, that will ride the bus with people. So maybe working with them a little more and building that relationship and maybe finding funding where we could work with them where they are able to work with the Mental Health Department and maybe give us a reduced rate or something. I know we have day passes but it's not quite the same, people have numerous medical appointments that they need to take care of, especially when they are initially going into the system. So I had challenges with that, I couldn't get my Social Security card, couldn't get my birth certificate, and all these kinds of things that I needed to run around and do a lot of things to try get services and didn't know where to begin. So some kind of support or even if it's just our own transportation that we look to instead of dial-a-ride or the bus system. Also, I have a lot of people on my team that I've worked with over the last year that have both physical as well as mental health challenges so there is not a lot of communication between physical health doctors and mental health doctors and would like to see some type of bridge. I know we have release forms but it seems like if their physical health isn't in place then their mental health can't be in place and vice versa. I feel like something (*is needed*) there to bridge the gap. And the last thing is maybe should put up some billboards to alert people about mental health and other services out there.

RESPONSE: Transportation has always been an obstacle in service access for Riverside County residents due to the large geographic territory. The Department does offer some limited transportation for consumers, but the Board acknowledges that there will never be enough resources to alleviate all the transportation needs. There was no Board recommendation to change the 3YPE plan as a result of the comment.

There were two other comments the Board addressed, one on billboards or mental health promotion and considering integrated health approaches. In regard to mental health

promotion the Department will continue to sustain the countywide Stigma Reduction and Suicide Prevention Campaign. This includes billboards, TV, radio and community outreach.

Currently Integrated Health models are already being implemented in limited physical health and mental health clinic settings. The models are continuing to be expanded clinic wide and will be implemented in any new expanded sites.

The Mental Health Board recommended no change to the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17.

16. I want to speak about a population of those who are developmentally delayed (DD). There are many services created now that are trying to catch the people caught in the cracks; however there are many restrictions with receiving treatment and with having DD. And it would be a blessing for resources for this population. It was well known that if we're not diagnosed before the age of 18 there are closed doors. I know that I have members that have this diagnosis and it is pretty difficult for me to go through the motions and I know they deserve more than this and they need more than this - more than me trying to figure out what they are trying to tell me – they are frustrated with me and they don't deserve that. So we're trying to get them to go to Inland Regional Center or places like this but because they did not get the diagnosis before 18 – they can't go there. Now we found out that if they got any diagnosis not just with Inland Regional, but with anybody they will do everything they can, they will see their case, but that does not promise anything. So I am asking for resources for this population. They are well deserving of this.

RESPONSE: Services gaps for those individuals diagnosed with Developmental Delays have long been an issue in Riverside County. Aside from the 3YPE, there are a number of efforts in the Department to address these concerns and gaps. There is a collaborative between DMH and Inland Regional Center to process and discuss difficult cases and link individuals to resources. The two Departments are also collaborating on training efforts to better prepare staff for assessing and intervening with this complex population. The Department also employs a Psychiatrist whose entire caseload is dedicated to serving this special needs population.

The Mental Health Board recommended no change to the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17.

17. I want to thank the Board and Bill for all the hard work you have put into this - I've seen the blood, sweat, and tears personally. I believe personally there is a large gap in services within our Detention Services area. Peer-to-peer services within the correction system have been proved in other states such as Pennsylvania. As innovative and fearless as we have been as a county in changing how mental health services are provided, I don't see why we can't be that fearless and innovative in this area as well. The correction system, jails, mental health court, probation, parole systems it's very difficult for our folks to find the needed services, the stigma is so incredibly high there. Having peer or lived experience presence in all areas of mental health - through DPSS, CPS, including WET and PEI - having that lived experience be it Peer, or Parent Partner, Family Advocate, I think is essential to us moving forward and continuing to work to meet the needs of everyone within our county. I also feel that our marketing is not nearly enough - we've come a long way in just the last three years that I've been around - a long way. But I don't think it's enough. Folks are still out there not sure of how to get help or where to go to get help and get the right help and I see those posters behind you and I think that is awesome. I would love to see those out on big billboards, on the television, radio - all of those ads that really get the attention of the folks. I would love to see us on the side of a bus driving down Market Street. Just to be able to get it out there so people can find the right services.

