

CRITERION 8

COUNTY MENTAL HEALTH SYSTEM

ADAPTATION OF SERVICES

I. Client Driven/Operated Recovery and Wellness Programs

The County shall include the following in the CCPR:

A. List and describe the County's/Agency's client-driven/operated recovery and Wellness Programs.

1. Evidence the County has alternatives and options available within the programs that accommodate individual preference and racially, ethnically, culturally, and linguistically diverse differences.

The following are the consumer operated programs

Contracted Program:

Jefferson Wellness Center:

Jefferson Wellness Center is a campus of specialty integrated services. Vocational services and benefit assistance is provided to consumers receiving services from any Western Region Adult Service Program. Jefferson Wellness Center is also the home of the Adult and Transitional age Youth (TAY) Full Service Partnerships Program.

"The Place" Safehaven Program:

"The Place" is an outreach and engagement program for chronically homeless adults who, due to serious mental health disorder, have rejected housing and resisted support. The program provides a drop-in center that operates 24 hours a day and on-site low demand permanent supportive housing for 25 adults. The drop-in center uses peer-to-peer outreach and engagement in order to engage guest in accepting housing and additional support service. Guests are able to access meals, showers, laundry and linkage to a wide range of community resources

Artworks:

Art Works @ Jefferson Transitional Programs offers artistic programming to individuals who carry a mental health diagnosis in order to promote recovery through creative expression. The program features a gallery space in downtown Riverside where participants, participants' family members, friends, and local artists exhibit and sell fine arts and crafts.

Arts Core:

Arts Core takes the classes from Artworks, taught by consumers, family members and supportive community artists to alternate locations. Classes have been used to assist many people in their recovery. These locations include Juvenile Hall, community and senior centers, group homes, homeless shelters, hospitals and more.

County Operated Programs:

Consumer Affairs:

This Program promotes the consumer perspective in all aspects of the Department from policy and planning to direct service. It seeks to further recovery through training and support for consumers employed as Peer Specialist in the Department. These Peer Specialists having attained a level of personal recovery assist and support consumers of the Department's services. Through this peer-to-peer support, consumers experience hope and are assisted in their own recovery.

Client Empowerment Project:

This program seeks to reach into the community, locating existing "self help" groups while listening to community needs. New groups are planted to answer those needs. The new groups are initially facilitated by certified Peer Specials Volunteers who utilize newly acquired skills to give back to the community thus enhancing their personal recovery. The program compiles information and creates three regional directories of self help groups available to the Department as well as the community.

WRAP:

The Department has an agency-wide approach that supports the concept of recovery on multiple levels. The philosophy of recovery embraces and encourages an individual's capacity for change and personal transformation. The peer-to peer interactions, including the development of a personal WRAP (Wellness Recovery Action Plan), is an integral part of the mental health recovery process. The Department offers a partnership with the person receiving services, so they have the opportunity to experience a real and positive change in their life. WRAP is a very effective way to maintain a life of mental health wellness.

WELL:

The WELL (Wellness and Empowerment in Life and Living) class addresses finding and continuing wellness in all aspects of daily life. The curriculum consists of 15 class sessions that use a holistic approach to promote mental,

physical, social, financial, spiritual and general wellness. Each individual's strengths and experiences are valued and utilized to help them and others succeed in their recovery goals.

PSS Volunteer/Internship:

This program emphasizes the importance of purpose and meaning in the recovery process. Graduates of Peer Employment Training are encouraged to use their life experience to help others and grow in their recovery. This is accomplished when the Department welcomes them to the workforce with confidence. In this program the PSS volunteers are able to decide on the number of hours they would like to work and are granted access to all training and supports available to F/T Peer Specialists.

2. Briefly describe, from the list in 'A' about, those client-driven/operated programs that are racially ethnically culturally and linguistically specific.

In the above list of program that are consumer-driven/operated programs there is not specific program serving only ethnic and linguistic specific communities. All of the programs that are operated by the County or contracted out are required to follow policy 162 to ensure that the programs are particularly addressing languages accessibility and cultural competency issues.

II. Responsiveness of mental health services

- A. Documented evidence that the County/contractor has available, as appropriate, alternatives and options that accommodate individual preference, or cultural and linguistic preferences, demonstrated by the provision of culture-specific programs, provided by the County/contractor and/or referral to community-based, culturally-appropriate, non-traditional mental health provider.**

Providing consumers with alternatives and options that meet their diverse cultural, linguistic, and individual preferences can be a valuable resource in a consumer service delivery and recovery process. When consumers are allowed to pick and choose the options and alternatives that will work best in their individual recovery plan, their success rate will be much greater than if they are forced to follow a rigidly, predefined plan. The consumers and family members are informed of the availability of options through the Guide to Services brochure and are encouraged to work with staff, Peer Support Specialists, and other providers on individualizing their recovery process and alternatives.

