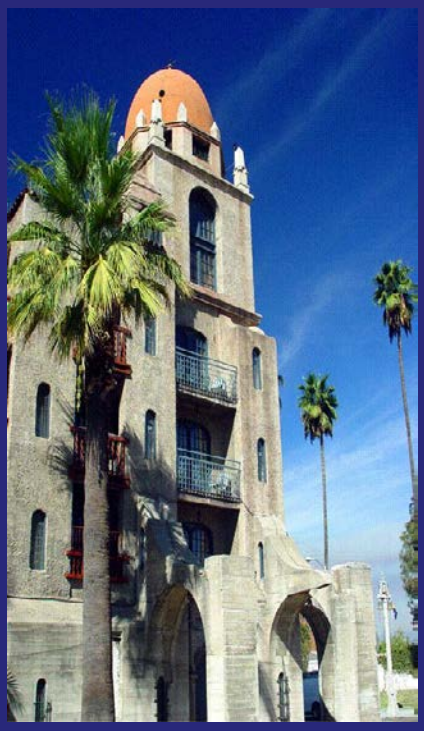

MHSA Plan Update

FY2012 /2013

Riverside County
Department of Mental Health

Providing
Help /
Empowering
Recovery

PROVIDING HELP / EMPOWERING RECOVERY
RIVERSIDE COUNTY
DEPARTMENT OF MENTAL HEALTH

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2012/13 MHSA ANNUAL UPDATE
COUNTY CERTIFICATION

County: **Riverside**

County Mental Health Director	Project Lead
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update. Mental Health Services Act funds 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.

This annual update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft FY 2012/13 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.

A.B. 100 (Committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval process of programs developed. Among other changes, A.B. 100 deleted the requirement that the three year plan be updated annually and approved by the Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2012/132 annual update/update are true and correct.

Maria T. Mabey, Assistant Mental Health Director — Mental Health Director/Designee (PRINT)

Signature

4-23-12 — Date

County: **Riverside**

INTRODUCTION

Message from the Director

In the midst of continued financial stress on State and County budgets, and more responsibilities being shifted to local counties, there is still plenty of hope and positive news to report in our Mental Health Services Act (MHSA) programs. Each year we have the opportunity to share progress and highlights of these programs with what is called the Annual Plan Update and this year is no different. Riverside remains committed not only to informing our Community Stakeholders and Collaborative Partners of our progress but to ensure that we have a transparent and inclusive planning process. This process and some very proactive planning by my management team have allowed Riverside County to stay ahead of the curve by instituting creative, innovative change and one that includes more integrated models of care.

Riverside County has remained true to the principles outlined in the MHSA as our system continues to move toward one that embraces Wellness, Resiliency, and Recovery as well as being Individual/Family Driven. We've been able to train and employ Consumers, Family Members and Parents and are proud of the Consumer-Operated Peer Support and Resource Centers and Consumer-Operated, alternative clinic called the Recovery Learning Center. In the upcoming year we will also implement a Family-Driven Clinic called the "Family Room".

We've been able to implement Integrated Service Programs for all age spans, create housing and vocational opportunities; increase mental health and support services; expand and enhance clinic services to be more recovery oriented; implement preventative programs that intervene earlier on the course of illness; expand workforce capacity, train, and educate staff and interns; purchase buildings to house our programs; and are in the process of implementing a new computerized Behavioral Information System.

Other initiatives we are excited about include a Law Enforcement Collaborate, geared toward training officers to better manage and intervene with our consumer and families, and our Mental Health Court programs. We also were able to institute a Countywide Stigma Reduction and Suicide Prevention Campaign and in the upcoming year look forward to the development of more integrated models of Physical and Mental Health delivery systems.

This update will provide you a more in-depth look at the highlights of the aforementioned programs as well as some outcomes data to support their on-going success including impact on hospitalizations and incarceration. We see this as an opportunity to share the impact the MHSA has had on individuals and how it has transformed lives. I thank you for taking the time to participate in our process and allowing us to share it with you.

Jerry Wengerd,

Mental Health Director

MHSA Vision

The Riverside County Department of Mental Health (RCDMH) believes and promotes that people can and do recover from mental illness. Recovery does not necessarily mean that someone is "cured" and is not limited to just the absence of symptoms, but rather that the individual has created the purposeful path that leads him or her to a meaningful, productive and fulfilling life beyond a mental health diagnosis. It is about regaining, and frequently discovering, who you are, and who you were meant to be. The Department of Mental Health's vision is to provide services that reflect our consumers' own pictures of their recovery and to empower them in their journeys towards fulfilling lives. Consumers' visions for their recovery include:

- Having safe, stable, and a comfortable living environment,
- Engaging in chosen, productive, daily activities (work, school, personal interests),
- Being safe in the community and out of trouble with the law,
- Being connected and involved with family, peers and the community,
- Not being incapacitated by internal stress, or drug or alcohol use.

The degree to which we help consumers meet their criteria for successful recovery is a measurement of the Department's success in fulfilling its own vision.

History

In November 2004, California voters passed Proposition 63, the Mental Health Services Act, which became law on January 1, 2005. The Act imposed a 1% taxation on personal income exceeding $1 million. These funds were designed to transform, expand, and enhance the current mental health system.

The keys to obtaining true system transformation are to take into consideration the fundamental principles outlined in the MHSA: Community Collaboration, Cultural Competency, Individual/Family Driven, Wellness/Recovery/Resiliency Focused Services, Access to Underserved Communities and creating an Integrated Service array.

The Mental Health Services Act has allowed Riverside County to significantly improve services including integrated recovery–oriented approaches and improved access to underserved

populations, to add prevention and early intervention programs, opportunities for building workforce, education and training initiatives and to pilot new innovative treatment approaches. It also allowed for enhanced Capital Facility and Technology infrastructure.

Update Requirements

Riverside County is proud to introduce the MHSA Annual Update to its Community Stakeholders and Collaborative Partners. The intent is to provide you a progress report of each of the primary components of the MHSA: Community Services and Supports, Prevention and Early Intervention, Workforce/Education and Training, Capital Facilities/Technology and Innovation. In accordance with MHSA regulations, County Mental Health Departments are required to submit a three-year program and expenditure plan and update it on an annual basis.

The information compiled in this update is twofold. This is an implementation update for FY10/11 and a forecast of anticipated goals for FY12/13. The reason for this twofold process is that FY10/11 represents the last full year of data available to the Department, as programs and activities in the current fiscal year (11/12) are still in progress, so final data is not yet available. The funding request, which will begin on July 1, 2012, will cover programs and activities for the next fiscal year (FY12/13).

Every county mental health program shall prepare and submit a three-year program and expenditure plan, and updates to the plan, based on the estimates provided by the state and in accordance with established stakeholder engagement and planning requirements (Welfare & Institutions Code, Section 5847).

MHSA Legislative Changes

In March of 2011, AB 100 was signed into law by the Governor and created immediate legislative changes to MHSA. The key changes eliminated the State Department of Mental Health (DMH) and the MH Services Oversight and Accountability Commission (MHSOAC) from their respective review and approval of County MHSA plans and expenditures. It also replaced DMH with the “state” in terms of the distribution of funds, and suspended the non-supplantion requirement for FY11/12 due to the State’s fiscal crisis. This set the stage for funds to be used for non-MHSA programs, and for $862 million dollars to be redirected to Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Medi-Cal Specialty Managed Care, and Mental

Health Services for Special Education pupils. Following the aforementioned redirection, the County received 50% of their FY11/12 component allocation on August 1, 2011. Counties will receive the remaining MHSA component allocations on a monthly cash basis, starting April 1, 2012.

MHSA Budget Summary

Over the past three years there have been significant reductions in all mental health funding sources with the exception of Medi-Cal. Our MHSA funding alone saw over a 24% decline in the past two years. AB100, MHSA Redirection, and AB118, Realignment II, stabilized several funding sources and improved cash flow in FY11/12. However with the exception of MHSA funding there are no guarantees that same funding levels will be maintained after July 1, 2012. Also in question is school based special education mental health services. It is unclear at this time whether school districts will contract with our department after June 30, 2012. MHSA funding on the other hand is projected to increase by 5% in FY12/13.

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 the highest population growth pressures; the desert areas are less densely populated.

At just over 2.1 million residents (2,183,641), Riverside County is also the fourth largest county in California in terms of population. Between 2000 and 2010, the County experienced the highest population growth (41.7%) of all California counties. The largest ethnic group reported by Riverside County residents was Hispanic/Latino, comprising 46% of the County population. The next largest race group was reported as White at 40% 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 16%.

After several years of steady increases, the number of people employed in Riverside County peaked in 2007 and has since declined in size. The unemployment rate climbed between 2005 and 2010, reaching a high of 14.7%, and then declined to 14.4% 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.

Community Planning and Local Review

Local Stakeholder Process

Riverside County has a continuous Community Planning Process that is on-going year round. MHSA Planning Committees meet on a monthly basis and are the primary means for sharing information and receiving input on MHSA related activities including the Annual Plan Update. The Planning Committees include Cultural Competency/Reducing Disparities Task Force, Children's, Transition Age Youth, Adult, and Older Adult. This ensures perspective not only by age span but specific ethnic and cultural groups as well. Consumer and family member perspectives are also included as they are required membership on all MHSA committees.

Specific Plan Update presentations and overviews were conducted at all the aforementioned MHSA Planning Committees and the Mental Health Board (MHB) in March 2012. This not only educated our Stakeholder Community about current MHSA program and budget information but provided an optimal opportunity to provide input into planning and development of the Plan Update.

The Department also works closely with its Mental Health and Regional Mental Health Boards on all MHSA planning activities. This includes MHSA as a standing agenda item and allows for discussions on such things as DMH information notices, component and program updates, and budget information which are introduced for advisory input from the Board.

The FY12/13 Annual Plan Update was an agenda item for the January, February and March Mental Health Board meetings. The MHB also assists the Department by hosting a Public Hearing to capture stakeholder input into the Plan Update. These opportunities allow the Department to keep the main governing Mental Health Board informed of all MHSA issues related to the Annual Plan Update as well as receiving essential feedback into the planning process.

All MHSA Planning Committees and Mental Health Board members were notified of the 30-day posting of the Draft FY12/13 Annual Plan Update and offered copies to review.

Stakeholder Description

The Planning Process involves consumers, family members, and parents affected by mental illness, as well as stakeholders which includes service providers and system partners, representatives from community-based organizations, Social Services, Probation, Office on Aging, County Office of Education, Health Department, Board of Supervisors, Executive Office, Law Enforcement, and the Public Defender's office to name a few.

Key stakeholders include the National Alliance for the Mentally Ill (NAMI), Family Advocate, and Parent Partner representatives. In addition, Cultural Competency/Reducing Disparities Task Force members, representatives, and consultants provide input and representation from the Lesbian, Gay, Bi-sexual, Transgender, and Questioning (LGBTQ), Native American, African American, and Deaf community perspectives.

30-Day Public Comment

The Annual Update was posted for a 30-day public review and comment period, from March 5, 2012 through April 4, 2012, with a Public Hearing held on April 4, 2012.

Circulation Methods

The Draft Plan Update and Feedback Forms were available in English and Spanish and posted on the Department website, at County clinics, disseminated to all county libraries as well as distributed through the Mental Health Board and all MHSA Planning Committees. Advertisements for the Public Hearing were posted for publication in the Press Enterprise, and Spanish La Presna, newspapers which are distributed in all regions of the County. A Spanish translator was also 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 Mental Health Board on April 4, 2012.

All community input and comments was reviewed with an Ad Hoc MHB Executive Committee to determine if changes to the project(s) were necessary. All input, comments, and Board recommendations are documented and included in this Update (see page 92).

Implementation Progress Report by Component

Community Services and Supports (CSS)

Riverside County's 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.

Also described in this update are non-FSP, otherwise known 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.

With Component Allocations slightly increasing for FY12/13, all CSS Work Plan initiatives will continue as originally proposed and without need to consolidate or eliminate any programs. Clinic Enhancements and continued transformation of Out-Patient Mental Health settings are a primary focus of MHSA on-going implementation.

FSP-01 Children's Integrated Services Program

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 and 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 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 80, 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 abuse 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 7,300 youth in FY2010/2011. Some specific examples are described in the following summary. Across the entire Children's Work Plan the demographic profile of youth served is 39.8% Hispanic/Latino, 11.1% Black/African American and 24.1% Caucasian. A large proportion (23.3%) of youth served was reported as other race/ethnicity. Asian/Pacific Islander youth are underrepresented at 1.3% served compared to 5% in the population, and Caucasian youth are underrepresented at 24.1% served compared to 26% in the population. The Black/African American youth are overrepresented at 23.3% served compared to 6% in the County population.

Interagency service enhancement and the expansion of effective evidence-based models were integral to the Children's Work Plan as was the inclusion of parents or caregivers as part of the support and treatment process. Interagency service enhancements included Team Decision Making (TDM) which is a feature of the Family–to-Family approach adopted in Riverside County as part of Social Services Re-Design. The TDM process involves an interagency team to problem solve around the safety and placement of the child/children when there is risk that they may be removed from their family. Riverside County clinical staff participating in TDM meetings in collaboration with the Social Services Department served 1,521 youth in FY2010/2011. Service enhancements for Therapeutic Behavioral Services (TBS) has resulted in the expansion of staff to case manage and coordinate referrals to TBS services for 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 were able to case manage an additional 98 youth. Parent support staff (Parent Partners) in each clinic and a central team have made it possible to

provide a variety of assistance to parents including: direct support services in the clinics, community outreach, a parent support warm line, and Educate, Equip and Support (EES) classes for parents facing the challenges of raising a child with Serious Emotional Disturbances. The Department's EES classes provided classes to 94 parents. Parent partners provided a number of direct and indirect services to youth impacting 987 youth and families. Many of the families and youth served were follow-up contacts after youth hospitalizations. Additional contacts were provided to 1,061 parents through community engagement and outreach efforts at community events. Many of the community engagement events and contacts are provided to 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.

Evidence--based practices expanded in the children clinics include Cognitive Behavioral Therapy 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). Countywide PCIT services were provided to a total of 150 young children. PCIT has also been provided within the context of a full service partnership program with 49 youth receiving PCIT as an FSP 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).

The needs of children/youth in the juvenile justice system have been addressed with several program components including the implementation of Aggression Replacement Therapy (ART), an evidence-based skill development group that has been implemented in several youth juvenile justice settings. The ART program served 122 youth during FY2010/2011. The Multidimensional Family Therapy (MDFT) Full Service Partnership program was specifically implemented to serve youth with a co-occurring disorder. This evidence--based program also collaborates with the County probation department to accept youth involved in the juvenile justice system. Four regionally based teams provided MDFT services to a total of 116 FSP youth in FY2010/2011.

MDFT FSP programs have shown reductions in incarcerations with 76.8% fewer consumers reported as incarcerated on follow-up. Hospitalizations for MDFT youth have decreased 55% and the numbers of youth with psychiatric emergency room crisis visits have decreased 76%.

Youth with school suspensions have also been reduced (83%) compared to baseline. Children's FSP programs served a diverse group of consumers. The majority served by the MDFT Full Service Partnership programs were Hispanic/Latino youth (63%).

Full service partnership services were also provided to 20 youth in the foster care system through Multidimensional Treatment Foster Care (MTFC). The MTFC program was developed for wards and dependents of the court as an alternative to group home placement. Treatment foster homes have been recruited, certified, and licensed in collaboration with Probation and Social Services to serve these minors. Program services emphasize skill development to reduce externalizing behaviors and/or co-occurring substance abuse problems.

Children's FY12/13

In the Children's system there is a commitment to sustaining the Full Service Partnership programs that include Multi-Dimensional Family Therapy, Multi-Dimensional Foster Care, and Parent-Child Interaction Therapy. Additionally a full array of System Development initiatives will be in effect that include Interagency Collaborations, Evidence-Based Practice Models and a Central Parent Support Unit and Parent Partners.

In 2012, the Children's system is excited to announce consolidation of Western Region out-patient programs into one location. The project, funded through Capital Facilities, will allow consumers access to Children's Services at a centralized location while simultaneously create an integrated service experience. See the Capital Facilities update in the document for details on programs impacted by this consolidation. The Indio Children's Program will also move to an expanded site.

FSP-02 Services for Youth in Transition

Services to Transition Age Youth (TAY) were designed to facilitate successful transitions for youth by reducing incarcerations, homelessness, hospitalizations, and promoting independent living. A number of strategies were implemented to support transition age youth including: Integrated Services Recovery Centers, Peer Support and Resource Centers and Crisis Residential Services. Issues identified for TAY youth during CSS planning included serving TAY with a serious persistent mental illness that are high utilizers of crisis or hospital services, or

that are experiencing incarcerations and/or homelessness. TAY with co-occurring disorders was also a priority.

Three regional TAY Integrated Services Recovery Centers (ISRC) were established for Full Service Partnerships with a focus on serving unengaged youth in transition. 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 287 TAY youth were served by the FSP programs with 85 youth served in the Western region; 102 youth served in the Mid-County region; and 100 served in the desert region.