    RESPONSE: This comment again recommends looking a MHSA funding and Peer Supports to be considered in Detention settings. There are many regulations that prohibit using MHSA funds in locked settings, and Peer Supports in Detention settings is currently not being considered by Detention staff. The Criminal Justice Committee is going to have further discussion on this topic and make recommendations to the Department.

    In regard to mental health promotion, the Department will sustain funding for the Countywide Stigma Reduction and Suicide Prevention Campaign.

    The Mental Health Board recommended no change to the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17.

18. Thank you for this opportunity and three quick things: Just culturally sometimes because of stigma or fear, it is difficult to go to a mental health facility and so folks will go to a healer, a church, spiritual leader and I think it would be great to begin to partner up with some of

these resources - you know get some training at some of our centers and clinics. Another idea to support folks that have a lived experience with a mental health challenge in terms of not just a 20/20 but some type of scholarship would be good where we could have folks become CTs, psychologists, or psychiatrists and come back to the clinics and have that lived experience with the mental health challenges. Another thing to look at is compensation for PSS and for Seniors. I've only been in the position for 5 months but I have seen many go way beyond the call to duty at the center especially where I work at and our Senior and the team that I work with. Many have families and many do the position not just of Peer Support but they also do the position of the BHS and are only compensated for one so it would be good to look at that.

RESPONSE: Integrating spirituality and partnering with the healers of a unique community is addressed in the Department's 4-day Cultural Competency training called the California Brief Multicultural Scale, as well as, explored in our Advanced Recovery Practices training. WET also offers an annual training on Spirituality in Mental Health Practice that is coordinated through the Department's Cultural Competency program. The Cultural Competency program has also established Spirituality Initiatives within their existing African and Asian American Committees. The CC program has conducted Community Dialogues around this important aspect of mental health and will continue these efforts with their established goals for FY14/15.

Though scholarships are currently not available in WET's financial incentive program, WET has partnered with the County's Educational Support Program to offer Tuition Reimbursement for employees who seek just one class to enhance their work-related knowledge, as well as, for employees earning a work-related Certificate or Bachelors or Masters degree. WET also partners with the Health Professions Education Foundation, which administers the Mental Health Loan Assumption Program (MHLAP) as a part of State workforce retention strategies. Last year alone, the MHLAP provided more than a half million dollars to Riverside County public mental health employees to relieve educational debt in exchange for service to the public mental health service system. WET also partners with our local universities to support MHSA stipends to MFT and MSW graduate students who commit to one year of public service upon graduation.

In regard to the compensation comment, the Department cannot arbitrarily increase pay for one job class and must be concerned with internal equity.

The Mental Health Board recommended no change to the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17.

19. I live in Banning and recently moved from Maryland. This past Monday, I spoke to the Chaplain at San Gorgonio Hospital and they knew nothing about NAMI - they had never heard of it. And I believe we need to do a better job of educating pastors and leadership of religious organizations in the county. It's difficult to get in there but we can, at the denomination level, as well as the local church and synagogue. So it would be very helpful to educate them as to what the resources are in the county and on how they can understand how they can work with the people who they are responsible to provide services to.

RESPONSE: The Department will share this comment with Recovery Innovation who operate the NAMI signature programs and have them outreach accordingly. The Board recommends no change to the plan; however they would like linkages and resource guides shared with the faith-based organization through our Outreach Clinicians. The Board also wants the Department to network with the "Faith in Motion" meeting held in conjunction with DPSS.

The Mental Health Board recommended no change to the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17.

20. I was actually a county consumer for 8 hours and I have seen a lot of changes. Right now I work as a Recovery Coach at RLC West and everybody has had some great ideas, feedback, and comments and I agree with a lot of them. But I think the one that I really didn't hear was more collaboration and communication between County contracted programs and the county such as like RI (*Recovery Innovations*) and ANKA Behavioral Health. I actually did used to work for ANKA Behavioral Health at one of their programs. I find there is a lack of education of the staff and some stuff that I believe might be unethical that I think somebody should be taking a look at it and again they need some more collaboration or working together to improve those services since we really do rely on them a lot and they are awesome services to have but I think there should be some improvement there.

RESPONSE: In regard to increasing collaboration and communication between County and Contractors the Department will continue to offer collaborative trainings as well as contract monitoring opportunities to close this gap and ensure programs are operating as intended.

The Mental Health Board recommended no change to the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17.