As the Departments moves forward with the planning, implementation, and monitoring of the Mental Health Service Act (MHSA), the Department's partnerships and collaborations with community based organization and

community faith organizations continues to increase and develop. Currently all the MHSA programs and other available resources are included in the Guide to Services, Network of Care, www.riverside.networkofcare.org and the Department's Website.

The Department's Website, <http://mentalhealth.co.riverside.ca.us>, provides a list of the Mental Health Providers available. Each one of the providers in the Department has immediate access to the list of providers by discipline, location, language specialties, disorder specialties, cultural specialties, etc. Attachment #42 provides the current list available at each provider's desk top and at the Department's Website.

The Peer Specialists in each clinic have a list of services, including self help groups and other community resources at their "Welcoming Desk. The Department is currently working on providing computer accessibility at each one of the clinic's welcoming desks for consumers and family members to have access to Network of Care and Department Website.

- B. Evidence that the County informs clients of the availability of the above listing in their member services brochure. If it is not already in the member services brochure, the County will include it in their next printing or within one year of the submission of their CCPR.**

The Department Guide to Services currently provide the list of all services provided as well as information on how to obtain more information via the Department's Website and the Network of Care.

The Department hired a FTE Community Resource Educator (CRE) to provide the following:

- Coordinates the data collection for the primary resource data banks related to our service delivery: 211; Network of Care; CARES Website (currently in development); RCDMH website; and Guide to Services.
- Serve as the central point of contact to ensure that Department services are listed accurately in each data bank and are simultaneously updated upon change in services offered.
- The CRE serve as the primary editor for describing community services as they appear in the CARES website; these annotations will describe staff's practical knowledge in utilizing these resources so that all services staff can best tailor a referral to meet a consumer's needs.
- She will also educate staff, partner agencies, and the people served regarding Department programs as well as community resources.
- Outreach and problem solve with resource providers in order to increase availability and accessibility of resources for consumers and their families.

C. Counties have policies, procedures, and practices to inform all Medi-Cal beneficiaries of available services under consolidation of specialty mental health services.

The Department is involved in numerous activities that inform Medi-Cal beneficiaries of available services. In addition to the process described above in item B, the Department provides information, education and linkage under the community outreach activities. The following is a list of the activities used:

- Radio broadcast on local Spanish station. These broadcast topics have included mental health information as well as information on resources.
- Television broadcast on Local Television Station. This Television program provides the community with information on mental health and resources available in the community.
- Ethnic and linguistic specific outreach activities described in criterion 1, section II, item A (page 3).
- Mental health community events: Open houses and May is Mental Health Month activities.
- Community trainings and educational workshops.

D. Evidence that the County has assessed factors and developed plans to facilitate the ease with which culturally and linguistically diverse populations can obtain services. Such factors should include:

1. Location, transportation, hours of operation, or other relevant areas:

Making services as easy as possible to use and as inviting as possible has always been an important factor when planning for services. The accessibility to public transportation routes has always been a major factor in site selection. Currently, special care is taken to ensure consumers and their families are served in a warm and friendly environment and that a diverse ethnic population is represented in posters, signs, magazines, and overall décor. Service centers are spread throughout the County and maintain consistent hours of operation. This month, the Department operations are 4 days a week, 10 hours a day. These hours of operation facilitate the opening of clinics and services to evening hours. Some of the programs are operating 24 hours 7 days a week to ensure immediate access to services are available when needed.

All the facilities have ample free parking available for both staff and consumers.

- 2. Adapting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds (e.g., posters, magazines, décor, signs); and**

The Department implemented the Welcoming Program in 2007. This Welcoming Action Plan was developed according to Bruce Anderson "Welcoming" definition. "Welcoming" is creating an environment where interaction encourages a feeling of belonging and willingness to engage. The Welcoming plan addresses the following areas:

- Storefront and interior (site)
- How we engage and interact initially, ongoing and at exit
- How we support staff

Staff, consumers and family members worked on developing the Riverside County Department of Mental Health Statement of Operating Beliefs and Principles (Attachment #1). An example of a Welcoming Plan is provided in Attachment #43. A consumer and family members survey was developed to find out how the clinics are doing in providing a respectful, comfortable and welcoming environment (Attachment # 44).