Consumers served in the TAY Integrated Service Recovery Centers (ISRC) have shown reduced hospitalizations with 46% fewer consumers hospitalized compared to baseline data. Consumers with incarcerations have decreased by 70% when compared to baseline data. Days spent homeless have been reduced and psychiatric hospitalization days have been reduced. Emergency room visits for psychiatric emergencies have decreased 80%. The TAY FSP program shows good progress with regards to racial/ethnic disparities. The ethnic/race groups served by the TAY FSP programs nearly reflect the proportion of Caucasian and Hispanic/Latino people in the Riverside County population with more Hispanic/Latino TAY (42%) youth served than other ethic/race group. The Black/African American group at 16% is over represented in the TAY FSP relative to the County population and the Asian group is underrepresented.

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. 651 TAY youth have benefitted from this community-based alternative to acute inpatient settings.

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 (SD-05) with a summary provided in the section for that Work Plan.

TAY FY12/13

The Services for Youth in Transition will continue to offer all services outlined in the original CSS plan. This includes TAY dedicated Full Service Partnership Programs and Peer Support and Resource Centers in all regions. Within these programs the Department also plans to establish the Transitions to Independence Process (TIP) Model. TIP-informed programs and systems in Riverside County- are all designed to assist agencies in improving the engagement, progress and outcome for youth and young adults (14-24 years old) experiencing serious risk associated with transition to adulthood functioning.

FSP -03 Comprehensive Integrated Services for Adults

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 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. Consumers and family members of consumers with a serious mental illness have been hired to work in the clinics and in the community to support consumers' recovery. (See Family Advocate Program Highlights, page 78, 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. Service data from each of the three regional programs showed that a total of 556 adults were served in the FSP programs with the Western Adult program serving 274 FSP consumers, the Mid-County serving 195 FSP consumers, and the Desert serving 87 FSP consumers. Demographic profiles have shown that the Adult FSPs have some disparities with regards to the proportion of Hispanic and Caucasian consumers served when compared with the County general adult population. The adult FSP programs racial/ethnic distribution showed the majority served are Caucasian (56%) followed by the Hispanic/Latino group at 23% of those served.

The White 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. This disparity was discussed at a recent FSP Outcomes retreat for FSP program management and supervisors including contract providers. FSP outcome reports were presented at the retreat which provided an avenue for further discussion with staff and an opportunity for continued follow-up meetings. Overall FSP outcome results have been positive. FSP outcomes have shown an 83.7% decrease in the number of consumers with incarcerations. The number of FSP consumers with hospitalizations has decreased 32.9%, and the number of consumers with psychiatric emergency room visits has decreased 81% compared to baseline data. Days spent homeless have also been reduced.

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 staff 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 531 consumers in FY2010/2011; and has shown that nearly 80% of participants have successfully remained in the community with no new arrests during their program year. (See page 62 for a full description of the Mental Health Court and Veterans Court Programs).

Clinic enhancements have provided the opportunity to bring several evidence-based practices into the County clinics including Recovery Management and Co-Occurring disorder groups. Clinic enhancements have also made it possible to add Peer Support Specialist to the treatment team to provide outreach, peer-support, recovery education, and advocacy. In total 10,185 consumers have benefitted from clinic expansion and enhancements. Evidence-based Recovery Management and Co-occurring disorders groups were provided to many consumers through clinic enhancements. Regionally assigned Family Advocates provide a variety of informational and support services to assist families of mentally ill Adult and TAY consumers. They assist with navigating access to County clinic services and connections to self-help support groups like

NAMI. The Family Advocate Program provided support to 643 family members and provided outreach at community events to 391 people.

The Homeless/Housing Opportunities, Partnership & Education Program (HHOPE) is MHSA funded as part of the original CSS plan. During calendar year 2011, there were 6,000 bed nights funded for emergency housing or rental assistance. 258 represents the number of persons housed each month (average for the 2011 year) in permanent supportive housing (includes HUD grants, shelter plus care, men's grant, women's grant, The Path, The Place, Rancho Dorado and Vintage at Snowberry – the latter two are MHSA projects). HHOPE manages, coordinates, monitors and supports all programs providing supportive services. (See the Housing section, page 59, for additional information).

Similar to the FSPs the systems development programs demographic profile shows the majority served were Caucasian (42.9%). However, the Hispanic/Latino group shows a greater proportion served (33.5%) than found in the FSP programs. The Asian/Pacific Islander group shows a smaller proportion served than is found in the general population with 2.9% served compared to 7% in the County population. The Black/African American group served at 13.3% is larger than the proportion in the County population (6%). Ethnic/Race proportions have improved from previous fiscal years with the proportion of Hispanic/Latino consumers served reflecting the county population in some regions. Other regions show some disparity between Caucasian and Hispanic groups but the gap has improved each fiscal year.

Adult FY12/13

The Department remains committed to sustaining the core programs outlined in the Comprehensive Integrated Services for Adults. This includes FSP programs and Peer Support and Resource Centers in all geographic regions of the County. Housing initiatives will also continue to be offered through the Centralized Housing Unit (HHOPES), as well as Adult Residential programs including a new facility to open in the Desert Region (Sky Valley) this year, and continued funding for emergency housing. Mental Health Court Programs will remain in effect regionally and now include a new Veteran's Court. Clinic Enhancements continue to develop and will include expansion of Medication Services at four (4) Adult Clinic settings, integrated health pilot programs in Western Region and crisis stabilization services in the Desert Region. Also there will be some Western Region expansion of the Family Advocate Program,

full implementation of the Recovery Learning Center (RLC) under Innovation funding in the Desert and Western Regions and the Family Room in the Mid-County Region.

FSP-04 Older Adult Integrated System of Care

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. Through staff increases, 1,473 older adult consumers received case management services including Recovery Management groups and services provided by Peer Support Specialists. The proportion of older adults served across the county closely reflected the County population with 20.2% Hispanic/Latino served and a County population of Hispanic/Latino older adults at 20%. The Caucasian group served was 56% and the Black/African American group served was 9.5%. The Asian/Pacific Islander group served reflected the County population of 5%.

The OAISC Work Plan also included full service partnership services through a multidisciplinary 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 include 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 211 older adults were served through the SMART FSP teams with 85 served in the Western region, 59 served in the Mid-County region, 67 served in the desert region.

The SMART FSP program consumers showed fewer homeless days and 53% fewer consumers with psychiatric hospital admission on follow-up. Emergency psychiatric crisis interventions also decreased with 72% fewer consumers reported as admitted to a psychiatric emergency facility. The number of older adults with arrests decreased 33%. Consumers needing assistance with instrumental activities of daily living also decreased in several areas including taking medication,

preparing meals, and managing money. 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 19%. The Caucasian group represented 68% of FSP consumers which is the same proportion found in the County general population. The Black/African American group served was overrepresented at 7% while the Asian/Pacific Islander group served at 1% was less than the County population of 5%.

Older Adult FY12/13

The core programs and dedicated infrastructure outlined in the Older Adult Services Work Plan will continue through next fiscal year. This includes FSP services in each region, Peer/Family Supports, housing, and evidence-based training models for staff and service providers. As the CSS programs continue, the Older Adult system will mostly experience impact in the areas of PEI implementation of Prolonged Exposure and PEARLS and a new integrated Health Innovation project.

SD-05 Peer Recovery Support Services

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 and Jefferson Transitional Programs) served a total of 2,204 mental health consumers in FY2010/2011. In the Western region Jefferson Transitional Program served 301 adults and 123 transition age youth. Jefferson Transitional program also operates a center in the Mid-County region where 517 adults and 174 transition age youth received services. (See page 65, for additional information on the Jefferson Transitional Programs). In the Desert region, 855 adults and 234 TAY were served by Oasis at the Harmony peer support center. (See page 72, for additional information on the Harmony Center activities and see page 75 for additional Consumer Employment, Support Education, and Training highlights).

Peer Recovery Support Services FY12/13

The Department is committed to fully funding all (3) Peer Support and Resource Centers next year. This includes the expansion of satellite programs in Temecula, Banning, and Blythe and the Art Works program in Riverside. All program sites will be evaluated for computer accessibility, capability, training and technical support needs. Consumer training initiatives, employment and volunteer programs will continue to be offered and expanded accordingly.

OE-06 Outreach and Engagement

In September of 2011 Riverside County submitted a Plan Amendment that all outreach and engagement activities described in the Community Services and Support Plan (O/E-06, Outreach and Engagement) be integrated into the Prevention and Early Intervention Plan (PEI-01, Mental Health Outreach, Awareness, and Stigma Reduction). This allowed the Department to provide a more consistent approach to its outreach activities, avoid duplication of effort, and create staffing and resource efficiencies within the program.

During FY10/11, the Outreach Coordinators conducted 3,433 community events and contacted 1,107 individuals for further follow up. In order to reach and engage 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.

The Gay/Lesbian/Bisexual/Transgender and Questioning Task Force continues to actively outreach and engage the LGBTQ population. During FY10/11 the Department co-sponsored the Reducing Disparities Town Hall project; Co-Sponsored Sensitivity Training with Golden Rainbow Center to Nursing Homes; Sponsored screening of “Always My Son”, a film about a Latino Family’s Journey to accepting their gay son; participated on the Statewide Reducing Disparities Project; and participated in the Desert Pride Festival.

The Deaf and Hard of Hearing Leadership Group has done three presentations during the year to staff and community about Deaf and Hard of Hearing culture.

Asian American/Pacific Islander population outreach and engagement continues via the Asian American community member's monthly meeting. The Department has participated in various community events such as the Chinese New Year, and other community activities in different Asian American churches. The first Asian American Wellness forum was conducted to address Asian American mental health needs.

Promotores de Salud Mental Program is an outreach program that addresses the need of the County's diverse Latino Community. Program implementation began in January 2011. During fiscal year 2010-2011, Promotores provided a total of 1,460 mental health education presentations with a total of 14,947 persons who attended; and 16,325 individuals were reached at community events, health fairs and door to door.

The Cultural Competency/Reducing Disparities Committee completed a project entitled, Multicultural Organizational and Community Development Initiative. They completed the assessment process and formed the CORE GROUP, (Community and Organizational Resource Experts) whose function is essential in moving RCDMH toward becoming a culturally competent organization. The project was divided in three phases: Phase I - Organization and Community Assessment; Phase II- Analysis of Data; Phase III – Responding to the Needs Assessment. The Cultural Competence and Reducing Disparities (CCRD) committee agreed on three priorities based on the community assessment information:

1. To identify and recruit key community liaison leaders
2. Address the issues of stigma, cultural based stigma,
3. Decentralize mental health services

This year the committee agreed to focus on the first priority: Identification and recruitment of community liaison leaders. A subcommittee was formed to address the Logic Model process and develop the action plan. Each time the CCRD committee meets, the update of the process is presented, and agreements made.

One of the Outreach and Engagement programs is focusing on how to promote community participation and partnerships. It requires a clear understanding of the current reality (decreasing services and increasing need), and the role of the communities and their commitment to build community wellness by working with existing community resources and by building partnerships.

Outreach and Engagement FY12/13

For FY12/13, 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.

Workforce Education and Training (WET)

The inclusion of Workforce Education and Training (WET) as a part of the MHSA was novel; most mental health funding was designed to meet service delivery while WET was conceptualized specifically to address the development of those who provide the service. Though most service agencies up to the advent of the MHSA were familiar with training courses for staff, WET created a foundation that started with securing career pathways for recruitment and retention as well as developing training models that would shape the core competencies of service delivery.

Riverside County has slowly grown its existing training and education programs while simultaneously building the infrastructure needed for expansion. It has been an exciting time of reconceptualization, addressing evolving needs, and looking toward possibility.

WET-01 Workforce Staffing Support

Though WET plan implementation has resulted in more supports and programs, the WET administrative team has managed the increased workload with minimal staffing change.

The WET unit has been developing a good foundation for the revision of the Department's New Employee Orientation, which has been renamed the New Employee Welcoming (NEW). The salient points of the existing orientation have been reviewed and WET has researched models and organizational theories to best inform the transformed NEW. In addition to educating new employees on basic department operations, the NEW will also serve as the foundation training necessary for all Department employees regardless of job classification. The NEW will not only be a course of learning but also a genuine reception for new employees into a successful organization and invite them to be part of that success.

RCDMH WET unit has actively participated in the Southern California Regional Partnership (SCRP), a consortium of southern county WET units, created to network and share workforce development resources. Riverside assisted in the interview and hire of a SCRP Coordinator and the identification and planning of regional projects including a Mental Health Careers recruitment booklet, researching mental health paraprofessional core competencies for effective practice, and establishing a matrix of Southern California colleges and universities that offer mental health related coursework.

WET also centrally coordinated the Department's annual Dare to Be Aware Youth Conference, an event that hosted nearly 1,000 adolescents and 27 schools from across Riverside County, in order to reduce mental health stigma, promote overall wellness, and educate on mental health careers. Many participants took the information back to their schools and were inspired to create their own mental health awareness projects on campus and in their communities.

In addition, WET has taken an active role in the examination and enhancement of services to Veteran's and their families. WET represents the Department on the Veteran's Subcommittee of the Mental Health Board, and recently added a Senior Mental Health Peer Support Specialist with military experience to the WET team as the Veteran's Services Liaison.

WET-02 Training and Technical Assistance

Based upon original stakeholder input, general training for Riverside'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 – Community Collaboration; Cultural Competency; Client and Family Driven; Wellness, Recovery, and Resilience; Integrated Services – and directed to incorporate these concepts into their curriculum where appropriate. For FY10/11, there were 53 training classes provided to 2,472 individuals.

WET reviewed and re-conceptualized staff training to reflect the development of core skills for each job classification. Eventually, each direct service job classification will have its own training series based on the unique role of that position on the service delivery team. WET started this re-conceptualization with the Behavioral Health Specialist classification. This series is now complete and includes: Mental Health Risk; Law, Ethics & Boundaries; Communication and Counseling; Understanding the DSM; and Advanced Recovery Practices. This series has been well received and well evaluated by attendees.

Many existing, well-received trainings were brought back, as well as some exciting new training opportunities were added: Understanding Traumatic Brain Injury; Teen Dating Violence; Employment Success for Consumers; Benefits' Planning; Serving Consumers Who are Diagnosed with Personality Disorders; Interventions with People who Self-Injure; Building Support Systems; Advanced Recovery Practices; and, Managing Compassion Fatigue.

Enhancing staff's development of cultural competency was provided through 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 training.

Every training participant evaluated curriculum and presenter. WET staff summarized this information and provided it to each presenter in order to integrate change into training and assist in optimizing the learning experience of all attendees.

WET also actively collaborated with Riverside County Regional Medical Center, RCDMH Detention Services, Riverside Police Department (RPD), and Riverside Sheriff's Office (RSO) to participate in educating Riverside County law enforcement on working with consumers who experience a mental health crisis. All RPD officers have been trained and the training was expanded to include RSO Detention deputies. Preliminary planning was completed to certify this training by the California State Commission on Peace Officers Standards and Training (POST) and to include this training for RSO patrol deputies. The training was consistently well evaluated by attendees and their remarks typically included special recognition of the Jefferson Transitional Programs consumer panel that educated officers with stories of the consumers' own lived experience.

Additionally, the WET plan highlighted the need to provide supplementary developmental support for our Department supervisory staff. Stakeholder input reinforced our anecdotal wisdom that clinic and unit supervisors were critical pillars of successful employee skill development and retention as they set the tone for overall consumer and employee satisfaction. Recent data suggested that several Department Managers were nearing potential retirement in the next 5 years, creating an urgent need for the development of leadership succession preparation. Research was completed, including surveying both managerial and supervisory staff, meeting with local experts, and reviewing related literature, to develop a Managerial Leadership Training Model planned for implementation in the next fiscal year. Elements of this training will inform the future curriculum specifically designed to meet the job classification competencies of both clinical and administrative Department supervisors.

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; 211/Community Connect; RCDMH Website; RCDMH Guides to Services; and the new Up2Riverside Website. In addition, WET informed the Department on the development of the CARES Website, an electronic, resource directory now operationalized for our CARES staff. WET continues to refine this process in order to best educate the Department and community around mental health related resources.

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 also supported our lived-experience practitioners by conducting Mental Health Risk training for peer staff, as well as, developing and conducting a community presentation hosted by the Family Advocate Program, and supported by local NAMI chapters, on understanding the involuntary hospitalization process. This training is scheduled for translation and presentation in Spanish as well.

WET met with representatives from the Riverside Community College (RCC) District to explore a partnership on the development of a recovery-oriented certificate program that would not only allow for students to improve related practice in human services, but would also provide graduates with transferrable college credit. Unfortunately, RCC reported that the current fiscal climate discouraged the expansion of any new courses. To maintain our partnership, WET has promoted presentations geared toward outreaching college students on developing informed, mental health career pathways that can be utilized at RCC as well as other colleges and even high schools.