21. I am one of the GIFT student interns and just listening to the comments about being able to break barriers with other people in the community like churches and hospitals and places like this, I think might be a great opportunity for the GIFT program to utilize their students for education purposes. I think it might be easier to go into a community organization and say "I am a student and I want to spread education about what services are available" rather than sending someone who says 'I'm a psychiatrist' or 'I'm a therapist' – which might a little more threatening. So especially, I know with Prevention and Early Intervention, there are a lot of great services that the community members don't know about so in the future as an intern it might be a good idea to have those interns go out and educate more community members about the available services.

RESPONSE: The Board acknowledges this is a great idea. WET has long promoted the contributions that student practitioners can make in our service delivery system. This has included the integration of student interns into our administrative programs as well. WET will add a community education assignment to the list of potential assignments a student could receive during their internship with the Department.

The Mental Health Board recommended no change to the MHSA 3-Year Program and Expenditure Plan FY14/15 through FY16/17.

MHSA 3-Year Program and Expenditure Plan

FY14/15 through FY16/17 Feedback Survey

Riverside County Department of Mental Health
Mental Health Services Act (MHSA)

MHSA 3-Year Program & Expenditure Plan FY14/15 through FY16/17 Feedback Survey

Please submit your comments by **5:00 pm, Wednesday, May 7, 2014.**
Forms can be mailed to: Riverside County Department of Mental Health,
MHSA Administration, PO Box 7549, MS #3810, Riverside, CA 92513;
or sent via e-mail to: MHSA@rcmhd.org; or by fax to 951-955-7205.

1. Do the programs described in the MHSA Plan meet the needs of the identified priority populations?

2. What do you think are the strengths and weaknesses of the MHSA Programs?

3. Please provide feedback on the existing MHSA Programs. Are there any gaps in services? Are new services needed (and if so, what)? Should some programs be eliminated (and if so, which ones)?

4. Do you have any other recommendations or comments about the programs or services?

5. Is your community getting information about the mental health services available from the County?

6. Are there any problems with getting information about what is available from County mental health services?

7. Are members of your community able to access the County mental health services?

	Very Satisfied	*Somewhat Satisfied*	*Satisfied*	*Unsatisfied*	*Very Unsatisfied*
Overall, how do you feel about the Plan?	☐	☐	☐	☐	☐

Please Tell Us About Yourself

The information you provide will remain confidential and anonymous.

What is the Primary Language you speak at home?

- ☐ English
- ☐ Spanish
- ☐ Other? _____

Age Group:

- ☐ Under 18
- ☐ 18 – 25
- ☐ 26 – 59
- ☐ 60 or Older

Gender:

- ☐ Male
- ☐ Female
- ☐ Transgender/Other :_____

What is your Race/Ethnicity?

- ☐ Asian/Pacific Islander
- ☐ Black/African American
- ☐ Latino/Hispanic
- ☐ Tribal/Native American

  (Tribe:_____)
- ☐ White/Caucasian
- ☐ Mixed Race: _____
- ☐ Other: _____

Which of the following goups/categories apply to you?

- ☐ Mental Health Client/Consumer
- ☐ Family Member of a Mental Health Consumer
- ☐ County Mental Health Department Staff
- ☐ Substance Abuse Service Provvider
- ☐ Community-Based/Non-Profit Mental Health Service Provider
- ☐ Community Based Organization (not Mental Health Service Provider
- ☐ Children and Family Services Organization
- ☐ K-12 Education Provider
- ☐ Law Enforcement
- ☐ Veteran Services
- ☐ Senior Services
- ☐ Hospital/Health Care Provider
- ☐ Advocate
- ☐ Other County Agency
- ☐ Tribal Agency: _____
- ☐ Other: _____

If you represent an agency or organization, please tell us which one and provide your role or position:

Agency:_____ Role/Position: _____

Please indicate the Region of the County in which you are most involved:

- ☐ Mid County Region (Hemet, San Jacinto, Perris, Lake Elsinore, Temeculla, etc.)
- ☐ Western Region (Riverside, Norco/Corona, Moreno Valley, etc.))
- ☐ Desert Region (Banning, Blythe, Indio, Catherdral City , etc.)
- ☐ Other (specify): _____

Appendix A – Capital Facilities and Technological Needs Component Plan Update Proposal

Riverside County

Department of Mental Health

Mental Health Services Act

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS

COMPONENT PLAN UPDATE PROPOSAL

As counties are allowed to provide updates to new or existing MHSA components and programs, Riverside County Department of Mental Health is updating its Capital Facilities Project and Component Plan. The proposal is to consolidate several of the Western Region Outpatient Clinics and Administrative sites into one facility in order to increase functional and operational efficiency.