- 3. Locating facilities in settings that are non-threatening and reduce stigma, including co-location of services and/or partnerships, such as primary care and in community settings.**

The mission of the Mental Health Department, including the Mental Health Services under the MHSA is that the residents of Riverside County facing challenges of severe mental illness and in need of Prevention and Early Intervention Programs have a quality of life that includes a reduction or absence of symptoms, meaningful relationships, housing, employment and activities in supportive communities free of stigma. Many of the County and Contract programs are co-located in community settings such as schools, social services offices, community centers and community based organizations that promote empowerment and recovery environment. Attachment #45 provides a list of Riverside County Department of Mental Health Lease Building Management that illustrates the hours of operation, if the program is located by a bus or train line, if the program is ADA accessible, multilingual capability and décor.

III. Quality of Care: Contract Providers

- A. Evidence of how a contractor's ability to provide culturally competent mental health services is taken into account in the selection of contract providers, including the identification of any cultural language competence conditions in contracts with mental health providers.**

Riverside County Department of Mental Health Policy #121 emphasizes the importance of each executed contract with the Department of Mental Health for the provision of mental health, substance abuse, managed care services by an outside agency being monitored and evaluated to verify contract compliance and satisfactory performance. In the last contract preamble revision it is included the Cultural Competency Plan Requirements and the need for the contracts to adhere to the Plan.

Attachment #9 provides a list of Contract Agencies that illustrates the cultural and linguistic capacity, ADA accessibility, and type of services they provide.

IV. Quality Assurance

The Riverside County Department of Mental Health strives to establish and maintain provider and client satisfaction by continuously evaluating services and implementing quality improvement initiatives.

A. Outcome measures, identification, and descriptions of any culturally relevant consumer outcome measures used by the county.

There are several consumer outcome measures that are cultural specific. The Mental Health Statistical Improvement Program Survey has been developed to give an assessment of consumer satisfaction and contains components that measure cultural competency specifically. There are also instruments such as Penetration/Retention Rates and the Unmet Needs study that give a view of where our services are being utilized and among which cultures and languages our services are needed (Attachment # 46).

The California Department of Mental Health requires each county to survey consumers of mental health services for a two-week period during the months of May and November to monitor the effectiveness of mental health services. For culturally relevant consumer outcomes the Department has the Consumer Perception Survey, which is a sample of clients completed twice a year and in that survey are the three cultural and linguistic relevant questions: "Staff were sensitive to my cultural background (race, religion, language, etc.)." "Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer?" "Were the services you received provided in the language you prefer?" Riverside County Department of Mental Health presents a report divided into four primary sections for each age group of Youth, Parents/caregivers, Adults, Older adults. All reported findings are based solely on data provided by respondents who chose a valid response. Missing data was excluded from analysis. RCDMH Research and Evaluation Report November 2008 (Attachment #41).

In addition, in 2007 some Managed Care phone surveys were completed (separate report). These were consumers that were served not in the clinics

but were served by Managed Care and in that phone survey the items on that survey include:

Do you feel that your provider was sensitive to your cultural background? For example, were you comfortable talking about your family traditions? What language do you prefer to speak and read? Would an interpreter have been helpful to you in treatment? If so, was one provided to you? The Managed Care Phone survey report is attached but it is a small sample size and we have not updated the data for awhile since we just did not have the staff to make the calls (Attachment #41).

B. Staff Satisfaction

The Cultural Competency Program Organization and Community Assessment project (described in criterion 1) provided the opportunity for staff at all levels of the organization to express their perception of the Department's ability to value cultural diversity in the workforce and the value of culturally and linguistically competent services. During year '08-'09 a total of 32 staff focus groups were conducted. 358 staff participated in the focus groups representing direct service staff, supervisors and program managers.

The focus group questions were developed and analyzed using Indicators of Cultural Competence in Health Care Delivery Organization: HRSA Domains: Organization Values, Governance, Planning and Monitoring, Communication, Staff Development, Organization Infrastructure, and Service Interventions (Attachment #19).

C. Grievances and Complaints

The grievance and complaints system is an important component of quality assurance and measuring whether the needs of cultural and linguistically diverse consumers are met. Wherever possible, the Department wants to ensure that any trends in the system that portray a tendency towards one particular group or another are addressed.

Attachment #47 presents the last two Problem Resolution Reports. The data is not broken out by ethnicity of complainant.

In one report 1st half of year 08-09 there was none related to culture/language and in 2nd half of year 08-09 there were 2.