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 would immediately diversify our advanced, clinical staff. WET had pursued a partnership with the Economic Development Agency (EDA) to secure additional funding to support our pre-licensed clinicians with a program to promote their licensure process and professional development. Due to changes in the funding process, the EDA was unable to support the program. Our stakeholders indicated that staff turnover impairs the rapport necessary to form effective working relationship, so WET reconceptualized the program in order to retain its essential goal – retention of current clinical staff. Proposal was developed that included pre-licensed clinicians to receive on-line, license examination support, centralized workshops on skill development, and centrally coordinated study groups. The Clinical Advancement and Support (CLAS) Program was accepted by RCDMH management. Implementation was scheduled for the next fiscal year.

WET-04 Residency and Internship

Riverside County has taken a committed, proactive vision in the development of our future workforce. Our student intern program has been consistently well evaluated by both students and their universities, but we continue to expand our program to optimize the learning and preparation of students placed into our field sites.

Over 20 of our Department clinics/agencies accommodated student learning from approximately 11 Southern California Universities, supporting degree requirements from undergraduate, graduate, and doctoral programs. During this academic year, WET received over 150 applications requesting a Riverside County field placement. Our University and School Liaison developed objective and measurable screening and interview tools with the direct purpose of targeting students who met MHSA mission goals 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. Over 50 students were placed into both clinical and administrative settings.

Every student received centralized training to enhance their field learning in public mental health agencies. These trainings were coordinated and conducted by WET in partnership with PEI and Quality Improvement staff and included: Differential Diagnosis for both Adults and

Children; Conducting a Psychosocial Assessment; Non-violent Crisis Intervention and Mental Health Risk; and, Documentation.

WET provided per diem, licensed clinical therapists to perform as field instructors at clinics that required the supplementary staffing support. In addition, WET served as that central support agent for both our Department field sites and our affiliated Universities. WET and the student's university partnered to develop a remedial learning plan in order to provide augmented learning for students struggling to meet field requirements. These plans were well received by Department field sites and the universities and were equally accepted by the students who described this process as supportive and hopeful. The students who participated in these plans all successfully graduated. WET also provided seasoned clinical and peer support staff to present at local colleges and universities on recovery and mental health related topics, as well as to inform on mental health career pathways. Feedback regarding these presentations from our educational stakeholders was overwhelmingly positive.

The University and School Liaison re-structured our student field placement process by creating a field manual for students, as well as a pre-placement training series, and developed a schedule that identified clear dates from application deadlines through final evaluation of student field experience. This new structure is scheduled for full implementation within the next fiscal year.

WET-05 Financial Incentives for Workforce Development

The Riverside County Department of Mental Health 20/20 Training Program is a workforce development program directed at regular status employees who are eligible to earn an MSW or MFT graduate degree. The 20/20 Program enables selected participants to maintain a full time salary while attending school and working only 20 hours per week in exchange for continued employment with the Department following graduation.

WET revised the 20/20 policy in order to more fully operationalize this program as a tool to meet existing and anticipated workforce development needs. The 20/20 Program has traditionally been utilized to develop paraprofessional staff with Spanish/Hispanic bilingual and bicultural skills into Clinical Therapist positions. With a more exhaustive review of workforce development needs taken from the WET planning process, and with the advent of health care reform, the Department looked toward the future in expanding the 20/20 Program as a more

comprehensive means to meet our service delivery needs. Targeted staff not only included bilingual/Spanish employees, but also expanded to bilingual/American Sign Language staff, and staff who had specialized skills working with Co-Occurring Disorders, integrated health, or people with development disabilities, as well as staff who were willing to work in remote regions like Blythe.

An additional program was created for employees who applied for 20/20 support but did not yet need all 20 of the allocated educational hours to meet their academic requirements. To support these employees and prepare them to advance into the 20/20 Program, the Paid Academic Support Hours (PASH) Program was developed that allowed employees to not only prove their academic commitment, but also receive minimal hours of paid time to accommodate a university class schedule into their current work schedule.

With the inclusion of these additional workforce targets and opportunities, the applications for the 20/20 program multiplied. Over 20 applications were received and processed. Ten employees were accepted into the PASH and 20/20 Programs and represented the most diverse group of participants in program history across job classifications; including Substance Abuse Counselors, Peer Support Specialists, and Secretarial staff.

Revision to the 20/20 policy included stipulation that should a participant also be awarded support in a separate financial incentive program that required a service payback obligation, that RCDMH would permit the participant to pay back the mental health service obligations in consecutive order within RCDMH but that the 20/20 obligation would be the last obligation to be served. This would potentially create an extended service requirement for some employees while allowing them to also receive additional educational supports that they were frequently denied due to provisions that did not allow multiple payback requirements. This approach had been deemed “innovative” by State representatives who indicated a willingness to work with Riverside County in the implementation of this process.

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 stipend awards, as well as, to maintain a seat on the Mental Health Loan Assumption (MHLAP) advisory board. The MHLAP provides up to 10 thousand dollars to qualified applicants in exchange for a year’s continued service in the public mental

health service system. Riverside had 52 accepted MHLAP applications and 26 Department and contracted employees were awarded.

WET started the process to centralize Federal workforce supports through the WET office as well. WET became the Site Administrator for all Department employees and clinic sites that participate in the National Health Service Corp (NHSC) which grants loan assumption support for providers in underserved areas. WET continued to research and increase our understanding of NHSC policies and procedures in order to explore additional opportunities for public mental health employees in Riverside County.

Prevention and Early Intervention (PEI)

Since the approval of the Prevention and Early Intervention (PEI) plan in September of 2009, significant strides have been made towards full implementation of the plan. In the 09/10 fiscal year the activities focused on development of Request For Proposals (RFP) to begin to identify community based providers representing the communities that they serve. Fiscal year 10/11 saw the release of 10 RFPs for a wide range of PEI services and the development of 25 contracts for new services and the continuation of 4 contracts. In addition, Memorandums of Understanding were developed with three County departments and one school district. The PEI Unit organized 61 days of training which included 584 participants. Many of the trainings provided were the evidence-based models that were identified in the PEI plan but also included other PEI topic specific trainings. Please refer to the list of trainings in the training and Technical Assistance section of this report. The PEI unit includes four training and fidelity liaisons who are licensed clinicians. The liaisons participated in trainings and, when available, participated in the train the trainer opportunities. In addition to organizing and attending the trainings, the liaisons also implemented the models in which they were trained. This allowed them to become familiar with the model as well as potential challenges in implementation. Each liaison worked with their assigned PEI providers to offer support, problem solving, and evaluation of model fidelity. The liaison 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 reach 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 Activities: Three outreach staff have been hired and regularly provided information at outreach events, including health fairs and churches. They are all bilingual (Spanish/English) and outreach to unserved and underserved cultural populations to provide information about mental health resources. During the fiscal year the outreach coordinators conducted 3,433 community events and contacted 1,107 individuals for further follow up.

Toll Free, 24/7 "HELPLINE" has been operational since the PEI plan was approved and in FY10/11 the hotline received 8,089 calls from across the county.

Network of Care: An average of 225 hits were made to the website daily, totaling 82,252 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, mental health resources, and to increase their readiness to identify potential mental health issues and eliminate stigma and discrimination associated with mental illness. There were 12 trainings conducted with approximately 480 participants. In addition, three Call to Care Continuing Education Summits were held, one in each region of the county, with a total of approximately 175 participants. An increase in the number of participants for FY2012/13 is anticipated due to the implementation of targeted outreach and distribution of flyers by mental health Promotores.

"Dare To Be Aware Youth Conference": This conference for middle and high school students was held in November 2010 with 793 youth attending the conference. Eight middle schools and twenty three high schools were represented from all regions of the county. At risk and leadership students are identified by school counselors to attend. Workshops included topics such as depression, healthy relationships, self-abusive disorders, and suicide prevention. The overall goals of the conference are to increase awareness related to mental health, reduce stigma and discrimination, and increase knowledge about how to ask for help. The coordinator of this conference was asked to present at the San Diego County Prevention WORKS conference in January 2011 as an exemplary example of mental health prevention activities.

NAMI Signature Programs: In FY10/11 a Request For Proposal (RFP) was released to identify providers for the Parents and Teachers As Allies, In Our Own Voice and Breaking The Silence programs. Two providers were identified to cover the three regions of the County and contracts were approved in June 2011. The programs are expected to be provided in both English and Spanish. As a part of the contracts, outreach efforts are required to reach unserved and underserved cultural populations.

Media and Mental Health Promotion and Education Materials: In the spring of 2011, RCDMH contracted with a marketing firm, AdEase, to implement an anti-stigma campaign in Riverside County. RCDMH entered into an agreement with San Diego Behavioral Health to utilize their established campaign, "Up2SD" which AdEase updated to make the television ads, radio ads, and print materials reflective of Riverside County. This led to the Up2Riverside campaign. Through June 2011 there were multiple billboards, television and radio spots and a website developed to educate the public about the prevalence of mental illness and ways to reach out and support family and community members. Another significant stigma reduction activity was a contract with Jefferson Transitional Programs to host two community education film series in the Western and Mid-County Regions of the County. Each series included three separate films including such titles as "Crazy Art", "Unlisted: A Story of Schizophrenia", "People Say I'm Crazy" and "When Medicine Got It Wrong". Several of the showings included interviews with the directors and/or participants in the film. Prior to showing "Crazy Art", JTP hosted a reception at which the artists highlighted in the film displayed their art and spoke with viewers. The audience at the films included consumers, family members, providers, and the community at large. The series were very well received and participants voiced the positive impact the films had on their perception of mental illness.

Ethnic and Cultural Leaders in a Collaborative Effort: These are individuals who represent the unserved and underserved cultural populations within the county. The goal of collaborating with these leaders is to develop a task force/workgroup to build relationships as well as identify and address the needs of those populations in order to reduce stigma related to mental health and identify appropriate resources based on the community identified needs. In FY10/11, Leaders from the African American, Deaf and Hard of Hearing, LGBTQ, Asian American and Native American communities were identified and agreed to collaborate with our Cultural Competency Manager in developing plans to effectively engage those communities and provide information related to mental health topics and resources.

Promotores de Salud Mental (Community Health Promoters): The fiscal year began with recruitment and interviewing of individuals throughout the county to become trained Promotores (as).Beginning in November 2010 the identified Promotores (as) each received 40 hours of training over a five day period. The trainings consisted of 13 modules on mental health topics as well as how to provide outreach and presentations. Following the completion of the training a formal graduation ceremony was held in December with family and friends of the graduates coming to a celebration. For many of the Promotores (as) this was the first time they had graduated from a program and was an exciting and emotional time for them. Beginning in January 2011 the Promotores (as) provided 1,460 mental health education presentations with 14,947 participants plus another 16,325 individuals were reached through community events, health fairs, and door-to-door outreach.

PEI-02 Parent Education and Support

This project includes four evidence-based programs.

Triple P (Positive Parenting Program): In FY10/11 RCDMH contracted with California Institute of Mental Health to provide 3 separate informational meetings about the Triple P model. Participants in the meetings included, but was not limited to, community and faith based providers, schools districts and other county department providers. The RFP for Triple P was released in the late 2010 and contracts with four providers were approved by the BOS in June of 2011. In addition to educating providers about Triple P and identifying providers, the PEI unit also coordinated five Triple P Level 4 trainings which included 96 individuals from different agencies, all of whom completed the certification process. Triple P began in the community in September 2011.

Parent Child Interaction Therapy (PCIT): FY10/11 focused on the identification of a builder for the 3 specialty mobile clinics in which mobile PCIT will be delivered. A builder was identified in the early spring 2011 and one mobile unit was completed in late June 2011. Future plans include completion of the other two mobile clinics, driver training for all staff and identification of sites to provide mobile services. The mobile units will travel to unserved and underserved areas of the county to reach populations in order to reduce ethnic and cultural disparities. The mobile units will allow children, parents, and families to access services that

they would not have been able to access previously due to transportation and childcare barriers.

Parent Management Training: Despite several inquiries training has not been available by the developer. Options are being explored regarding training in this model and/or other more readily available models.

Strengthening Families Program: Implementation of this program had been on hold as the PEI unit worked to implement many other programs in FY10/11. An RFP for this program will be released in FY11/12 with full implementation anticipated in FY12/13.

The opportunity to expand the use of evidence-based parenting programs became available in FY10/11 when RCDMH entered into an MOU with the Department of Social Services (DPSS) to fund three programs throughout Riverside County for parents who had been referred as a result of contact with DPSS.

PEI-03 Early Intervention for Families in Schools

This project includes one evidence-based model and is the project that is identified to meet the Local Evaluation Project that was required in the PEI Guidelines.

Families and Schools Together (FAST): Activities in FY10/11 focused on education of potential providers and the development of an RFP. The FAST model is one in which collaboration, of community based providers and schools, is required. In order to increase the chances of success, the lead development officer from the FAST Training Institute came to Riverside to provide two informational meetings to potential providers. The RFP was developed and released in the spring 2011. Selection of a provider and implementation of the program occurred in FY11/12 and services began in January 2012.

PEI-04 Transition Age Youth (TAY) Project

This project includes 5 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).

Depression Treatment Quality Improvement (DTQI): DTQI is an evidence-based early intervention program used to treat individuals who are experiencing depression. Through the RFP process, two providers were identified for the Western and Desert regions of the County. Training in the model occurred in the spring of 2011 and services began immediately. Training includes consultation via review of audio tapes and telephone support. One of the PEI Training and Fidelity Liaisons, who is certified in the model, worked with the developer of the model to provide the training and consultation. The PEI staff is now able to support ongoing training and consultation without assistance from the developer. The remainder of the FY focused on outreach efforts to build relationships with referral sources within high risk communities. Finding a provider for the Mid-County area of the County will be a priority for the end of FY11/12.

TAY Peer To Peer Services: This program is one in which TAY who represent those whom they are outreaching to provide information, support, and resources for TAY who at high risk of developing mental health problems. Through the RFP process, a provider was identified for the Western and Desert regions of the County. The provider developed the "Cup of Happy" program that included 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, development of a blog to discuss issues faced by TAY. A Facebook page was set up and videos were posted to YouTube. The TAY provider 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 poems in an 'open mic' format. Finding a provider for the Mid-County region will be a priority for FY11/12.

Outreach and Reunification Services to Runaway Youth: This program provides targeted outreach and engagement of youth who are homeless and/or runaway to provide crisis intervention and counseling to reunify the youth with a family member.

Digital Storytelling: Digital Storytelling has been piloted through the Up2Riverside Stigma Reduction and Education Campaign. Several digital stories have been produced and are available on the Up2Riverside website. FY11/12 will include the production of additional digital stories for the Up2Riverside campaign as well as exploration of wider implementation within the community.

Active Minds: The goals of this program are the development of a student run group on college and university campuses to promote conversation among students, staff, and faculty about mental health. RCDMH released a Request for Application (RFA) in the fall of 2010 offering two year start up support for all public college and university campuses in the county. Through the RFA process contracts were established with University of California Riverside, College of the Desert, Palo Verde College, and Riverside Community College – Riverside campus. Each established a registered Active Minds chapter and many activities occurred on each campus reaching a reported 3481 students and faculty. Examples include the use of "therapy fluffies" where therapy dogs are brought onto the UCR campus during the week of finals to reduce anxiety and Active Minds members providing mental health related information at campus events. Active Minds chapters are few in the State of California and even fewer are chapters based on community college campuses. As a result of the RFA and start of four chapters in Riverside County, the PEI Coordinator was asked to present in a statewide webinar directed to community college faculty and staff as well as other county mental health staff about Active Minds and the development of a positive working relationships between county mental health and the local college campuses. There has been a great deal of interest across the state in Active Minds. Additional college and university campuses in Riverside County have expressed interest in starting an Active Minds Chapter and are in discussions with the Department of Mental Health. As a result, the RFA has been re-released. In January 2011, the West Coast Coordinator from Active Minds came to UCR from Washington, DC 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. A regional Active Minds Summit will be held in the spring of 2012 to bring together members from local chapters throughout the region as well as from colleges and universities who are interested in starting a chapter on their campus.

High School Yellow Ribbon Campaign: RCDMH entered into an MOU with Riverside County Community Health Agency, Injury Prevention Services (CHA–IPS) to implement the suicide prevention Yellow Ribbon Campaign on eight high school campuses. The program began with the production of a 45 minute video that utilized video clips, recent music and interviews with celebrities known to youth that focused on reducing stigma related to mental health challenges and promoting reaching out and offering help to those in need. The movie was shown at high school assemblies to kick off the campaign. CHA-IPS staff then worked with a campus based

leadership group to facilitate three campuses based awareness activities. Some examples of the activities that the students developed and implemented on their campuses are the creation of a cyber-bullying video, student created posters around campus with positive messaging, a Walk-A-Thon and luminaries placed around campus with positive messages on them during the Homecoming basketball game.

PEI-05 First Onset for Older Adults

There are four 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 is an evidence-based early intervention. Through the RFP process, three providers were identified to implement the program in all three regions of the County. Providers were trained in the model by the developers in early 2011. As a part of the training protocol, each provider was asked to submit audio tapes of sessions to consultants for review and weekly calls were held to discuss progress. The audio taped sessions were rated by the consultant to measure competency. Each provider must pass competency/certification in the model in order to continue to provide the service. There were a lot of outreach activities that occurred during FY10/11 in an effort to reach those unserved and underserved communities and to build relationships with referring agencies and these efforts will continue into FY11/12. One provider exclusively serves LGBTQ older adults and another provides services in Blythe, which is an isolated community on the border of Arizona.