The Department sought feedback on this Capital Facilities Proposal from all community stakeholders and interested parties. The attached **Component Exhibit 2** allocates the component funding between Capital Facilities and Technology and the **New and Existing Project Description – Capital Facilities** describes the consolidation proposal.

This Project Proposal was available for a 30-day comment period, from January 10, 2014 through February 11, 2014. Comments were submitted on the **Feedback Form** (attached) and submitted to the Department by the closing date of Tuesday, February 11, 2014.

Component Exhibit 2 Print Form

COMPONENT PROPOSAL NARRATIVE

County Riverside

1. Framework and Goal Support

Briefly describe: 1) how the County plans to use Capital Facilities and/or Technological Needs Component funds to support the programs, services and goals implemented through the MHSA, and 2) how you derived the proposed distribution of funds below.

Proposed distribution of funds:

Capital Facilities	$ 20,332,912	or	84.28	%
Technological Needs	$ 3,793,288	or	15.72	%

1a) Technological Needs: In order to successfully implement the previously approved Technology Component Plan, additional elements are required to transition from the existing computer system to a more modern and up-to-date Behavioral Health Information System (BHIS). An increase in staff will be required to assist in the development and implementation phases of the previously approved BHIS. This would include analysis of reports, data conversion, inclusion of contractor's requirements, and customization to incorporate business practices which are unique to Riverside County. Support staff and consultants will also be necessary to conduct user training during the transition and implementation phases as well as to perform on-going system maintenance. This component also includes the purchase of electronic learning (E-Learning) software which would allow staff to participate in computer-based training courses as well as tracking of each staff's course progress and training records.

Additional computers and software are needed in order to provide improved computer access, basic education and recovery oriented software training to consumers and family members through our peer-operated centers and other service sites. Staffing is needed to provide technical assistance, basic computer instruction and maintain computers and systems at the various locations. Funding would also include increasing access to other electronic devices such as telephones, fax machines, and copiers which was identified as an important need through our peer and stakeholder process.

1b) Capital Facilities: RCDMH has identified four potential Capital Facilities projects, which are listed in priority order below. The Department acknowledges that there are likely insufficient funds available to allow for all proposed projects, but has listed them all in the event any of them are not feasible.

Project #1: Purchase a 60,000 sq.ft. facility in the Hemet area to include Outpatient Clinics for Children, Adult, Older Adult, Peer Support Center, Training and Homeless Services. This project surfaced as the primary departmental need in order to provide adequate space to house MHSA programs.

Project #2 : Purchase an Outpatient Facility in Western Region to consolidate Outpatient Clinics operations, the Transition Age Youth (TAY) Integrated Services Recovery Center (ISRC), Western Children's Treatment Services, Older Adult Services (CBT-West/PEARLS/Admin Innovation),DAS, Family advocate, consumer Affairs. Administrative consolidation includes MHSA Administration, PEI, WET, QI, Cultural Competency, Cares-Line, ELMR and Research.

Project #3: Combine Children's programs, currently operated in West Riverside, into a single structure for functional and operational efficiency.

Project #4: A new MHSA Administration and Training Research and Quality Improvement facility to replace current leased facilities that are in need of major improvements and have inadequate space. This facility would also be used to operate a training center for the Department.

Component Exhibit 2 (continued)

2. Stakeholder Involvement

Provide a description of stakeholder involvement in identification of the County's Capital Facilities and/or Technological Needs Component priorities along with a short summary of the Community Program Planning Process and any substantive recommendations and/or changes as a result of the stakeholder process.

The Department previously submitted an initial Capital Facilities/Technology Component Plan in July 2008. Included in that plan were two previously approved CSS projects: the Behavioral Health Information System (BHIS) for the Technology Component and the Desert Safehaven Drop-In Center for the Capital Facility Component. Both projects originated out of the CSS Planning Process which included a very exhaustive stakeholder process. The details of that process, which included in excess of 1,500 stakeholders, were outlined in the initial Component Plan Proposal dated July 2008.