Program to Encourage Active Rewarding Lives for Seniors (PEARLS): This program is designed to reduce symptoms of depression and improve health related quality of life. This program is being implemented through RCDMH Older Adult Services staff. In FY10/11 six providers and a supervisor were hired and training occurred in late February 2011. The PEI unit arranged for the trainers, who are from the University of Washington, to come to Riverside. They provided the training to allow community-based providers to participate in order to build community capacity for the program. This is one of the first times that the trainers have provided the training outside of the university setting. PEARLS staff focused their efforts on outreach activities to educate the community as well as referring parties about the program.

This included in-services for staff from the Area Office on Aging, Adult Protective Services, senior and community centers and health fairs focusing on older adults.

Caregiver Support Groups: 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. A Memorandum of Understanding (MOU) was entered into with the Area Office on Aging (OoA) to provide the service. The OoA had an existing caregiver support program, however, PEI funding allowed them to expand the number and location of groups and also expanded the curriculum. The program 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. Through newspaper articles, flyers and word of mouth, the program got off to a great start. Through the use of outcome measures and satisfaction surveys, the RCDMH Research unit was able to identify that program participants experienced a reduction in depressive symptoms at the end of the classes and there was significant satisfaction with the program. The average age of the participants was 67 and the average number of years of providing care was 4.5 years. There were so many people interested in the groups that a wait list was started almost immediately and an increase to the MOU was made to increase the staffing to accommodate all of the requests. The MOU addressed the Western and Mid-County regions of the County. An RFP was released to identify a provider or providers for the Desert Region and proposals were in evaluation at the end of FY10/11. During FY10/11, services were provided to 28 individuals and as of mid-February 2012, has served an additional 76 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 focused on development of programs to provide prevention and early intervention for older adults.

CareLink Program: RCDMH was provided the opportunity to enter into an MOU with the Office on Aging to further the goals of the PEI Older Adult Work Plan by offering 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. The program began implementation in July of 2010 and provided assistance to 45 older adults in FY10/11 with an additional 115 older adults served as of February 2012.

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. In March 2011, the Board of Supervisors approved contracts with three community based organizations and one school district to provide the service in schools. Two CBITS trainings were held in FY10/11 with 45 people trained. Two PEI Training and Fidelity Liaisons were trained in the model and began the process of becoming trained trainers. This will allow the department to train contracted staff in the future and also allow for community capacity building in the model. Department Staff began using the model in Desert Hot Springs as of January of 2011 and community based contractors began implementation in August of the same year.

Seeking Safety: This is an evidence-based coping skills program designed for individuals with a history of trauma and substance abuse. Through the community planning process, this model was identified as a program to address both the Transition Age Youth (TAY) and adult populations in Riverside County. RCDMH entered into contracts with two community based organizations in early spring 2011 to provide the program in all three regions of the county. PEI also sponsored training in the model in early spring 2011 with 73 participants representing the contractors, but also department staff and other community providers. Services started in the summer of 2011 with a goal to provide six groups countywide.

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 FY10/11 staff were hired and training occurred in late June 2011. In addition to RCDMH staff being trained, the PEI coordinator facilitated a meeting with interested community based providers to offer the opportunity for training and consultation in order to build community capacity. As a result, 14 clinicians were trained in the model and will participate in the consultation process with the University of Pennsylvania.

Safe Dates: This dating violence prevention program was not implemented in FY10/11 primarily due to the need to prioritize the implementation of other PEI programs.

Trauma Recover and Empowerment Model: This model was not implemented in FY10/11 primarily due to the need to prioritize the implementation of PEI programs.

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 that the programs are being implemented with. In addition to the programs identified below it is important to note that each of the populations were identified as priority populations in each of the RFPs that were released throughout the year. The mental health awareness and stigma reduction activities also included 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 of the Incredible Years parenting program in which the facilitator provides the service to parents in their home. The program focuses on strengthening parental competencies. One provider was identified through the RFP process to provide the program throughout Riverside County. Staff was trained in the Incredible Years model as well as the Native American adaptation. In FY10/11, 103 parents received the program in their home. The plan for FY11/2, is to provide services to 120 parents county wide (20 families per region), with continued program adaption, as well as an opportunity for parents to participate in ongoing Incredible Years school age and advanced curriculum programs.

Guiding Good Choices: The program is a prevention program that provides parent education 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. Providers received the Guiding Good Choices training as well as a training in a Native American adaptation. This five week parent education program was provided to 111 individuals in FY10/11. The Guiding Good Choices Parent Groups will run concurrently to provide services to 108 parents county wide (36 parents per region) during FY11/12.

Building Resilience in African American Families: This project was identified through the Community Planning Process as a priority for the African American community. In FY10/11 two providers were identified, one for the Western Region and one for the Mid-County Region. Since the procurement process was not successful in identifying a provider for the Desert Region an RFP was re-released in the fall of 2010. 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 include 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 26 youth and their families participated in the program in FY10/11.

Effective Black Parenting Program: This is a parent education program for parents of African American children. As with the Rites of Passage Program, the initial focus of activity in FY10/11 was on outreach to schools and community providers to solicit referrals for the program. A total of 27 parents participated in the 14 week group. As a part of the contracts, each provider also identified parents who completed the group model to be trained. The goal of this is to have parents facilitate the one day seminar version of the program in their communities.

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. Each contractor was also trained in this model and 35 youth between the ages of 10 -15 received the program in FY10/11.

Hispanic/Latino communities: Two programs with a focus on Latino women were identified within the PEI plan.

Mamas Y Bebes (Mothers and Babies) Program: This is a manualized 8 week mood management course during pregnancy and includes 4 post partum booster session with the goal of decreasing the risk of the development of depression during the perinatal period. An RFP was released in December 2010 to solicit proposals to provide this program in targeted areas of the County. Identification of providers and training in the model with implementation beginning is the goal within FY11/12. In an effort to increase awareness surrounding perinatal mood disorders, RCDMH sponsored a one-day training in the spring of 2011 with a nationally recognized expert in the field. There were 181 participants in the training representing many agencies from Riverside and the four surrounding counties including medical providers, social workers, and therapists. Services for this program began in March 2012 and currently have four groups countywide.

Cognitive-Behavioral Therapy (CBT) for Depression (with antidepressant medication): This program was developed specifically for use with Latino women. It is an essential component of the model that the Promotores (as) de Salud Mental program be fully functioning as it is the work of the Promotores (as) that engages participation in this program. When the Promotores (as) program is fully established within communities, plans for implementation of this model will be developed and a RFP will be released.

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 began 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.

Training, Technical Assistance and Capacity Building

CIMH

The Department continues to expand its CIMH contract to support trainings related to Evidence-Based and Promising Practices identified in the MHSA Plans. In addition to staff participation the intent is to expand training capacity to our community providers and agencies as well as cross-county opportunities that may present themselves in the Southern Region. The Department set aside $300,000 for the CIMH contract expansion. Below are specific training examples that resulted from the initiative in FY10/11.

PEI Training Totals for FY 2010-2011

Name of Training	Date(s)	Days	Participants
Guiding Good Choices	8/31/2010 - 9/2/2010	3	13
Rites of Passage	10/21/2010 - 10/22/2010	2	16
Guiding Good Choices American Indians	11/4/2010 - 11/5/2010	2	8
CBITS	11/8/2010 - 11/10/2010	3	13
Triple P	11/16/2010 - 11/18/2010	3	20
Guiding Good Choices	1/18/2011	1	12
Active Minds	1/24/2011	1	14
CBT for Late-Life Depression Workshop	1/24/2011	1	6
Guiding Good Choices	1/25/2011	1	9
CBT for Late-Life Depression Workshop	1/25/2011 - 1/26/2011	2	7
Guiding Good Choices	2/1/2011	1	7
PEARLS	2/9/2011 - 2/10/2011	2	22
Incredible Years Parent Group Leader Workshop	2/14/2011 - 2/16/2011	3	11
Triple P	2/22/2011 - 2/23/2011	2	19
Healthy IDEAS	3/29/2011 - 3/30/2011	2	25
DTQI	4/11/2011 - 4/12/2011	2	10

Perinatal Mood Disorder PEI Sponsored Training	4/19/2011	1	181
Seeking Safety	4/21/2011	1	73
Triple P	5/31/2011 - 6/2/2011	3	18
Parent Partner Practices PEI Sponsored Training	6/6/2011 - 6/23/2011	12	15
Triple P	6/7/2011 - 6/9/2011	3	19
CBITS	6/20/2011 - 6/22/2011	3	32
PE Therapy for PTSD	6/27/2011 - 6/30/2011	4	14
Triple P	6/28/2011 - 6/30/2011	3	20

FY2010/11 TOTAL # OF TRAINING DAYS: 61

FY2010/11 TOTAL # OF PARTICIPANTS: 584

Other General Training Conducted During 2011

Advanced Recovery Practices	2/28-3/3 and 3/7-3/10
Gender Responsiveness	3/30
Cognitive Behavioral Therapy	4/12, 2/9, 8/17
Motivational Interviewing	4/19
Advanced Motivational interviewing	5/25, 8/24
Co-Occurring Disorders	2/23, 4/26, 8/31
Bridges out of Poverty	5/11-12
Calif. Brief Multicultural Competency	7/6, 12, 21, 27- 3/2, 3, 10, 18 – 10/4, 13, 18, 27
Self Mutilation	1/19, 21, 2/2
Evolution of the Consumer	2/25
Recovery Practices for Supervisors	5/3, 4 – 5/6
Building Bridges with Adolescents	5/11
Recovery Management	6/28
Spirituality and Mental Health	9/14

Law Enforcement Collaborative

The Department remains committed to collaborating and training Law Enforcement agencies across Riverside County on Mental Health issues. Through these efforts it is anticipated that Law Enforcement officials will increase their knowledge and skills when it comes to intervening with individuals experiencing mental health related issues.

There continues to be good cooperation from both Sheriff and Riverside Police Representatives. There have also been Police Officers and Deputy Sheriff Officers from other Counties attend the training including Fullerton, Brea, Orange County, Los Angeles Department of Defense, and Los Angeles Police and Sheriff. There have also been Police and Sheriff Sub-Stations attend such as Moreno Valley, Perris, Palm Desert, Indio, Blythe, Palm Springs, and Desert Hot Springs. The attendance for most 2-day trainings is approximately 25-30.

Trainings for FY10/11 including the following: a total of 12; 6 for Jail Correctional staff and 6 for Sheriff Patrol. Trainings were offered at the Riverside County Sheriff Ben Clarke Training Center, located in the city of Riverside. The training was POST (Peace Officer Standards and Training) certified by the State of California in July 2011. Approximately 1200 Correctional staff and 300 Sheriff Patrol have been trained thus far. In addition, the Riverside Police Department (RPD) receives the training twice per year: once in the fall and once in the spring. There have been over 700 RPD police officers trained and the training is also POST certified.

Evaluations are reviewed after each 2-day training session. The overwhelming responses are the training is well received and participants have requested to hear from family members as part of the consumer panel. As a part of the training, the Jefferson Transitional Programs consumer panel receives excellent comments following the training and has been a success. The Department will also provide a member from the Family Advocate and Parent Support programs to participate on the panels moving forward in 2012.

Training Schedule for 2012

Riverside Sheriff's Department:

January 11-12, 2012- Sheriff Patrol

February 8-9, 2012- Sheriff Patrol

February 21-22, 2012- Sheriff Corrections

March 21-22, 2012- Sheriff Patrol

April 18-19, 2012- Sheriff Patrol

May 14-15, 2012- Sheriff Corrections

May 30-31, 2012- Sheriff Patrol

June 27-28, 2012- Sheriff patrol

Riverside Police Officers

February 28-29, 2012

October 2012

Peer Employment Training

JTP continues to work with individuals (peers) who want to go to work as Peer Support Specialists in the County of Riverside. During FY10/11, there were 10 Peer Employment Training classes held with 238 graduates.

There are six different Peer Employment Training classes set for 2012/13 with an average estimate of 25 students in each. The 80 hour classroom training and graduation celebration provides a very positive opportunity for peers to demonstrate empowerment in peer recovery.

Innovation

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 "tryout" 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.

INN-01 Recovery Arts Core Project

The Recovery Arts Core started in November 2009. As described in the County's approved Plan, the first two months of the Arts Core were the organization phase (when the evaluation methodology was developed, the staff was trained, and the curriculum developed). After this planning process, two rounds of Arts Core classes were given before June 30, 2010. Ten peer artist facilitators and assistant facilitators led 14 series of 4-8 week workshops at ten sites for over 200 people throughout Riverside County. The facilitators used curriculum created by five peer artists. In addition, two exhibitions featuring artwork created during the classes were organized. Over 240 surveys during this time were collected.

The Core Project built bridges within the community, encouraged interagency collaboration, by involving local artists, art organizations, schools, and other nonprofits at the grassroots level. The project showed how building these bridges create programs that promote essential aspects of mental health recovery: individual expression, positive community recognition (in a role other than "mental health client"), group participation, introduction to community roles and possibilities outside of mental health system, educational opportunities, vocational training, and paid employment. The project will complete its cycle on June 30, 2012, finalizing the 3-year pilot program.

Overview of FY10/11 Program

The Recovery Arts Core (RAC) started in November 2009 and continued throughout June 2011.

- Four rounds of Arts Core classes were given from July 1, 2010 to June 30, 2011.
- Eleven peer artist facilitators and assistant facilitators led 15 series of 4-8 week workshops at 12 sites for over 238 people throughout Riverside County.
- The facilitators used curriculum created by 5 peer artists. In addition, exhibitions featuring artwork created during the classes were organized.
- 173 surveys were collected during this time.

RAC Classes:

- Scrambled Eggs, Too (now "Jubilee") - Riverside PSRSC, Riverside
- Art and Music- Hacienda Village (Board & Care), Riverside
- Recovery through Mixed Media- Milestones (Board & Care), Indio
- Creative Writing & Art- Majesty Village (Board & Care), Riverside
- Recovery through Drama - Harmony Center PSRSC, Banning
- Paper Crafts- Rancho ANKA, Hemet
- Art Fundamentals- Path, Palm Springs
- Paper Crafts- ARM Group Homes, Beaumont
- Paper Crafts - Harmony Center West, Banning
- Recovery through Mixed Media- TAY Victor, Lake Elsinore
- Recovery through Mixed Media- Harmony Center, Indio
- Emotions on Canvas- SMART Center, Cathedral City
- "Going in Circles" - Harmony Center, Indio

- "Frames of Mind" -Operation SafeHouse, Riverside
- "Going In Circles"- Harmony Center West, Banning

RAC artist work was exhibited at the Community Foundation - summer 2010, Alternatives Conference - October 2010, and in the Art Works Gallery throughout the year.

RAC Outcomes

Recovery information and peer-support (the following results are higher than those from FY10) 92.8% of participants indicated that the Recovery Arts Corp Program had a positive impact on their sense of well-being. 73.8% in FY10. 77.1% of participants indicated they had a good or great understanding of Recovery principles since participating in the Recovery Arts Corp program. Up from 60% in FY10.

- 68.6% of participants completing a post survey indicated they were likely or very likely to seek support for recovery at a Peer Support and Resource Center. (61.3% in FY10)
- 74.3% of participants completing a post survey indicated they were likely to participate in activities at a Peer Support and Resource Center. (66.3% in FY10)
- 67% of participants on the pre measures reported they knew what a Peer Support and Resource center was; while 85.7% on the post surveys indicated they knew what a Peer Support and Resource Center was. (58% and 71.2% respectively in FY10)

"Recovery Arts Core has ... given me confident that recovery is possible." "I also began to think about my own 'path of recovery' and how my story could help others and how I might integrate parts of my story into what we did in class so students could understand that I had 'been there, too."'

Positive reviews:

- Art is not for everyone; however it worked well for most of our people who participated.
- It helps with their isolation, bringing them out of their apartments and socializing with others in a positive way.

- The peers were very interactive with this program. I couldn't believe what beautiful things they were making and the talent they were expressing. Peers, that hardly say a word, had such a different attitude and were able to express themselves through their art. It's like they came to life through their art.
- It allowed them to step out of their comfort zone and participate.
- The participants were surprised to see how the Recovery Arts Program had a positive impact on their recovery plan.
- A positive effect- or residents enjoyed activities and peers that ran the program.
- A very happy, upbeat positive attitude

Site Staff

Majority of feedback was positive with 3 reviewers offering critiques:

- "Some of the residents liked it but a lot said that it was too childish for them, some said they would like to join the program if they had more adult things to do."
- "It might be better to approach the 'art' itself first, then use the skills they are learning to act as a medium of self expression -after they learn a little bit about how to do it."
- "It would be helpful to know in advance, what the class will specifically entail so the staff can better promote the class. We were not given clear specifications, in turn we presented the class as an "art class, where you can learn how to draw and maybe use different mediums". Additionally, we did not know it would be about recovery and this had a preemptive response from our participants.

Additional Programming: *Acting Out Loud* Performance Troupe

In December of 2010, occupational therapy students reported on the influence of recovery-oriented drama performances on audience perceptions of mental illness. The resultant manuscript, entitled Performance Troupe: A Journey of Healing & Understanding, was published in the Mental Health Special Interest Quarterly of the American Occupational Therapy Association. This study supports drama as an effective tool to educate society and raise

awareness of mental illness. The performance dismantled the barriers of fear, judgment, and stigma that often surround those with mental health diagnoses.

INN-02 Recovery Learning Center

The Recovery Learning Center (RLC) provides services to Transition Age Youth, Adults, and Older Adults with serious emotional disorder and/or serious mental illness. It also provides supports to individuals with co-occurring substance abuse disorders. Priority populations include unengaged homeless individuals, high users of services (those from acute-inpatient settings, outpatient crisis services). Adults were also referred through the criminal justice system.

The intent of the MHSA and recovery practice is to create a new service delivery model, one that is "consumer-driven", not just consumer-enhanced. Peer run centers typically function only for support and offer socialization, vocational, and consumer education. Developing a mental health services center that is envisioned, developed, and led by peer practitioners is the necessary innovation to truly transform philosophy into service. The Recovery Learning Center (RLC) is that peer center. The RLC was conceived and designed by a peer leadership forum which included consumers who have worked as Peer Support Specialists in the public mental health service system, volunteers, peer community leaders, and consumer stakeholders. This consumer group proposed development of a peer-operated mental health services clinic and brought their proposal to Riverside County as a recommended pilot.

Consumers who are served by programs that were developed and implemented by peers have shown better healing outcomes, greater levels of empowerment, shorter hospital stays, and fewer hospital admissions (Dumont & Jones, 2002). The full design of the RLC including program philosophy, physical plant, structure and service delivery were envisioned by people with lived-experience who are dedicated to improving the lives of consumers.

The RLC increases the quality of services, including better outcomes, by designing consumer developed and run mental health services from inception to service delivery instead of offering ancillary peer services which is the current standard of practice. By establishing a program rooted in recovery philosophy and operated by people with lived-experience, the RLC not only allows for a unique learning experience for consumers, but also serves as a transformational

influence in the overall mental health services system. The program opened in April 2011 and outcome data will be forthcoming in FY12/13 to establish efficacy of the program.

RLC Activities for FY10/11

- Opened April 4, 2011.
- Developed a Consumers and Family Members Leadership Committee to provide feedback regarding recovery implementation.
- Furniture and Decorations for the program facility was completed with the active participation of the members.
- Hired the first group of Mental Health Providers, including 5 Peer Support Specialist & a Senior Peer Support Specialist.
- Welcomed 221 people into the program.
- Opened 83 members / participants in the RLC.
- Conducted 11 Wellness Recovery Action Plan (WRAP) classes.
- Conducted an average of 10 different recovery activities a week.
- Provided 15 in-service trainings for the staff.

RLC challenges with recruitment and the process of hiring the staff

- Difficulties with recruitment of diverse and multi-cultural/multi-linguistic Peer Support Specialists.
- Difficulty with achieving diversity levels of Peer Support Specialist (with expertise in the mental health recovery process).
- Developing appropriate interview process to identify the Peer Support Specialists with experience in working with recovery in mental health settings.
- Retention of Peer Support Specialists and Senior Peer Specialist.
- Developing protocols that recognize the innovative approach of the services.
- Challenges with billing codes and Medi-Cal billing services that do not meet the recovery innovative approach.

INN-03 Family Room Project

The Family Room is designed to be a community based clinic that puts the family members of the consumer at the center of the recovery services. Family members identified by the consumer will receive support, education and services necessary to best support the recovery goals of the consumer. The majority of services in the Family Room will be provided by "Recovery Specialists" who are paid family members and consumers, though all staff will be trained and supported to provide family-friendly services. All services offered will encourage family participation with the goals of increasing family support in the community thereby increasing self-sufficiency, access to services and independent living for the consumer. The Family Room will be welcoming to all consumers and family members, and all services will be conceived of by family members and consumers.

The Family Room has hired a Senior Mental Health Peer Specialist who has lived experience as a family member to help develop the program. She is working with the program supervisor and the Department's Family Advocate in facilitating a Family Room Advisory Council (FRAC) to guide the development of the program. The FRAC is made up of consumers, family members, and Department staff who advise the Department on facilities, services, and procedures to ensure a family-centered, family-friendly program. Due to space limitations the development of the Family Room has been slow – it is expected that the first round of Hiring for "Recovery Specialists" will begin in April 2012 with full implementation of the Family room in Late 2012 if more space is identified. Outcome data will be forthcoming in FY12/13 to establish efficacy of the program.

INN-04 Older Adult Self Management Health Team Project

This program addressed the needs of Older Adult populations ages 60+ with complexities of mental health conditions and co-morbid health conditions.

This project establishes an Older Adult Self-Management Health Team for consumer engagement and self-management support through the use of the Chronic Disease Self-Management Evidence-Base Practice Model as well as interagency collaboration/coordination. This model addresses both the physical and mental health care issues for older adults. This innovative model provides strategies to comprehensively address these issues in the older adult

population. The program began implementation in April 2012 and outcome data will be forthcoming in FY12/13 to establish efficacy of the program.

Capital Facilities/Technological Needs

On March 14, 2008, the State Department of Mental Health released the guidelines for the MHSA Capital Facilities and Technology Component. Capital Facilities allows counties to acquire, develop or renovate buildings to house and support MHSA programs. Technology supports counties in transforming and modernizing clinical and administrative information systems as well as increasing consumer and family member's access to health information within a variety of public and private settings.

Capital Facilities

The Department previously submitted an initial Capital Facilities/Technology Component Plan in July 2008. The first Capital Facilities project identified, Desert Safehaven Drop-In Center, has been completed. 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. Included was a countywide facility inventory that summarized regional locations, space needs, square footage, costs, and lease expiration dates.

The purchase of a facility in the Hemet area to include Outpatient Clinics for Children, Adult, Older Adult, Peer Support Services, Training, and Homeless Services was identified as a primary departmental need. Other projects were identified and the feasibility of each project was to be analyzed depending on subsequent available funds. 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. The Department submitted a Plan amendment on June 2011 to reprioritize Capital Facilities Projects.

The MHSA Children's Out-Patient Program Consolidation Project includes the purchase of two existing structures, at a combined capacity of 78,116 square feet, centrally located on 3075 & 3125 Myers Street, Riverside, CA 92503. These buildings were previously used as a corporate headquarters for a recreational vehicles (RV) manufacturer. All renovations for the proposed project will meet 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. Specifically, four (4) Parent-Child Interactive Therapy (PCIT) rooms each consisting of a Play Room, Observation Room, Group Room, Interview Room, Chart Room, and a Lobby/Greeting Area will be set up and equipped. Renovations for these rooms include modified light fixtures, the installation of one-way mirrors, correct room door placements, and specific electrical circuits, and other construction as needed by the program.

This project will allow consumers to access children's services at a centralized location, while minimizing costs and maximizing program services. The project will consolidate the Western and Central Children's programs. It is expected that the Western Children's programs will serve 2,281 individuals/families per year, while Central Children's is anticipated to serve 1,279 individuals/families per year. The Western Children's program consolidation will include the Children's Interagency Treatment Services for Families (ISF) Wraparound, Riverside Wraparound, the Multi-Dimensional Family Therapy (MDFT)-Western Expansion program, as well as the Western Children's Administration. The Central Children's programs will include the Assessment and Consultation Team (ACT), Children's Case Management, Multi-Dimensional Treatment Foster Care, Youth Hospital Intervention Program (YHIP), Parent Support and Training Unit, the Therapeutic Residential Assessment and Consultation Team, and Central Children's Administration. The Information Technology staff will also be housed at the site to support aforementioned programs

Technological Needs

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 is replacing 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 is being implemented in phased releases. Phase I includes Practice

Management, Administrative Workflow, Managed Care, Billing & Accounting, and all state mandated reporting. Phase 2 involves the implementation of a Clinical EHR function.

Electronic Health Record Implementation FY10/11

At the beginning of the year, the implementation went into full swing when RCDMH completed the process of selecting a vendor and completed contract negotiations with the vendor. Netsmart, the selected vendor, assigned a full time representative to be located and begin work in Riverside. The initial phase of the implementation focused on replacing the old system for tracking and billing services.

RCDMH assembled a rather extensive implementation team made up of representatives from all over the Department. This included billing staff, administrative staff, fiscal staff, and representatives from the service providing programs. Netsmart provided onsite technical assistance to the implementation team. These onsite meetings focused on training the implementation team about the software as well as train the implementation team on how to setup and configure the software to meet our needs here in Riverside.

The system went live on July 5, 2011. So, the entire 10/11 fiscal year was focused on building up to that implementation date. The Practice Management (PM) module was configured for County operated programs to use and for billing Medi-Cal, Medicare, and other funding sources. The Managed Services Organization (MSO) module was configured for services provided by contract providers. In addition, an electronic interface was developed to permit the exchange of data between ITF/ETS and RCDMH. In November 2011, InfoScriber went live. This is an electronic prescription system, so, all psychiatrists are now completing their prescriptions electronically.

Plans for FY12/13

The second phase of the implementation primarily focuses on the Clinical Workstation (CWS) module. This includes the actual clinical content of the Electronic Health Record. Basically, it replaces all of RCDMH's hard copy charts with electronic charts. This second phase goes live on July 2, 2012. In addition to CWS, other modules will be implemented as well: Executive Report System (ERS), Mobile Connect for laptops, Document Management for scanning various

documents into the clinical record, Client Fund Management System (CFMS), and signature pads for recording client's signatures.

In 2012/2013, this means that County operated programs will be working to develop new business practices to incorporate the new software into their workflow. For the implementation team, focus will be on developing reports to help programs receive the information they need and other reports to begin conducting internal audits to ensure that RCDMH is prepared for any State or Federal audits that may occur. In addition, there will be activities focused on developing electronic methods for exchanging data with contract providers who have their own electronic health records, and plans will be developed for providing consumers electronic access to their health records.

MHSA Housing

MHSA Housing Activities, July 1, 2010 - June 30, 2011

The Department of Mental Health operates two Safehaven facilities that follow a low demand drop-in model for providing outreach and housing support services to chronically homeless individuals. 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 visitors. Those seeking services at The Place must have a diagnosed mental illness and be considered chronically homeless. The permanent housing component operated at above 95% occupancy rate during 2010 – 2011, with any vacancies being quickly filled.

The Path, located in Palm Springs, opened in 2009 and provides permanent 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. More than 80% of the tenants who have resided in The Path maintain stable housing for longer than 1 year. The Path had an average of 120 drop in visitors each month during FY2010/2011.

Both facilities are operated by Jefferson Transitional Programs under contract with RCDMH and continue to operate at or near full capacity. During FY10/11, funding for temporary emergency housing was continued.

The MHSA permanent supportive housing program continued to advance its efforts during FY2010/2011 with the construction of 15 new permanent supportive units for seniors. These units are located within a 224 unit complex in the City of Riverside known as Vintage at Snowberry, making it the largest affordable housing development in California to include MHSA units and utilize MHSA funds as part of its financing plan. The City of Riverside was also a financing partner in this development, which is being completed in multiple phases. The first MHSA units were occupied in the spring of 2011 and the final MHSA units will come on line in early 2012.

Another 15 units of MHSA permanent supportive housing in the City of Moreno Valley opened in October 2010 to serve TAY, adults and older adults. The 15 MHSA units are located in Rancho Dorado, a two-phase multi-family development consisting of 150 units of affordable housing.

The MHSA units at Rancho Dorado were the first MHSA permanent supportive housing units to come on line in Riverside County.

Stakeholders responded positively in April 2011 to a proposal to create 15 MHSA family units within a 96 unit affordable housing community being developed in Desert Hot Springs. Currently known as Bella Vista, the development is undergoing an acquisition – rehab effort and will be known as Verbena Crossing when completed. The first MHSA units are expected to come on line in mid to late 2013. The 15 MHSA units will serve adults and TAY in the Desert service delivery region of Riverside County.

Construction was begun in 2010 – 2011 on two projects that will provide a total of 30 units of MHSA housing. The Vineyards at Menifee, a senior community that will include 15 MHSA units for seniors in an 80 unit affordable housing community, is expected to be ready for occupancy in May 2012. Located in the City of Menifee, The Vineyards at Menifee provides the first MHSA permanent supportive housing in the Mid-County service delivery region of Riverside County.

Legacy, located in Desert Hot Springs, will provide 15 MHSA units for TAY, Adults and older adults within a 78 unit affordable multi-family housing community. It is also expected to be ready for occupancy in May 2012.

Looking Ahead to FY12/13

Although the difficult environment for financing real estate developments improved somewhat during the FY2011/2012 period and the level of interest and inquiries from developers who are interested in MHSA housing increased, the elimination of California's redevelopment agencies has had the impact of mitigating those improvements. Redevelopment agencies are one of the leading sources of funding for affordable housing and often provide the crucial gap funding that completes the financing package and convinces other financing sources to participate in the transaction. Affordable housing communities provide a natural setting and partnership for MHSA units. The elimination of redevelopment agencies raises the concern that any reduction in affordable housing development activity may also reduce the opportunities for MHSA housing.

The efforts to wind up the affairs of California's redevelopment agencies and transfer the assets and obligations of those agencies to other entities are currently underway. It is unknown

whether or to what extent any successor entities will be able to fill the role formerly played by redevelopment agencies in generating affordable housing.

Discussions are continuing with the developers of two affordable housing projects in Riverside County that would generate a total of 30 MHSA units within new multi-family affordable housing projects. One project would be located in Western Region, the other in Mid-County Region. The Western Region project completed the stakeholder review process in 2009 and was given a favorable recommendation. The stakeholder process for the Mid-County Region is expected to begin in mid-2012.

MHSA MENTAL HEALTH COURT

2011 Activity Update

Riverside County's three regional MHSA Mental Health Courts were established to serve diverse populations in the Western, Mid-County and Desert regions of Riverside County.

- Riverside Mental Health Court (established November 2006)
- Southwest Mental Health Court (established September 2009)
- Indio Mental Health Court (established March 2007)

Purpose

The three regional Mental Health Court's objectives are to address the recidivism of mentally ill defendants and public safety concerns by adhering to the following:

- Identify mentally ill defendants who are eligible for probation
- Provide mental health treatment and adequate probation supervision
- Create a collaborative process for County agencies (Public Defender, District Attorney, Court, Probation and Department of Mental Health) to coordinate services

Mental Health Court Services Goals

The three regional Mental Health Courts were designed to promote the following goals:

- Provide a seamless transfer of mental health services from the jails to the community, including clients who have been released from custody
- Connect clients with mental health resources in the community (i.e. DOMH Outpatient Clinics and Full Service Partnership Programs, Residential and Outpatient Substance Abuse Programs, VA Center)
- Increase treatment compliance by providing mental health education

Referral Process

Currently, Mental Health Court referrals are provided by the defendant's defense attorney. The defense attorney requests the Court to refer the defendant to Mental Health Court for an evaluation. Referrals can be initiated by:

- Probation, mental health caseworkers, defendant's family, defendant, District Attorney
- Defendant must be willing to accept Mental Health Court treatment
- The Court will determine if a defendant will be accepted by reviewing the mental health evaluation report and consulting with the Defense Counsel and the Deputy District Attorney assigned to the case
- The Defendant may be rejected for MH Court due to statutory ineligibility, excessive criminality, physical volatility (danger to staff or others), or difficulty in placement
- Once accepted into Mental Health Court, the defendant will either plead guilty by negotiated plea or plead guilty directly to the Court and be placed on probation
- Probation terms will include the recommended mental health treatment plan
- The initial referral and assessment in Mental Health Court is voluntary, however, once the defendant is placed on probation, mental health treatment becomes a condition of Probation.
- Failure to abide by those terms can result in a violation of Probation.

2011 Mental Health Court Caseload/Referrals

Riverside Mental Health Court

- Total Referrals = 206
- Accepted = 118

Southwest Mental Health Court

- Total Referrals = 92
- Accepted = 45

Indio Mental Health Court

- Indio Referrals = 93
- Accepted 26

Collaborative Partners/Stakeholders

- Judge John Molloy (Previous), Judge Mark Johnson (Current) Mental Health Court, Riverside
- Judge Timothy Freer, Mental Health Court, Southwest
- Judge Victoria Cameron, Mental Health Court, Indio
- Riverside County Department of Mental Health
- Public Defender's Office
- District Attorney's Office
- Probation Department

Veterans Court

The mission of the Riverside County Veteran's Court is to provide an inter-agency, collaborative, treatment strategy for Veterans in the Criminal Justice System who suffer from Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), psychological issues, sexual trauma, mental health, or substance abuse problems as a result of having served in the armed forces.

While the Veteran's Court is not a MHSA funded program, it interfaces with the Riverside County MH Court program. When individuals are deemed non-service connected and are suffering from a mental illness, they are referred from the Veteran's Court to the MH Court via their defense attorney. The defense attorney will request that the individual be provided an assessment/evaluation for possible acceptance by the MH Court Committee into the Mental Health Court program.