In preparation for a secondary stakeholder process to determine the use of the remaining component funds, the Department prepared several analyses to share with stakeholders. This included implementation requirements for the proposed BHIS and Learning Management System. Also included was a countywide facility inventory that summarized regional locations, space needs, square footage, costs, and lease expiration dates.

The aforementioned analyses were presented to stakeholders to better inform them of current issues, recommendations and needs in relation to capital facilities and technology. The Department then set forth input opportunities for stakeholders with Open Forums at each regional Mental Health Board (Western, Mid-County, and Desert), the main Mental Health Board, and the Stakeholder Leadership Committee.

The Capital Facility/Technology Component was also presented and input was received through Open Forums conducted through the MHSA Planning Committees which included Children's System of Care, Adult System of Care, and Older Adult. The Department also emphasized the importance of hearing from our consumer community specifically around technology needs. Thus, an additional eight Technology Focus Groups were conducted at the following locations: Riverside Peer Center, Art Works Peer Center, Hemet Clinic, Depression/Bipolar Support Alliance (DBSA), Perris Peer Center, Department Peer Support Specialists, Harmony Peer Center, and the Jefferson Wellness Center.

The aforementioned Community Planning Process allowed the Department to engage consumers, family members, parents, staff, agencies, specialty groups, and general stakeholders. The general feedback lent support to the development of a consolidated service site in the Mid-County Region as a priority for the Capital Facility funds. The intent would be to create a seamless, integrated service location resulting in consolidated leases and a more suitable and functional center for consumers receiving mental health services. There would, in turn, be a positive long-term financial impact by consolidating multiple lease costs into one location.

On the Technology Component there was support for the implementation of the BHIS, especially movement toward Electronic Health Records. There were also technology priorities established through the Community Planning Process that included: (1)Increased access to computers and technical assistance in the Peer-Operated Centers, (2) Basic computer training and tutorials for computer-operated software programs, (3) Basic education software, (4) Increased consumer and family access to computers, (5) Consideration for access to other electronic devices such as fax, copies, and phones for consumers.

The Capital Facilities/Technology Component Plan will post for a 30-day comment period and be made available at County Clinics and local libraries. All written and verbal comments received during the open forums are available upon request.

NEW AND EXISTING PROJECT DESCRIPTION
Capital Facilities

County: Riverside

Project Number/Name: MHSA Western Out-Patient and Administrative Consolidation

Select one:
☒ New
☐ Existing

Project Address: 2085 Rustin Ave., Riverside, CA 92507

Date: 1/10/2014

Type of Building (Check all that apply)		
☐ New Construction	☒ Acquired with Renovation	☐ Acquired without Renovation
☒ Existing Facility	☐ County owned	☐ Privately owned
☐ Leasing (Rent) to Own Building	☐ Restrictive Setting	☐ Land only

NEW PROJECTS ONLY

1. Describe the type of building(s). Include (as applicable):
   - Prior use and ownership.
   - Scope of renovation.
   - When proposing to renovate an existing facility, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services.
   - When renovation is for administrative services, describe how the offices augment/support the County's ability to provide programs/services.
   - If facility is privately owned, describe the method used for protecting the County's capital interest in the renovation and use of the property.

The MHSA Out-Patient and Administration Program Consolidation Project includes the purchase of an existing structure at 2085 Rustin Ave., Riverside, CA. 92507. The building was previously used as a corporate headquarters for ATT. All renovations for the proposed project will consist of program operational and administrative needs, including Riverside County's Information Technology (RCIT) required updates to the data communications system in order to meet County standards. Renovation includes tenant improvements needed for program operations, as well as necessary data communication to meet County requirements. By consolidating the Western Adult and Administrative programs the Department will actualize a huge savings on existing leases that can then be applied back to programs to expand capacity. The private owner of the facility is covering the costs of the renovations, which are passed through to the overall cost of the acquisition.

2. Describe the intended purpose, including programs/services to be provided and the projected number of clients/individuals and families and age groups to be served, if applicable.