The Veterans Court commenced operation on January 5, 2012 in the City of Riverside. Admission is determined by the Veterans Court Judge based on eligibility and suitability recommendation from the treatment team and staff liaisons. Primary factors to be considered are the likelihood of success and public safety. Participants must plead guilty or must agree to reinstatement of probation. Participants must also be placed on formal probation. Regular

court appearances as determined by the Veteran's Court Judge will be required. Participants must agree to a minimum 18-month intensive treatment programs (or 12 months for individuals convicted of specified misdemeanors).

Treatment component includes weekly individual and group counseling, drug and alcohol testing, mental health treatment and regular attendance at a support/self-help meeting. Ongoing aftercare services will be available to all participants who graduate.

Jefferson Transitional Program (JTP)

(Western and Mid County Peer Support and Resource Centers)

Mission: Involve people in their own treatment and care so they may walk through the door of recovery with confidence- moving from crisis to stability, victim to survivor and hopelessness to happiness.

Vision: To assist individuals with psychiatric and/or dual diagnosis challenges in becoming productive and thriving citizens through the provision of safe affordable housing; development of functional life skills; opportunities to explore and develop vocational options; and promotion of community awareness and sensitivity to the needs and potential of individuals with psychiatric and/or dual diagnoses.

What We Do: We offer a variety of resources in-house, such as:

- Housing
- Volunteer opportunities
- Vocational training and pre-employment skills training
- Computers
- Workshops on a variety of quality-of-life topics (getting out of debt, benefits information and updates,)

We also assist peers 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

Peer Support: From the moment peers walk through the door, they witness their fellow peers greeting them, volunteering at the receptionist desk, answering phones, and teaching recovery classes. In addition to the 93% of staff who carry a mental health diagnosis, peer program participants are encouraged to create a culture where each person's talents, skills, and abilities are valued and useful. Peers are encouraged to not only build relationships with staff but to develop relationships and support networks with each other.

Recovery Education: Within our centers, classes are offered daily, and are taught by staff, peer participant volunteers, and community partners. Topics range from proper nutrition and exercise to increasing social participation and goal-setting. In the larger community, peers educate the public on mental health issues in order to decrease stigma. Some examples of these efforts include:

- Storytelling through NAMI's In Our Own Voice for the Sheriff's Department, local universities, hospitals, clinics
- Participating in Community Health Fairs
- Participating in Community Events (such as the Mayor's Ball)

Community Integration: Our 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, we provide opportunities to participate in free or low-cost community events. Through these events, participants are encouraged to explore personal interests, engage in new experiences, and discover welcoming places that will increase their quality of life.

Community Support:

- La Sierra University's Service Learning Program created a "Happy Room" for Transitional Age Youth and to teach a variety of recovery education classes (topics included drama, writing, and relaxation).
- •La Sierra University's Service Learning Program taught a variety of recovery education classes (topics included drama, writing, and relaxation).

- Lorna Linda University's Nursing Department taught a Dialectical Behavioral Therapy class.
- Lorna Linda University's Nursing Department developed and taught a Social Skills Etiquette class.
- Lorna Linda University's Occupational Therapy Department developed a community integration class called "U in the Community".
- Gluck Fellow Steven Lu taught a painting class for the whole year.
- Springboard offered workshops on developing financial stability.
- DBSA has provided the location for JTP's Annual Magic of Believing Fundraiser. Also, every major holiday, all JTP Peers were invited to social event at the home/grounds of DBSA President JoAnn Martin.
- Riverside City Police Department was provided education from a peer panel in conjunction with a Q & A session for law enforcement officers and staff.
- Riverside County Sheriff's Department was provided education from a peer panel in conjunction with a Q & A session for law enforcement officers and staff.

FY10/11 Activities

For FY10/11, the JTP Peer Support and Resource Service Center activities/accomplishments include:

The following is a break down for both the Western and Mid-County Region.

Western Region

- The Adult Program served a total of 301 peers unduplicated.
- The Transitional Age Youth Program (TAY) has served a total of 123 peers unduplicated.

Mid-County Region

- The Adult Program served a total of 517 peers unduplicated.

- The Transitional Age Youth Program (TAY) has served a total of 174 peers unduplicated.

Program Milestones

- Eight (8) peers obtained and sustained ninety (90) days of gainful employment.
- Ninety-two (92) peers enrolled in higher education courses.
- Assisted one hundred forty-six (146) peers apply for benefits (SSI/SSDI, Work Incentives, Medical).
- Assisted four hundred and seven (407) peers obtain housing of their choice.

JTP Consumer Supports and Education

December 28, 2011 - The NAMI In Our Own Voice (IOOV) for the past few years has not been given specific goals. Our procedure was to report the IOOV presentation to Riverside County Department of Mental Health as follows: Date/Location/Audience/Number Attended)

- 06/07/2011 - Country Villa/ Peers/ 18
- 06/ 13/2011 - Riverside Area Rape Crisis Center/ Students/ 8
- 06/13 /2011 - Ben Clark Training Center Law Enforcement/ 29

The peers shared parts of their stories and the staff stated that the peers sat through the entire presentation without leaving and that was rare. The students had a lot of questions regarding medications, side effects of medication, and symptoms of mental illness. The police officers stated that they mostly see people during their dark days and it was very beneficial to know people do recover.

- 05/23/2011 - Riverside Sheriff's Department Police Officers /26
- 05/26/2011 - Community Connect (Volunteer Center)/Volunteers/ 11
- 05/26/2011 - JTP Riverside/ Peers/ 15

Police officers stated that it was beneficial in their careers to see and hear how people with mental illness recover. They were very thankful that presenters shared their personal struggles

and triumphs so honestly. The volunteers asked a lot of questions regarding how drug addiction affects mental illness. Peers expressed a desire to see a video with young adults.

- 04/05/2011 - JTP Riverside/ Peers /3
- 04/26/2011 - Riverside Police Department/ Officers/ 5

The peers asked the presenter a lot of questions regarding her journey in recovery. They also asked about her therapy. The officers stated that it was very educational to hear how a person with a mental illness goes from dark days to recovery.

- 03/12/2011 - NAMI Group Family to Family 18
- 03 /30/2011 - Patton State Hospital Social Workers 52

The audience stated that the video and the presenter's story helped them to understand what their family members are going through. The social workers expressed that they learned how important "acceptance" was to the peers in the beginning of their recovery. Presentation increased understanding of key recovery concepts.

- 02/0112011 - Ben Clark Training Law Enforcement Center /20
- 02/ 10/2011 - Riverside Rape Crisis Center/ Volunteer Trainees /9
- 02/28/2011 - Family Advocates/ Family Members/ 10

The police officers stated that presentation was a good insight to what people are going through when they are at their worst, which is helpful in their line of work. Facilitator of training at the Rape Crisis Center stated that even though she has heard presentation several times, she is still in awe of presenter's story. They enjoyed live testimony in addition to the video.

- 01/04/2011 - JTP Riverside/ Peers/ 3
- 01 /28/2011 - JTP Path/ Peers/State 7
- 01131/2011 - JTP Perris/ Peers/ 15/

The attendees at JTP Riverside were very interested in the presenter's dark days and coping skills. They expressed that now they believe recovery can happen. Peers at the PATH wanted to hear about different diagnoses and symptoms. Peers in Perris asked how they could become presenters.

- 11/10/2010 - Riverside NAMI/ Family to Family/ 17

Family members had a lot of questions regarding mental illness and recovery from drugs and alcohol. They also expressed their appreciation for presenter's openness, honesty, and being genuine.

- 10/14/2010 – Perris/ Family Advocates/ 7
- 10/27/2010 - Riverside Police Department 2

Family members had a lot of questions and comments regarding mental illness and also shared some of their personal experiences. The officers stated that what they learned from the presentation will help them in their career. They said it was all very helpful and relevant to their work.

- 09/15/2010 - Riverside Volunteer Center /8

Volunteers suggested newer video and longer stories. Volunteers stated their appreciation of presenter's honesty and personal stories.

- 08/03/2010 - Riverside Co. MH Family Advocate/ 11
- 08/ 10/2010 - Riverside Sheriff's Department/ 24
- 08/23/2010 - Riverside Rape Crisis/ 9
- 08/27/2010 - Perris Peers/ 7

Family members stated that the presentation was excellent and didn't need any improvement. Police officers asked a lot of questions regarding recovery and stated that presentation opened their eyes to the struggles of being diagnosed with a mental illness. One member at Rape Crisis Center stated that she had been prejudiced prior to presentation, but now had changed her mind. JTP employees stated that what they learned will help them in their field of work.

The new NAMI contract for 2011/2012 does have specific requirement outcomes as indicated in the contract.

The peer employees and volunteers at JTP look forward to the day to day activities that are facilitated by our agency. However, some specific exciting "special activities" and services we will provide in 2012 are listed below:

ASIST (Applied Suicide Intervention Skill) from RCDMH: JTP's peers were trained and are now certified to train for ASIST. They will provide three 16 hour classes (20 in each class) for RCDMH Peer Support Specialists and other staff county mental health designate. This will create a life assisting community in our county, a group of individuals seeking to prevent the immediate risk of suicide.

Film Festivals: For four sites throughout Riverside County, the series educate the community regarding the realities of mental health. Each of the three nights will include a lovely reception, a dynamic documentary, and a panel discussion relative to the film content. The panel will be comprised of film producers, mental health experts, and peers sharing their related life experience and insights.

Peer Employment Training: JTP continues to work with individuals (peers) who want to go to work as peer support specialists in the County of Riverside. There are six different Peer Employment Training classes set and passion for 2012/13 with an average of 25 students in each. The 80 hour classroom training and graduation celebration provides a very positive opportunity for peer to demonstrate empowerment in peer recovery.

Laughter Bridges: Another event in the planning stage for 2012/13 is Laughter Bridges, a two-half days workshop of theory and exercises that train individuals to become certified laughter coaches and facilitators. The actual name of the exercise is called Laughter Yoga. Laugher Yoga is scientifically documented to release endorphins, improve one's immune system, allow for better sleep; and laughter also enriches the blood vessels with oxygen.

Harmony Center

(Desert Region Peer Support and Resource Center)

The Harmony Center reinvents its mission and takes a renewed approach to recovery Self Directive Recovery Plans.

The Oasis Self-Directed Recovery Plan is a process for sorting out and identifying your individual recovery goals. It helps an individual 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

TAY duplicated attendance is raising, attending classes consistently.

Bi-Annual Celebration of Successes & Achievements last celebration on November 17th presented 105 awards with 70% peer attending.

Harmony Ambassadors – Peer Partners & Peer Support Specialists (PSS) send out the message "Recovery is Real" by going into hospital "Oasis" and Crisis Residential Treatment (CRT) and giving them hope, having had similar challenges; and giving information about the Harmony Center.

Peer Employment Training (PET) – Peers are looking forward to this training once they feel they are ready to start part time or even maybe full time.

More partnerships with local job training programs, expanded adult education activities, and more wellness programs (smoking cessation, weight loss, healthy eating, fitness training).

Recovery Skilled classes with certificates of completion such as, WRAP, Medication Education, Health, Fitness & Nutrition, etc.

TAY completing Wellness Recovery Action Plan (WRAP), Situation, Options, Disadvantages, Advantages & Solution (SODAS), and Strength Discovery classes.

Expansion – Harmony just expanded PSRC Suite 204, which means we now have an art room and bigger brighter group room. This is much brighter & cheerful and our members have mentioned they don't feel so closed in.

NAMI/RCDMH sponsored 5150 training for family members with the Promotores.

Collaboration with RCDMH and the Harmony Center has become much stronger.

Barriers

Transportation, peers have requested some incentives such bus passes. Transportation to areas in Desert Hot Springs has been difficult.

Growth Barriers

Blythe – referrals, need expansion - wanting a bigger space, working with Sheltering Wings in their move to a bigger space. This will be located next to Blythe MH. JTP is looking into providing PET in Blythe. Our members have had to travel from Blythe to Palm Desert to attend PET.

Banning – referrals, need expansion - peers wanting a bigger space/center of their own. They are requesting computers to have available for jobs & other resources, we currently only have one laptop.

Engaging CRT referrals due to homelessness, no contact information-Harmony Ambassador outreach to CRT and Psychiatric Health Facility (PHF).

Plans for FY12/13

Provider of Choice.

PSRC in all 3 locations having their own center.

Building stronger support system for our members who are homeless or underserved, using our new TAY Community program.

Funding for our members PSS who need WRAP certification.

PET more often in the Desert Region.

Consumer Employment, Support, Education, and Training

In the years 2010 and 2011, we experienced extreme growth in Consumer Affairs with Consumer Initiatives and Recovery Model Implementation.

Much of this growth came in the form of consumers being added to our workforce in a variety of ways. We doubled the number of Peer Support Specialists – people who have experienced significant mental health issues which disrupted their lives over a lengthy period of time. These Peer Support Specialists (PSS) have achieved a level of recovery in their lives and are willing to use their experiences to help our consumers. Many of these PSS are working for us full time – some in a new area which will be addressed later.

We have also added to our numbers by bringing on qualified PSS Interns who have completed Peer Employment Training as do our fulltime PSS. They then go through a selection process which includes a meeting with our Workforce Education and Training Coordinator. Those who are selected provide direct services in our clinics and programs. They do this in a learning capacity with all the duties of our PSS. They are supported in their learning by a regional senior-level Peer Support Specialist. In 2010, we hired all of our interns but one. A year later in 2011, we hired about half while the other half are in the interviewing process. There were two who were given an additional rotation. Everyone in the internship workforce holds much promise.

The PSS Volunteer Program, which began in 2010, also helped increase the number of providers. We were privileged to add just under 100 PSS Volunteers in 2010 and 2011. There were approximately 3400 volunteer hours. One volunteer in 2010 put in 1900 hours. 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. Among those, they greet clients in the lobby and provide resources as well as co-facilitate groups and provide one-to-one peer support.

We have several new Senior Peer Support Specialists (SPSS). One began with our Older Adult population. Another SPSS works with our Substance Abuse Program. He works with a large number of volunteers teaching educational classes for clients who are waiting to enter substance abuse treatment. These classes are taught all over Riverside County. They have

been extremely successful with many participants no longer needing treatment. This exciting development is even more remarkable since all the education classes are taught by Peer Support Volunteers. Additionally, we hired three SPSS for our innovation projects, The Recovery Learning Center in both Riverside and Indio as well as one for The Family Room in Perris. Another of our SPSS was also placed with Workforce Education and Training as our Department Veterans liaison. By the end of 2011, we had eight SPSS.

Our Innovation projects have created opportunities for us to better serve our people and provide opportunities to increase our team of Peer Support Specialists. The Recovery Learning Center, The Family Room, and Integration of Care have increased those numbers by 17.

We are also excited that the HHOPE (housing) Program has opened a position for a PSS who is a military veteran, outreaching homeless vets.

Our Consumer Empowerment Project creates and updates Directories of Self-Help Groups available in the community. We make these directories for three regions: Western, Mid-County, and Desert. The directories are made available to our consumers and family members as well as the community at large. This project has also been responsible for putting on workshops which are open to our clients and the community. One of the most popular workshops was on expungement. We expected around 40 to 50 people to attend, but more than 100 showed up. It signified that we are offering timely topics to our consumers and family members.

Recovery Model implementation continues as we have partnered with Workforce Education and Training to provide additional recovery training. Leading and Coaching for Managers and Supervisors became a mandatory training in 2011. Additionally, Advanced Recovery Practices was added to the Behavioral Health Specialists training. We've seen amazing work being done by this group, especially as they partner with Peer Support Specialist in our Full Service Partnership.

We continue to support and train our PSS bringing in the Copeland Center to certify our PSS in WRAP. We also brought in Recovery Innovations to train facilitators in Advanced Recovery and Advanced Peer Practices. We have offered Advanced Peer Practices five times since 2010.

Starting in 2011, Consumer Affairs began to partner with the Family Advocate Program as well as Parent Training and Supports. Ensuring that we carry a singular message of hope to the

community, the senior staff has begun partnering in a number of ventures providing training to the community, sharing resources and co-facilitating events.

Recovery Model implementation continues as we work together with Quality Improvement to ensure that our electronic record keeping reflects non-stigmatizing, recovery language.

In 2012, we look forward to assisting with building a recovery program for Assembly Bill 109, proving that recovery is possible for all people, including those exiting the criminal justice system. We have a panel of experts who have experience recovering from mental health issues, substance abuse, and time in prison. This group is very enthusiastic as we look forward to their amazing contributions.

We also saw The Family Room become a reality. Our clients tell us that more than anything; they need their families' support. This program will allow us to facilitate support of our members and their families working together toward a common goal of recovery.

Family Advocate Program

The Family Advocate Program (FAP) provides assistance to family members in coping and understanding with the 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 provider, and the mental health system in general.

There are three Regions within Riverside County and currently, there is 1 Family Advocate's (Sr. Mental Health Peer Support Specialist) assigned to each region. The Family Advocate's 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 English and Spanish 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 and FAP staff also currently teach the Spanish Family-to-Family program in their Regions. 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 will also be expanding with the addition of 2 Family Specialist (Mental Health Peer Support Specialist). A Family Specialist will be assigned to the Blaine Mental Health Clinic, and will work directly with family members of consumers within their clinic. This will be an opportunity to greatly enhance family support services and work directly with clinic staff to integrate families in treatment. A Family Specialist will also be assigned to the Recovery Learning Center, and will work directly with their Recovery Coaches to support and provide the members families with a better understanding of the WRAP and Recovery Concepts that are the centerpiece of the services offered.

The FAP will also continues to work closely with the Mid-County Region MHSA Innovative Program, “The Family Room” that will be located at the Perris Mental Health Clinic. The Family Room will emphasize support for families who are in crisis and enhance family member’s knowledge and skills by expanding their participation and role so that they can better assist and promote their loved ones road through recovery.

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 family members are heard and included within our system. We are also now part of Panel Presentations of the Riverside County Law Enforcement Trainings, to include the family perspective when handling a 5150.

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

One the major challenges we currently have is the FAP limited staff. Having one Family Advocate providing support to family members within the Region, really limits the amount of interaction, and support that are families truly need. Families have historically felt left out of the mental health system, and when they are able to finally connect with our program, it is normally during a crisis situation, in which our family members require much more support and guidance in understanding of what and how our services can assist their loved ones.

Parent Support & Training Program

Introduction - Why Parent Support?

Parent Support Partnership 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. 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 (MHSA) as apart 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 clinics 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) 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 Service Manager to ensure the parent/family perspective is incorporated into all policy and administrative decisions.

The Vision

Riverside County Department of Mental Health, Parent Support Program will 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 will embrace the concept of meaningful partnership and shared decision-making at all levels and services will benefit from a constant integration of the parent perspective into the system.

Current number of Parent Partners County-wide - 25 Total (13 are bilingual).

There is a monthly countywide Parent Partner Meeting for all 21 County-Wide Parent Partners (Mental Health Peer Specialists). Of the 21 Parent Partners' 10 are bi-lingual. Meetings are 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 that are beneficial to the Parent Partner's. Presentations are provided by both County and Contracted Programs, such as Deaf Sensitivity Training by: CODIE, Risk Assessment, Signs of Cutting, and Therapeutic Behavior Services.

A Parent Partner curriculum is currently being approved for all newly hired and existing parent partners. A recovery curriculum is under review.

- Under our Special Projects we have been able to utilize 60 Volunteers this 2010/2011 fiscal year with outreach events and donation projects.
- Back to School Backpack Project: 650 backpacks distributed to youth at our clinics/programs. An additional 100 empty backpacks were distributed to our community partners.
- Thanksgiving Food Basket Project: 80 food baskets were distributed to families.

- Holiday Snowman Banner Project: 750 snowflake gifts were distributed to youth in our clinics/programs.

- In the Mentoring Program that is monitored through Oasis, an average of 34 youth has been in the Mentoring Program at any given time during the present fiscal year. The mentors are varied in their life experience and education. Three 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.

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 Blythe (Clinic Parent Partner)

EES Classes

- Total Graduates: 29 county-wide
- Total Enrolled: 57 county-wide
- Information Meeting: 13 county-wide

Community Committees/Boards

- South/West Child Care Consortium (Committee)
- U.N.I.T.Y.
- DOVIA
- RCCV
- Western Child Care Consortium (Committee)
- CAC (Corona)
- M.A.S.
- Eastside Collaborative, Community Health Foundation
- Civic Center Collaborative
- R.U.S.D. English Learners Collaborative
- Alvord School District Network
- Moreno Valley School District Collaborative
- RCOE Fiesta Educativa Committee
- FSA Children's Conference Committee
- Eric Soleader Network – Resource Person

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
- TAY Collaborative Committee
- Mental Health Board "Recovery" 7/7/2010 21 Attendees
- NAMI Riverside (Spanish) 7/26/2010 15 Attendees

- Unity Presentation 9/23/2010 40 Attendees (3)
- Western C.C.C. 10/07/2010 20 Attendees
- EES Information Victor TAY 10/18/2010 3 Attendees
- Spirituality Presentation Mid-County 10/28/2010 22 Attendees
- Spirituality Presentation Western 11/3/2010 33 Attendees
- WET Presentation 11/10/2010 35 Attendees

Outreach Events:

Path of Life Health Fair	NAMI Walk
FRC Perris Health Fair	Vons Food Drive
Arlanza Fair	Black History Parade
Recovery Happens Fair	May Is Mental Health Month
Cal Stat Positive Behavior Intervention	I.E. Disabilities Health Fair

Parent Support & Training Program 2012/2013

Our on-going goal for fiscal year 2012/2013 is to continue our outreach to parents, youth, and families within Riverside County.

Parent Support & Training Program Facilitates Educate, Equip & Support Classes that are open to parents/caregivers that are both open to clinics/programs and open to the community. Continue to provide on-going Support Groups that are open to the community for parents/caregivers that are raising children that are experiencing challenging behaviors. We are now also providing Triple P Parenting Classes for parents/caregivers of children that are 0-12 yrs. Old that are experiencing beginning behavior challenges. Parent Support & Training Program is also Facilitating 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 & Training Program continues to network within our own system as well as community based organizations to bring information to parents. We are also now a part of the Law Enforcement Training, as a part of the Panel Presentation for the parent perspective of when your child is 5150'd.

One of the main barriers that continue to impact parents/caregivers is the transportation system in our county. We try and 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 countywide, 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. Provide in 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 video's 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. Material in 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, parent to parent support and community resources.

Donated Goods and Services benefits 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 months.

Volunteer Services recruits, supports and trains volunteers from the community, including families that are currently receiving services, giving them 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 Program Manager and Management to implement parent/professional partnership activities and to ensure the parent/family perspective is incorporated at all levels.
- 2 Parent Partners work out of Parent Support & Training Program.
- They provide assistance, answer the support line, provide EES Trainings county-wide, facilitate Support Groups county-wide, 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.
- 1 Office Assistant, who answers phones, sends out mailers for Support Groups, EES Classes, and Parent Trainings. Maintains lists for all Donation Projects of Donors and works closely with the Program to maintain all Projects, Reports and Imagenet information for tracking purposes.

Projected Expansion

In order to regionalize the Parent Support & Training Program an additional three (3) Senior Parent Partners need to be hired. This would enable each region to have support in order to outreach more to the community of underserved, unserved, and diverse populations. This would also provide more accessibility in each region to implement more EES Classes, and start more Support Groups for support for families. The existing staff, with the Parent Support & Training Program, should remain intact to keep the infrastructure in place and be able to help implement additional services with the new seniors for each region. The Senior Position should also attend each regional Mental Health Board Meetings on a monthly basis for the region that they are assigned. All Parent Partners with the Parent Support & Training Program should also attend the Triple P Facilitation Course in order to take the Triple P Parenting Classes out into the community. The Senior Parent Partners will also be facilitating and coordinating the Meta Parent Training for parent partners and volunteers within the communities.

MHSA Funding

County: Riverside **Date:** 4/18/2012

	MHSA Funding					
	CSS	**WET**	**CFTN**	**PEI**	**INN**	**Local Prudent Reserve**
A. Estimated FY 2012/13 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$17,517,405	$7,340,748	$7,557,309	$20,670,342	$10,757,428	
2. Estimated New FY 2012/13 Funding	$42,672,520			$10,809,480	$2,793,230	
3. Transfer in FY 2012/13[a/]	$0	$0	$0			
4. Access Local Pruduent Reserve in FY 2012/13	$0			$0		
5. Estimated Available Funding for FY 2012/13	$60,189,925	$7,340,748	$7,557,309	$31,479,822	$13,550,658	
B. Estimated FY 2012/13 Expenditures	$47,510,660	$1,368,929	$3,933,037	$15,165,314	$5,765,943	
C. Estimated FY 2012/13 Contingency Funding	$12,679,265	$5,971,819	$3,624,272	$16,314,508	$7,784,715	

[a/]Per 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.

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2012	$26,300,497
2. Contributions to the Local Prudent Reserve in FY12/13	$0
3. Distributions from Local Prudent Reserve in FY12/13	$0
4. Estimated Local Prudent Reserve Balance on June 30, 2013	$26,300,497

Mental Health Board (MHB)

Public Hearing - April 4, 2012

Comments on the FY12/13 MHSA Plan Update

WRITTEN COMMENTS:

Of the 18 written responses received: 6 responses were "Very Satisfied", 5 were "Somewhat Satisfied", 3 were "Satisfied", (Note: 3 Feedback Forms did not record a Satisfaction Response. 1 Feedback Form noted they needed more time to review the document).

1. **COMMENT**: The vision of all plans is truly to be commended. However, I am concerned about the clear and accurate information. Such as on page 5 where it states "Geographically Riverside is the fourth largest County." This should be the 'second largest'.

   RESPONSE: Confirmed with the Mental Health (MH) Research Department: San Berdo is the largest followed by Inyo, Kern, and then Riverside.

   MHB recommended no change to the FY12/13 MHSA Plan Update.

2. **COMMENT**: Proposition 63 is over 8 years old. I am concerned of the time scale of delivery to the public. Staff might know of services, but in reality, people on the street are few, and some take advantage of the system. I have been in the system for over 40 years and there is great improvement with ideas and respect for peers. Again, there is narrow thinking of how to deliver information to the public. Distribution of funds is little known to the public, due to lack of all methods of communications and also time line of delivery of information.

   RESPONSE: MHSA Updates are provided monthly at the Mental Health Board (MHB) meetings. All the MHSA Annual Updates and new Program and Project Proposals are posted on the Mental Health website, distributed to, and posted at, the MH Clinics and County Libraries, circulated through the Mental Health Board and Regional Boards and to all the MHSA Committees. Committee and Board members also distribute the information to their community contacts and stakeholders. Public Hearings are advertised in the primary Riverside County newspapers as well as through the distribution mechanisms listed

above. The MH Department 'Guide to Services' is available at all clinics and Peer Centers, as well as distributed at community events and during outreach activities .

MHB recommended no change to the FY12/13 MHSA Plan Update.

3. **COMMENT**: The research of this draft should be double checked; we have many new cities established in the last few years. *(Reference page 5 – 28 cities)*

   RESPONSE: Confirmed with the MH Research Department that this is accurate. Possibly comment is making reference to 'unincorporated' cities throughout the county, which are not reflected in this number.

   MHB recommended no change to the FY12/13 MHSA Plan Update.

4. **COMMENT**: I believe we can use fewer funds, with showing improvement, with the press who can give free advertisement instead of paying for advertisement, by showing the pilot programs getting true recovery and making tax payers again.

   RESPONSE: Mental Health is required to post a 'Public Notice' for all Public Hearings, which are the only advertising costs paid through MHSA. There have been a number of programs highlighted in the local Riverside County papers at no cost to the County.

   MHB recommended no change to the FY12/13 MHSA Plan Update.

5. **COMMENT**: Page 7, Community Planning and Local Review. This is improving by developing full and educated Mental Health Board Members. More practical means of advertising using less funds and more free press can build more knowledgeable members.

   RESPONSE: The MHB conducts annual training for all board members and seasoned members are also available to mentor new members. There have been a number of programs highlighted in the local Riverside County papers at no cost to the County.

   MHB recommended no change to the FY12/13 MHSA Plan Update.

6. **COMMENT**: Page 66, NAMI – In Your Own Voice is a wonderful and successful program; however, advertising is poor and under staffed with quality educated trained trainers. Free press with proper campaigning can be a good source to get the word out. Team work with honor and respect of staff and volunteers.

RESPONSE: The PEI Plan provided NAMI chapters with capacity building funds to help sustain their programs and build a stronger infrastructure.

MHB recommended no change to the FY12/13 MHSA Plan Update.

7. **COMMENT**: Page 75, JTP – Jefferson Transitional Programs. The vision is great, the delivery has been poor. Some staff have mis-used funds and spend too much time on personal projects and many of the volunteers do much of work without proper training. Too many staff and peers have carried on personal relationships. Staff has improved on correcting situations.

   RESPONSE: This information will be shared with the Executive Staff at JTP for follow up. The MH Department also regularly conducts contract monitoring to identify and address any program management or delivery issues and ensure services, complaints, outcome measures and performance meet contract requirements.

   MHB recommended no change to the FY12/13 MHSA Plan Update.

8. **COMMENT**: Page 80 – Parent Support & Training Program. This program is great, I do feel some families abuse some of the programs and others know little or are not being aware of programs, again poor advertising. Communication among staff, volunteers, and public are often assumed or not aware of.

   RESPONSE: Advertising and public information has been addressed in responses to comments 2, 4, and 5.

   MHB recommended no change to the FY12/13 MHSA Plan Update.

9. **COMMENT**: All programs need to network as a team. More ethic training and respect should be obvious. Common Sense Visions expressed. I do believe the Peer Support Specialists (PSS) will help improve educate and keep costs down. In history it has always been using an employee who has been there, done that, who is showing recovery, is the best sell. Apprenticeships have always produced the best results and trainings throughout life. Let's use all methods of communications to be fair to the public. Recovery = Funds = Employment = Tax Payers = More Funding = Joy, Happiness

RESPONSE: The Department continues to be invested in peer employment training, employee stipends, and volunteer opportunities. Ethics training is continually offered to licensed and unlicensed staff.

MHB recommended no change to the FY12/13 MHSA Plan Update.

10. **COMMENT**: I think the programs are very good and strong, that the most people benefit and the good thing is that the whole family can participate. The funds are in good use, and the people benefits, and I hope to see these programs in more places.

    RESPONSE: Positive Comment noted. MHB recommended no change to the FY12/13 MHSA Plan Update.

11. **COMMENT**: The Promotores Program communicates directly with the community in breaking the stigma.

    RESPONSE: The Promotores Program will be continued through the next fiscal year.

    MHB recommended no change to the FY12/13 MHSA Plan Update.

12. **COMMENT**: Please continue providing funding to support the Promotores. There is no age group in specific. We work and are in contact with community members of all ages. The community that we serve is very thankful and grateful w/the program.

    RESPONSE: The Promotores Program will be continued through the next fiscal year.

    MHB recommended no change to the FY12/13 MHSA Plan Update.

13. **COMMENT**: Concern: GIFT Program/Interns - Sustainability. Would like to see 'girl' programs similar to Rites of Passage for boys.

    RESPONSE: The GIFT Program is fully funded for the next fiscal year.

    Recommendation for the Rights to Passage program will be provided to PEI for consideration at contract renewal time and for future RFPs for that program.

    MHB recommended no change to the FY12/13 MHSA Plan Update.

14. **COMMENT**: From what I see, it looks good, especially the new Innovation Programs and intention to educate Law Enforcement in all cities.

    RESPONSE: Positive Comment noted. MHB recommended no change to the FY12/13 MHSA Plan Update.

15. **COMMENT:** Cooperation with those interested in expanding more with the mental health professions. Contacting schools to raise interest is good suggestion. Keep the funding. *(for the program that pays people to go to school*).

    Keep bringing more and provide ways to get to all the programs through transportation one way or the other.

    RESPONSE: The school programs under PEI will continue to be funded for the next fiscal year.

    Client home to site transportation is not included in the Plan Update. The Department is focusing on site-delivery of services to address the needs of the community. Services such as the PEI School Programs, Suicide Prevention, and Active Minds are provided at the school sites. The Parent Child Interactive Therapy (PCIT) Program has one mobile unit for community based delivery of services and is in the process of obtaining two more (one for each region). PEI also has a home-based program delivering services and supports to older adults.

    MHB recommended no change to the FY12/13 MHSA Plan Update.

16. **COMMENT:** Mental Health Court is of particular note. Seems to eliminate new arrests during the treatment year. I like that 80% could/did stay in community.

    Not the Plans problem, but I know in 2011 Hemet area was resistant to a presence of Mental Health Department and by March 2012 a Hemet High School had suicides by students.

    For all – transportation is an issue due to geography.

RESPONSE: Positive comment noted. The Department did offer the PEI school program in the Hemet area and although initially declined participation, they will participate in the future.

Transportation is not included in the Plan Update. The issue related to transportation will be relayed to the Program Administrators in each of the regions. To help address the issue of transportation, the Department is focusing on more 'community-site delivery' for services.

MHB recommended no change to the FY12/13 MHSA Plan Update.

17. **COMMENT:** (1) Most of the programs don't mention Blythe. I only see Blythe mentioned on page 37 under Cognitive Behavioral Therapy for Late-Life Depression. (2) Are you going to look for space in Hemet?

    RESPONSE: Blythe was identified as an underserved area under the PEI component, so the Department is focusing on providing more services in that area through the Blythe Clinic as well as other community level supports. Recently the Department sponsored a Peer Employment Training and Graduation in Blythe – the first in that area.

    The Department, working in conjunction with County Facilities, continues to pursue a site in the Hemet area.

    MHB recommended no change to the FY12/13 MHSA Plan Update.

18. **COMMENT:** All the programs strengths are the evidence-based practice that are being implemented.