This project will allow consumers to access adult services at a centralized location, while minimizing costs and maximizing program services. The project will consolidate the Western Out-Patient and Administrative programs. It is expected that the Western Adult/Older Adult, and Children's programs will serve approximately 5800 individuals/families per year. The Western Out-Patient program and Administrative consolidation will include Western Adult Out-Patient Clinic Services, Western Children's Treatment Services expansion, Older Adult Services (CBT-West/PEARLS/Admin/Innovation), ISRC/TAY (FSP), Peer Outreach, Atlanta DAS, Family Advocate, and Consumer Affairs. Administrative consolidation includes MHSA Admin, PEI, WET, QI, Cultural Competency, Cares-line, ELMR, and Research.

NEW AND EXISTING PROJECT DESCRIPTION
Capital Facilities

3.	Provide a description of project location. Include proximity to public transportation and type of structures and property uses in the surrounding area.
	There is a RTD bus stop near the corner of Spruce and Iowa St. which is 0.5 miles from the facility location. It can be accessed either traveling east on Spruce St. and turning right on Rustin Ave. or traveling east on Marlborough Ave. and turning right on Rustin Ave. Both Spruce St. And Marlborough Ave. are proximate to and intersect with #215 Freeway. Industrial/manufacturing and small businesses surround the area, and the County key training site, the Center for Government Excellence is approximately one mile away. The facility is also a short drive to the University of California Riverside, which the department has prevention programming and a physician residency program.
4.	Describe whether the building(s) will be used exclusively to provide MHSA programs/services and supports or whether it will also be used for other purposes. If being used for other purposes, indicate the percentages of space that will be designated for mental health programs/services and for other uses. Explain the relationship between the mental health program/services and other uses. (NOTE: Use of MHSA funds for facilities providing integrated services for alcohol and drug programs and mental health is allowed as long as the services are demonstrated to be integrated.)
	Occupying 90% of building space will be clinical and administrative staff of all mental health Adult MHSA and administrative programs and includes all space needed to provide services. The remaining 10% will be used by dedicated Information Technology (IT) staff that will be responsible for managing the technological needs of all MHSA Programs as well as Administration.
5.	Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services for a minimum of twenty (20) years.
	The Department has budgeted ongoing maintenance costs within the individual programs that will be operating within this facility and all maintenance work will be performed by the Riverside County Department of Facilities Management. Clinical services are currently budgeted within the CSS Adult Work and Administrative Plans.
6.	If proposing Leasing (Rent) to Own Building provide a justification why "leasing (rent) to own" the property is needed in lieu of purchase. Include description of length and terms of lease prior to transfer of ownership to the County.
	N/A
7.	If proposing a purchase of land with no MHSA funds budgeted for building/construction, explain this choice and provide a timeline with expected sources of income for construction or purchasing of building upon this land and how this serves to increase the County's infrastructure.
	N/A
8.	If proposing to develop a restrictive setting, submit specific facts and justifications that demonstrate the need for a building with a restrictive setting. (Must be in accordance with Welf. & Inst. Code §5847, subd. (a)(5).)
	N/A
9.	If the proposed project deviates from the information presented in the CFTN component approved in the Three-Year Program and Expenditure Plan, describe the stakeholder involvement and support for the deviation.
	In the original Capital Facility Plan, Riverside County recommended four prioritized projects. The Hemet Clinic was identified as the first priority for implementation. The other three projects were recommended in the event that the original Hemet Project was not successfully executed. All recommended projects were the result of local community and stakeholder planning process and posted and distributed for a 30-day open review/comment period. The original acquisition of the Hemet Clinic was blocked due to community opposition and political pressures. The Department consequently was instructed to withdraw its intent to purchase the Hemet Facility. The second recommendation, in order of priority, was the consolidation of the Western Region Children's programs which would create a single physical plant and structure to maximize functional, operational, and cost efficiencies which already occurred. The Adult consolidation was the next priority identified in the Community Planning Process.

NEW AND EXISTING PROJECT DESCRIPTION
Capital Facilities

EXISTING PROJECTS ONLY
1. Provide a summary of the originally approved CF project.
N/A
2. Explain why the initial funding was insufficient to complete the project.
N/A
3. Explain how the additional funds will be used.
N/A

Provide an estimated annual program budget, utilizing the following line items.