    I worry that we are not listening to the voices of the youth. When programs are developed TAYs should be involved somehow, to get their perspective on what would work best.

    RESPONSE: From the initial development of MHSA, the Department established a TAY Work Group which continues to convene regularly. This Work Group was, and continues to be, involved in the stakeholder process and the TAY collaborative assisted in planning the TAY Peer Support Center. All organizations in this Work Group work specifically with TAY.

    MHB recommended no change to the FY12/13 MHSA Plan Update.

19. **COMMENT:** Full Service Partnerships – All ages – great outcomes. Family Room is an exciting project. Up2Riverside – a great outreach program. Housing projects county-wide is an incredible addition to our county. Great job folks – Recovery is working on all levels.

    RESPONSE: Positive comment noted. MHB recommended no change to the FY12/13 MHSA Plan Update.

20. **COMMENT:** Family Room – I was under the impression that it was going to be countywide for family members.

    RESPONSE: The Family Room was slated specifically to address needs in the Mid-County Area. Both Western (Riverside) and Desert Regions have a Recovery Learning Center which incorporates and includes the concept of 'circle of support' (family inclusive).

    MHB recommended no change to the FY12/13 MHSA Plan Update.

21. **COMMENT:** Liked the easy to read format and summary of plans for 2012-13.

    RESPONSE: Positive comment noted: MHB recommended no change to the FY12/13 MHSA Plan Update.

22. **COMMENT:** JTP is a good program that doesn't need to lose the money it was promised them.

    Concerns: Take money away from program. I feel Art Works is a good program we need the class (6th/Market).

    RESPONSE: The Department plans to fully fund the Art Works program for the next fiscal year.

    MHB recommended no change to the FY12/13 MHSA Plan Update.

23. **COMMENT:** Diversity of programs for a wide range of populations. Resource and referral has been involved w/the Team Decision Making (TDM) process and find it to be highly effective.

    RESPONSE: Positive comment noted. MHB recommended no change to the FY12/13 MHSA Plan Update.

24. **COMMENT:** Needed a Feedback Form in Spanish.

    RESPONSE: The Feedback Form was available as the last page of the Spanish translated Plan Update and was provided to the participant.

    MHB recommended no change to the FY12/13 MHSA Plan Update.

25. **COMMENT:** The Mental Health housing project is a fantastic idea. We need access to help 24/7 not just Mon-Thurs 9 – 5.

    Not enough time to review. This did not appear at Elsinore Mental Health until after 23 March 2012.

    RESPONSE: The Department website lists 24/7 crisis supports and resources. In addition, all Full Service Partnership (FSP) programs provide 24/7 on-call support.

    The Draft Plan Update was distributed to all MH clinics on March 6, 2012. MHSA staff will follow up with the Regional Administrator.

    MHB recommended no change to the FY12/13 MHSA Plan Update.

26. **COMMENT:** There could be a Pre-Mobile Unit that is going before Art Core and teaching Self Direction and Self Esteem.

    RESPONSE: The Department will share this idea with JTP for future program planning.

    MHB recommended no change to the FY12/13 MHSA Plan Update.

PUBLIC HEARING ORAL COMMENTS

27. **COMMENT:** Is the CLAS program like an apprentice type situation?

    RESPONSE: CLAS is not so much an apprenticeship because they are already journey level therapist hired within our system and that way they are already getting training on the job from their individual clinic locations. But it simply enhances their ability to pass their testing process when they come within a thousand hours of their ability to test.

    MHB recommended no change to the FY12/13 MHSA Plan Update.

28. **COMMENT:** So the 20/20 policy is where they can go to school and finish their degree?

    RESPONSE: That is correct. The basics of the 20/20 policy are the person retains full time pay for attending both school and then completing 20 hours of work at their primary work site.

    MHB recommended no change to the FY12/13 MHSA Plan Update.

29. **COMMENT:** Well, I did already turn my comments in, so maybe it's not so important, but what I read on page 5 that geographically Riverside was listed as the 4th largest county and it's actually the second. I don' know why but it really bothered me because I like to be number 2. And that was on page 5, but I already turned it in, so I did find some mistakes in there. I was wondering because when I was in school they used to say we were the 2nd largest county, so I was just curious.

    RESPONSE: As addressed in Comment 1, MH Research Department confirmed that San Bernardino is the largest followed by Inyo, Kern, and then Riverside.

    MHB recommended no change to the FY12/13 MHSA Plan Update.

30. **COMMENT:** I want to say I am grateful for the MHSA to give us the opportunity to do what you've done with Innovations and all the work that you've done and the RLC (Recovery Learning Center) and everything like that, it's just phenomenal and training people like the Police Department to understand that people who have a diagnosis aren't necessarily criminals. I appreciate that. What I want to say about Innovation, I am one of the teachers of the Recovery Arts Core and I was one of the mobile art units Instructors

that went out there. And it's true that there weren't that many people that came all the way through, but people would show up and they would come and people that are bipolar and schizophrenic and they have a diagnosis and they would show up and they would write a poem for the first time or write a group poem and they would get used to that, so they would come back and at the end everybody would be waiting to do the poem or waiting to do something called a brain dance. So people did show up and they did enjoy it and they did change a few people's lives and they would be able to write poetry for the first time or paint something really cool or make something they could give to their family member for the first time in a long time. So I would love for you guys to do something further to make Art Works continue and in a more inclusive capacity so that we could reach more people. The arts are hard for people to incorporate into themselves because they have a low idea they can do anything other than what they already learned how to do. It's like 'I can't write I can't draw'. And so we have to talk about ways to get beyond their resistance.

RESPONSE: The Department plans to fully fund the Art Works program for the next fiscal year. The Department is currently meeting with JTP to discuss future arts related services or programs.

MHB recommended no change to the FY12/13 MHSA Plan Update.

31. **COMMENT:** I wanted to say that CIT was mentioned and I happen to be one of the presenters that goes and does the presentation and it has had a tremendous impact on my recovery personally. Being able to take those awful experiences that I had in the past with using meth or alcohol or wasn't taking my medication and the negative encounters I had with the police department. Now that I am at a healthy place in my life, I can go back and say this is what happened - what can we do different. It is helping me and I believe it is helping the police department. It made me feel really good that they asked us to come back, and come back, and come back; we are always asked to go back and it's amazing how we have collaborated with them in order to get this training done. Thank you very much.

RESPONSE: Positive comment noted: MHB recommended no change to the FY12/13 MHSA Plan Update.

32. **COMMENT:** I am also in the Scrambled Eggs Performing Program through Art Works and we performed all over the United States - Chicago, San Francisco, Sacramento and the impact that it has on students and the nurses and doctors, that are going to be the next generation, are unbelievable. We as peers, that were going into this, had no idea what we were getting ourselves into until we were out of our league and so this Art Works is something we are really into and I hope we continue it.

    RESPONSE: The Department plans to fully fund the Art Works program for the next fiscal year. The Department is currently meeting with JTP to discuss future arts related services or programs.

    MHB recommended no change to the FY12/13 MHSA Plan Update

33. **COMMENT:** I have a comment from an individual that is not here and she asked me to bring it today. The only thing she was upset about this particular MHSA was the fact that they did not get it into the clinic lobby where she goes –until less than a week ago and she said she was very thorough and she said it was not enough time. So commenting for her, that was one complaint that a hard copy should have been in the clinics in spite of what we think whether they read it or not, this particular client did go through it and she was very very precise and she was very upset that she had such a short time to go through it. That was the comment from this individual.

    RESPONSE: As mentioned in response 25, the Draft Plan Update was distributed to all MH clinics on March 6, 2012. MHSA staff will follow up with the Regional Administrator.

    MHB recommended no change to the FY12/13 MHSA Plan Update.

34. **COMMENT:** On Fridays at Art Works we do programs and do different things. A lot of people come and we don't' need to see it shut down because we get a lot of people in there that draw, they do poetry, and different things and they are out in society instead of staying home and doing nothing or getting into trouble. I go to JTP and we go on outings and they talk positive and these programs do not need to be shut down or lose their funding because without that funding they can't do it. They help the community a lot and they also have programs for teaching people to go to classes through the Peer Employment Training.

RESPONSE: The Department is completely committed to Art Works and the Peer Center operations, so they are not going to be eliminated. There is the Recovery Arts Core and the Art Works, which are two different programs. We are fully committed to the Art Works and that is going to continue. The Department has a planning meeting set up with Jefferson Transitional to begin the planning of how that is going to transform from this point forward. There were positive impacts that came out of the Recovery Arts Core and we know Art Works has been doing good work, so hopefully we can melt those things together and come up with the best possible program. But again to clarify, Mental Health is not cutting the Art Works program. The Innovation Component is one-time funding only, so any programs in that component must end at a pre-determined length of time. But if the Department identifies value, that project can be rolled into other funding streams within our system of care.

MHB recommended no change to the FY12/13 MHSA Plan Update.

35. **COMMENT:** Is there any chance of expanding it into other areas so we don't have one here and just one there? I would like to see that program expanded into more areas I think that the whole county needs to be covered rather than just Riverside, so it should be expanded.

    RESPONSE: That's a good suggestion and it's on record. However, all the Peer Centers do try to implement some of the art activities into their program services. There are large Peer Centers in each region (Western, Mid-County, and Desert) as well as some satellites centers in each of the regions. The only difference is that there is an art gallery in Riverside, but other services are consistent across all regions.

    MHB recommended no change to the FY12/13 MHSA Plan Update.

36. **COMMENT:** I would like to see the programs expanded to where people can be in a drop-in situation because they do not always want to come in every day. Maybe, as mental health people understand, they are not always up to it every day. I would like to see it expanded to other areas so they can have the opportunity to go in there when they are available within themselves.

RESPONSE: There are large Peer Centers in each region (Western, Mid-County, and Desert) as well as some satellites centers where people can drop in and participate when they are able.

MHB recommended no change to the FY12/13 MHSA Plan Update.

37. **COMMENT:** Unfortunately, everybody who is sitting in this room is not from Riverside and we represent the county as a whole so we have people here who are from the Desert Region from Mid-County who may not be able to take advantage of the great programs at Jefferson Transition in Riverside. So as a Desert regional resident, naturally the people out in the desert would like to see people come down from Jefferson Transitional so we would be able to take advantage of the great programs that JTP puts on.

    RESPONSE: There are large Peer Centers in each region (Western, Mid-County, and Desert) as well as some satellites centers. The Harmony Center operates a full service program, which incorporates art activities at their main location in Indio as well as satellite services in areas such as Banning and Blythe. There is definitely an art emphasis, with art classes every week and poetry classes, so I believe that to be true in all of the drop-in peer run support centers.

    MHB recommended no change to the FY12/13 MHSA Plan Update.

38. **COMMENT:** Is there any possibility of the expansion of the program – including transportation from areas until those programs are developed?

    Response: That is not in the current Annual Update Plan, but I will also say that anything is possible. This is part of the planning process - to hear what you think is valuable and needed - so we can consider it and make it part of our planning. Again your comment is on record about you wishing to see those programs out in the regional areas.

    MHB recommended no change to the FY12/13 MHSA Plan Update.

39. **COMMENT:** Since it's been brought up; I want to see us keep looking for a space in Hemet (a building).

    RESPONSE: Yes, the Department, working in conjunction with County Facilities, continues to pursue a site in the Hemet area.

MHB recommended no change to the FY12/13 MHSA Plan Update.

40. **COMMENT:** I just want to comment on what's been said. I have been through all the JTP programs and they have excellent art programs and the expansion of the arts. I have worked with this field for 41 years and I know this is the way to go with arts – any and all types.

    RESPONSE: Positive comment noted. MHB recommended no change to the FY12/13 MHSA Plan Update.

41. **COMMENT:** I have been in Jefferson in Perris for help before and I am a paranoid schizophrenia but I have a degree. But what I wanted to say is that they need drug programs and stuff like that because I have seen them help people and people get help. But around there they need drug programs and they need gang programs to help people to counsel them and give them some help and when people are shown a little love or an interest in them it helps. You should bring up drug help and gang help and also you should bring up the lord.

    RESPONSE: That is not part of the Plan Update and Peer Support Centers are designed to specifically focus on, and address, mental health issues. There are substance abuse and other resource materials and information available at the Peer Centers to re-direct, those that need help in those areas, to other programs in the community that can provide additional support.

    MHB recommended no change to the FY12/13 MHSA Plan Update.

42. **COMMENT:** I need to ask a question so I can make a comment. In listening to all this about the arts program and how important it is, and I know it has gotten a lot of kudos. My question was is this only something offered through Jefferson house? Is this something that the county is trying to expand further into others areas or other programs?

    Response: The Arts Core Program was offered by Jefferson Transitional Programs and the Art Works is also offered through JTP. But there may be other programs that offer expressive arts sorts of activities but not as a dedicated program. They are definitely in Harmony Center in Indio so there is definitely an art emphasis in the peer centers. There

are art classes every week and poetry classes, so, again these types of services are offered in all of the drop-in and peer run support centers.

MHB recommended no change to the FY12/13 MHSA Plan Update.

43. **COMMENT:** So my comment, in listening to everybody, is that even though the program may not show the outcomes that we need to show on paper in order to continue funding, it appears that it is an important thing that it could bring people out for the first time and open them up to the possibility of getting interested in other treatments and getting peer support and getting help. So my comment would be that maybe this is something the mobile arts parts could be beneficial, but because it was only in a certain area it was small, it should go county wide. What I'm' understanding is that because the outcomes did not prove it was successful it won't continue.

RESPONSE: The Innovation Arts Core Program (mobile art) was delivered county wide in all three regions. There are two points related to this comment: Innovation programs can only be conducted on a time-limited basis, so it must come to an end at some point no matter what. Also, the Department met with JTP about the outcomes, which were just not favorable enough to want to continue that pilot program in its current form. They concurred that the program was not doing what it was designed to do. Those individuals that actually went through the entire cycle showed very positive gain, but that was a very, very small percentage. So the thinking is we can morph it into something else, based on that learning experience, and continue to offer this type of service just in a different form and with a different funding stream. If the input and consensus is that the Peer Centers need to beef that part up across the regions we can certainly suggest that in our planning process.

MHB recommended no change to the FY12/13 MHSA Plan Update.

44. **COMMENT:** I like the idea of putting it all together and utilizing it that way and tying that together.

RESPONSE: Yes, I think we all agree that the arts program is good as well as effective.

MHB recommended no change to the FY12/13 MHSA Plan Update.

45. **COMMENT:** We just need to clarify to a lot of people that we are trying to remove something that is beneficial, but that you are trying to put it into something else.

    RESPONSE: Every program in Innovation will have a finite time line. It's just that the time line is coming to its end for this specific Arts Core (mobile) program.

    MHB recommended no change to the FY12/13 MHSA Plan Update.

46. **COMMENT:** We went to Banning, we went to Perris, we went to Riverside, and we went all over. I think there needs to be like a pre-workshop to go to places that are like board and care, lock down units, and places like that to take the mobile art unit there. But before we go, we take a self-esteem unit or a self-awareness unit or self-direction unit, or a WRAP class so that people can get out of the sense of 'watch TV, take medication, watch TV, smoke, think about stuff', and lift their vibration so they can reach out toward the arts. I think the idea of my comment is to have a pre-mobile unit that is WRAP oriented or self-esteem or self-direction oriented that will go before Arts Core so that there would be a precedent where 'oh, these people are coming and they are going to do something really cool' and it can be something that can give people a way to appreciate art. Like there could be a pre-class of going to an art museum or going to Art Works just appreciating art, seeing art and thinking 'well, I can't do that', but it's like that – well, yes you can – because the person that did that has the same thing that you have. So I think that would be a help to get more people involved over the long haul.

    RESPONSE: Every program in Innovation will have a finite time line. It's just that the time line is coming to its end for this specific Arts Core (mobile) program so the thinking is we can morph it into something else, based on that learning experience, and bring it together and continue to offer this type of service just in a different form and with a different funding stream. The Department will share this idea with JTP for future program planning.

    MHB recommended no change to the FY12/13 MHSA Plan Update.

47. **COMMENT:** I was concerned about this year, for programs that are PEI, that focus on young males and am concerned if there is any planning as we go forward for looking at

girls within the same age group for example on the African American families under PEI. So the comment would be to expand the programs to girls.

RESPONSE: Recommendation for the Rights to Passage program will be provided to PEI for consideration at contract renewal time and for future RFPs for that program.

MHB recommended no change to the FY12/13 MHSA Plan Update.

48. **COMMENT:** I went through this thoroughly and I will say from when I was on the Board in 2003 to now, this is the best plan I have ever seen. Like every plan it needs to be ingested and I know to get more funding, I've commented before, that we will have recovery – it equals funds when we have recovery – that equals employment – which gives us more taxpayers – which makes the state very happy and then more funding brings joy and happiness. So I have watched over 41 years of being in this field that this is a piece of cake if we just work as a team and keep a clear communication that's the one thing I want. There are 5 ways to learn and everybody learns a different way.

RESPONSE: Positive comment noted. MHB recommended no change to the FY12/13 MHSA Plan Update.