NEW/EXISTING PROJECT BUDGET					
A. EXPENDITURES					
	Type of Expenditure	**County Mental Health Department**	**Other Governmental Agencies**	**Community Mental Health Contract Providers/CBO's**	**Total**
1.	Pre-Development Costs	$800,000			$800,000
2.	Building/Land Acquisition	$17,000,000			$17,000,000
3.	Renovation	$6,000,000			$6,000,000
4.	Construction	$0			$0
5.	Repair/Replacement Reserve	$0			$0
6.	Other Expenditures	$25,000			$25,000
	Total Proposed Expenditures	**$23,825,000**			**$23,825,000**
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)	$0			$0
	b. State General Funds	$0			$0
	c. Other Revenues	$0			$0
	Total Revenues	$0			$0
C. TOTAL FUNDING REQUESTED		**$23,825,000**			**$23,825,000**

NEW AND EXISTING PROJECT DESCRIPTION
Capital Facilities

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include a brief description of pre-development costs, building/land acquisition, renovation, construction, repair/replacement reserve, and other expenditures associated with this CF project.
The "Pre-Development Cost" budget includes costs anticipated to occur during the planning phase of the project. It comprises of building appraisals, architectural & engineering consultant fees, plan fees and associated permits, required insurance costs, title, and recording. Budget for "Building/Land Acquisition" includes the purchase price of existing structure located at 2085 Rustin Ave, Riverside, CA 92507. With a capacity of 147,000 square feet, it will accommodate space for staff and clinic needs. "Renovation" includes tentative improvements needed for program operations, as well as necessary data communications to meet County requirements. "Other Expenditures" consists of any fees and charges that may occur during the implementation of this project.

Comments on the DRAFT

Capital Facilities and Technological Needs

Component Plan Update Proposal

(Dated January 10, 2014)

WRITTEN COMMENT FEEDBACK FORMS:

Of the 7 written responses received on Feedback Forms:

- 0 responses were "Very Satisfied"
- 1 was "Somewhat Satisfied"
- 1 was "Satisfied"
- 4 were "Unsatisfied"
- 1 did not record a Satisfaction Response

What do you feel are the strengths of the plan? Please identify the program and age group, if applicable.

1. Good plan to upgrade Riverside location. San Jacinto Facility has seen a large growth. I feel San Jacinto Facility could use a larger location. Waiting room is too small. Larger space for classes that are given.
2. The plan sounds strong and will greatly benefit clients located in Riverside.
3. The plan is good for Riverside, but they have a lot there.
4. The strengths of the plan: They help us and a lot of people.
5. Hemet Children's Mental Health Facility is helping give us help and understanding. Also advising other programs that can help out.
6. San Jacinto facility is very small. We could use a bigger building. Thank You!
7. That we have some services, but we need more.

What concerns do you have about the plan? Please identify the program and age group, if applicable.

1. San Jacinto location really needs expansion. Waiting room is too small, larger classrooms are needed. Due to the growth of children being served at this location, a BIGGER facility is needed for San Jacinto.

2. There are an immense amount of services based in Riverside while outlying communities (Hemet, SJ, Anja) have no services of this nature available. These programs need to be accessible to the outlying areas.

3. My concern is that the money needs to be directed where the need is great and that's here in San Jacinto. Our Child's Clinic is over-packed and needs a new building and more therapists, too.

4. The waiting *(room)* is too small; you have to wait 10 to 15 minutes before being seen.

5. Waiting room needs to be larger to accommodate more people. They need more doctors and therapists and need better parking.

6. Appointments are scheduled way out. Mental Health age group 46.

7. We need a bigger space and more doctors so the appointments are not so far out and the doctors are not overloaded. Need wraparound and other programs. Spend the money in my community.

DEMOGRAPHICS:

What region do you live in?

All 7 Feedback Forms were received from Mid-County Region

What group are you most associated with?

1. A Family Member (Consumer & Education)
2. County Employee
3. A Family Member of a Consumer
4. A Consumer of mental health services , a Family Member of a Consumer, & County Employee
5. A Family Member of a Consumer & County Employee
6. A Consumer of mental health services
7. Not listed

What is your gender?

- Two (2) - Male
- Five (5) - Female

What is your ethnicity?

- Three (3) - Hispanic/Latino/Chicano
- Three (3) - Caucasian/White
- One (1) - American Indian/Native American & Caucasian/White

What is your age group?

- Five (5) - 25-59 yrs
- One (1) - 60+ yrs
- One (1) - Not Listed

Riverside County Department of Mental Health
MHSA Administration
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Riverside, CA 92501